NHS
Royal Devon
University Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING IN PUBLIC

Wednesday 6 March 2024
11.15 – 15.20
(time includes lunch break)

Rooms 14a and 14b
The Business Hub
Petroc College (Tiverton Campus)
Bolham Road
Tiverton EX16 6SH

AGENDA

As of 28/02/2024

Item	Title	Presented by	Item for approval, information, noting, action or debate	Paper	Est. Time
1.	**Chair Welcome and Apologies**	Shan Morgan, Chair	Information		11.15 1
2.	**Declarations of Interests**	Melanie Holley, Director of Governance	Noting		11.16 1
3.	**Secretary's Notes**	Melanie Holley, Director of Governance	Noting		11.17 2
4.	**Chair's Remarks**	Shan Morgan, Chair	Information		11.19 5
5.	**Approval of the 22 November 2023 Public meeting minutes, Action Tracker and Matters Arising**	Shan Morgan, Chair	Information	✓	11.24 2
6.	**Accountability & Engagement**				
6.1	**Chief Executive's Public Report**	Sam Higginson, Chief Executive Officer	Information		11.26 20
6.2	**Open Question & Answer**	Sam Higginson, Chief Executive Officer	Discussion		11.46 15
6.3	**Discussion with a Non-Executive Director: Bridie Kent**	Professor Bridie Kent, Non-Executive Director	Discussion		12.01 30
7.	**Stakeholder Engagement**				
7.1	**Feedback from Communities**	Shan Morgan, Chair	Discussion		12.31 40
	Lunch Break 13.11-14.00				

8.	**Performance & Assurance**				
8.1	**Q3 2023/24 Performance Report**	John Palmer, Chief Operating Officer	Information	✓	14.00 40
9.	**CoG Business**				
9.1	**Reports from:** - CoG Coordinating Committee - Public and Member Engagement Group - Task and Finish Groups - Patient Experience Committee - Audit Committee	Jeff Needham, Lead Governor, Chair, CoG Coordinating Committee and Task and Finish Groups Dale Hall, Public Governor and Chair PMEG	Information	✓	14.40 20
9.2	**Nominations Committee update**	Shan Morgan, Chair	Information	✓	15.00 5
9.3	**Update on Committee and Group Membership**	Melanie Holley, Director of Governance	Noting	✓	15.05 5
9.4	**Selection and Agreement of Quality Priorities 2024/25**	Melanie Holley, Director of Governance	Approval		15.10 5
9.5	**Annual Review of the CoG's Schedule of Reports**	Melanie Holley, Director of Governance	Approval	✓	15.15 5
10.	**Information – no reports**				
	The next meeting of the Council of Governors is Wednesday 5 June 2024 at Seminar Rooms 1 and 2, Centre for Women's Health, Royal Devon and Exeter Hospital, Barrack Road, Exeter EX2 5DW				

Meeting closes at 15.20

Royal Devon University Healthcare NHS Foundation Trust

MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC OF THE ROYAL DEVON UNIVERISTY HEALTHCARE NHS FOUNDATION TRUST

Held on Wednesday 22 November 2023
Exeter College Future Skills Centre
Exeter Airport Industrial Estate
Exeter, EX5 2LJ

Present

Shan Morgan, Trust Chair

Public Governors
Eastern:
Kay Foster
Rachel Noar
Nigel Richards
Heather Penwarden

Northern:
Dale Hall
Carol McCormack-Hole
Jeff Needham
Sue Matthews

Southern:
Richard Westlake

Staff Governors:
Naomi Hallett
Zoe Harris
Simon Leepile
Emily Partridge
Tom Reynolds (to minute 42.23)

Appointed Governors:
Ian Hall, Devon County Council
Angela Shore, University of Exeter

Apologies
Catherine Bearfield, Northern
Quentin Cox, Northern
Maurice Dunster, Eastern
George Kempton, Northern
Gill Greenfield, Southern
Brenda Pedroni, Northern
Clare Stevens, Staff
Avril Stone, Northern
Jayne Westcott, Staff

In Attendance:
Bernadette Coates, Governance Coordinator (minute taker)
Sarah Delbridge, Engagement Manager
Siobhan Green, BSL interpreter
Melanie Holley, Director of Governance
Tim McIntyre-Bhatty, Non-Executive Director
Alastair Matthews, Non-Executive Director
Tony Neal, Senior Independent Director
Chris Tidman, Deputy Chief Executive
Caron Wolfenden, BSL interpreter

Item	Minute		Action
1.	**35.23**	**WELCOME AND APOLOGIES**	
		Ms Morgan welcomed everyone to the meeting, including Governors, Board members and interpreters for Mrs Noar. The apologies were noted as above. Ms Morgan said Mr Roberts and Mr Palmer had also sent their apologies due to the work required on financial and operational planning, with Mr Tidman presenting the CEO update on Mr Roberts' behalf and the Performance Report on Mr Palmer's behalf..	

		Ms Morgan introduced Professor McIntyre-Bhatty, a new Non-Executive Director (NED), attending his first formal CoG meeting. The CoG welcomed Professor McIntyre-Bhatty to the meeting.	
2.	**36.23**	**ANNUAL REVIEW OF THE GOVERNORS REGISTER OF INTERESTS**	
		Mrs Holley presented the Register of Governor Interests. The annual review had been undertaken and the newly elected Governors had also been added to the Register. Mrs Holley asked the Governors for any further amendments and reminded them to flag any issues should they arise during the course of the meeting. There being no further amendments, the Register was noted. **The Council of Governors noted the annual review of the Governors' Register of Interests.**	
3.	**37.23**	**SECRETARY'S NOTES**	
		Mrs Holley reminded the CoG of forthcoming meeting dates. The CoG was meeting virtually on 23 January 2024 to consider the outcomes of the NED and Chair appraisals. Mrs Holley said a quorum was required for this meeting and she asked Governors to submit any apologies if they have not already done so. A Development Day would be held on 7 February 2024 and a CoG meeting would take place on 6 March 2024. A venue for both of these meetings was being sought and would be confirmed as soon as possible. There being no questions, the Secretary's Notes were noted by the CoG. **The Council of Governors noted the Secretary's Notes.**	
4.	**38.23**	**CHAIR'S REMARKS**	
		Ms Morgan said the meeting was the first formal CoG for newly elected Governors Nigel Richards, Quentin Cox, Sue Matthews, Brenda Leonard, Avril Stone, Naomi Hallett, Zoe Harris, Clare Stevens and Emily Partridge. Some had sent apologies but all were welcome to the Council. Ms Morgan added that all newly elected Governors would be offered a six-month review meeting with her as Chair and she would encourage them to take up the opportunity to speak about their experience so far and any learning the Trust could take. Looking to the Confidential meeting agenda, Ms Morgan said the CoG would be considering a recommendation in relation to the Trust's External Auditors. Following that meeting, the CoG would have its routine discussion on what it was hearing in the community and then it would evaluate the day. Ms Morgan highlighted the discussion with Tony Neal, NED, at the end of the agenda and said this was a key opportunity for Governors to hold NEDs to account. She said this was particularly important to note for newly elected Governors at their first meeting and consideration would be given to placing this elsewhere on the agenda in future. **The Council of Governors noted the Chair's Remarks.**	
5.	**39.23**	**APPROVAL OF THE 23 AUGUST 2023 PUBLIC MEETING MINUTES**	
		The minutes of the 23 August 2023 public meeting were approved subject to amendments of Ian Hall's title to Cllr, to distinguish him from Dale Hall.	

		The action tracker was noted, with all the actions completed. **Matters arising** Noting the action on involving Governors in the Extraordinary People Awards judging, Mrs Penwarden said she had been a judge and found it a very humbling experience. She thanked the Trust for involving the Governors. Ms Morgan noted the comments. Ms Morgan said she also had an update on the Extraordinary People Awards as the Board of Directors had taken the decision to stand down the ceremony due to take place at Sandy Park Conference Centre on 30 November 2023 and instead celebrate the winners at a ceremony on the RD&E Hospital site. The Board recognised the importance of rewarding the extraordinary contribution of staff, but also that only a small proportion of the Trust's 16000 staff would benefit from attending Sandy Park. Ms Morgan said that although the cost of the event was covered by sponsorship and charitable funds, on balance, the Board felt that holding the event off-site looked insensitive and inappropriate when the Trust was asking everyone to tighten their belts. She said that Mr Roberts was talking to people about it that day but having taken everything in account, she felt the Board had made the right decision, albeit one she was sorry it had to take. She invited questions. Mrs Penwarden asked if the ceremony would still be publicly held. Ms Morgan replied that the Communications and Engagement Team would be working on that and she said she recognised the team's efforts to date in putting in place sponsorship and making the arrangements for the original venue at Sandy Park. Mr Leepile asked if the sponsor was a private company and said they may not be willing to still pay if the event was on-site. Ms Morgan confirmed it was private sponsors, adding that their motivations were to recognise staff achievement rather than the cost. Mr Tidman said the sponsors had been spoken to and they were involved as a way of giving back to the community. In terms of the venue, Mr Tidman said the Trust would be innovative with this and would explore various locations, recognising that the key issue was to celebrate staff. Cllr Hall said the decision showed strong leadership, sending a good message to staff about still recognising staff achievements whilst everyone was being asked to make savings. Miss Foster said she disagreed, saying that waiting until the 11th hour to cancel the event at Sandy Park was not good management, especially if people were looking forward to it. She said if the event's costs were sponsored, she was not sure what savings would be made. Ms Morgan said it was also about perception and the Trust was looking at how to achieve the same objectives in a different way. Professor McIntyre-Bhatty said it was an opportunity to communicate that the Trust was recognising efforts of all staff and not just those nominated. Mr Leepile said he understood the situation but colleagues were already asking what was going on and the Trust needed to communicate soon as to what would be replacing the Sandy Park event. Ms Morgan noted the comments. She said the Board had also listened to staff who do not think the Sandy Park event was the right thing to do when asking staff to be frugal. She said the Trust would need to give a clear message about the financial situation and why the decision was taken. There were no further matters arising.	

6.		**ACCOUNTABILITY AND ENGAGEMENT**	
6.1	**40.23**	**CHIEF EXECUTIVE'S PUBLIC REPORT**	
		Mr Tidman said he would provide an overview of national, regional and local issues, adding that the previous discussion on the Extraordinary Awards provided good context for this. Nationally, Mr Tidman said there was significant concern on the NHS overspend, a large proportion of which (estimated at £1bn) was being prescribed to industrial action. The Department of Health, the Treasury and NHS England (NHSE) were now planning how best to put £1bn back into local health systems. Mr Tidman said this would not be new money, but would come from existing budgets, adding that existing programmes and plans were being paused in order to redirect to this. He said there were also other pressures, such as reducing waiting times for ambulances and treatment. Mr Tidman said the Treasury's position was that the NHS's cash budget for the year was not manageable and organisations were being asked review financial plans whilst maintaining safe services. Mr Tidman said this may lead to a trade-off against ambitions for digital transformation, elective recovery etc. Mr Tidman said that Victoria Atkins MP had been announced as the new Secretary of State for Health and Social Care the previous week. He said she had a strong Treasury background but it was too early to tell if she would take a different approach. Turning to the British Medical Association (BMA) and industrial action, Mr Tidman said more fruitful conversations appeared to be being held between the Government and the BMA. An offer had been made which the BMA was balloting its members on. There were no more plans for industrial action during the winter period and Trusts had been told to assume no more industrial action in their plans. Mr Tidman said the Public Accounts Committee had published a report the previous week on the Government's New Hospital Programme. This included concerns on delays leading to higher costs due to higher inflation and on hospitals being built too small. Mr Tidman said the report stressed the demand predictions and ensuring making most of capacity and not building hospitals too small and not fit for purpose. Mr Tidman provided an update on the regional and Devon position. There had recently been a Q2 2023/24 review with the South West (SW) regional NHSE team. It had been very clear that the Trust had made excellent progress on reducing waiting times, with the pace of recovery good at both the Trust and at Torbay and South Devon NHSFT (T&SD). Mr Tidman said both Trusts had been commended for that and were placed in the top four Trusts in the country, adding that the Nightingale Hospital Exeter had helped with this work. He said there was more to do on the financial position, in terms of productivity and tightening the pay bill. Mr Tidman said there were concerns for Devon as a whole on its urgent care pressures, particularly in the West of the county, and on ambulance waiting times at A&E. He said this was mostly at University Hospitals Plymouth (UHP) but it was an issue for the Devon system. Mr Tidman said that UHP, through their CEO, will chair a system Urgent and Emergency Care Board at the request of the SW regional NHSE team. This would be supported by a clinical lead from the Royal Devon. There was also	

		an Elective Care Board, which Mr Tidman said he was chairing at the request of the SW regional NHSE team. Mr Tidman said that the Devon Integrated Care System (ICS) had a new Chief Executive, Steve Moore, starting in January 2024. He said Mr Moore had 30 years' experience and knew the region well. Mr Tidman said that the Trust had implemented EPIC as its Electronic Patient Record (EPR) at the RD&E since October 2020 and from 2022 at Northern Devon, adding that this provided the Trust with an advantage for safe care and innovation. He said it was expected that T&SD and UHP would progress EPR business cases in 2024 and the Trust was considering how best to support them if they opted for EPIC. Choosing EPIC would bring a significant advantage but the Trust would have to be clear on what the ask of it would be to support its implementation. Mr Tidman said the Trust would be meeting with EPIC to discuss how such collaborations could work. Mr Tidman said that Dr Pete Ford, Consultant Anaesthetist and Clinical Lead for Business Innovation and Sustainability, had recently accepted, on behalf of the anaesthetic team, the prestigious Towards Net Zero award at the 2023 Health Service Journal Awards. This was for an innovative project aimed at minimising the carbon footprint associated with anaesthetic gases in healthcare. The Trust had also received a £3m award, in partnership with the University of Exeter, for health technology research that leads to a technological innovation or start-up business. Mr Tidman said this would be used as a platform for innovation in Devon. Mr Tidman said that Amanda Pritchard, Chief Executive NHSE, would be visiting the Trust's genomic labs in December 2023 in order to meet and thank the team for the work they were doing. Mr Tidman commented on the messages from Mr Roberts to staff on the financial position of the Trust, making it understandable for everyone and being clear that getting back to the plan was everyone's business if the staff wanted to continue the amazing work that they did. Mr Tidman said the Clinical Executive Directors have also been at centre of the messaging as the financial position was not just a management issue but one that affected everyone and how important it was to reduce spending safely, ensuring all risks were assessed. Mr Tidman said the Trust had set an ambitious plan for the year, with a high bar to challenge itself against. He said this was not without risk and the performance report being discussed later, showed that the Trust was year to date off plan. Mr Tidman said that regardless of the national position, the Trust would still need to make difficult decisions due to industrial action, the drugs budget being overspent and agency costs remaining stubbornly high. There were a number of elements to the Trust's focus. Firstly, the pay bill was 70% of the Trust's costs and it was important to ensure all agency spend was appropriate. Mr Tidman said there was a vacancy freeze in place for posts; however, all vacancies would be reviewed to ensure the position of not recruiting was appropriate. He added that the Trust was in a better staffing position than 12 months previously. In terms of the Drug spend, Mr Tidman said the Trust was ensuring staff were following protocols and also reducing discretionary spend. Another element was ensuring the Trust was being paid fairly for its work. It had undertaken some peer work with UHP and it was noted they were paid for activity the Royal Devon was not. As an example,	

		Mr Tidman said that patients with chronic diseases who attend regularly for infusions were record as Regular Ward Attenders, which formed part of the Trust's block contract and therefore payment was fixed. At UHP they were recorded as day case patients and the Trust was paid through the Elective Recovery Fund which meant that an increase in activity lead to an increase in income. He said another example was how outpatient procedures were recorded to ensure the highest tariff was paid. Mr Tidman said there was a need to level up across Devon how activity was recorded to maximise income and the Trust would be working with staff on activity recording and coding as there was £5m to earn between now and the end of the financial year by restating the work the Trust has done. Mr Tidman said the Trust's clinicians had responded well to this as it was important to them that the Trust was paid properly for the work they had done. He added that if the Trust got this work right, it would roll over into the following financial year and could be worth £10m - £15m. Mr Tidman said he welcomed questions from the CoG.	
6.2	**41.23**	**OPEN QUESTION AND ANSWER**	
		Mr Leepile commented on the Trust's commitment to reduce agency spend. He said that NHS Professionals did not employ staff without experience in the NHS so therefore the number of staff on the Bank was falling. He asked how the Trust could reduce agency spend, when it did not have as many Bank staff to call upon. Mr Tidman replied that NHS Professionals managed a number of staff banks for Trusts and the Royal Devon had decided to work with them due their expertise in the market. He said there had been a significant amount of work on this, including onboarding the Trust's Bank staff to NHS Professionals. Mr Tidman said Mr Leepile's question was quite complex and he would pick it up with him outside the meeting; however, he could say the Trust was taking a nuanced approach to agency spend, for example agency pay rates for Facility and Estates staff was similar to that under Agenda for Change. **ACTION: Mr Tidman to follow up with Mr Leepile on his query related to NHS Professionals requirement for staff to have NHS experience and the impact on the availability of Bank staff and agency spend.** Miss Foster asked if the Government had capped the spend on agency staff. Mr Tidman replied that it had as a percentage of the Trust's overall budget. He said the Trust was currently within that cap but it wanted to do more to reduce the spend, adding the Trust had invested in its workforce and reduced vacancy levels. Miss Foster commented on the Devon ICS and asked how it worked when the Royal Devon was a Foundation Trust but UHP was not. She noted that the Trust had also supported UHP by taking its ambulances, which just moved the issues to the Royal Devon. Mr Tidman replied that a lot of the freedoms linked to being a Foundation Trust had been lost, for example, the Trust could no longer borrow cash. He said that the Devon Trusts were all working within the overall £2bn budget of NHS Devon and this working involved the principle of mutual aid, which was the transfer of work, such as putting ambulances on divert. The system was working to ensure that recompense was received as the income should flow with the activity. Miss Foster asked, given ICSs being in place, whether Foundation Trusts would soon be obsolete. Ms Morgan said that the Hewitt Review, led by Patricia Hewitt, former Secretary of State for	**CT**

		Health, an independent review of integrated care systems published in April 2023 had not made mention of Foundation Trusts; however, she agreed Foundation Trust freedoms had been eroded. She said it was on the list for a CoG meeting or Development Day to invite Sarah Wollaston, Chair of the Devon ICB, back for another session on how the Devon ICS worked. Mr Hall noted Mr Tidman's comment on the Trust no longer being allowed to borrow cash. He asked if this was a national position or whether it was imposed on the Trust because it was in NHS Oversight Framework (NOF) level four, the highest level of oversight. Mr Tidman said it was a national strategy, borne out of an inequity which saw Foundation Trust's generating cash balances, which NHS Trusts had overdrafts. Being in NOF escalation level 4 meant the Trust had further controls imposed on it which brought added complexity. Mr Westlake commented on the Trust's world leading work on genomics and said the Trust should be incredibly proud of this, especially the cooperation with the University of Exeter. He added that he had seen a news item that morning about a new NHS IT contract for a private company related to patient data. He asked how much the Trust's EPR was scrutinised to ensure the data was up to date, adding that if a Devon patient accessed healthcare away from Devon how this recorded on EPIC. Mr Tidman said that the news item related to the federated data platform, which was a database that NHS Trusts could use to see where there might be spare capacity to reduce waiting lists or for example, where ambulances may go. It would also give managers the ability to look at trends and productivity levels as it would produce dashboards at a national, regional and local level and these could be used for aiding good quality decisions. Mr Tidman said joining up the data was the right approach but there was some controversy due to the contract being awarded to an American company. In terms of patients being treated outside of Devon, other organisations would ask the Trust for patient information and that it was important to ensure the information came back to be uploaded on EPIC, if that organisation was not also using EPIC. Cllr Hall said it was pleasing to hear the good news from the Trust and he encouraged the Trust to share this more widely. He asked if the work on reducing anaesthetic gases was ground-breaking. Mr Tidman confirmed that it was, with the Trust currently the only organisation doing this and he noted the comment on communicating the positive news. In terms of the data platform, Cllr Hall said similar initiatives were seen in other industries and dashboards were important as they provided an opportunity to improve. He encouraged the Trust to let people know locally how this IT database would help. This was noted by Mr Tidman. Mrs McCormack-Hole said it was the role of the Governor to bring in the public voice and said that people in her community were disgusted by how much waste there was in healthcare. She cited examples, including one of beds being delivered to people's homes but then not being collected again when they were no longer needed. Acknowledging that some of this was primary or social care, she asked if more could be done in the community to save waste and to promote how the public can help. Mr Tidman said the Trust was also aware of some of these issues, adding that he would work with Mrs Harris in her role in the Community Division on some of the messaging. There being no were no further questions. **The Council of Governors noted the Chief Executive's Report.**	

7.		**PERFORMANCE & ASSURANCE**	
7.1	**42.23**	**Q2 2023/24 PERFORMANCE REPORT**	
		Mr Tidman presented the report and highlighted the following key issues. He said that were it not for industrial action, the Trust would be progressing extremely well with its waiting times work; good progress was still being made. In terms of urgent and emergency care and the A&E 4 hour wait target, Mr Tidman said the Trust was at 62%. It had had hoped to be at 70% and further support was being put into the system as issues remained with delayed discharges and patients who were 'No Criteria To Reside' (NCTR). In terms of the financial position, Mr Tidman said the report showed the current position and the reasons behind being off plan. He invited questions from the CoG. Mr Needham said the Governors had discussed the report at its pre-meeting and had themed the questions together. Miss Foster asked why the Board of Directors could not have the vision to run its volunteers service properly and asked if it did not see how this would help staff. She said she had raised this several times and it appeared the Trust did not take this seriously as no decisions were being taken. She added that at the recent Joint Board and CoG Development Day, it had been said how many more volunteers other Trusts had compared to the Royal Devon. Mr Tidman said he agreed that volunteers made a positive impact and the Trust could be more ambitious; however, the issue was prioritisation of areas for investment and the Trust needed to find a way to fund a volunteer coordinator. There would also need to be the development of a management infrastructure in order to increase the volunteer numbers. In the current environment of the Trust needing to make very difficult decisions, this area had not moved up the scale. Mr Tidman acknowledged the work that Andrea Bell, Deputy Director of Nursing (Patient Experience) had done in this area, which had raised awareness of the benefits of volunteers and the gaps the Trust had. He assured Miss Foster that her concerns had been heard. Miss Foster cited other areas where funding had been found, including Equality, Diversity and Inclusion posts where thousands of pounds were paid in salaries. She agreed the posts were needed, but said volunteers had positive impacts on staff morale and patient care. She asked what the cost of improving the volunteer service would be. Mr Tidman said it was c.£100k, which Miss Foster said was not much in the context of the Trust's overall spend. Mr Matthews asked if it was possible to explore the Trust's Charitable Funds helping to pump prime the Volunteer Coordinator role. Mr Tidman noted the suggestion, adding that the Trust charity did receive legacies that could be used for pump priming initiatives. Cllr Hall said he supported Miss Foster in her comments, adding that the population of Devon was a community that wanted to help and the Trust need to work to unshackle the voluntary sector in order to allow it to help. He asked if the Governors could help in raising the funds required and if it could become a priority if the role was to be funded from outside the Trust's main budget. Ms Morgan noted the comments, adding that the Trust knew there was energy and commitment in its community for it to harness. It was important to work together to ensure it was right for the Trust and also that it did not overburden volunteers. Mr Westlake referred to the rate of incidence of slip, trips and falls, noting that in September 2023 there were 197 falls, four of which resulted in moderate harm. He said falls were an increasing concern and he wanted to understand	

		further how these were mitigated and reduced, including work with primary care, local councils and the voluntary sector. He added that an age profile of the patients experiencing falls would be a helpful addition to the report. Mr Tidman replied that the Board reviewed the quality indicators and would ask the Governance Committee and Safety and Risk Committee to undertake a detailed review if there was a concern. He noted there had been a spike in the number of falls in 2022/23 but the number of falls was currently around the mean. Mr Tidman said the Trust had been undertaking transformative work in how to better identify to staff the risk of falls, for example, using yellow pillowcases for in-patients at risk of a fall. Mrs Holley said she was not aware of any detailed review coming through the Governance Committee and Safety and Risk Committee. She added that 197 was the number of slips, trips and falls for the month of September 2023 across the Trust in its entirety, including community services. Mrs Harris commented on Mr Westlake's question on prevention and said the Trust focussed on end of life, and also on the link to frailty. Professor Shore commented on the delays to patients receiving surgery within 36 hours for a fractured neck of femur, noting that the narrative said this was sue to a lack of theatre time. She asked if the Trust in general had a lack of theatre space and if so was it included in the Trust's plans to increase this. Mr Tidman said the answer was yes to both questions. He said the Trust was building a new A&E at Wonford, which included a shell above it for a hybrid theatre. The plan for this was currently being considered by NHSE. Mr Richards said that one of the CoG's responsibilities was to hold the NEDs to account, adding that as far as he was aware the two groups did not meet and it would be useful to do so. He further commented on the reference to NCTR and asked what the annual cost of this was. Mr Tidman said the Trust the knew the value of NCTR and also the opportunity costs associated with it. He said that if there were 110 – 120 NCTR patients, that equated to six wards at a value of c.£12m. Noting it was a complex situation, Mr Richards asked if it was possible to claim this back from Devon County Council due to the lack of social care being provided. Mr Tidman agreed it was complex, adding that previously there was the opportunity for Foundation Trusts to make claims; however, this caused strain in organisational relationships and arrangements were set up under the Better Care Fund; this had, however, over time proven insufficient. He added that the Trust and Devon County Council were working together, and the Head of Adult Social Care at the Council attend a Board meeting to discuss a risk sharing arrangement. Ms Morgan said that she had heard the Leader of Devon County Council, John Hart, say it was a labour market issue, with a shortage of people willing to take low paid jobs in this area. In addition to this, as a local authority, the Council was not allowed to overspend. Ms Morgan said the Trust and Council had to constructively engage and work together within the constraints put upon them. Noting Mr Richards' comment on the CoG and NEDs meeting together, Ms Morgan said that over the course of a year, the CoG would meet individual NEDs several times. She said the Trust required four days a month from NEDs and they all already gave a great deal more than that. She agreed that it was very important NEDs and Governors knew each other, hence why there were NEDs at the recent new Governor induction day and three attending the current meeting. Mr Richards said that the Governors had each other's email addresses but not those of the NEDs. Ms Morgan replied that it was preferable for Governors to contact her rather than contact individual NEDs. Mrs McCormack-Hole asked how the Governors could call in a NED on a subject	

		of their expertise. Ms Morgan said requests can be made through her, with questions also being able to be raised at CoG meetings as NEDs routinely attended these. She said she had to be mindful of asking even more of the NEDs. Mr Hall said that at the recent Development Day the Governors had a session on understanding the Board's Integrated Performance Report and they were advised to concentrate on the Executive Summary. He said he had done this and in the summary for September 2023, it said that NCTR was "sitting just outside trajectory". He said it may not be clear to everyone what this meant and he asked if more understandable language could be used in the summaries. He asked if just outside trajectory meant there had been a spike or the Trust was generally reducing the numbers. Ms Morgan noted the comment on the language used and said it was an attempt to provide as much information as possible in a shorter space as possible. Mr Tidman added that the report was used in lots of different forums but the point about language was noted. In terms of the NCTR position, Mr Tidman said the Trust had seen some improvement but the number had slowly started to rise again. This meant it was currently away from the ambitious plan the Trust had set. The plan made certain assumptions but the Trust was not seeing the impact of investments as expected. Mr Matthews said that the issue was raised at the October 2023 Board meeting, with John Palmer saying that continuity of funding had now been agreed and so he was anticipating the number reducing again. He added it would be something he would look at in the performance report going to the November 2023 Board meeting. Mr Hall said he had recently participated in a Patient-Led Assessment of the Care Environment (PLACE) visit at South Molton Community Hospital. He said he had queried if the whole of the hospital was being utilised, as, other than the ward being visited, it did feel empty. Mr Hall said he acknowledged it was a Friday and just a snap shot of one day. He was concerned the Trust made best use of the community hospitals. Cllr Hall agreed with the concerns, adding that he did not fully understand the role of NHS Property. He said he believed a session for Governors on how assets were being used and could be used in the future would be helpful. Cllr Hall said the issue of Seaton Hospital was recently discussed at Devon County Council's Health and Adult Care Scrutiny Committee, noting that somebody needed to be held to account for areas being left empty that NHS Devon was spending money on. He said Governors were trying to manage anxiety in their community about Seaton Hospital and there was also wider concern that the NHS in Devon was spending tax payers' money with no benefit to the community. Ms Morgan noted the comments, replying that a note had been circulated to Governors regarding Seaton Hospital following the Development Day on 8 November 2023. In terms of assets across the Devon system, this was reviewed via the Devon ICS and the work that Chief Executives did through the Acute Provider Collaborative to ensure the best use of resources. Ms Morgan said the role of community hospitals was very different to that from elective wards at the acute hospital sites. Mr Tidman referred to the comment on NHS Property Services and said it was an off-shoot of the Department of Health. Its objectives were to maximise the use of assets and if assets were not being used, to sell them off. Mr Tidman added that the majority of the community estate in Devon was with NHS Property Services. The rents the Trust paid were set at a high level in order to bring money into the Treasury. Mr Tidman said the Devon ICB was looking at its estate, particularly if a space was redundant and another tenant could not be found. Referring specifically to	

		Seaton Hospital, attempts had been made to broker arrangements, such as East Devon District Council purchasing it for other purposes, but these had been unsuccessful. Mr Tidman said that the Trust had made better use of the community hospitals since the pandemic, with services moved out from the acute sites. This included, for example Ottery St Mary now being a Centre of Excellence for diagnostics. Mr Tidman said that South Molton was being developed as an ophthalmology hub and once it was fully recruited to, it would make a difference to the Trust's waiting lists. He added that there were not always full clinics on Fridays; however, there were always opportunities to do more and repurpose facilities. Ms Morgan said that details of a strategy on this was being presented to the Board meeting later in the month. Cllr Hall said he was receiving lots of concerns about Seaton as the wing in question had been bought by the public and people were asking why it could not be gifted back to the community. He asked if could say discussions remained on-going. Mr Tidman said he believed they were ongoing, albeit the Trust was not directly involved in them. There being no further comments or questions, the report was noted. **The Council of Governors noted the Q2 2023/24 Performance Report.** *Mr Reynolds left the meeting*.	
8.		**COG BUSINESS**	
8.1	**43.23**	**REPORTS FROM COG COORDINATING COMMITTEE, THE PUBLIC AND MEMBER ENGAGEMENT GROUP AND THE TASK AND FINISH GROUPS**	
		Mr Needham said his reports from the CoG Coordinating Committee and the two Task and Finish Groups would be taken as read. There were no comments and questions and the reports were noted. Mr Hall presented the Public and Member Engagement Group report, saying the Group was focussing on improving areas such as the website for patient information and ensuring compliance with General Data Protection Regulations (GDPR) in terms of the Trust being a data controller and Trust membership being 'for life'. Mr Hall said that the Groups 90 minute meetings were currently too compressed, given the issues being discussed and he would be asking Governors in due course for views on increasing this. There were no comments or questions and the report was noted. **The Council of Governors noted the CoG Coordinating Committee, Public and Member Engagement Group and Task and Finish Group reports.**	
8.2	**44.23**	**ELECTIONS TO COG 2023**	
		Mrs Holley said the report on the recent elections would be taken as read and invited questions. As there were no questions, the report was noted. **The Council of Governors noted the Elections to CoG 2023 report.**	
8.3	**45.23**	**REPORT FROM THE ANNUAL MEMBERS MEETING 2023**	
		Mrs Holley said the report would be taken as read and invited questions. Mr Richards noted that 37 people attended the Annual Members Meeting (AMM). He asked was the number of public Trust members in attendance	

		was. Mrs Holley said she would need to look at that and answer outside of the meeting. She added that the AMM was a mandated meeting which the Trust had decided to hold as a hybrid meeting to give people the opportunity to attend in person and virtually. The arrangements were reviewed each year. Mrs Holley said the AMM was also an opportunity to hold a members engagement event. Ms Morgan said holding the AMM on a different day to the Board meeting was being explored, as it was a lot to ask of people to attend such a long day. The location of the meeting was also being reviewed. Mr Hall highlighted that the PMEG report also contained details on the feedback from the AMM. There being no further questions, the report was noted. **The Council of Governors noted the Annual Members Meeting 2023 report.**	
8.4	**46.23**	**ANNUAL MEMBERSHIP REPORT TO THE COUNCIL OF GOVERNORS**	
		Mrs Delbridge presented the report, which was taken as read. She invited questions. Mr Needham said that in reviewing the election report, the AMM report and the membership report, it was clear that membership participation was very low. Mrs Delbridge said that benchmarking had been undertaken and the Trust was not an outlier in terms of voting turnout or attendances at AMMs; however, there was a focus on what more can do to improve engagement in the membership. Mr Hall said one purpose of membership report was to look at how representative the membership was of the Trust's community. He said it was clear that the over 75 age group was over represented in the membership. Mr Hall added that the report used an index and colour coding that made it hard to understand and it had been discussed at PMEG how to make the report easier to read. Mrs Delbridge replied that the index and colour coding had been designed to help readers of the report and it would continue to be reviewed and discussed at the PMEG meetings. Ms Morgan said it was important that the number of Trust members, representation and how members were engaged be reviewed to ensure the Trust was improving in these areas. There being no further questions, the report was noted. **The Council of Governors noted the Annual Membership Report.**	
8.5	**47.23**	**NOMINATIONS COMMITTEE UPDATE**	
		Ms Morgan presented the report, highlighting that the Committee was next due to meet in January 2024 to review the recent NED recruitment process, to consider its work plan for the year and to undertake Chair and NED appraisal work in order to make a recommendation to the CoG at its January 2024 meeting. There were no comments or questions and the report was noted. **The Council of Governors noted the Nominations Committee Report.**	

9.		**STAKEHOLDER ENGAGEMENT – no reports**	
10.		**INFORMATION**	
10.1	**48.23**	**DISCUSSION WITH A NON-EXECUTIVE DIRECTOR – TONY NEAL**	
		Ms Morgan introduced Mr Neal, Senior Independent Director (SID), and said it was an opportunity for Mr Neal to talk about his role as SID and for a discussion with Governors. Mr Neal said he would outline the various strands of the role of the SID as well as set out how the CoG would know he was doing the right things. He said the role of the SID was not a new role and it existed in both the public and private sectors. The SID was a member of the Board, who was independent in order to keep the Board safe, if any issues arose. It was usually someone who had worked with the Board for some time so that they understood the Board, its members and governance and processes. People skills and being able to listen were also important for the role. Mr Neal said he was appointed the SID at the Royal Devon in April 2023. The role had a Terms of Reference (both for the Trust and in the NHS generally) and Mr Neal outlined the key elements. He said as SID he chaired the Remuneration Committee which set out the terms and conditions for Executive Directors and Very Senior Managers (VSM), including pay and pensions, as well as issues such as ensuring succession planning was in place. The Committee met four to six times a year with other meetings arranged as required, for example, if Executive Director recruitment was required. The Committee was made up entirely of the NEDs and was supported by Mrs Holley, the Chief Executive and Mrs Foster, Chief People Officer. Mr Neal said that whereas the Chair undertook the appraisals for the NEDs, he as SID would appraise the Chair. He said he had met with the CoG at its August 2023 meeting to receive its comments as part of Ms Morgan's annual appraisal. Mr Neal said the SID would also be involved in any investigations where concerns were raised about a VSM or Executive Director, particularly the CEO or Chair. He said the concerns could be raised via a formal complaint, through Whistleblowing or the Freedom to Speak Up Guardians. Mr Neal said the SID was also a sounding board and there to aid relationships at the Board. This included working with the CEO and Chair to help flag any emerging issues. He had recently met with other SIDs in the region and when he was asked about how much time he specifically spent on this aspect, he was able to say none and this was not the case for other Trusts. Since his appointment in April 2023, Mr Neal said most of his time as SID had been spent involved in the Remuneration Committee, linked to the appointment of an Interim CEO followed by the substantive recruitment. There had also been work on remuneration for VSMs. There had been no investigations to report and the Board's relationships were very positive. In terms of how the CoG would know if Mr Neal was being effective in the role, he said this may be difficult in some circumstances given the work may be confidential and therefore not always visible. There were, however, structured updates to the Board, including reports from the Remuneration Committee and the Chair appraisal report to the CoG. The Annual Report also contained evidence of the work of the Remuneration Committee and reported on	

		remuneration of the Executives and VSMs. Regarding any investigations, this too was also difficult in terms of visibility but there may be reporting of complaints through the Patient Experience Committee or Whistleblowing reports to Governance Committee and then through to the Board meetings. Mr Neal said that in terms of the SID being a sounding board and helping with board behaviours he would ask the Governors to flag to him if they saw any tensions when attending Board meetings. Mr Neal invited questions. Miss Foster asked about the appointment of a CEO and asked if a male would be paid more than a female. Mr Neal said no. He said the remuneration was discussed and agreed before an appointment was made. Mr Neal added that a Gender Pay Gap report was presented to the Board as well, noting that there was still work to do, particularly for Doctors. Professor McIntyre-Bhatty observed that there was a lot of benchmarking data available to aid remuneration setting and fairness and equity was important. Ms Morgan agreed, adding that salaries for VSM had to be cleared with NHSE and this was the case for the Trust's new CEO. Ms Morgan said that Doctors were on a different pay scale to staff on Agenda for Change. Mrs Penwarden thanked Mr Neal for the information on the role. She commented on the important culture of Whistleblowing but also needing to ensure there was a culture of staff questioning something in the moment. She asked how the Trust could monitor that to ensure the culture existed. With regards to Whistleblowing, Mr Neal said there were a number of channels for this alongside the SID, including Freedom to Speak Up. If the Whistleblowing related to a VSM the SID would be involved, otherwise it would be managed through the usual channels. In terms of staff being able to challenge in the moment, Mr Neal said when he spoke to staff and asked about being able to challenge, he was repeatedly assured by staff that they felt comfortable to speak up. Mrs Holley added that Professor Kent and Professor Marshall were the two NED Champions for Whistleblowing and Freedom to Speak Up and they supported her in her role to ensure process was followed. Mr Neal said that reporting through the Trust's Governance Performance System was also evidence of the culture at the Trust. Mrs Harris commented on the confidential nature of the SID role and asked how the CoG could be assured on learning and themes being shared and embedded. Mr Neal replied that this would be through governance reporting from the Governance Committee and then up to the Board. He added that he had previously chaired the Committee and it was important to always ask what changes had resulted from any incident or issue. Mr Neal said he would expect Professor Marshall who was now Governance Committee chair to do the same. It was important to ensure learning was shared to other services and Divisions. Mrs Harris said the Community Division was strengthening how it shared learning between services in a meaningful way as there may always be something relevant and it was important to avoid working silos. Mr Neal agreed, adding that he would be interested to understand that more as that could also be used to strengthen divisional governance across the Trust. Mr Hall asked how well communicated the Whistleblowing Charter was with staff. He asked if it covered volunteers and Governors and how many notifications via this route there were a month. Mr Neal replied that they were not very common and said that anyone could raise a concern via the Whistleblowing Charter. In terms of awareness, Mr Neal said this was regularly communicated via staff newsletters, the Intranet and through governance. When he met staff, Mr Neal said he did ask them if they knew	

		how to whistle blow. Ms Partridge said that as a member of staff, she was aware of the Whistleblowing Charter and how to find the information on the intranet. Cllr Hall asked if Whistleblowing including fraud prevention and if so, could the Governors understand the extent of that issue. Mr Neal said it did include fraud prevention with Mr Matthews adding that the Trust employed a Counter Fraud service which reported to the Audit Committee, which in turn reported to the Board. He said there were instances of fraud reported and this varied in terms of numbers. Mr Matthews said he would be happy to talk about this aspect more when he next spoke to Governors on his NED portfolio and as Chair of Audit Committee. Professor Shore said this area had been discussed at the last Audit Committee meeting and the report was clear on where action was being taken in relation to allegations of fraud. Mrs Holley said that in terms of Whistleblowing cases, there had been four in the year to date and there were four in total in 2022. She said that one of the cases had also been raised through Counter Fraud and both investigations reached the same conclusion. As a result of this case, the two teams would work together more collaboratively but the two investigations arriving at the same conclusion provided assurance to Professor Matthews as Chair of Governance Committee. For Freedom To Speak Up, Mrs Holley said there were around 30 contacts a month and these covered a broad range of topics from car parking to interpersonal relationships with colleagues or managers. There were no further questions and Ms Morgan thanked Mr Neal for the overview of his SID role. There being no further business, the meeting was closed.	
	49.23	**DATE OF NEXT MEETING** The next meeting would be held on Wednesday 6 March 2024 at a venue to be confirmed.	

Royal Devon University Healthcare NHS Foundation Trust

MEETING OF THE COUNCIL OF GOVERNORS

22 November 2023

ACTIONS SUMMARY

This checklist provides a summary of actions agreed at the CoG meeting, and will be updated and attached to the minutes each quarter.

PUBLIC AGENDA					
Minute No.	**Month raised**	**Description**	**By**	**Target date**	**Remarks**
41.23	November 2023	Mr Tidman to follow up with Mr Leepile on his query related to NHS Professionals requirement for staff to have NHS experience and the impact on the availability of Bank staff and agency spend.	CT	March 2024	CT put SL in touch with senior members of the HR Team to discuss the issues with SL. Action completed.

Signed:

Name: Shan Morgan, Chair

Royal Devon University Healthcare NHS Foundation Trust

Agenda item:	8.1, Public Council of Governors meeting	Date: 6 March 2024
Title:	Q3 2023/24 Performance Report	
Presented by:	John Palmer, Chief Operating Officer	
Summary:	The purpose of this report is to provide the Council of Governors with an overview of the Royal Devon's performance in Quarter 3 2023/24 (October 2023 to December 2023). It is compiled from Integrated Performance Reports (IPR) presented to the Board of Directors at its meetings in public. This report combines the Executive Overview from the 29 November 2023 Board meeting (reflecting on October 2023 performance) with the full Integrated Performance Report (IPR) presented to the January 2024 Board meeting in public (held on 31 January 2024, reflecting on December 2023 performance). As there was not a Board meeting in December 2023, a 'light touch' report was produced and circulated to the Board and the Executive Overview is provided here. Governors are reminded that the purpose of the report is to allow the Council to focus on what the Royal Devon Board has done to provide assurance on operational challenges and not on operational delivery and to provide an overview of the key issues to note. Governors are further reminded that the Board of Directors' Integrated Performance Reports can be found on the Trust's public website as part of the Board's public meeting papers. https://royaldevon.nhs.uk/about-us/board-of-directors/board-meetings-papers-minutes/ The Council is requested to consider the content of this report.	

Royal Devon University Healthcare NHS Foundation Trust

Contents

Acronyms – frequently used acronyms

Acronym		Acronym	
2WW	Two Week Wait	CT scan	Computerized Tomography scan
#NOF	Fractured Neck of Femur	DCC	Devon County Council
ADN	Assistant Directors of Nursing	Devon CCG	Devon Clinical Commissioning Group
A&E	Accident & Emergency	DEXA Scan	Dual Energy X-ray Absorptiometry scan
AHP	Allied Health Professional	DH / DoH	Department of Health
AME	Annually Managed Expenditure	DoHSC	Department of Health & Social Care
AMU	Acute Medical Unit	DPT	Devon Partnership NHS Foundation Trust
ASU	Acute Stroke Unit	DRSS	Devon Referral Support Services
BBC	British Broadcasting Corporation	DTOC	Delayed Transfers of Care
CDC	Community Diagnostic Centre	ECG	Electrocardiogram
C. Diff	Clostridium Difficile	ED	Emergency Department
CDEL	Capital Departmental Expenditure Limit	EDT	Electrodiagnostic Testing
CEO	Chief Executive Officer	EIS	Elective Incentive Scheme
CIF	Critical Infrastructure Funding	EMC	Exeter Mobility Centre
CoG	Council of Governors	ENT	Ear Nose & Throat
Consultant PAs	Consultant Programmed Activities	EPS	Electrophysiology Studies
CNST	Clinical Negligence Scheme for Trusts	ERF	Elective Recovery Fund
COHA	Community-onset, Hospital Acquired	ESR	Electronic Staff Record
CPAP	Continuous Positive Airway Pressure	FBC	Full Business Case
CRIC	Capital and Revenue Investment Case	FDS	Faster Diagnosis Standard

Acronyms

Acronym		Acronym	
FTFF	Foundation Trust Financing Facility	LMNS	Local Maternity and Neonatal System
GDE	Global Digital Exemplar	Mardon	Mardon Neuro-Rehabilitation Centre
GP	General Practitioner	MDT	Multi-Disciplinary Team
H1	The first six months of the financial year 2022/23	MIU	Minor Injuries Unit
H2	The second six months of the financial year 2022/23	MoC	Management of Change
HCA	Health Care Assistant	MP	Member of Parliament
HCAI	Health Care-Associated Infection	MRET	Marginal Rate Emergency Tariff
HIP2	Health Infrastructure Plan 2 (2025-2030)	MRI scan	Magnetic Resonance Imaging scan
HOHA	Hospital-Onset, Hospital Acquired	MRSA	Methicillin-resistant Staphylococcus aureus (MRSA)
HR	Human Resources	MSK	Musculoskeletal
HSIB	Healthcare Safety Investigation Branch	MSSA	Methicillin-sensitive Staphylococcus aureus
HSMR	Hospital Standardised Mortality Ratio	MTU	Medical Triage Unit
HWBC	Health & Wellbeing Clinic	MUST	Malnutrition Universal Screening Tool
ICB	Integrated Care Board	NDDH	North Devon District Hospital
ICS	Integrated Care System	NDHT	Northern Devon Healthcare Trust
IM&T	Information Management & Technology	NHE	Nightingale Hospital Exeter
IPR	Integrated Performance Report	NHS	National Health Service
ITU	Intensive Treatment Unit	NHSE/I	NHS England/NHS Improvement
LCP	Local Care Partnership	NLF	National Loan Fund
LoS	Length of Stay	NMC	Nursing & Midwifery Council

Acronyms

Acronym		Acronym	
Non-obs US	Non-Obstetric Ultrasound	SOP	Standard Operating Procedure
OBC	Outlines Business Case	STEC	System Transformation and Efficiency Committee
OPEL	Operational Pressures Escalation Level	StEIS	Strategic Executive Information System
PALS	Patient Advice and Liaison Service	STP	Sustainability & Transformation Partnership
PbR	Payment by Results	SW	South West
PDC	Public Dividend Capital	SWAOC	South West Ambulatory Orthopaedic Centre
PDR	Personal Development Review	SWAST	South Western Ambulance Service NHS Foundation Trust
PHSO	Parliamentary Health Service Ombudsman	T&O	Trauma & Orthopaedics
PP	Private Patient(s)	T&SD	Torbay & South Devon NHS Foundation Trust
PPE	Personal Protective Equipment	TIF	Targeted Investment Fund
PSF	Provider Sustainability Fund	TP	Transperineal Prostate
Q	Quarter	UCR	Urgent Community Response
RD&E	Royal Devon & Exeter Hospital	UHP	University Hospitals Plymouth NHS Trust
RDUH	Royal Devon University Healthcare NHS Foundation Trust	Upper GI	Upper Gastrointestinal
RTT	Referral to Treatment	VTE	Venous Thromboembloism
SDEC	Same Day Emergency Care	WIC	Walk in Centre
SHMI	Summary Hospital-level Mortality Indicator	WLI	Waiting List Initiative
SJR	Structured Judgement Review	WTE	Whole Time Equivalent
SOC	Strategic Outline Case		

Overview – Executive Themes and Actions to Raise at November 2023 Board

This Integrated Performance Report (IPR) covers the period of **October 2023** which saw further **Industrial Action** (IA) from the British Medical Association (BMA) for consultant and junior doctor action between the 2-5 October. Once again this period generated further disruption and delays to service provision. Our staffing body continued to show immense respect to colleagues exercising their rights of representation and despite the more challenging nature of this round of overlapping action, remarkably we were able to staff most of our shifts safely with rostered staff and volunteers. We noted in the last two IPRs the significant challenge we have to recover our Financial and Operational plan delivery against trajectories as we implement the Winter Plan and whilst this certainly remains the case, we have restored activity levels in September and October that have avoided precipitous worsening of our elective trajectories. The IPR in this cycle includes the second iteration of our scorecard for **National Operating Framework exit criteria**, which has been under even greater consideration in recent days as the Board has made its response to the ***"addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take"*** letter and guidance received from Amanda Pritchard, Chief Executive of NHSE. Our response to the national call to action, our NOF process and the balanced scorecard all reflect the need for us to continue triangulating between our grip on **financial recovery**; **tier 1 processes**, our applied work on **never events**; and our **continued support for the system in terms of UEC and elective capability**, including the Nightingale.

Recovering for the Future

A call to action on financial recovery was launched in the last week of October, setting out the improvement needed on our rate of spend to recovery the deteriorating financial position. However, this was too late in the month to have a major impact on the month 7 reported position. The spend in month 7 did not worsen overall and was in line with month 6 but it was still above our plan and so this has led to a further deterioration of our financial position. The month 7 **variance from plan now stands at £17m** taking our **year to date deficit to £38.5m**. However, this includes the cost incurred to cover industrial action throughout the year and the lost income for the activity that needed to be cancelled. The government has announced the release of existing central NHS funds to offset this and we will benefit from this income when it is released. But this alone does not solve our level of financial challenge and we have regrettably needed to put a number of additional controls in place around pay and non-pay to bring us closer to our **target year end deficit of £28m**. These controls will feel difficult for all and we will need to make some very hard decisions over the coming months as we balance our limited financial resources. We will do this with a safety lens at all times, ensuring that we do not make decisions that compromise the safety of our patients. We know that we face a difficult road to financial recovery but if we are unable to regain control of our financial position the longer term impact on our patients will be greater.

Urgent care performance saw the Trust sitting behind the planned trajectory for both Type 1 and Types 1-3 targets but with an improvement month on month to 52.7% and 62.7% respectively. It is notable that Northern Services improved by almost 3% in month which is a trend continuing into November. We continue to maintain a forensic drive on flow improvement through **UEC tier 1** by focusing on daily discharge by 12pm, discharge lounge optimisation, minors performance and overnight breaching and we are maintaining a strong focus on out of hospital activity. We have just initiated **GP streaming** on both sites and look forward to the potential 20 GP workforce starting to fill early evening shifts over the course of the next month. Ambulance handover has seen a further deterioration in 30 and 60 minute delays, however, the new **X-CAD system** has been installed in both sites' EDs in the course of the last two weeks and early signs are that data accuracy will be much improved and that performance for both SWAST and our ED teams will improve as a result. Our **NCTR position continues to be exposed on both sites**, but particularly for Northern Services. This is why we have escalated underfunding for P1 and P2 pathways in both our **letters to the ICB on 25th October and 22nd November 2023** emphasising that continuity of funding in these areas would have an evidenced based positive impact on our position. Further to consideration of our Winter Plan last month at Board and the discussions relating to bed and funding gap, we are expecting imminently a response from the ICB in relation to **UEC funding slippage**.

Overview – Executive Themes and Actions to Raise at November 2023 Board

The Trust wide operational performance dashboard for October shows that our hopes for **increased elective activity levels** have been maintained which is just about offsetting the worst impacts of Industrial Action in order to maintain an improvement trajectory month on month for our 78 week waiting trajectory, but it is notable that both 65 and 52 week positions have fallen off slightly. We are able to confirm that we have **no 104 week waiting patients** at the end of October which illustrates a stabilisation of our position and the fact that we are now booking beneath 90 weeks. We indicated last month that we were undertaking a **final validation of our long waiting patient cohorts** and a check of our **clinical outcoming processes** with the support of NHSE and the ICB and overseen by the Financial and Operational Committee. Having completed an absolutely **forensic review** we have added a small cohort of patients waiting over 78 weeks to our overall waiting list with a net impact of only six patients joining the waiting list from January. This reflects the immense efforts of our operational and clinical teams to prioritise and book treatment for long waiting patients over the last eight weeks. We are hugely grateful to our teams for identifying and declaring this issue and addressing it so rapidly. We also continue to drive a significant amount of collaborative activity through the **One Devon Assurance Board and GIRFT** that has seen the recent sign off of a **system wide Spinal Service** with our support as hosts; has strengthened the development of the Cardiac Day Case Unit and its associated revenue case through collaboration with Torbay and South Devon NHS Foundation Trust; and continues to support the potential for the Nightingale to support orthopaedic long wait demand from University Hospitals Plymouth. We continue to benefit from excellent **clinical leadership** in taking on these system wide elective challenges.

For **cancer services**, we saw small deteriorations in month in relation to our 62 day waiting target and against the Faster Diagnosis Standard where we sit just off national compliance. We **remain vulnerable on our 2 week wait performance** which is principally driven by the huge demand spike in dermatology over the last six months and our regionally agreed support to colleagues in Taunton. We are very focused on our three most **fragile services: dermatology, oncology and urology** and continue to work closely with the regional team on these risks. We will be receiving the regional team on site in Exeter on the 28th November and look forward to further close working with them on these services in particular.

Outside of the financial and operational plan targets, **Diagnostics performance** has improved against the 6 week DMO1 target overall, reflecting a reduction in patients waiting and every modality operating above plan. The improvement team continues to work on a detailed forward trajectory for these services to match those in our other prioritised domains.

Collaborating in Partnership

Members will remember that we committed to bringing forward our **Community Strategy in this Board cycle** following the strategic paper reviewed in July and the **Winter Plan** signed off in September. We also indicated that the Trust's Interim Chief Executive had written to the ICB with a proposal to build further on our Winter Plan with a range of potential further commitments that will continue to grow our most successful in and out of hospital services such as Virtual Ward, Same Day Emergency Care as well as seeking to support system interventions like the Care Coordination Hub. As mentioned above, we now expect an imminent response on access to UEC funding slippage; we have underlined in detail the exposure that we are carrying on Winter Plan and NCTR to reside in our response to the ***"addressing the significant financial challenges created by industrial action in 2023/24, and immediate actions to take"*** letter; and we are very pleased to have on the agenda today the follow up proposals for a **Community Services Development Plan (a real drive beyond strategy to action)** which demonstrates great potential for out of hospital service development if we can raise our sights to multiple year resource strategies in line with the organisation's long term Finance Strategy.

Overview – Executive Themes and Actions to Raise at November 2023 Board

Excellence and Innovation in Patient Care

Triangulation of the performance positions with the safety and quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. Given the very focused financial recovery and implementation of cost control measures we are putting in place, then it is essential that **strong quality and safety measures** are in place to ensure that our approach is intelligent and proportionate. For this reason, the CMO and CNO are occupying significant leadership roles in the financial recovery and have put safety checks and balances into all of the major financial recovery workstreams.

Four serious incidents occurred in the Trust in October and investigation processes have initiated. There were five falls with moderate harm, three of which were unobserved whilst patients were self-mobilising. Falls reviews undertaken thus far have not identified sub-optimal care for these patients. There has been a continued **increase in the volume of complaints** received in October (142, compared to 126 last October). Positively, the volume of **complaints closed in October (152) was the highest volume achieved since April 2022**. 20% of these were closed through early resolution, again an important process improvement. We continue to see low levels of healthcare acquired pressure damage. In terms of mortality metrics, HSMR remains stable and is reducing on a 12 month rolling basis to July 2023; and SHMI is within expected range for all metrics.

The CNO and CMO have been undertaking a series of review activities to ensure that reflection, learning and training are taken from **never events**. The consolidated report on this will be coming to the December cycle of the Safety & Risk Committee. It is also important to note that the **annual CNST Maternity Services review** will be coming forward for its annual review in the January 2024 Board cycle.

A Great Place to Work

The most recent workforce data continues to show **decreasing levels of vacancies and a continued reduction in turnover**; however, it is unfortunate that the **levels of temporary staffing usage continues to exceed the planned levels**. With vacancy levels continuing on a downward trend and increasing financial pressures across the Trust and the wider system, the Trust has taken steps to begin to reduce general recruitment activity, instead focusing this resource on how we can **convert temporary staffing to more cost effective and sustainable substantive positions**. We are continuing to see an increase in sickness absence, however, it is not unusual to see an increase in the approach to the winter, with viruses increasing in the general population. To support our staff to stay well at work, the Trust has engaged in a comprehensive **Winter Wellness campaign**, including our usual offer of Flu and COVID-19 vaccines to all frontline staff. The December IPR will see the new workforce reporting including clearly picture of establishment against plan and temporary workforce spend.

Balanced Scorecard – Looking to the Future

Successes

- Well led and managed Industrial Action periods (despite dual running)
- Recruitment & retention plans continue to show positive results in relation to vacancies
- Maintenance of elective recovery and quartile 1 level performance from Nightingale SWAOC, CDC and CEE
- Agreement of elective collaboration on spinal services with ICS business case on agenda for support
- Agreement of orthopaedic services support for neighbouring Trusts at system level through Nightingale
- Positive TIF review of Cardiac Day Case Unit with maintenance of capital funding and recognition of TSDT collaboration
- National Nursing Awards and HSJ awards in team of the year (oncology) and green initiatives (ED and anaesthetics)

Opportunities

- Delivery of the 2023/4 financial and operational plan
- Progressive offer to ICB to go further on Winter Plan measures.
- TIF bid for hybrid vascular theatre business case
- GIRFT bid for cardiology 7 day working in development in collaboration with TSDT
- Continued implementation of the Northern Services Acute Medicine Model
- Completion of OSIG phase 1 planning phase and Initiation of the Management of Change consultation in support of OSIG on 27.11.2023 with staff side support
- Delivery of Winter Plan and development of Community Services Development Plan
- Continuation of Elective Recovery tier 1 plan to clear 78 and 65ww patients + GIRFT further, faster
- Learning from Never Events programme of activity.

Priorities

- Response to national call to action on financial plan and delivery of financial recovery
- Delivery of the 2023/4 financial and operational plan and focus on NOF exit criteria
- A focus on ED and overall UEC flow
- Staff Health and Wellbeing
- Delivery of Devon ICS UEC funding streams
- 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

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

Financial & Operational Exit Criteria Measures

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

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

One Devon

Trust Executive Summary November 2023 Board meeting

Trust wide — Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Sep-23	This Month Oct-23	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	1974	1980	6	1550		710
	RTT 78 Weeks waited	Total count	440	399	-41	211		0
	RTT 104 Weeks waited	Total count	8	0	-8	0		0
	Cancer - Over 62 day waiters	Total count	291	294	3	278		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	7.9%	8.1%	0.2%			6.4%
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	71.0%	67.1%	-3.9%	72.1%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	52.3%	52.7%	0.5%	62.6%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	61.8%	62.7%	0.9%	69.5%	95%	76.0%
	No criteria to reside	Average daily count	117	125	8	59		50
	No criteria to reside	NCTR as a % of occupied beds	11.2%	11.8%	0.6%	6.0%		5.3%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(28,956)	(38,521)		(21,566)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	20,559	24,230		20,439		60,300

Positive Value | Negative Value < 5% | Negative Value > 5%

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Sep-23	This Month Oct-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	*Vs baseline (2019/20)*	120.5%	109.8%	-10.7%	118.4%	104%
	Outpatient activity (FU)	*Vs baseline (2019/20)*	142.3%	128.4%	-13.8%	97.3%	75%
	Outpatient procedures	*Vs baseline (2022/23)*	209.0%	163.5%	-45.5%	164.7%	
	Elective inpatient activity	*Vs baseline (2019/20)*	62.6%	58.4%	-4.2%	97.7%	104%
	Elective daycase activity	*Vs baseline (2019/20)*	118.1%	107.6%	-10.5%	107.0%	104%
	RTT 18 week performance	*Patients seen <18 weeks vs total incomplete pathways*	51.6%	51.1%	-0.4%		92%
	Incomplete pathways	*Total count*	23971	23280	-2.9%	22827	
	RTT 52+ weeks waited	*Total count*	2538	2335	-8.0%	2868	
	RTT 65+ weeks waited	*Total count*	967	950	-1.8%	795	
	RTT 78+ weeks waited	*Total count*	190	175	-7.9%	111	
	RTT 104+ weeks waited	*Total count*	0	0	100.0%	0	
CANCER	2 week referrals	*Performance*	86.3%	90.0%	3.6%		93%
	28 day faster diagnosis standard	*Performance*	72.5%	78.1%	5.6%	63.0%	75%
	Urgent GP referral 62 day	*Performance*	78.0%	61.6%	-16.4%		85%
	Cancer - Over 62 day waiters	*Total count*	47	46	-2.1%	78	
	Cancer - % 62 day waiters against total open pathways	*days against open pathway*	6.2%	6.2%	0.0%		

Domain	Measure/metric	Definition	Last Month Sep-23	This Month Oct-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	*Vs baseline (2019/20)*	107.5%	106.4%	-1.0%	80.2%	
	A&E attendances	*Vs baseline (2019/20)*	124.5%	124.2%	-0.3%	101.0%	
	4 hour wait performance	*Patients seen <4 hours vs total attendances*	59.6%	61.9%	2.3%	71%	95%
	Ambulance handover delays >30 minutes	*Total count*	371	448	20.8%		
	Residual no criteria to reside	*Average daily count*	39	47	20.5%	17	
	Residual no criteria to reside	*NCTR as a % of occupied beds*	13.3%	15.7%	2.5%	6.5%	
DIAGNOSTICS	6 week wait referral to diagnostic test	*% of diagnostic tests completed in 6 weeks*	*55.5%*	*58.7%*	3.3%	N/A	99%
	MRI activity	*Vs baseline (2019/20)*	*116.9%*	*133.1%*	16.2%	109.5%	
	CT activity	*Vs baseline (2019/20)*	*137.1%*	*140.5%*	3.3%	137.9%	
	Medical Endoscopy activity	*Vs baseline (2019/20)*	*133.7%*	*156.1%*	22.4%	122.0%	
	Non-obstetric ultrasound activity	*Vs baseline (2019/20)*	*116.9%*	*102.5%*	-14.4%	92.5%	
	Echocardiography activity	*Vs baseline (2019/20)*	*116.4%*	*102.9%*	-13.5%	83.5%	

Positive value

Negative value < 5%

Negative value > 5%

Eastern Services Executive Summary November 2023 Board meeting

Eastern Services Operational Performance Dashboard

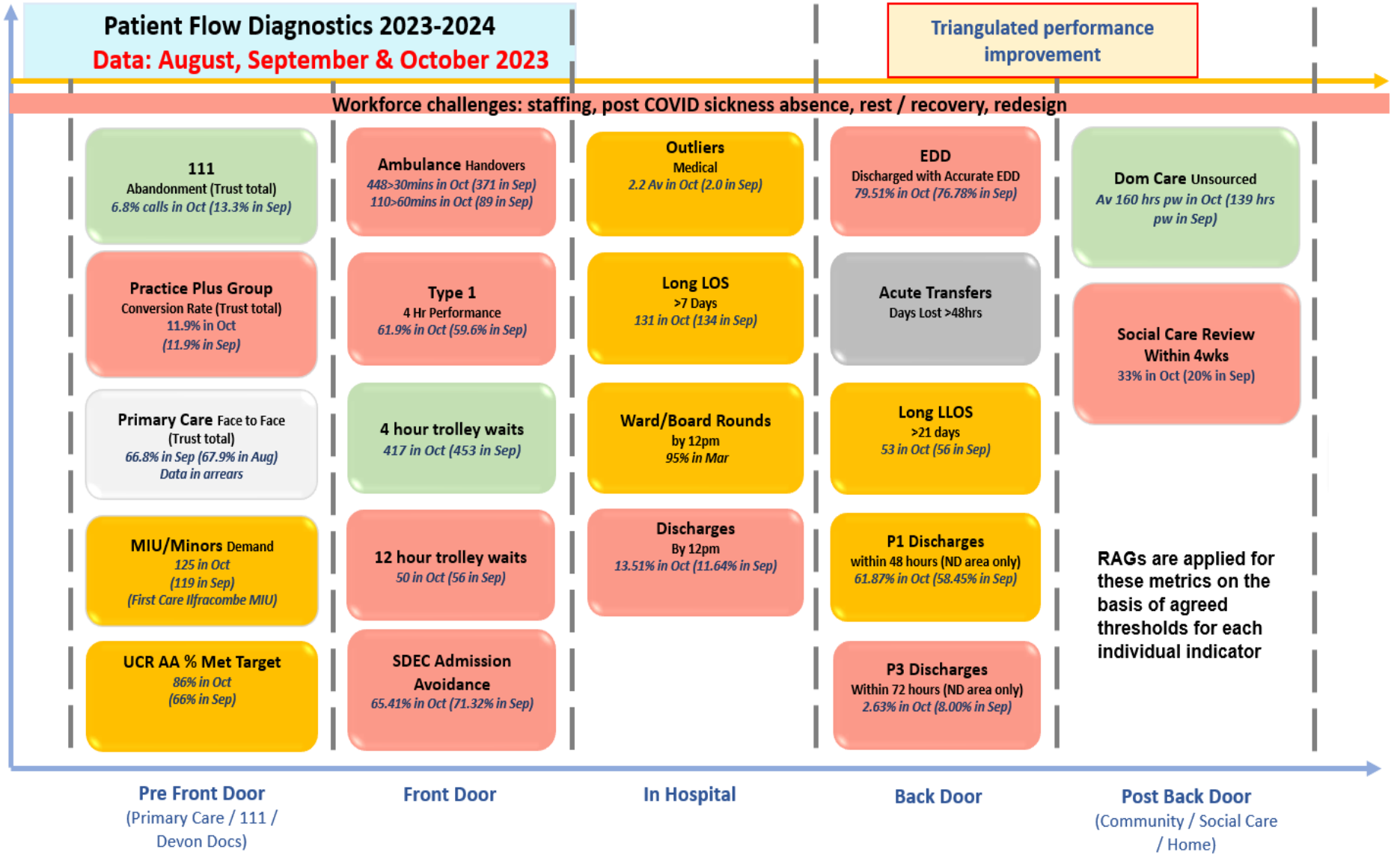
Domain	Measure/Metric	Definition	Last Month Sep-23	This Month Oct-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Attendances (NEW)	vs baseline (2019/20)	97.1%	**94.9%**	-2.2%	90.7%	104%
	Outpatient Attendances (FOLLOW-UP)	vs baseline (2019/20)	126.3%	**129.9%**	3.6%	120.6%	75%
	Outpatient Procedures	vs baseline (2019/20)	117.0%	**106.0%**	-11.0%	100.8%	
	Elective Inpatient Activity	vs baseline (2019/20)	55.9%	**53.5%**	-2.4%	82.0%	104%
	Elective Daycase Activity	vs baseline (2019/20)	106.8%	**114.5%**	7.7%	118.0%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	56.4%	**54.6%**	-1.8%		92%
	Incomplete Pathways	Total count	55112	**54147**	-1.8%	58836	
	RTT 52 Weeks waited	Total count	2892	**2982**	3.1%	2047	
	RTT 65 Weeks waited	Total count	1007	**1030**	2.3%	755	
	RTT 78 Weeks waited	Total count	250	**224**	-10.4%	100	
	RTT 104 Weeks waited	Total count	8	**0**	-100.0%	0	
CANCER	14 Day Urgent	Performance	47.0%	44.7%	-2.3%		93%
	28 day faster diagnosis standard	Performance	70.5%	63.5%	-7.1%	75.1%	75%
	Urgent GP referral 62 day	Performance	63.2%	57.2%	-6.0%		85%
	% 62 day waiters against total open pathways	62 day waits as a % of total pathways	8.4%	8.6%	0.2%		
	Count of open pathways over 62 days	Total count	244	248	1.6%	200	

Domain	Measure/Metric	Definition	Last Month Sep-23	This Month Oct-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	105.6%	**109.8%**	4.2%	98.1%	
	A&E attendances	vs 19/20 baseline	88.9%	**93.1%**	4.7%	83.3%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	47.4%	**47.0%**	-0.4%	58.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	62.7%	**63.0%**	0.2%	68.9%	95%
	Ambulance handover delays >30 mins	Total count	434	**470**	7.7%		
	Residual : No Criteria to Reside count	Average Daily count	78.0	**78.0**	0.0%	42	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	10.4%	**10.3%**	-0.1%	5.8%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	61.4%	59.8%	-1.6%		99%
	MRI activity	vs 19/20 baseline	109.4%	112.1%	2.8%	106.8%	
	CT activity	vs 19/20 baseline	128.3%	113.1%	-15.2%	104.9%	
	Medical Endoscopy activity	vs 19/20 baseline	98.8%	100.8%	1.9%	89.1%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	99.4%	97.5%	-1.9%	82.2%	
	Echocardiography activity	vs 19/20 baseline	151.6%	148.9%	-2.8%	96.1%	

Positive Value | Negative Value < 5% | Negative Value > 5%

Northern Services Executive Summary November 2023 Board meeting

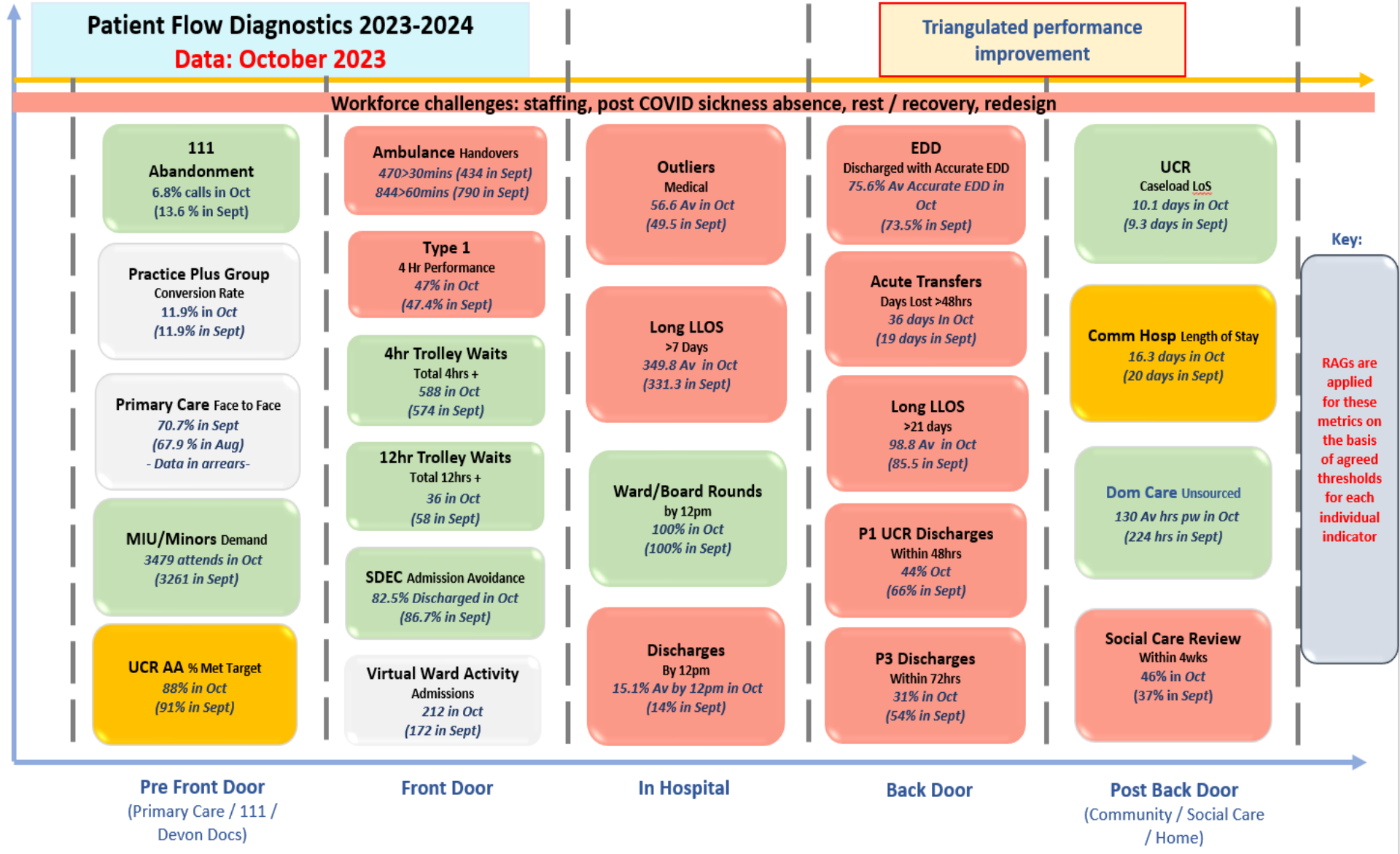
Northern Services Patient Flow Diagnostic



Executive Lead: John Palmer

Eastern Services Executive Summary November 2023 Board meeting

Eastern Services Patient Flow Diagnostic



Executive Lead: John Palmer

Overview – Executive Themes and Actions – December 2023

This **"light touch" December IPR** covers the period of **November 2023** (for financial and operational services) which was the first month for a significant period where we did not see Industrial Action. We are however currently in full preparation for Industrial Action between the **20th and 23rd December 2023 and between the 3rd and 9th January 2024.** These are not just periods of action that cover a high volume of days in total, but also come exactly at the point of the year when the Trust will either be managing the major annual outflow of patient discharges in the run up to Christmas or a period of well known high intensity demand in the New Year. Therefore the Trust's clinical and operational teams are in an elevated level of preparation at the time of writing. We noted in the last three IPRs the great challenges we have had to recover our Financial and Operational plan delivery against our trajectories as we balanced restoring activity post Industrial Action, managing UEC flow through a very congested period and then implementing the Winter Plan against an uncertain backdrop. The IPR in this cycle (and the associated NOF scorecard) suggests that we are making progress in balancing these challenges. As we have moved into December, our UEC performance has been such that it has either driven clear performance improvement or provided robust support for system colleagues; and we continue to drive a high enough level of activity to continue reducing our waiting list on the majority of specialty fronts (with even 52 weeks now evidencing a drop of 2000 patients this year). It is also the case that following on from the Amanda Pritchard call to arms to refocus our efforts on financial recovery, that we have seen a **creditable stabilisation of the financial position on Month 8.**

Recovering for the Future

A call to action on financial recovery was launched in the last week of October, setting out the improvement needed on our rate of spend to recovery the deteriorating financial position. Whilst there was little time for this to make an impact on the month 7 reported position, in month 8 the financial position saw the first signs of financial recovery impacting on the monthly spend. The previous two months had been reported at a monthly deficit of £9.6m. For month 8 the Trust reported an £4.4m surplus. This was in part due to £7.2m of additional national income due to the NHS redistribution of funds to support the industrial action. However, even without this income the Trust would have reported an improvement on the previous run rate deficit. All of the 4 key workstreams on income, pay, non-pay and drugs have contributed to this improvement which demonstrates the engagement and commitment across the Trust to bring the financial position back under control. **This improvement has reduced the year to date variance against plan of £17m reported in month 7 to £8.4m in month 8.** However, there is still a long way to go and the additional controls continue to be in place to ensure we can meet the ambition of our financial recovery plan. We recognise that this is causing pressure on teams to manage demands and we continue to pursue additional income where available such as UEC demand funding to help provide additional resource where we can. It is worth noting that the deficit position has impacted on our cash balances and we are now operating at the minimum levels of cash holding expected for a Trust this size. As with many NHS Trusts, we are engaged with the NHS England cash support process to ensure we are able to meet all of our financial commitments and are undertaking daily cash flow monitoring to manage our revenue and capital cash positions.

Urgent care performance this month saw the Trust sitting behind the planned trajectory for both Type 1 and Types 1-3 targets but with an improvement month on month to 54.8% and 63.7% respectively and therefore a gradual lift back towards our F&OP trajectory. It is notable that both Northern and Eastern Services improved by 2% in month which is a trend continuing into December. We continue to maintain a forensic drive on flow improvement through **UEC tier 1** by focusing on daily discharge by 12pm, discharge lounge optimisation, minors performance and overnight breaching and we are maintaining a strong focus on out of hospital activity. All of these domains have improved over the course of the month and in particular we should celebrate the development of **GP streaming** which has now inducted a workforce of over 20 GPs, with a further 6-10 to follow, with shifts already underway and shift fill of over 90% in the New Year in both sites. The **X-CAD** (ambulance service handover system) is now fully implemented and our work on patient cohort management in our restored ED footprints in recent weeks has been much appreciated by SWAST. All of this is being achieved against a backdrop of Northern Services demand sitting more than 20% ahead of plan and Eastern Services just shy of 10%.

Overview – Executive Themes and Actions – December 2023

Our **NCTR position continues to be exposed on both sites**, albeit with only a small worsening of position month on month, but the key issue remains that we sit a combined 79 beds outside plan with Northern at 51 and Eastern 78 patients medically fit for discharge on average against plans of 14 and 36. Following the recent escalations we have made relating to our projected bed gap and consistent and transparent discussions with the ICB, we have now seen a release of c. £1m additional funding into our Winter Plan. We estimate that this will close our bed gap to c. 30 beds once we have commissioned additional activity (particularly in P1 pathways) and might also give us some opportunity to scale up our Same Day Emergency Service in an effort to bridge the development of our plans into next year. Whilst we managed to maintain a sustainable bed position November on both sites thus managing the most mismatched demand and capacity month in our Winter Plan relatively effectively, it is clear that we are already occupying higher levels of bed base than intended. We will have to manage our Length of Stay position carefully over the next twelve weeks.

The Trust wide operational performance dashboard for October shows that our hopes for **increased elective activity levels** have been maintained which is just about offsetting the worst impacts of Industrial Action in order to maintain an improvement trajectory month on month for our 78 week waiting and 65 week waiting trajectories. As matters stand, we are closing in on 300 78 weeks and 1700 65 weeks waiting patients, despite the immense impact of Industrial Action on activity cancellation. In the end of year review of tier 1 and also in our discussions with **GIRFT further, faster colleagues** we have also had our improvements in 52 weeks (c. 2000 patients removed from our waiting list) noted for the first time. Despite the challenges cited in the previous IPR, we have not added further 104 week waits to our waiting list and it now seems likely that the **One Devon Assurance Board will support cardiology revenue investment** into our collaborative work with Torbay and our Cardiac Day Case Unit (in the same vein as the recent system level spinal services investment). Whilst we sit outside our planned trajectories, our supporting tables show that without the impacts of IA we would have been delivering significantly ahead of plan by this stage of the year. Whilst the 9 further days of action will have an impact, we should be very proud indeed of these improvements and the sustained reduction that is now effected on our overall waiting list.

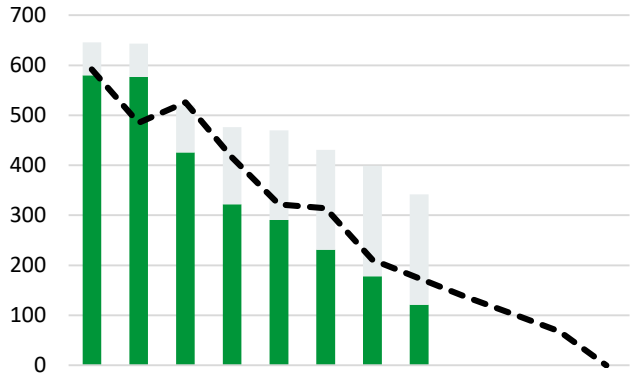
For **cancer services**, we saw small improvements in month in relation to our 62 day waiting target (290 vs 293 trajectory) and against the Faster Diagnosis Standard where we still sit just off national compliance. Notably, Northern Services continue to secure excellent performance improvement (4.6% against the national target of 6.4% for 62 days and 78.2% for FDS against the national target of 75%). We **remain vulnerable on our 2 week wait performance** which is principally driven by the huge demand spike in dermatology over the last six months and our regionally agreed support to colleagues in Taunton – although we are now slowly recovering this position. We remain very focused on our three most **fragile services: dermatology, oncology and urology** and continue to work closely with the regional team on these risks with our intentions currently shaping to consolidate our urology services on a hot / cold basis in the New Year. We are pleased to say that our **performance improvement and transparent understanding of our risks were welcomed by the regional team during their recent visit** and we have received a positive follow up letter for inclusion in our Cancer Services Deep Dive Part 2 in 2024. Outside of the financial and operational plan targets, **Diagnostics performance** has improved against the 6 week DMO1 target overall again this month, reflecting the concerted work of our clinical and operational teams supported by the prioritised focus from the improvement team. **The team achieved in month improvement from 58.7% (October) to 61.7% (November) for Northern Services (in excess of 60% for the first time ever); with Eastern Services following suit from 59.8% (October) to 61.1% (November) which consolidated the whole Trust's performance also above 60%.**

Next month's IPR will see a return to the full IPR and completed sections on partnership, clinical excellence and workforce where we will see updates on Winter funding, maternity services CQC recent engagement, the NHSE visit to our genomic function and the cultural dashboard. In the meantime, we will all reflect on a year quite unlike any other when the NHS has been tested in a post COVID-19 environment by the enormous challenge of recovery at the same time as huge turmoil in our workforce reflecting the complex national and local political mood. We should reflect with both pride and gratitude for the commitment and passion of our staff and the achievements that they have continued to generate to better care for our patients this year.

Merry Christmas and Happy New Year one and all!

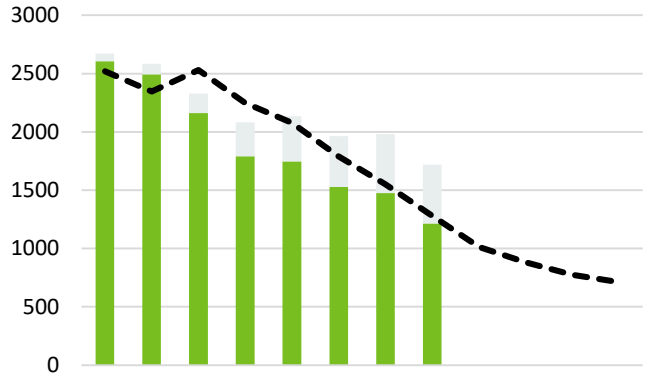
Industrial Action Impact YTD + actual trajectories

78+ week waiters - Estimate of Trust position without IA



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
IA Lost Activity	66	66	94	154	179	200	221	221				
Position without IA	580	577	426	322	291	231	178	121				
Plan	592	485	526	415	322	314	211	174	137	103	68	0

65+ week waiters - Estimate of Trust position without IA

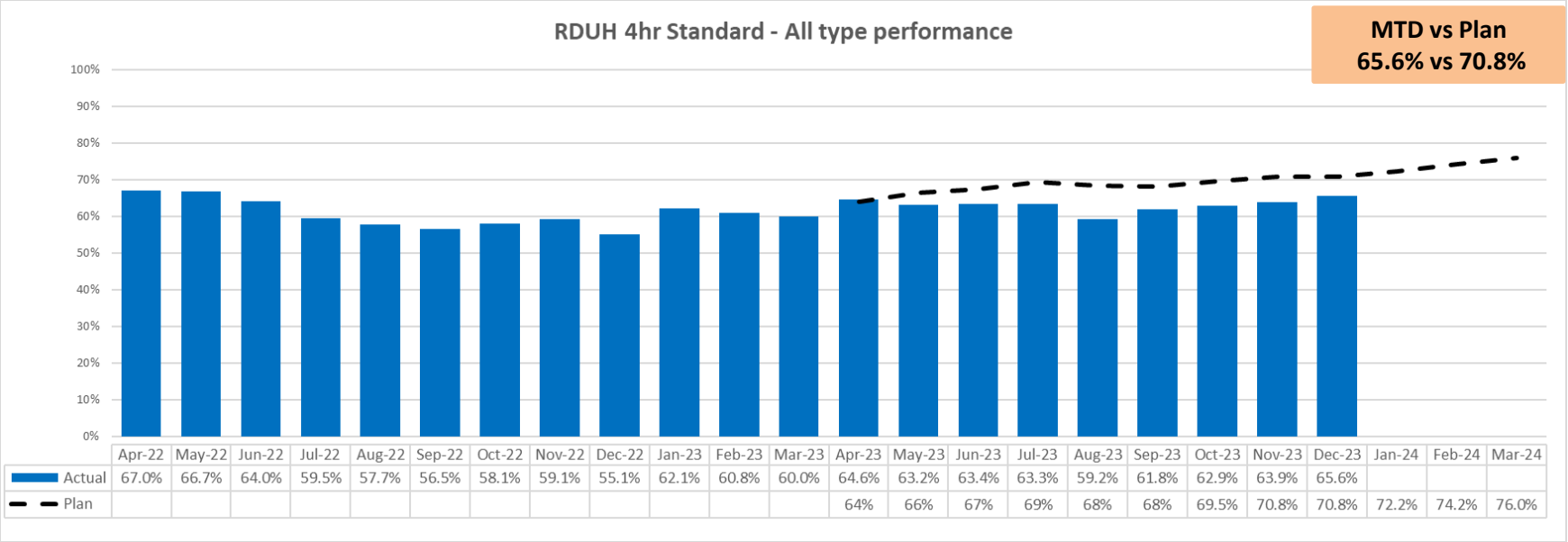


	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
IA Lost Activity	66	92	167	292	388	437	504	504				
Position without IA	2606	2493	2162	1791	1746	1528	1476	1215				
Plan	2520	2346	2530	2249	2078	1790	1550	1280	1014	881	774	710

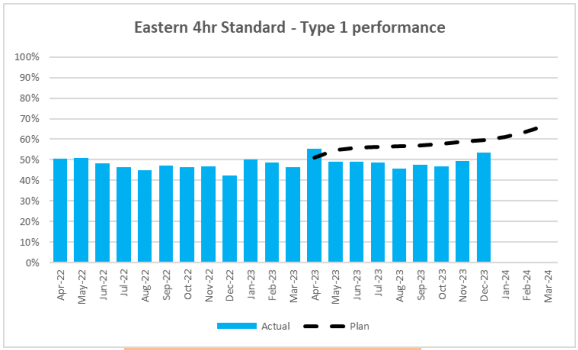
With renewed Industrial Action on the horizon, it is worth revisiting the analysis showing that the RDUH would be exceeding 23/24 operational plan long wait trajectories without the disruption caused by the GMC and RCN strikes.

4hr target – Monthly performance against trajectory (Dec)

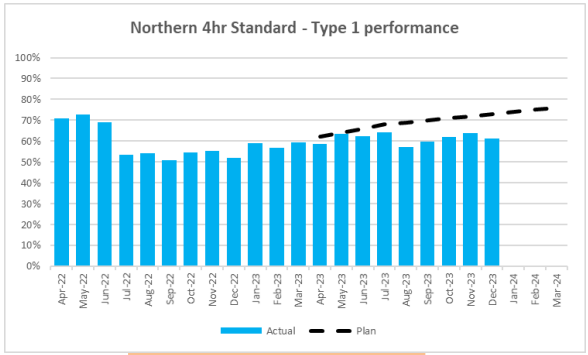
Performance from month end SitReps and month to date from ECDS



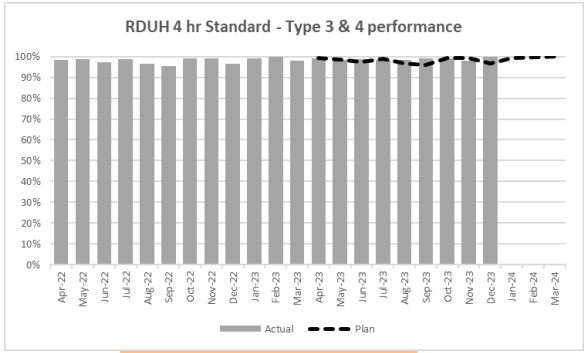
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Actual	67.0%	66.7%	64.0%	59.5%	57.7%	56.5%	58.1%	59.1%	55.1%	62.1%	60.8%	60.0%	64.6%	63.2%	63.4%	63.3%	59.2%	61.8%	62.9%	63.9%	65.6%			
Plan													64%	66%	67%	69%	68%	68%	69.5%	70.8%	70.8%	72.2%	74.2%	76.0%



MTD vs Plan
53.3% vs 59.7%



MTD vs Plan
61.4% vs 73%



MTD vs Plan
99.9% vs 96.9%

Financial & Operational Exit Criteria Measures

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

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

One Devon

Trust Executive Summary – December 2023

Trust wide — Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Oct-23	This Month Nov-23	FOP Trajectory	Planned Trajectory	National target	FOP EOY Target
Trust Operational Plan Metrics	RTT 65 Weeks waited	Total count	1980	1719	-261	1280		710
	RTT 78 Weeks waited	Total count	399	342	-57	173		0
	RTT 104 Weeks waited	Total count	0	0	0	0		0
	Cancer - Over 62 day waiters	Total count	294	290	-4	293		198
	Cancer - % 62 day waiters against total open pathways	% patients over 62 days against open pathway	8.1%	8.7%	0.6%			6.4%
	Cancer - 28 day faster diagnosis	% patients receiving diagnosis in 28-days	68.0%	71.6%	3.6%	72.9%	75%	75.1%
	A&E - Type 1 - 4 hr performance	% patients seen in Type 1 sites in 4-hrs	52.7%	54.8%	2.1%	63.7%		70.2%
	A&E - All 4-hr performance	% patients seen in All sites in 4-hrs	62.7%	63.7%	1.0%	70.8%	95%	76.0%
	No criteria to reside	Average daily count	125	129	4	50		50
	No criteria to reside	NCTR as a % of occupied beds	11.9%	12.5%	0.6%	5.1%		5.3%
Trust Financial Plan	Financial Performance : I&E surplus / (Deficit)	Year to date position £000	(38,521)	(34,158)		(25,674)		(28,035)
	Delivering Best Value financial savings delivery	Year to date position £000	24,230	27,727		20,439		60,300

Positive Value | Negative Value < 5% | Negative Value > 5%

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Oct-23	This Month Nov-23	Vs prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient activity (New)	*Vs baseline (2019/20)*	109.8%	118.6%	8.8%	127.3%	104%
	Outpatient activity (FU)	*Vs baseline (2019/20)*	128.3%	141.5%	13.2%	101.1%	75%
	Outpatient procedures	*Vs baseline (2022/23)*	250.2%	237.1%	-13.1%	104.9%	
	Elective inpatient activity	*Vs baseline (2019/20)*	62.8%	62.4%	-0.4%	83.1%	104%
	Elective daycase activity	*Vs baseline (2019/20)*	95.2%	118.0%	22.8%	114.0%	104%
	RTT 18 week performance	*Patients seen <18 weeks vs total incomplete pathways*	51.1%	52.8%	1.7%		92%
	Incomplete pathways	*Total count*	23280	22445	-3.6%	22755	
	RTT 52+ weeks waited	*Total count*	2335	2101	-10.0%	2980	
	RTT 65+ weeks waited	*Total count*	950	792	-16.6%	621	
	RTT 78+ weeks waited	*Total count*	175	128	-26.9%	104	
	RTT 104+ weeks waited	*Total count*	0	0	100.0%	0	
CANCER	2 week referrals	*Performance*	90.1%	90.7%	0.6%		93%
	28 day faster diagnosis standard	*Performance*	77.1%	78.2%	1.1%	63.0%	75%
	Urgent GP referral 62 day	*Performance*	67.9%	79.4%	11.5%		85%
	Cancer - Over 62 day waiters	*Total count*	46	32	-30.4%	92	
	Cancer - % 62 day waiters against total open pathways	*days against open pathway*	6.2%	4.6%	-1.6%		

Domain	Measure/metric	Definition	Last Month Oct-23	This Month Nov-23	Vs prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	*Vs baseline (2019/20)*	91.4%	97.7%	6.3%	78.3%	
	A&E attendances	*Vs baseline (2019/20)*	124.2%	123.5%	-0.7%	101.5%	
	4 hour wait performance	*Patients seen <4 hours vs total attendances*	61.9%	63.9%	2.0%	72%	95%
	Ambulance handover delays >30 minutes	*Total count*	448	255	-43.1%		
	Residual no criteria to reside	*Average daily count*	47	51	8.5%	14	
	Residual no criteria to reside	*NCTR as a % of occupied beds*	16.3%	18.1%	1.8%	5.9%	
DIAGNOSTICS	6 week wait referral to diagnostic test	*% of diagnostic tests completed in 6 weeks*	*58.7%*	*61.7%*	3.0%	*N/A*	99%
	MRI activity	*Vs baseline (2019/20)*	*133.1%*	*130.1%*	-3.0%	103.0%	
	CT activity	*Vs baseline (2019/20)*	*140.5%*	*153.9%*	13.4%	148.8%	
	Medical Endoscopy activity	*Vs baseline (2019/20)*	*156.1%*	*170.2%*	14.1%	133.6%	
	Non-obstetric ultrasound activity	*Vs baseline (2019/20)*	*102.5%*	*106.6%*	4.0%	89.1%	
	Echocardiography activity	*Vs baseline (2019/20)*	*102.9%*	*126.2%*	23.3%	105.8%	

Positive value

Negative value < 5%

Negative value > 5%

Eastern Services Executive Summary – December 2023

Eastern Services Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Oct-23	This Month Nov-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Attendances (NEW)	vs baseline (2019/20)	93.6%	**108.3%**	14.7%	98.3%	104%
	Outpatient Attendances (FOLLOW-UP)	vs baseline (2019/20)	126.5%	**145.0%**	18.5%	132.8%	75%
	Outpatient Procedures	vs baseline (2019/20)	119.2%	**133.1%**	13.9%	104.5%	
	Elective Inpatient Activity	vs baseline (2019/20)	50.3%	**66.9%**	16.5%	83.0%	104%
	Elective Daycase Activity	vs baseline (2019/20)	114.1%	**147.7%**	33.5%	129.3%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs total incomplete pathways	54.6%	**54.5%**	-0.1%		92%
	Incomplete Pathways	Total count	54147	**53484**	-1.2%	58782	
	RTT 52 Weeks waited	Total count	2982	**2819**	-5.5%	2185	
	RTT 65 Weeks waited	Total count	1030	**927**	-10.0%	659	
	RTT 78 Weeks waited	Total count	224	**214**	-4.5%	69	
	RTT 104 Weeks waited	Total count	0	**0**	#DIV/0!	0	
CANCER	14 Day Urgent	Performance	45.1%	47.2%	2.1%		93%
	28 day faster diagnosis standard	Performance	64.9%	69.5%	4.6%	75.2%	75%
	Urgent GP referral 62 day	Performance	55.6%	66.4%	10.8%		85%
	% 62 day waiters against total open pathways	62 day waits as a % of total pathways	8.6%	9.8%	1.2%		
	Count of open pathways over 62 days	Total count	248	258	4.0%	201	

Domain	Measure/Metric	Definition	Last Month Oct-23	This Month Nov-23	vs Prior month	Planned	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	111.4%	**108.7%**	-2.6%	96.7%	
	A&E attendances	vs 19/20 baseline	93.1%	**93.8%**	0.7%	84.9%	
	4 hour wait performance Type 1 only	Patients seen <4hrs vs total attendances	47.0%	**49.3%**	2.3%	59.0%	95%
	4 hour wait performance Type 1-3	Patients seen <4hrs vs total attendances	63.0%	**63.6%**	0.6%	70.3%	95%
	Ambulance handover delays >30 mins	Total count	470	**586**	19.8%		
	Residual : No Criteria to Reside count	Average Daily count	78.0	**78.0**	0.0%	36	
	Residual : No Criteria to Reside proportion	As a % of occupied beds	10.2%	**10.4%**	0.2%	4.8%	
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	59.8%	61.1%	1.3%		99%
	MRI activity	vs 19/20 baseline	112.1%	111.7%	-0.4%	105.3%	
	CT activity	vs 19/20 baseline	113.1%	127.5%	14.3%	114.1%	
	Medical Endoscopy activity	vs 19/20 baseline	100.8%	57.6%	-43.2%	89.2%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	97.5%	100.5%	3.1%	82.9%	
	Echocardiography activity	vs 19/20 baseline	148.9%	151.9%	3.1%	96.3%	

Positive Value | Negative Value < 5% | Negative Value > 5%

Trust Summary Finance Position – December 2023

Financial Performance - key performance indicators

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Oct-23	This Month Nov-23	Narrative	Forecast Mar-24
Income and Expenditure	**I&E Surplus / (Deficit) - Total**	£'000	**-38,521**	**-34,158**	**Year to Date Financial Overview** At the end of month 8 the Trust is reporting a year to date deficit of £34.2m being £8.5m adverse to plan. This improved in-month position includes £7.2m from a national allocation to cover the costs of Industrial Action.	**-28,035**
	I&E Surplus / (Deficit) v budget	£'000	**-16,955**	**-8,484**	The drivers of the adverse variance to plan can be summarised as follows: (£3.4m) see below (£2.8m) additional outsourcing and theatre ERF above plan (£2.2m) specialling of complex patients (£1.0m) unfunded pay award (£1.6m) supernumery costs of International Recruitment £2.5m over achievement of Delivering Best Value programme.	**0**
	Income variance to budget - Total	£'000	**7,717**	**18,238**		**23,726**
	Income variance to budget - Total	%	**1.30%**	**2.70%**		**2.36%**
	Income variance to budget - Patient Care	£'000	**-406**	**9,310**	Adverse non-pay variance includes an overspend on drugs from the movement in drugs growth from the point the expenditure plan, high cost drugs recoverable through Specialist Commissioning variable contract income and high cost drugs not recoverable under the ICB block contract.	**9,384**
	Income variance to budget - Operating income	£'000	**8,123**	**8,928**	**Financial Recovery Plan (FRP) Actions** A call to action was launched during month 7 on financial recovery to ensure other cost drivers can be managed to reduce the overall rate of spend for the remainder of the year without compromising patient safety or operational recovery.	**14,342**
	Pay variance to budget - Total	£'000	**-12,353**	**-14,209**		**-5,878**
	Pay variance to budget - Total	%	**-3.21%**	**-3.24%**	A Financial Recovery Board has been established and chaired by the CEO. Workstreams are embedded covering opportunities across income, pay (including enhanced vacancy control), non-pay and drugs. Vacancy controls have been enhanced post-month end. The FRP has delivered £4.6m of benefit in month against a trajectory of £6.6m; there is confidence that slippage will recover over months 9 and 10 - see FRP section below.	**-0.90%**
	Non Pay variance to budget	£'000	**-13,302**	**-13,519**		**-16,945**
	Non Pay variance to budget	%	**-6.00%**	**-5.34%**		**-4.60%**
	PDC, Interest Paid / Received variance to budget	£'000	**514**	**537**	**Forecasting Outturn** Devon ICB has submitted a system recovery plan and is awaiting a decision from NHSE on the financial forecast to be achieved by year end. Until that time the current forecast deficit remains unchanged at £28.0m.	**843**
	PDC, Interest Paid / Received variance to budget	%	**6.76%**	**6.13%**		**6.24%**
	Capital Donations variance to plan - technical reversal	£'000	**469**	**469**	Neutral adjustment when calculating reported financial position.	**-1,746**
	Agency expenditure variance to Plan	£'000	**-4,681**	**-4,384**	Increased usage to cover vacancies, sickness, strike support and specialling 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.	**-3,179**
	Agency expenditure variance to agency limit	£'000	**-1,053**	**-239**	Agency limit YTD is £14.2m and showing a negative variance due to increased use above plan.	**3,045**
	Delivering Best Value Programme - Total Current Year achievement	£'000	**24,230**	**27,727**	**DBV**	**44,477**
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	**3,791**	**2,548**	Strong start to the year in terms of savings programme though slippage on recurrent delivery has been offset by non-recurrent over-delivery. YTD adverse variances continue to be largely driven by non-delivery against digital programme and shortfall in income data capture. Accelerating delivery is part of the financial recovery plan to de-risk forecast and scope additional ideas	**-15,823**
	Financial Recovery Action Plan - Total Current Year achievement	£'000	**N/A**	**4,603**	DBV schemes variance to plan: £5.5m Income favourable (£4.3m) Pay adverse £1.4m Non pay favourable	**37,778**
	Financial Recovery Plan Actions - Year to date/ Current Year variance to budget	£'000	**N/A**	**-1,953**	**FOT** - £1.8m under delivery against internal programme, £9.9m under delivery against system schemes, £4.1m risk of double count between programmes. **FRP** was implemented during month 8 and has delivered £4.6m of savings against the recovery plan profile. Slippage on income recovery expected in month 8 is now projected to recover over months 9 and 10.	**0**

Trust Finance Overview – December 2023

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Oct-23	This Month Nov-23	Narrative	Forecast Mar-24
Capital & Cash	Cash balance	£'000	10,784	2,389	(£22.6m) adverse impact of year to date financial position and movements in working capital; £9.5m favourable from slippage in the capital programme and net interest received; (£10.7m) adverse slippage on the receipt of capital PDC compared to plan; (£2.7m) adverse opening cash position lower than plan.	19,973
	Cash variance to budget - above / (below)	£'000	-21,318	-26,467	Cash balance is now at minimum levels and an application has been made to NHSE for support in quarter 4. The PDC element of the capital programme will be funded by future cash receipts that have not yet been drawndown.	5,479
	Better Payment Practice v 95% cumulative target - volume	%	75%	75%	Continued improvement in cumulative value of invoices paid within target; volume reduction reflects catch up of invoices of relatively low value Actions to recover performance remain positive and continues to include focus on sufficient authoriser capacity; daily bank runs, support to pharmacy and increased finance capacity to address post-implementation vacancies. All endeavours will be targeted to minimise the impact on suppliers and cash flow forecasts have taken into account maintaining BPP performance. Recovery to 85**% cumulatively** by year end remains the aspiration with assurance being reported through the Finance and Operational Committee.	85%
	Better Payment Practice v 95% cumulative target - value	%	82%	82%		85%
	Capital Expenditure variance to plan - Total above / (below)	£'000	-24,620	-23,762	Capital expenditure to M08 was £22.1m; £23.8m less than assumed in plan. Of the variance, £12.0m is due to profiling - all lease expenditure was planned to be fully incurred at M06. Excluding leases, the programme is £11.8m behind plan but £20.4m of open orders give confidence the slippage will recover. The respective Capital Programme Groups are actively monitoring risks and mitigations to ensure delivery. Forecast capital expenditure of £70.3m fully utilises the CDEL and PDC allocations forecast in 2023/24 but at M07 leases forecast was reduced by £5.2m.	-2,830
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-2,838	-2,532	**YTD** - Slippage on commencing schemes with expectation to recover supported by the value of orders placed. **FOT** - Donated income is a neutral adjustment when calculating reported financial position.	1,863
	Capital Expenditure variance to plan - PDC and Leasing above / (below)	£'000	-21,782	-21,230	Slippage on commencing schemes with expectation to recover supported by the value of orders placed. The PDC element of the capital programme will be funded by future cash receipts that have not yet been drawndown. **YTD** £12.0m lease profiling (IFRS16) £6.0m Endoscopy capacity £1.3m Cardiology Day case Unit £2.7m Community Diagnostics **FOT** Net adjustment in PDC and leasing fully utilises the 2323/24 allocations.	-4,693

Key

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

Overview – Executive Themes and Actions to Raise at January 2024 Board

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

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

Despite these challenges we:

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

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

Overview – Executive Themes and Actions to Raise at January 2024 Board

Recovering for the Future

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

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

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

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

Overview – Executive Themes and Actions to Raise at January 2024 Board

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

Collaborating in Partnership

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

Excellence and Innovation in Patient Care

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

A Great Place to Work

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

Data Quality

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

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

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

Balanced Scorecard – Looking to the Future

Successes

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

Opportunities

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

Priorities

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

Risk/Threats

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

Financial & Operational Exit Criteria Measures

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

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

One Devon

Trust Executive Summary

Trust wide Operational Performance Dashboard

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

Positive Value | Negative Value < 5% | Negative Value > 5%

Northern Services Operational Performance Dashboard

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

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

Positive value

Negative value < 5%

Negative value > 5%

Eastern Services Executive Summary

Eastern Services Operational Performance Dashboard

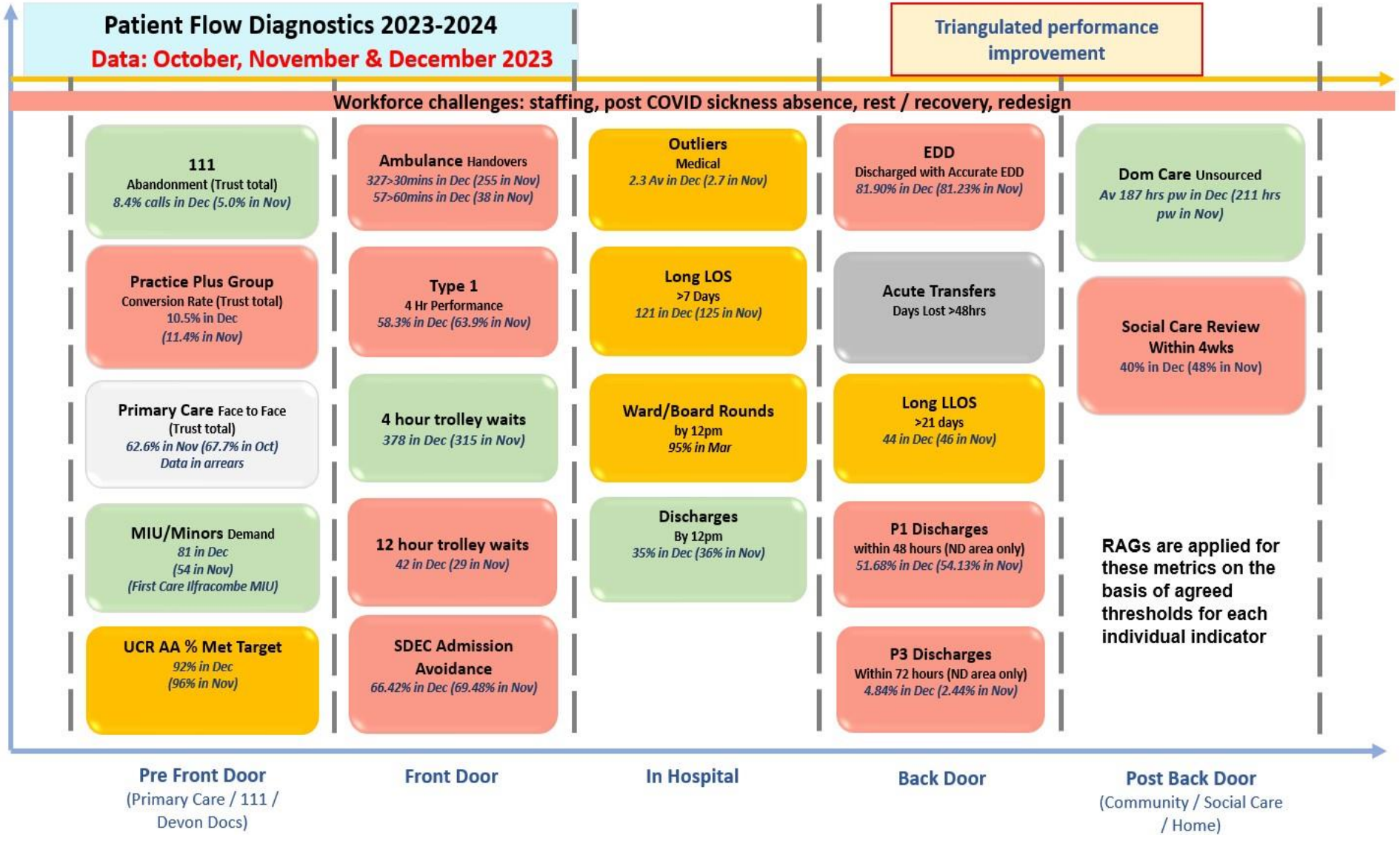
Domain	Measure/Metric	Definition	Last Month Nov-23	This Month Dec-23	vs Prior month	Planned	National target
ELECTIVE ACTIVITY	Outpatient Attendances (NEW)	vs baseline (2019/20)	108.2%	**99.2%**	-9.0%	101.4%	104%
	Outpatient Attendances (FOLLOW-UP)	vs baseline (2019/20)	144.9%	**140.0%**	-4.9%	134.4%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

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

Positive Value | Negative Value < 5% | Negative Value > 5%

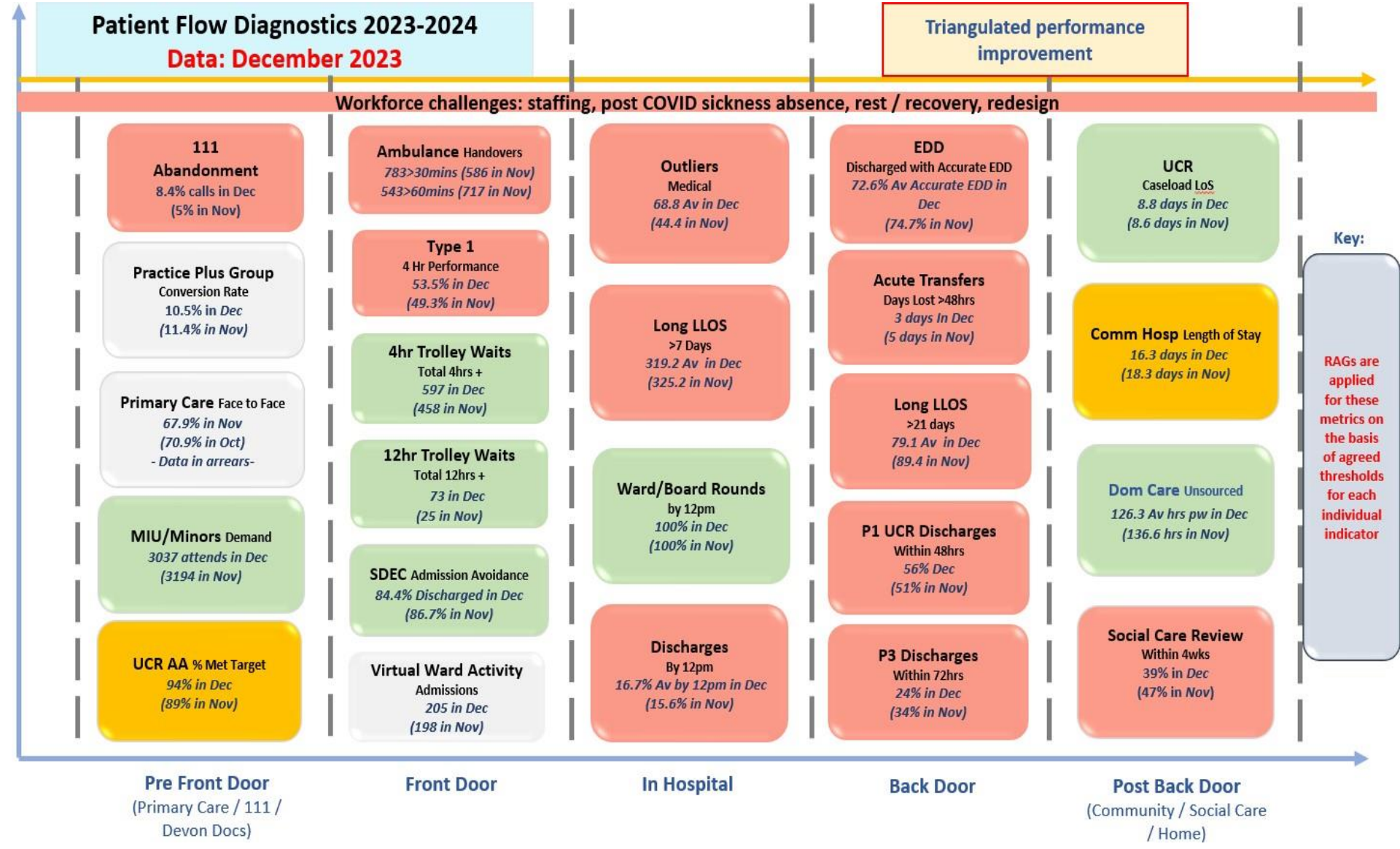
Northern Services Executive Summary

Northern Services Patient Flow Diagnostic

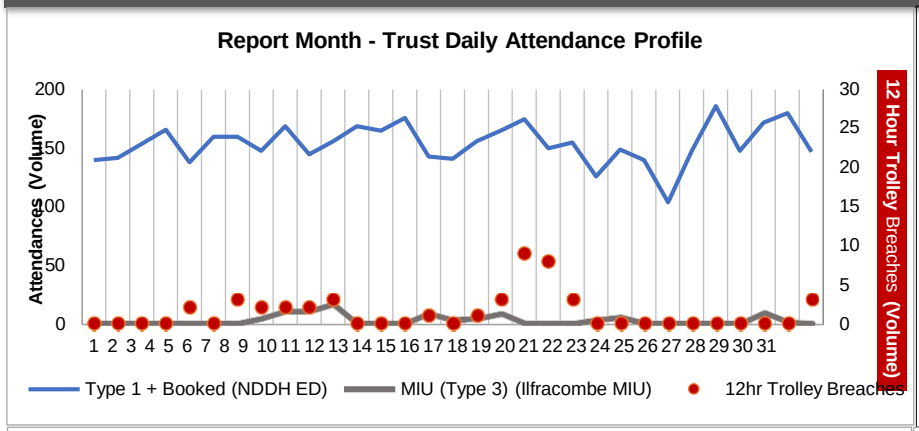


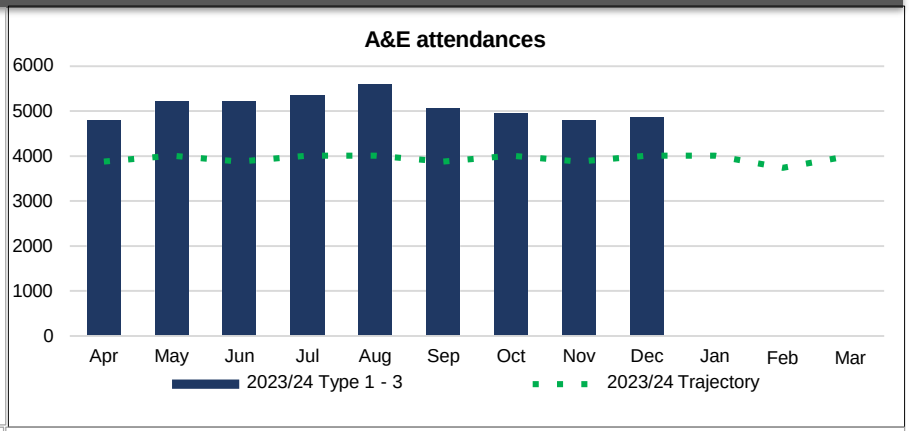
Eastern Services Executive Summary

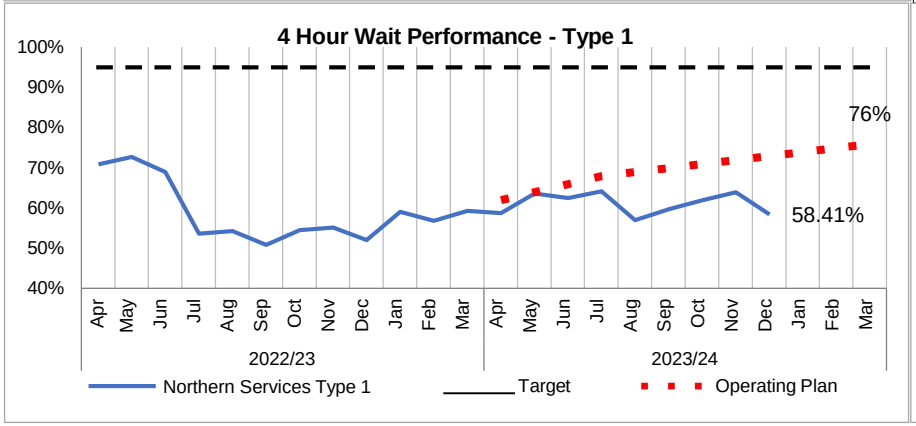
Eastern Services Patient Flow Diagnostic

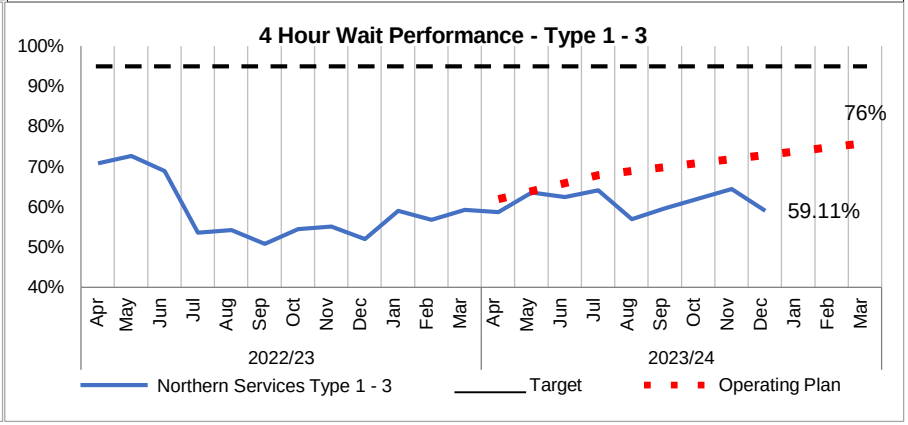


Northern Services Emergency Department – *key metrics relating to activity & performance in urgent & emergency care services*









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

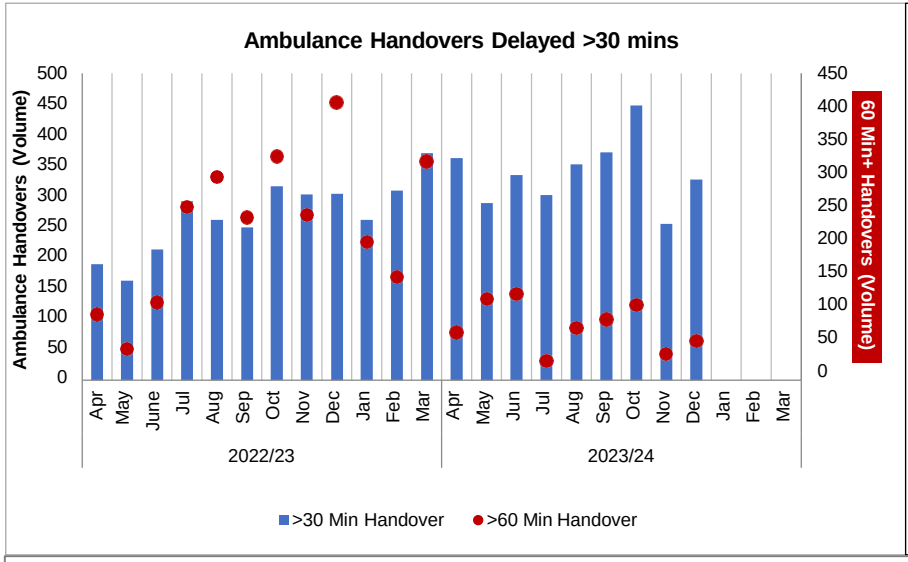
Overall Performance:

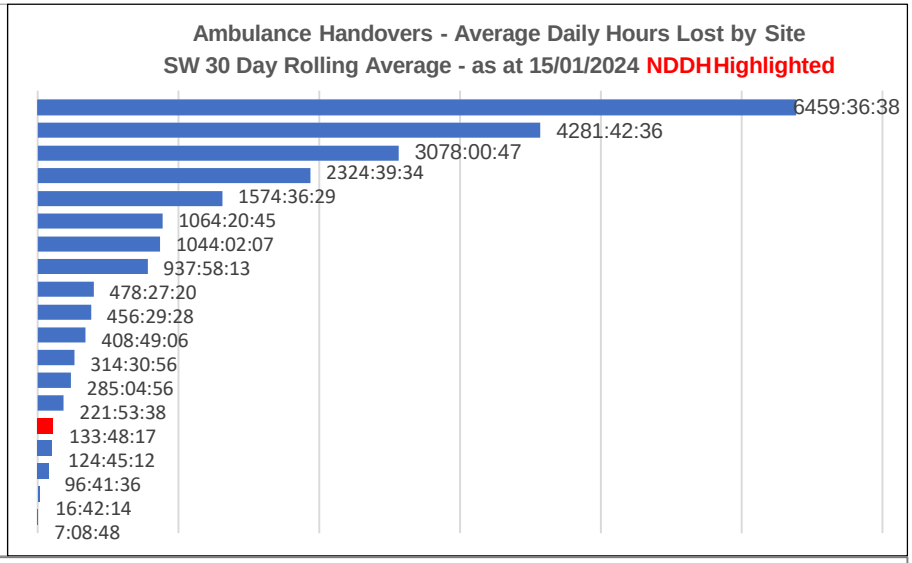
- There was a increase of 57 attendances in December compared to November. ED saw an decrease in attendances in December with a peak of 200 attendances on the 27th December.
- In December the total daily hours lost in ambulance handover delays was 276 hours and 35 mins.
- The number of 4-Hour breaches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

- **Perfect Week**

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

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



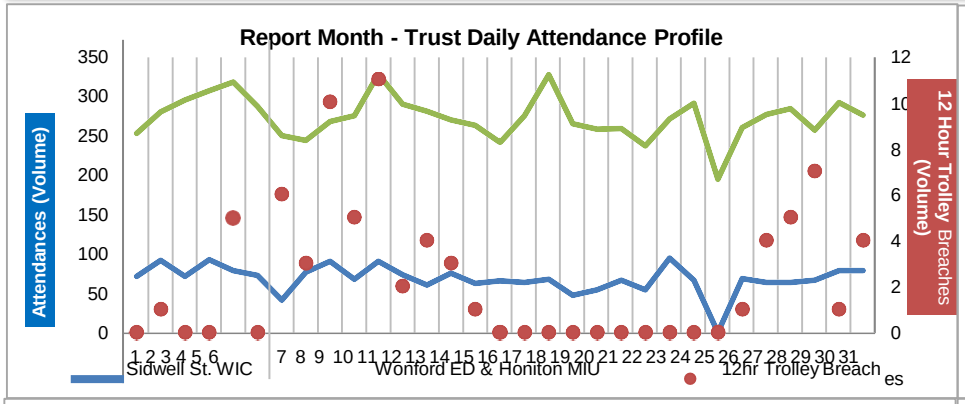


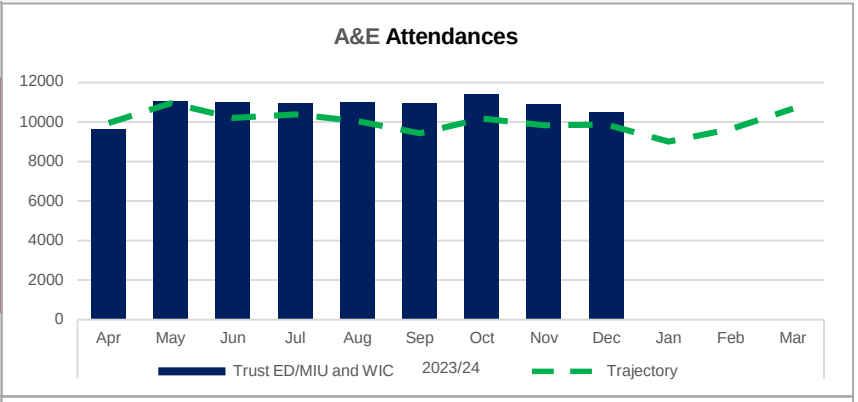
60 min handovers decreased by 72 in November and increased by 19 in December, 30 min handovers decreased by 193 in November and increased by 72 in December.

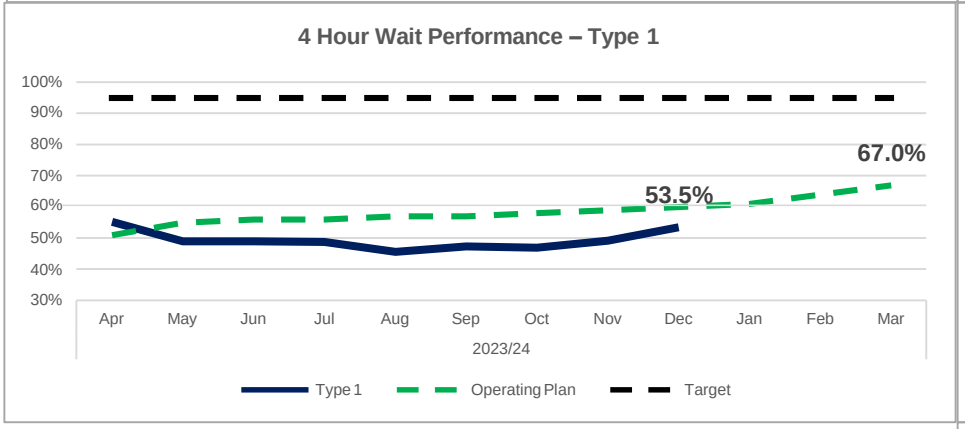
X-CAD Implementation
Continue to see reduction in handover delays and time lost since X-CAD was introduced in November 2023.

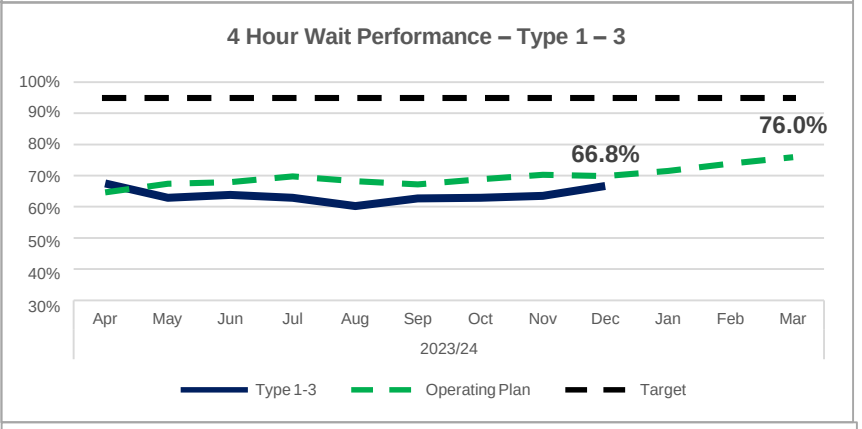
Eastern Services Emergency Department

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









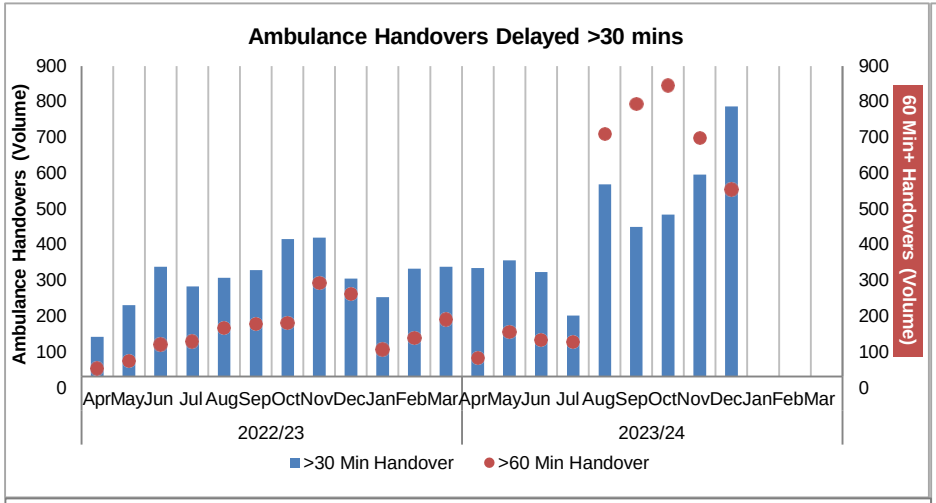
Type of Activity	Denominator	Patients>4 Hours	% Performance
ED Only	7445	3459	53.54%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	10482	3483	66.77%
Total System Performance (including MIUs)	12615	3531	72.01%

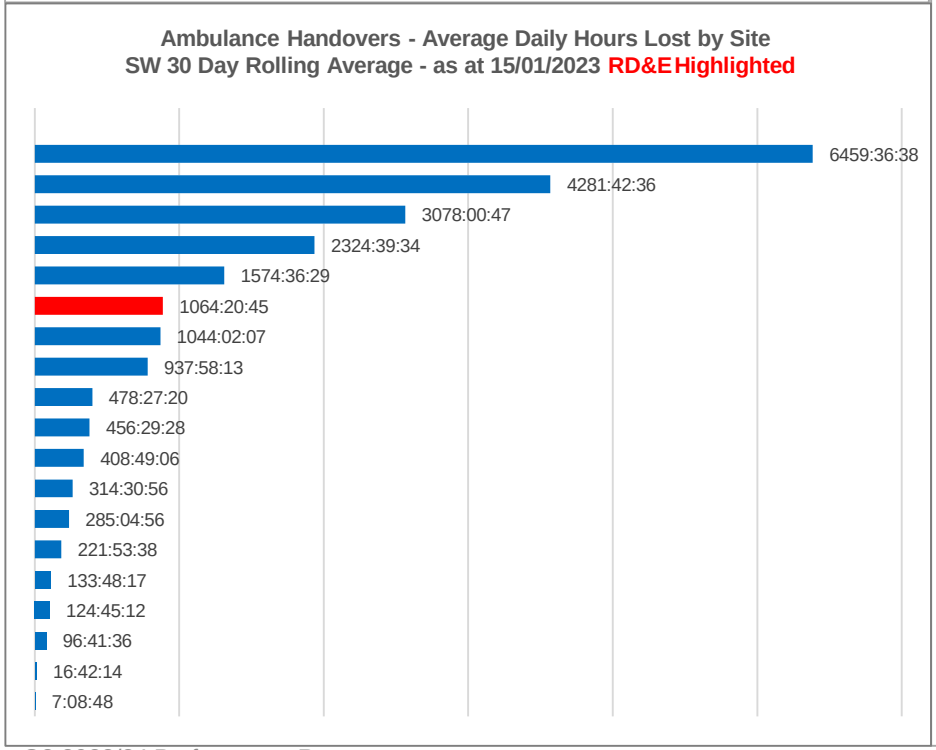
Overall Performance:

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

Eastern Services Emergency Department

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





Actions being taken to improve performance

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

Focus on ambulance reporting

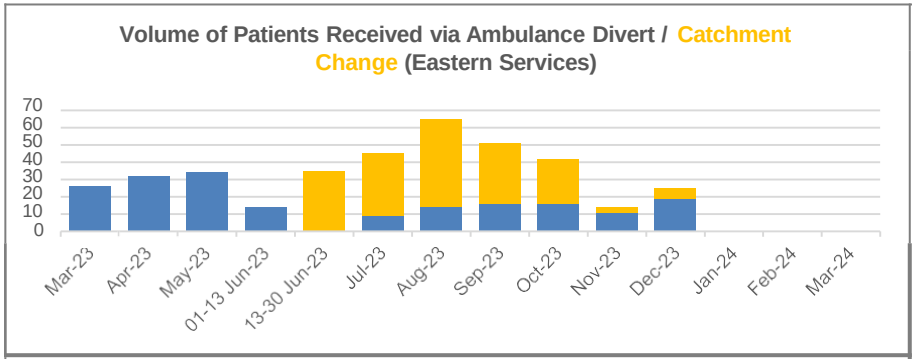
- Monthly ambulance handover meetings have been established with SWAST to review processes and improvements.
- There is a Devon Ambulance Cell and ICB focus on improving ambulance handover delays.
- The XCAD hospital ambulance arrivals system was implemented on 23/11/23, which includes reactivating the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

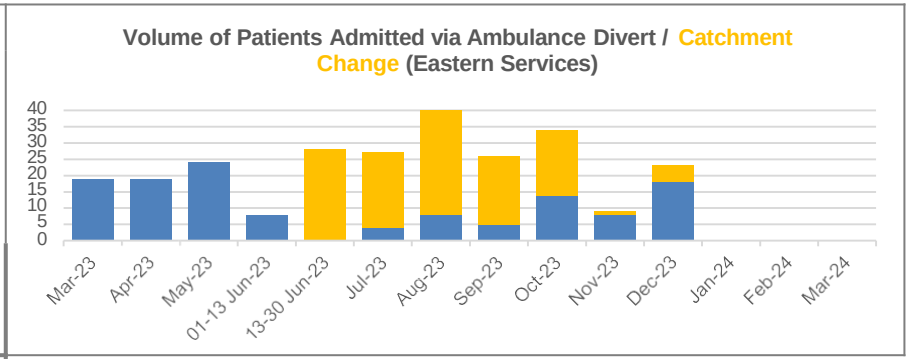
Providing safe alternatives to admission

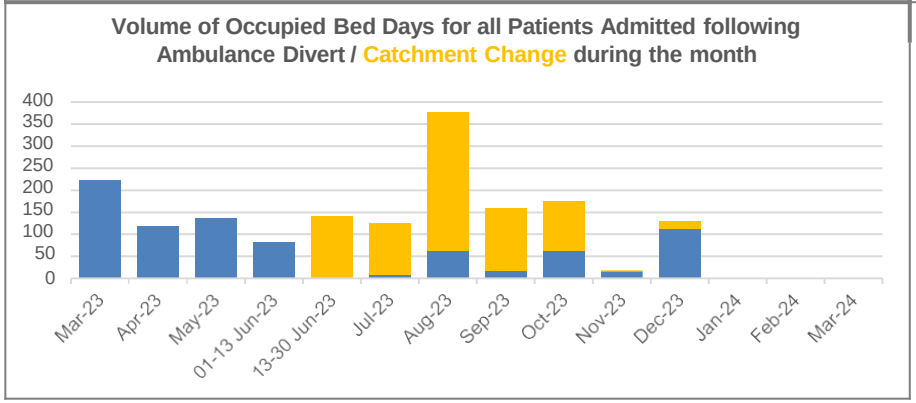
- SDEC activity increased by 9.2% to 641 (compared to 587 in December) and the discharge rate remained within target at 15.6%. The daily average seen in SDEC improved to 34 per day (27 in November).
- The virtual ward saw 248 admissions (205 in Eastern and 43 in Northern), a slight reduction from the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

Trust – Provision of System Support for UEC

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







Trust – Provision of System Support for Planned Care

Number of Mutual Aid Requests received by RDUH					
	Received	Completed	Declined	Ongoing	Under Consideration
Apr-23	2		2		
May-23	3		2	1	
Jun-23	2	1		1	
Jul-23	1		1		
Aug-23	3		2		1
Sep-23	2			1	1
Oct-23	3			1	2
Nov-23	0				
Dec-23	3		3		

Number of Mutual Aid Requests made by RDUH					
	Made	Completed	Declined	Ongoing	Under Consideration
Apr-23	1				1
May-23	0				
Jun-23	0				
Jul-23	0				
Aug-23	0				
Sep-23	0				
Oct-23	0				
Nov-23	0				
Dec-23	0				

Community Division Priorities

1. Reduce NCTR

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

2. Improve End of Life experience

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

3. Reduce falls related hospital admissions and manage Frailty

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

4. Reduce Community Waiting Lists

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

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

Trust – Community Services – Improving End of Life Care

Successes for the Month:

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

Actions for next month

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

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

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

Deliverables of the project:

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

Successes for this month:

Falls Prevention and Management Training for Care Homes

- Continuation of Falls training delivery to Care Homes. So far, **1005** care workers have received training.

- Care Homes have been offered additional Specialist Practitioner support to review in house falls policies and procedures. 3 care homes have engaged with this offer in last month.

- Expanded training to voluntary services and service users (as per UEC action plan); in last month, 20 volunteers and 5 services users have completed training (from 2 companies; AgeUK and Age Concern).

- A review of ICB data regarding 999 calls and conveyances from Care Homes has identified 7 high intensity users. All 7 care homes have been contacted and offered bespoke training support which will be completed in January and February 2024.

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

Post Falls Assessment and Management Plan

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

Proactive Case Management and Discharge Planning for Inpatients

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

Actions for next month:

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

Trust – Community Services – Reducing Community Waiting Lists

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

Update on progress:

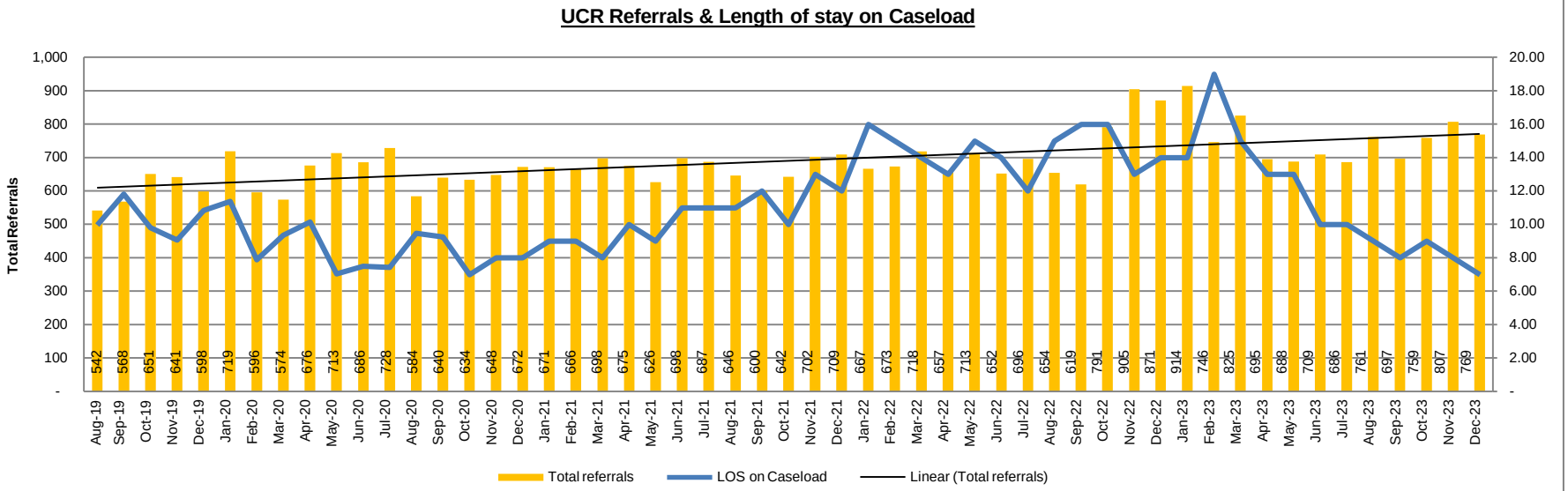
- Work continues on waiting list validation. There has so far been a 28.5% reduction from 6334 to 4526 patients in 'episodes with no future visit / order booked' since mid September for community services. There remains a continued focus on long waiting patients and those with no order or appointment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

Additional items to note;

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

Trust – Community Services - Urgent Community Response

Admission avoidance and discharge



Urgent Community Response (UCR) Demand and Performance

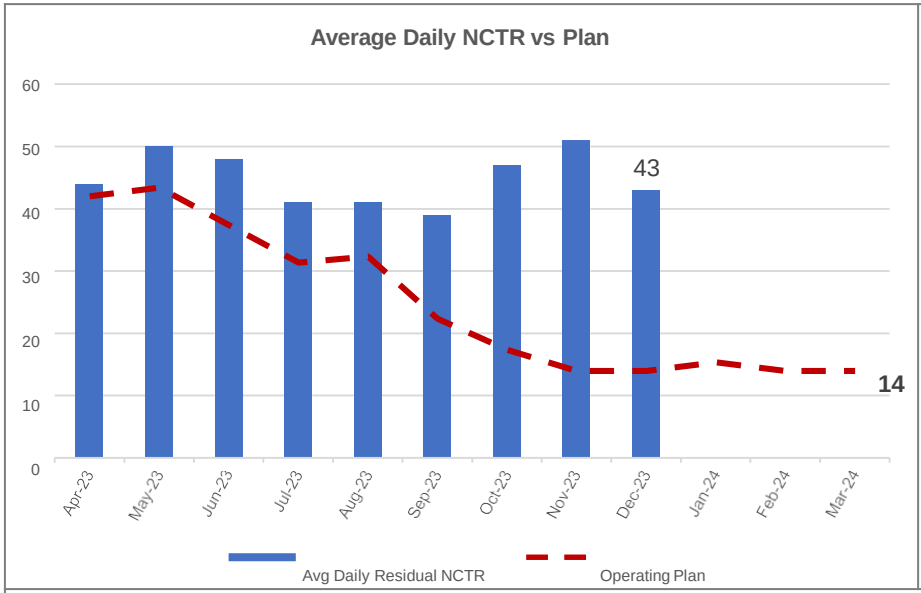
- Demand for UCR (admission avoidance and supporting discharge) slightly decreased from November to December.
- For December, there were 405 community admission avoidance referrals. We continue to surpass the national target (75%) with 90% of the urgent referrals being responded to within 2 hours.
-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

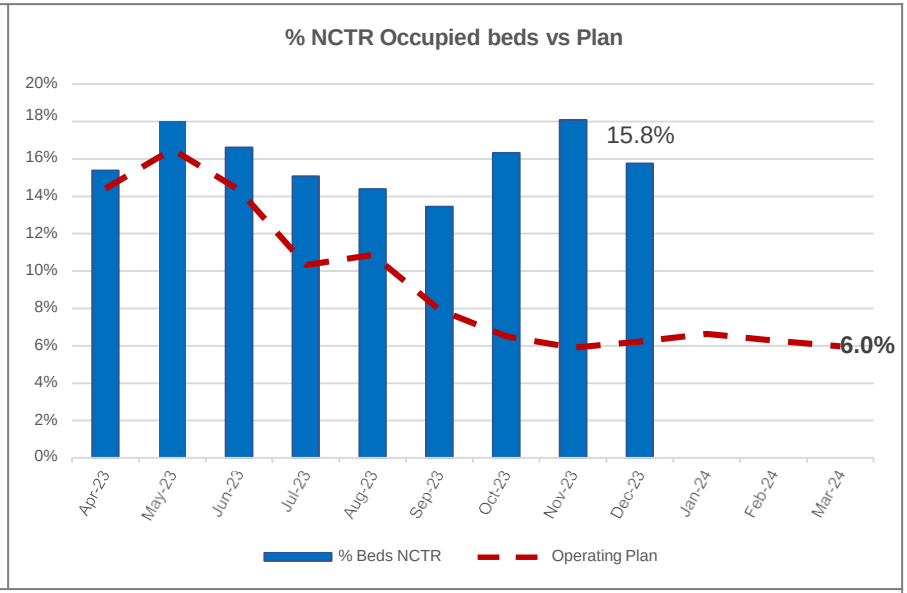
Future developments for UCR

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

Northern Services Reduce No Criteria to Reside

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





Pathway 0

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

Pathway 1

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

Pathway 2

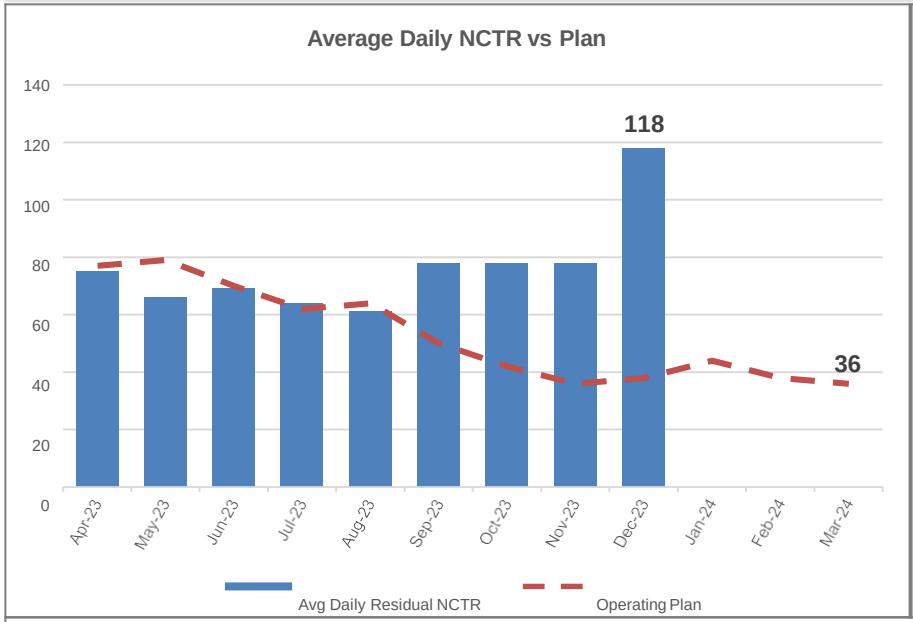
- Daily multi-disciplinary review of all patients to ensure that all those who could be supported home are enabled to do so with a strength based approach to prevent avoidable admissions to care homes
- Daily senior review and weekly audits against best practice pathways to understand delays and reduce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

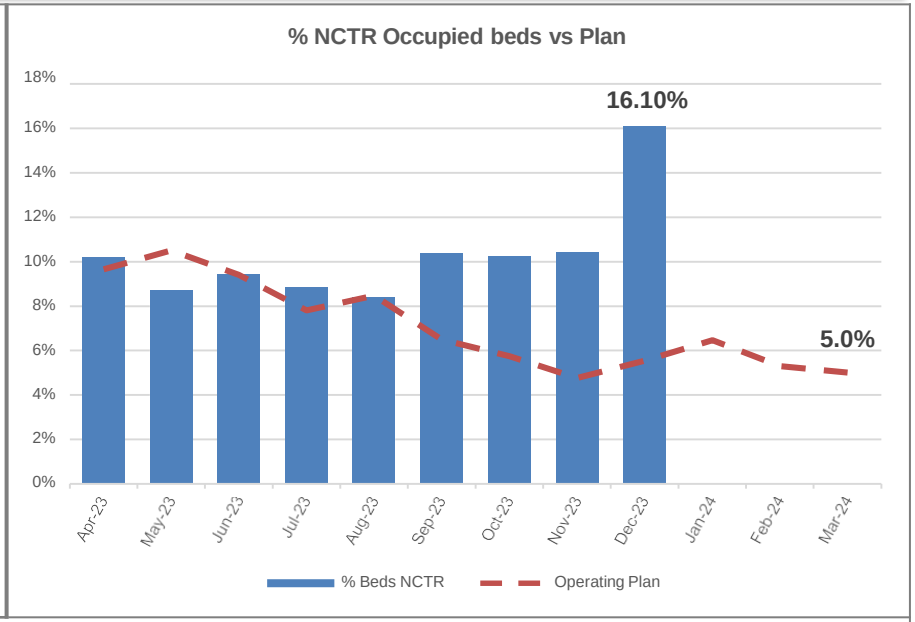
Pathway 3

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

Eastern Services Reduce No Criteria to Reside

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





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

Actions to Improve Performance

Pathway 0

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

Pathway 1

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

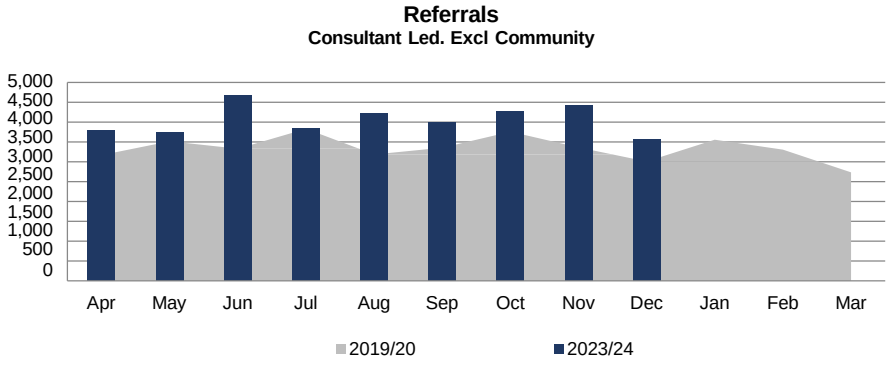
Pathway 2

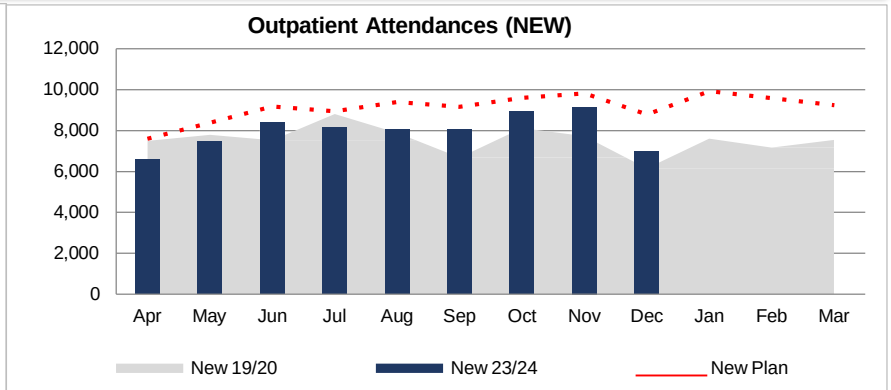
- Daily multi-disciplinary team review of all patients is taking place to ensure that all those who could be supported home are enabled to do so.
- Daily review of time to transfer from hospital to care home is taking place so that delays are understood and action is taken at a senior level to address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

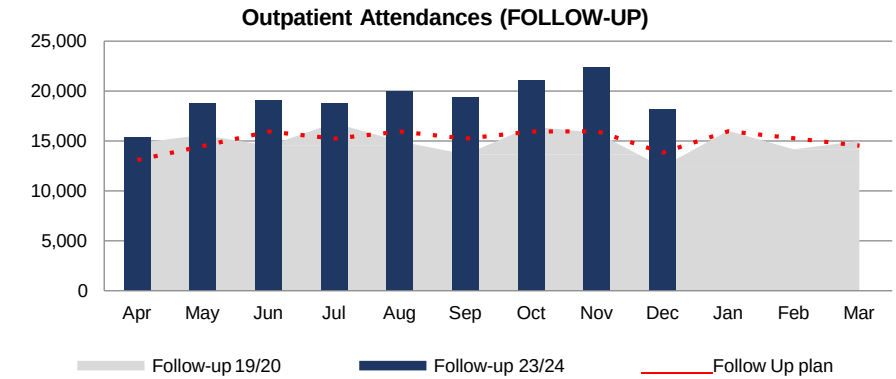
Pathway 3

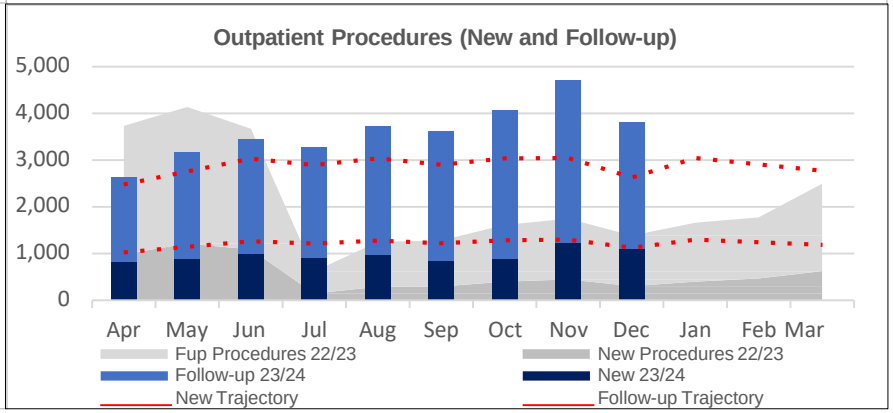
- An evaluation of the hospital discharge team impact in attending board rounds is taking place to ensure there is targeted focus on those wards with the highest delays

Northern Services Elective Activity- Referrals and Outpatients

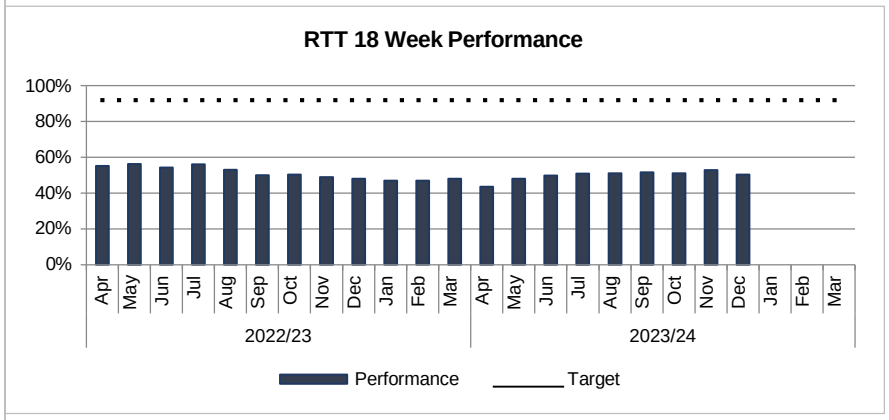




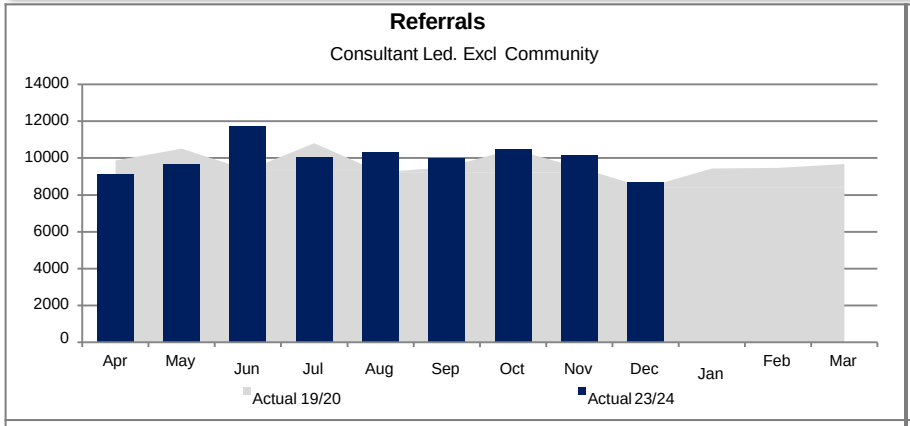


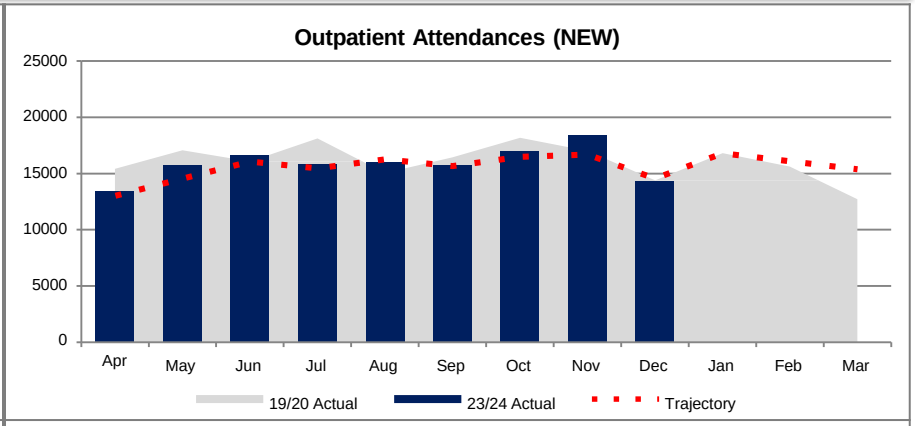


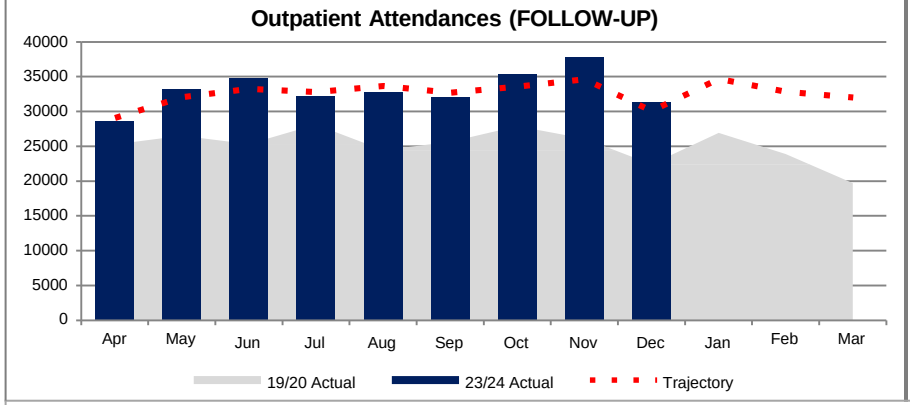
- There were a total of 31,588 Outpatients appointments in November. Of this 9,156 were New appointments and 22,432 were Follow-up appointments. In December there were a total of 25,136 appointments in December. Of this 6,958 were New appointments and 18,178 were follow ups.
- 75.11% of appointments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

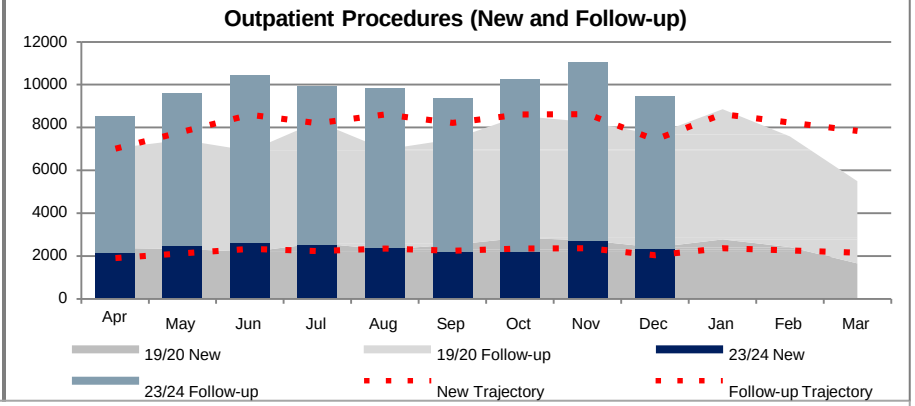


Eastern Services Elective Activity- Referrals and Outpatients









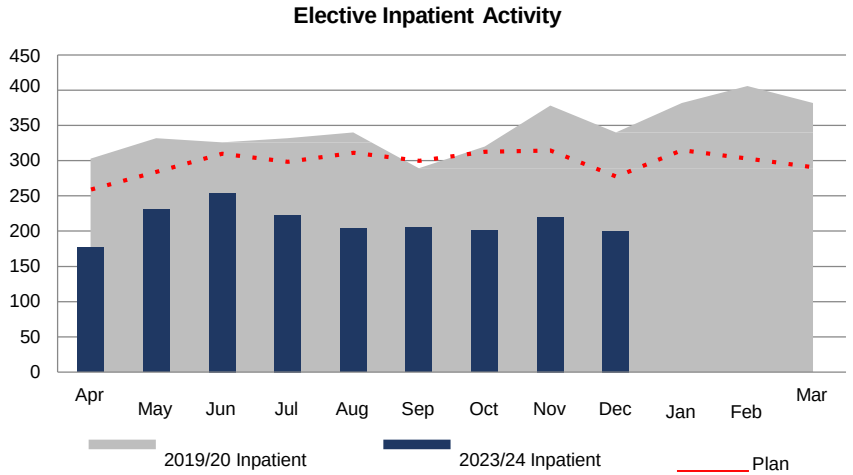
The ongoing work undertaken through Being Paid Fairly data capture programme has resulted in some changes to activity, which have been backdated to April 2023. The changes have been made to ensure activity is categorised correctly at point of delivery e.g. Outpatient attendance, Outpatient procedure,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

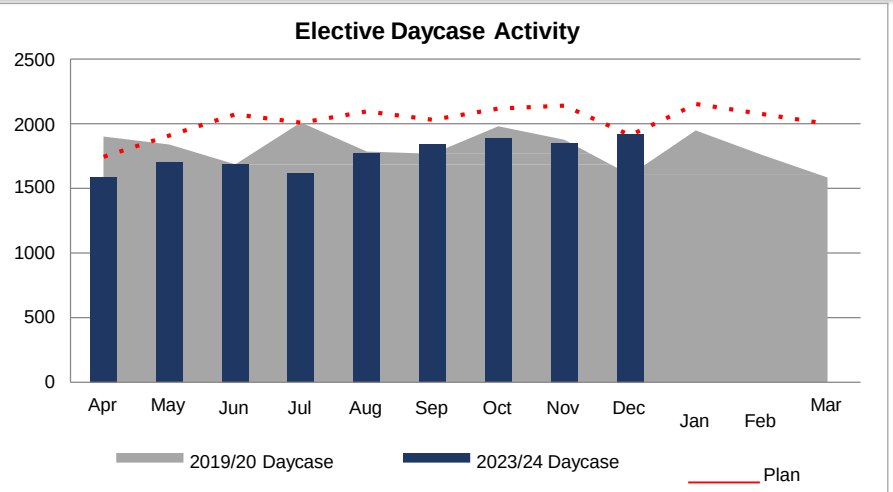
Outpatient attendance (new): December activity was 99% of 2019/20, which was slightly behind plan and lower than November activity. The primary driver behind the reduction on the prior month was the significant impact of industrial action at the end of December, which resulted in the standing down of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

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

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

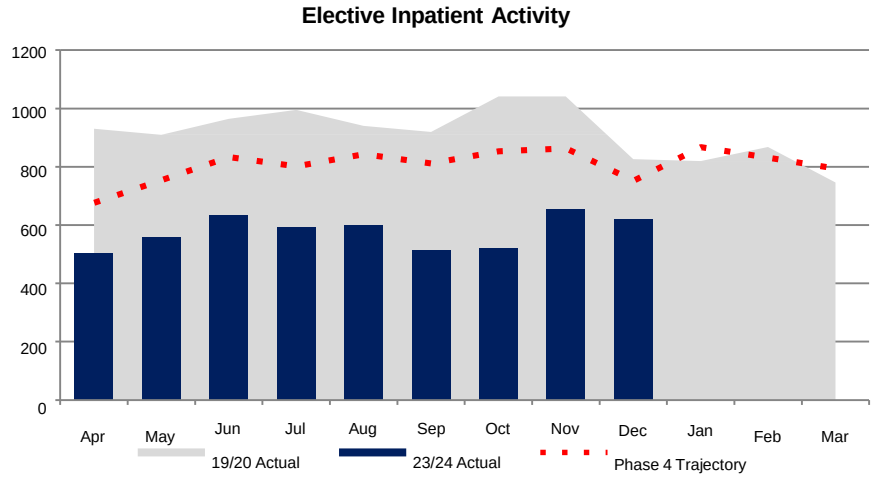
Northern Services Elective Activity- Inpatient and Daycase

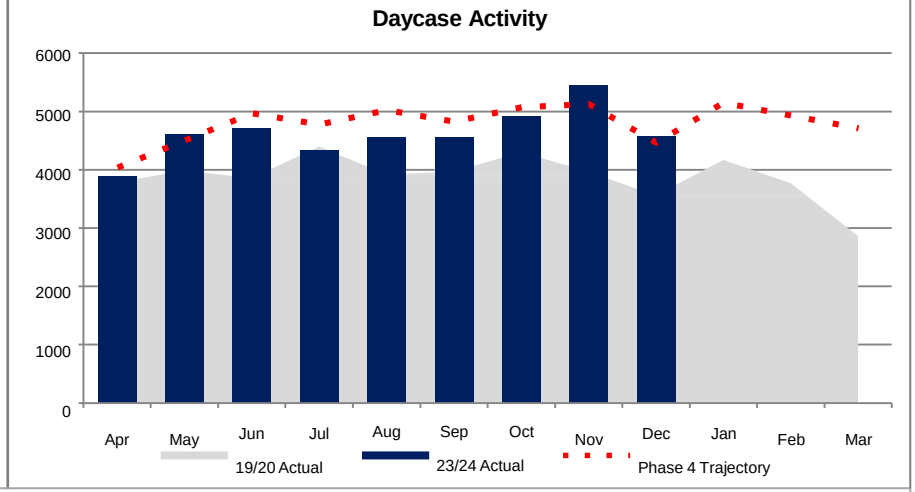




- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Inpatient increased during November by 19 and Daycase activity decreased during November by 34. During December Elective Inpatient decreased by 20 and Daycase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

Eastern Services Elective Activity- Inpatient and Daycase





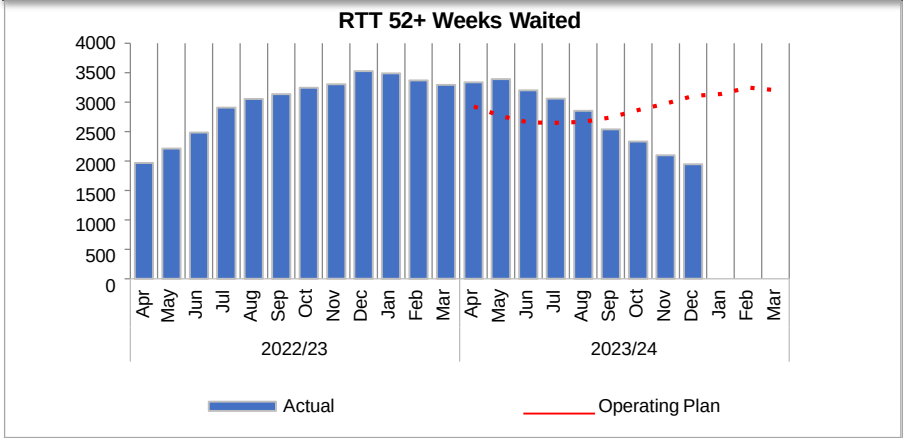
The ongoing work undertaken through Being Paid Fairly data capture programme has resulted in some changes to activity, which have been backdated to April 2023. The changes have been made to ensure activity is categorised correctly at point of delivery e.g. Outpatient attendance, Outpatient procedure,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

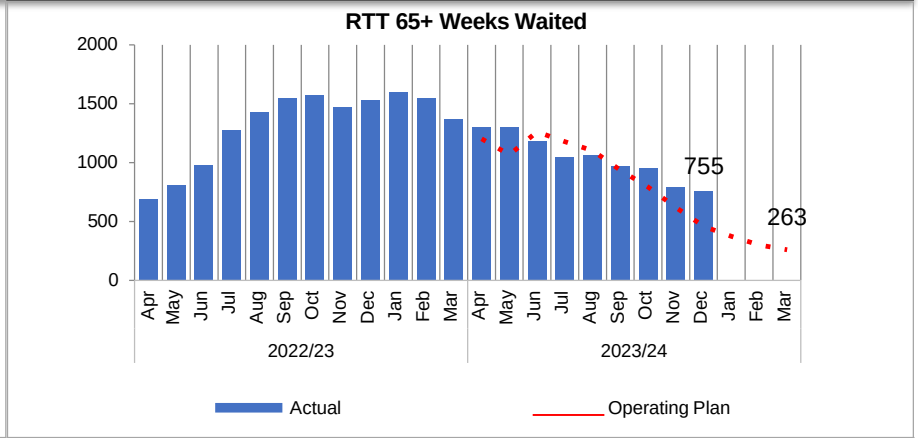
Elective inpatient activity:
December activity was 75% of 2019/20, which was behind plan but ahead of November activity.

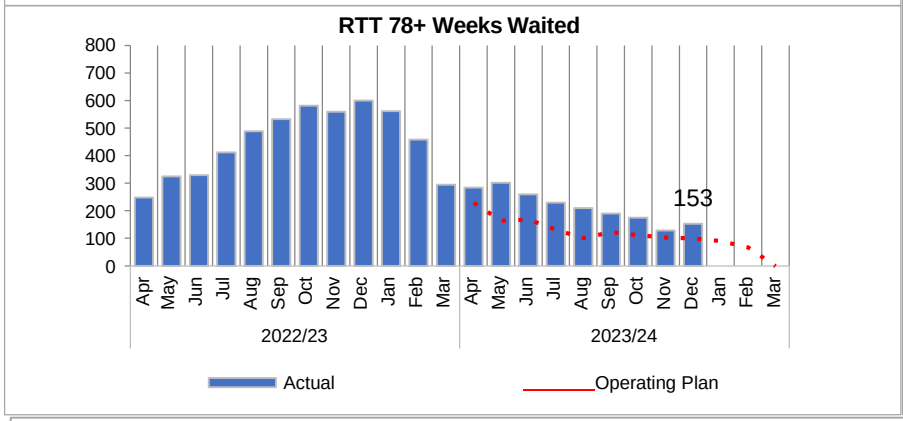
Elective Daycase activity:
December activity was 129% of 2019/20, which was ahead of plan but behind November activity.

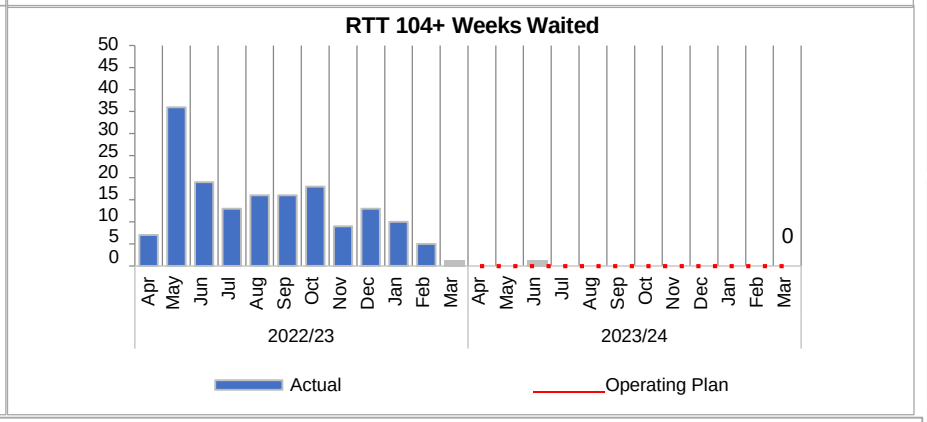
The data capture improvements related to daycase activity shows a much improved position, with activity well in excess of 2019/20 volumes and now in line with planned activity. Industrial action in December has resulted in lost elective activity, and this is also expected to impact January activity.

Northern Services Elective Activity- Long Waiting Patients



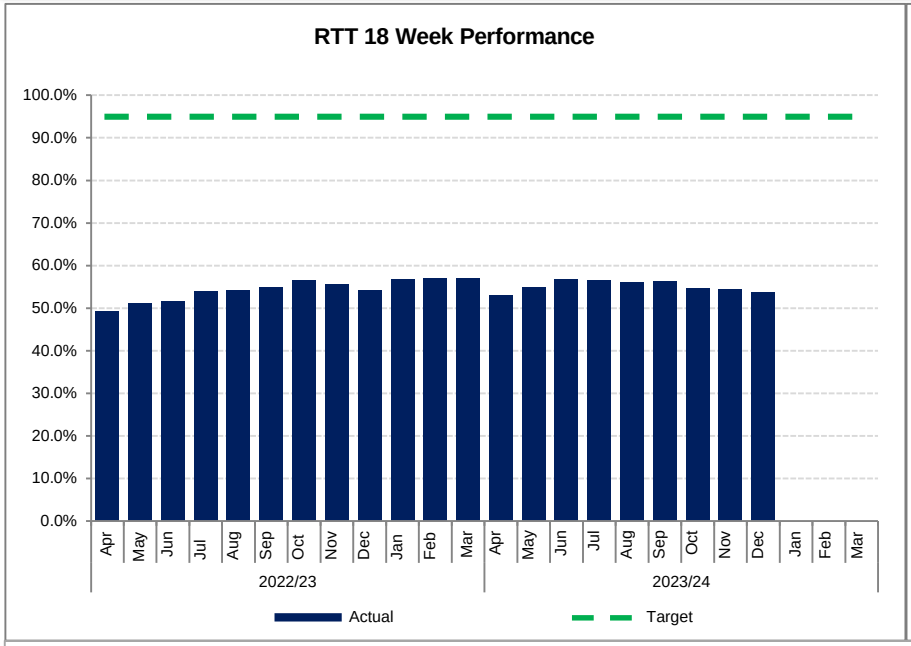


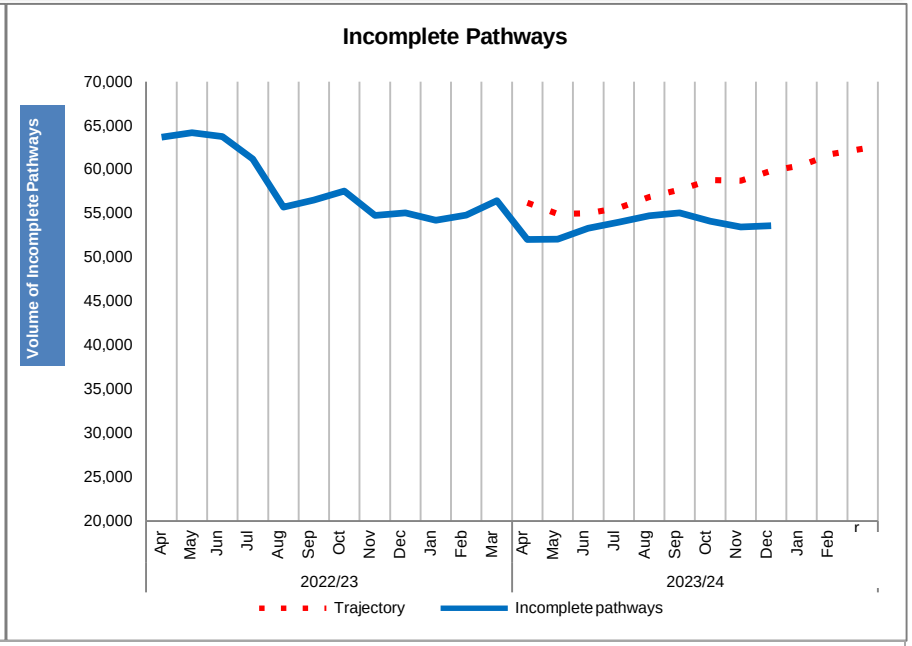




- Regular meetings are being held to ensure that the focus remains on the number of patients waiting 78, 52 and 43 weeks for a first appointment. In addition to focus on treating the longest waiting patients, additional capacity for earlier first appointments is being sought to support longer term and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

Eastern Services Elective Activity- Inpatient and Daycase

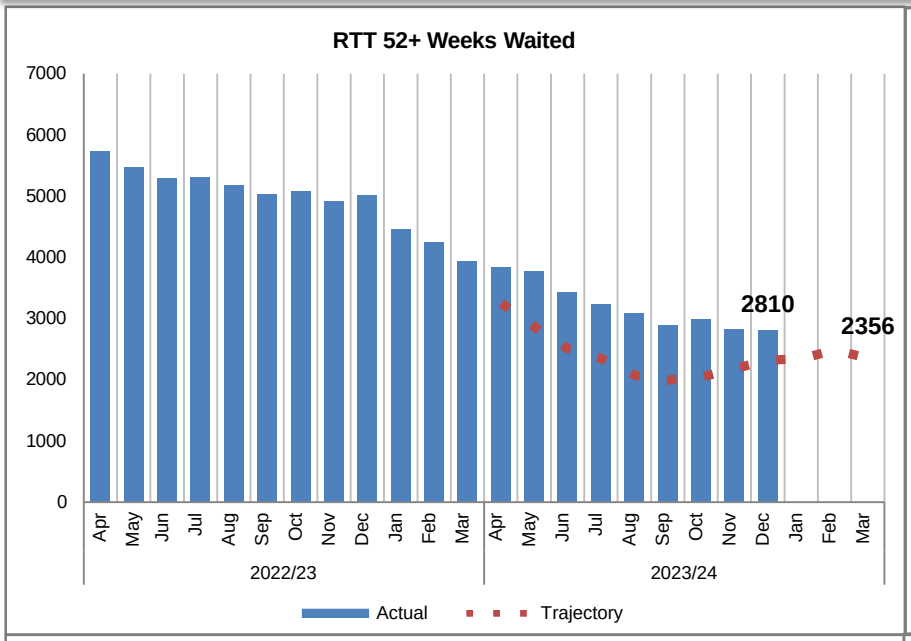


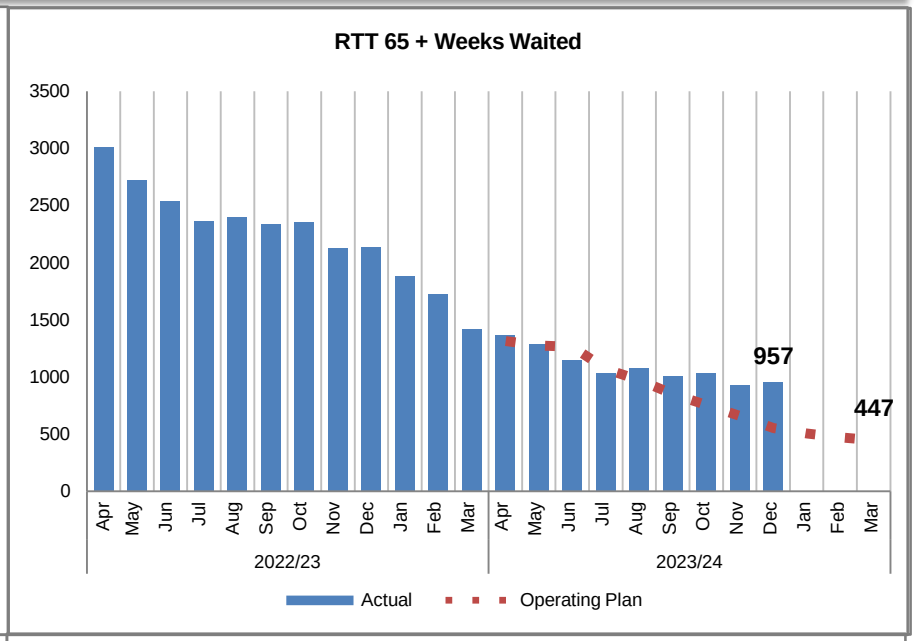


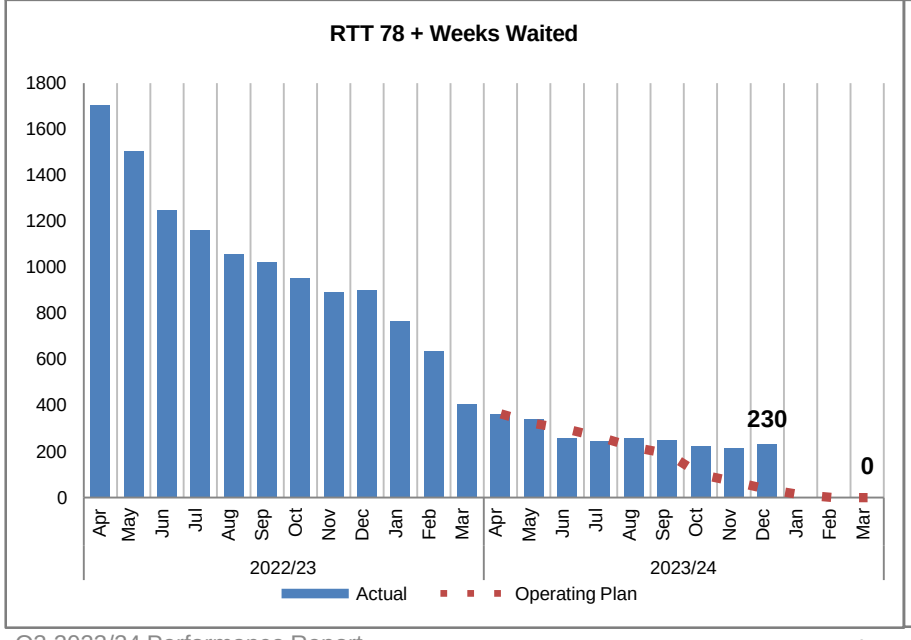
RTT:
The volume of incomplete pathways remains relatively stable, but is still illustrating an overall increase compared to the April 2023 position. Despite improvements in activity levels, overall demand and capacity remains sensitive. However, the position is ahead of planned position, despite ongoing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

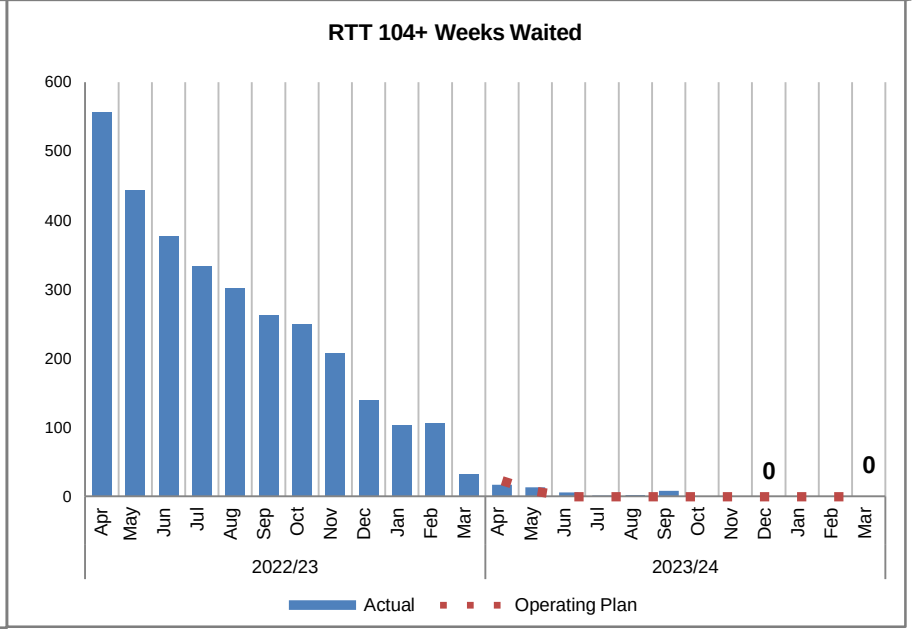
RTT long waits:
All long wait categories are above planned levels. As reported previously, the key driver is ongoing industrial action, which has resulted in lower volumes of elective activity. Ongoing efforts continue to try to improve the position.

Eastern Services Elective Activity – Long Waiting Patients



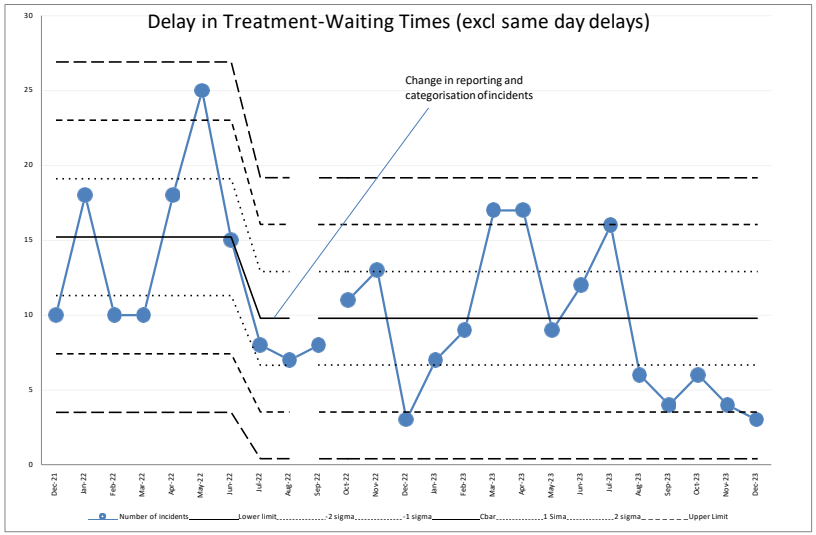






Northern Services - Waiting Well

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



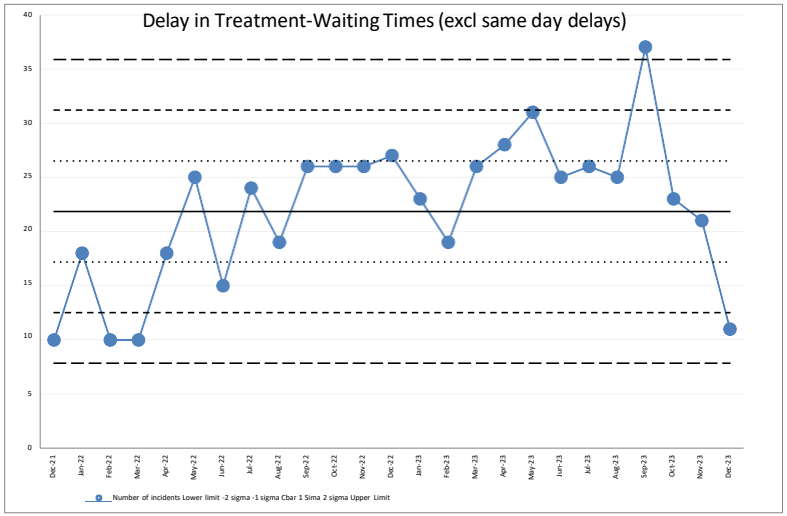
December 2023

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

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

Eastern Services Waiting Well

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

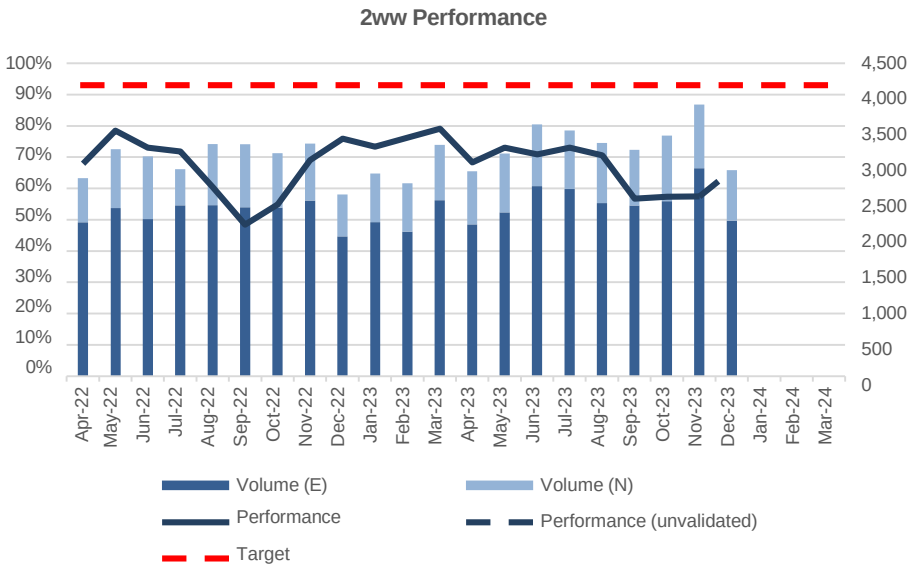


December 2023

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

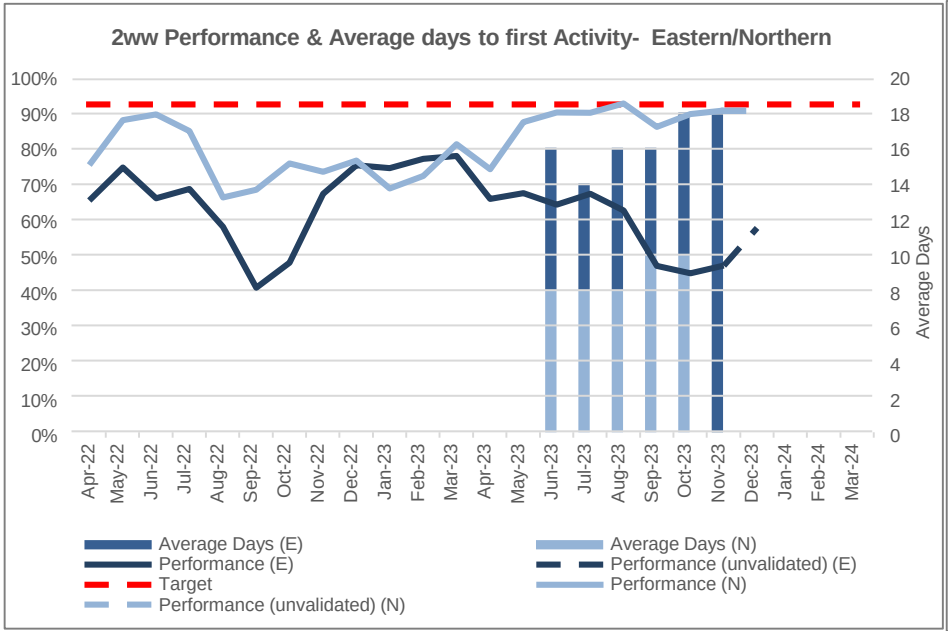
- Both of the moderate harm incidents identified relate to delays in Ophthalmology follow up.
- In both cases the patients now require additional treatment, although it is unclear if this is a result of a delay or is a result of natural progression of the underlying disease.
- The Division is currently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

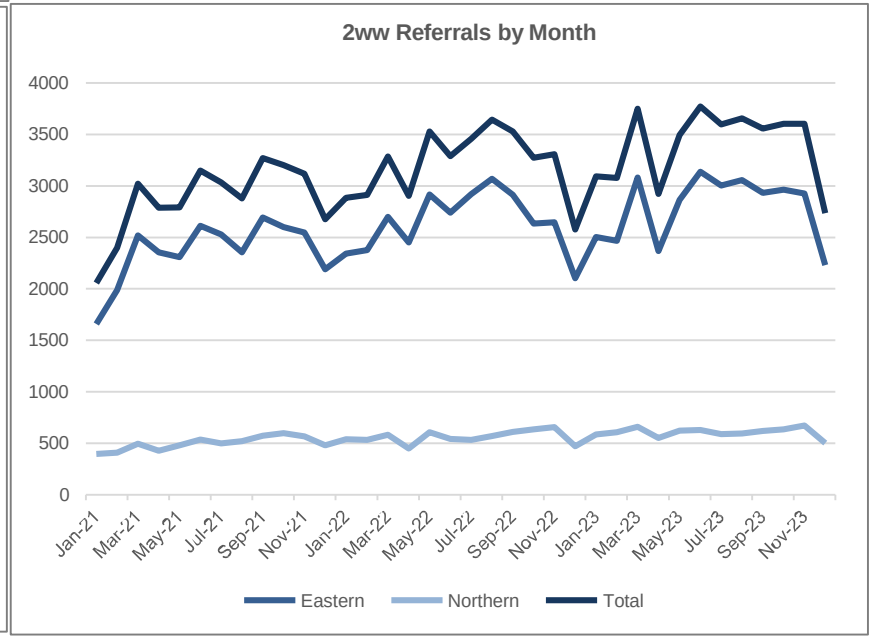
Trust – Cancer – First Appointment



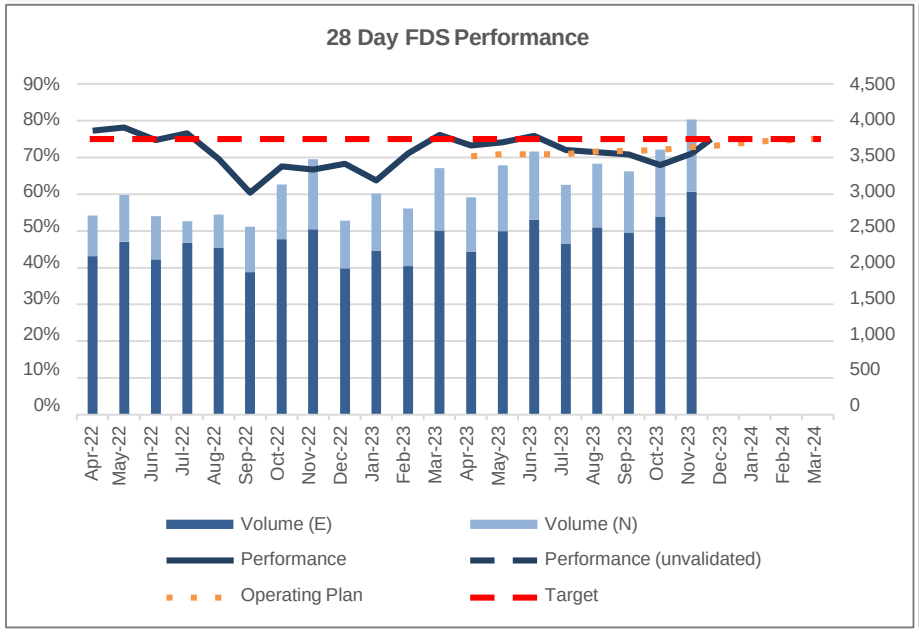
2ww Performance by tumour site December 2023

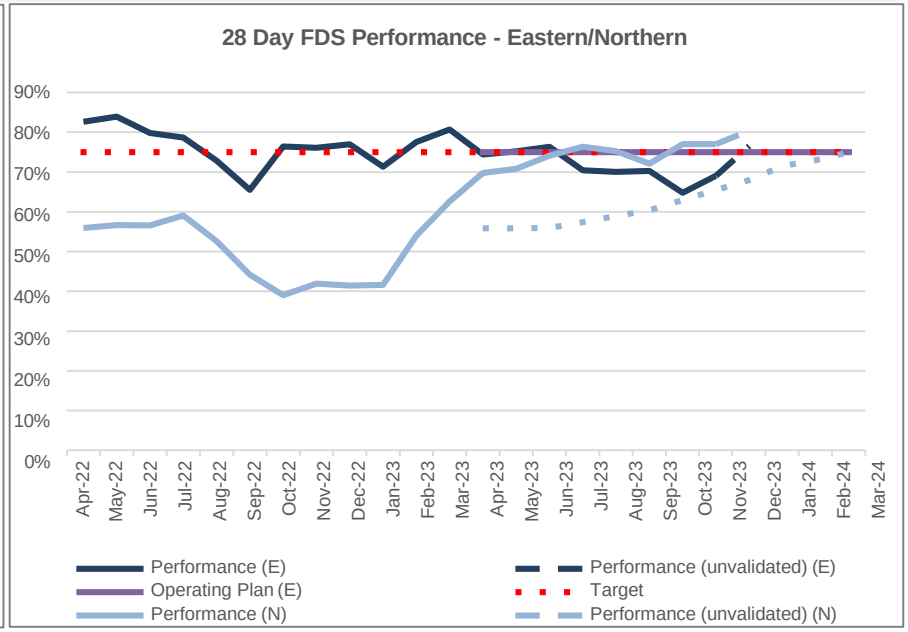
	Eastern		Northern		Trust
Combined Referral Site	**Pts seen**	**Perf.**	**Pts seen**	**Perf.**	**Perf.**
EXHIBITED (NON-CANCER) BREAST SYMPTOMS - CANCER NOT INITIALLY SUSPECTED	24	87.5%	10	90.0%	88.2%
SUSPECTED BRAIN OR CENTRAL NERVOUS SYSTEM TUMOURS	**25**	**88.0%**	**2**	**50.0%**	**85.2%**
SUSPECTED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





Trust – Cancer – 28 Day Faster Diagnosis Standard





Eastern FDS Performance by Tumour Site - December 2023

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

Northern FDS Performance by Tumour Site - December 2023

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

Trust – Cancer – 28 Day Faster Diagnosis Standard

Trust:

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

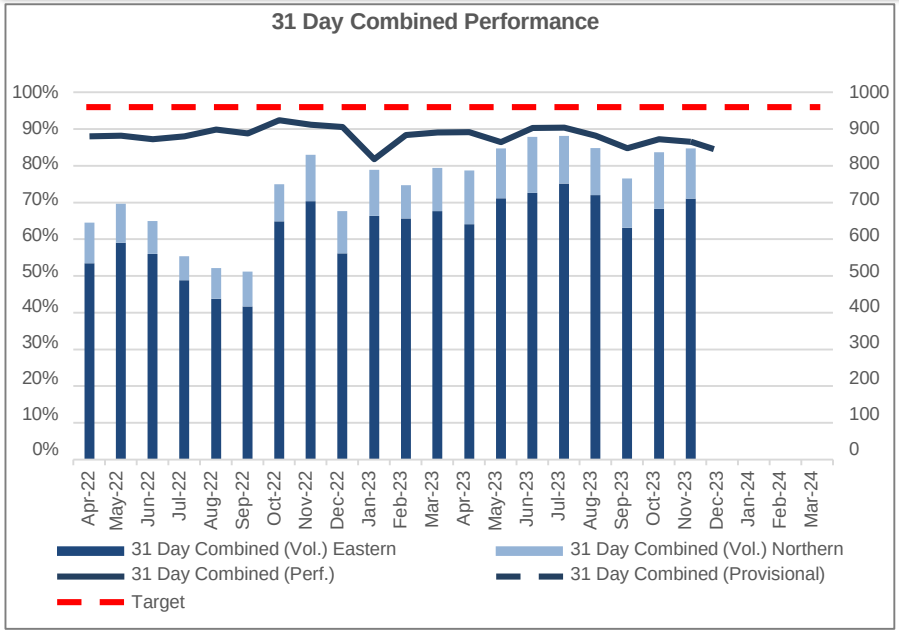
Eastern:

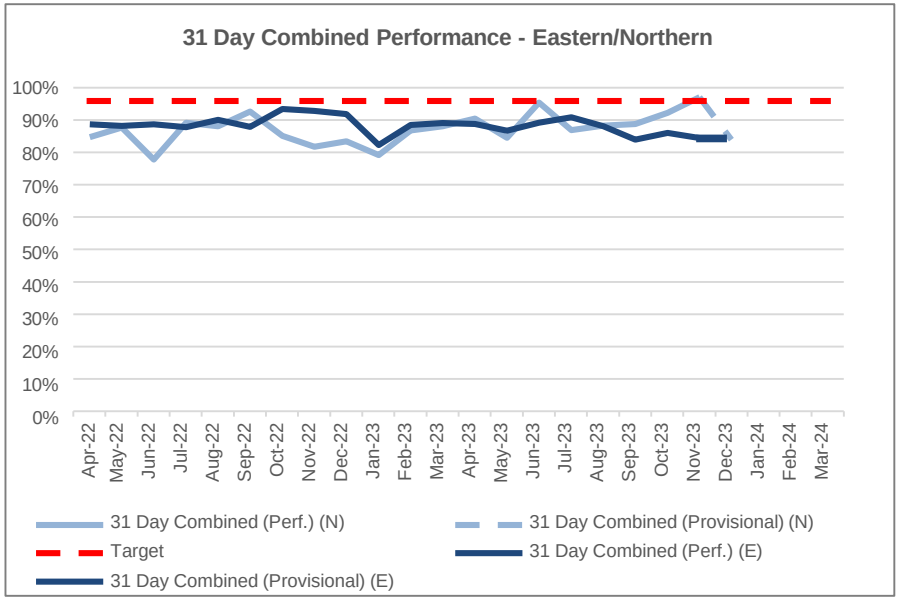
- **Urology** performance is linked to turnaround times for Histology tests and in Radiology for MpMRI, as well as waiting times for TP Biopsy. Current waits for TP biopsy are 7-10 days and 10-14 days for MpMRI. Regional On Call Pressures in the Urology service have led to a reduction in additional activity.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

Northern:

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

Trust – Cancer – 31 Day Treatment Standard

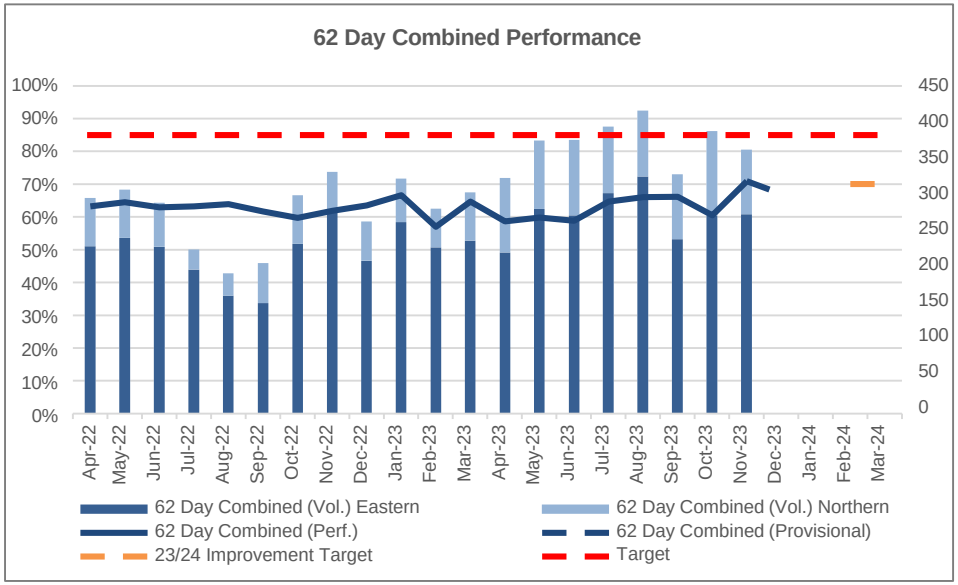




31 Day Performance by tumour site November 2023:

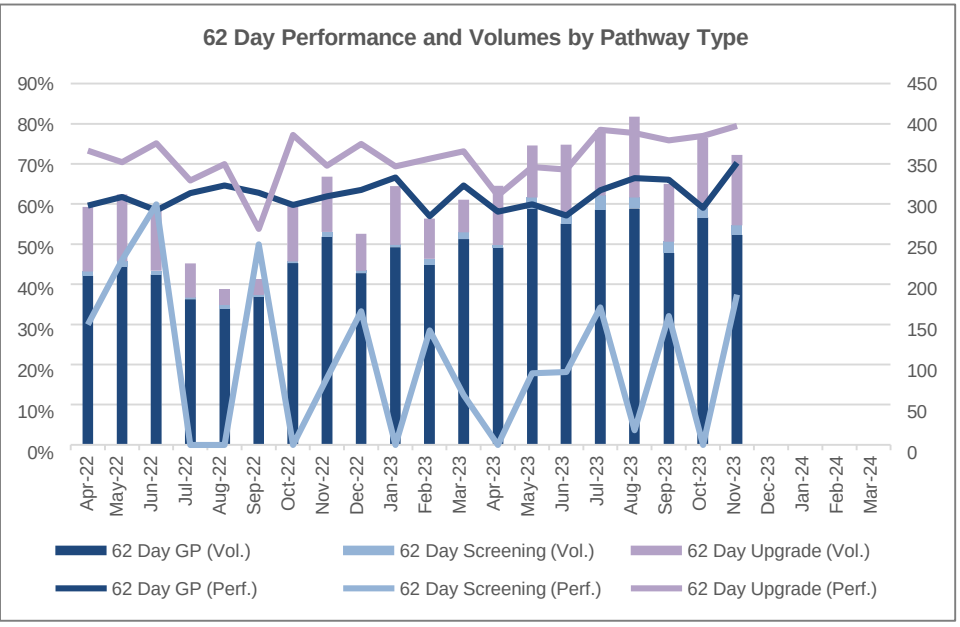
	Eastern		Northern		Trust
Managing Tumour Group	Pts. Treated	Perf.	Pts. Treated	Perf.	Perf.
Breast	165	95.2%	30	96.7%	95.4%
Gynaecology	33	93.9%	9	100.0%	95.3%
Haematology	36	100.0%	12	100.0%	100.0%
Head & Neck	28	96.4%	1	100.0%	96.6%
Lower Gastrointestinal	58	96.6%	12	100.0%	97.1%
Lung	26	96.2%	9	88.9%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

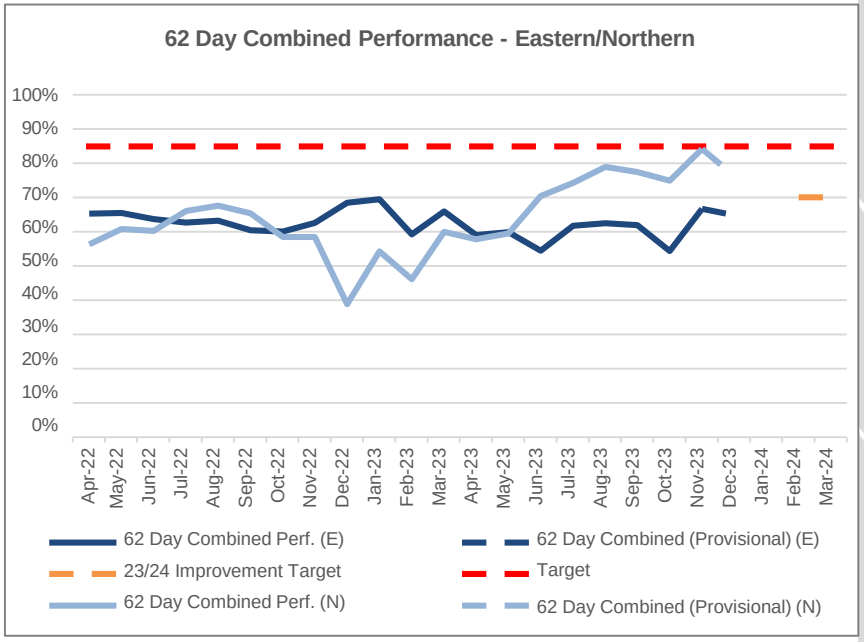
Trust – Cancer – 62 Day Treatment Standard



62 Day Tumour site breakdown November 2023

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





Trust – Cancer

Trust:

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

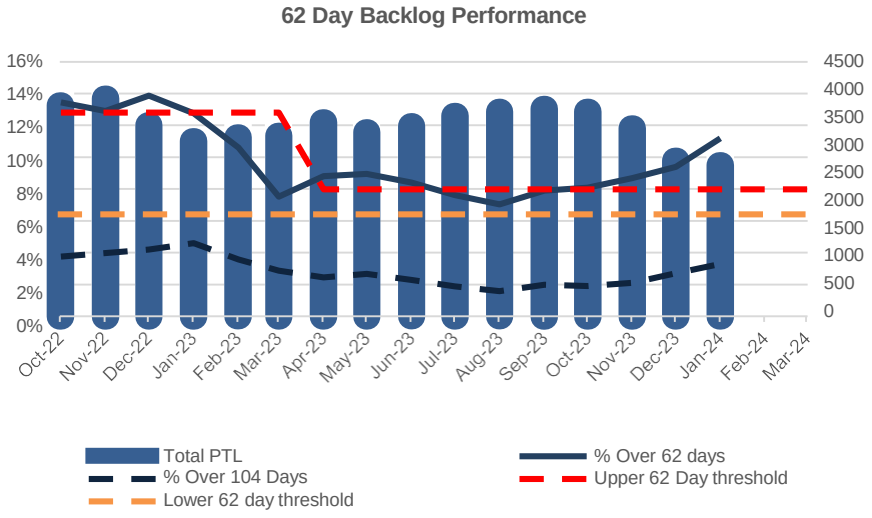
Eastern:

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

Northern:

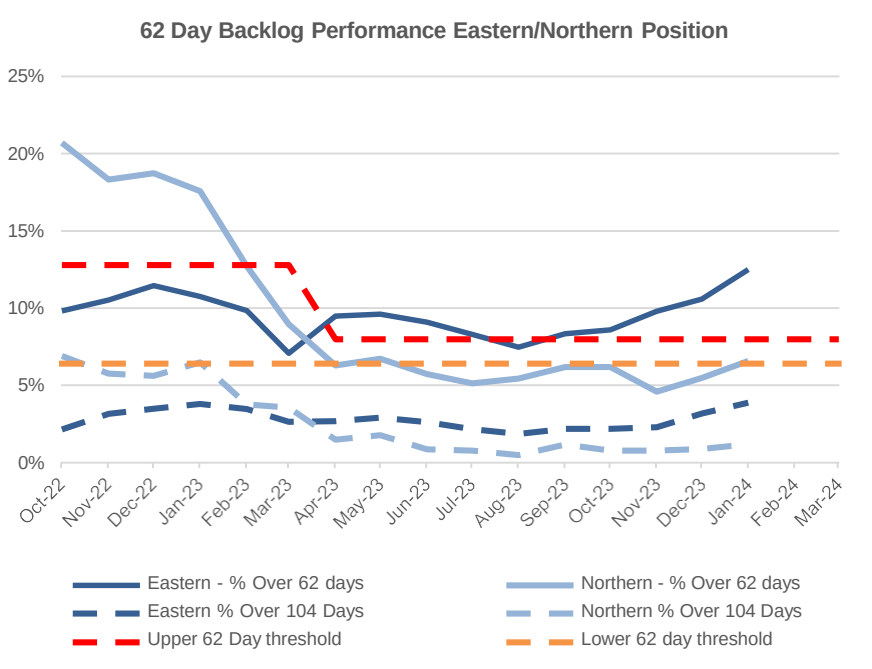
- Diagnostic turnaround times for staging investigations impact on achievement of 62 days for some tumour sites and specifically diagnostic heavy pathways where CT, Bone Scan and PET-CT are commonly required prior to treatment planning.
- Additional funding for out sourced dermatology lists has been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

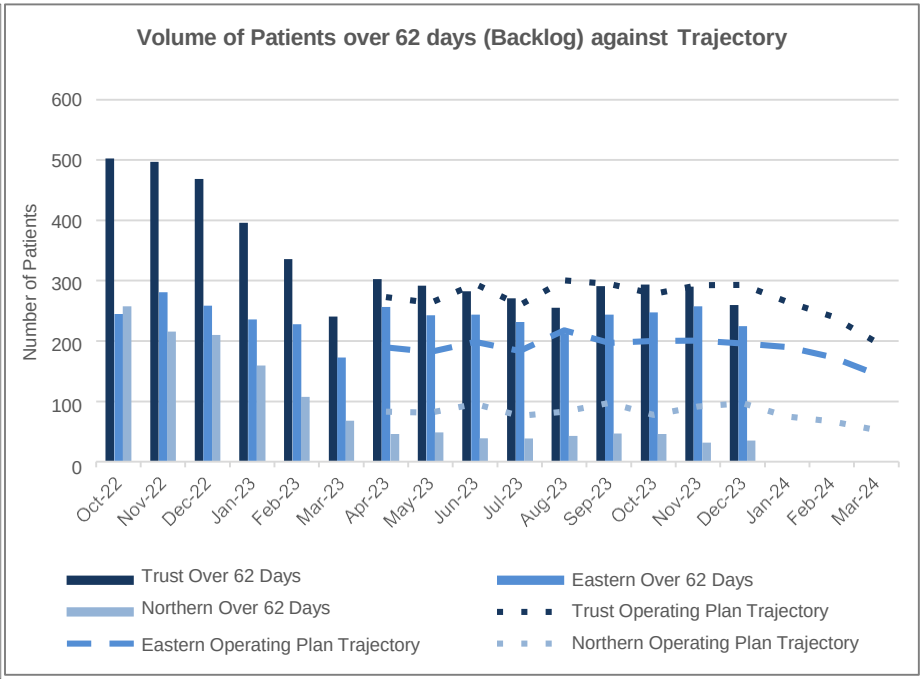
Trust – Cancer – 62 Day Cancer Backlog



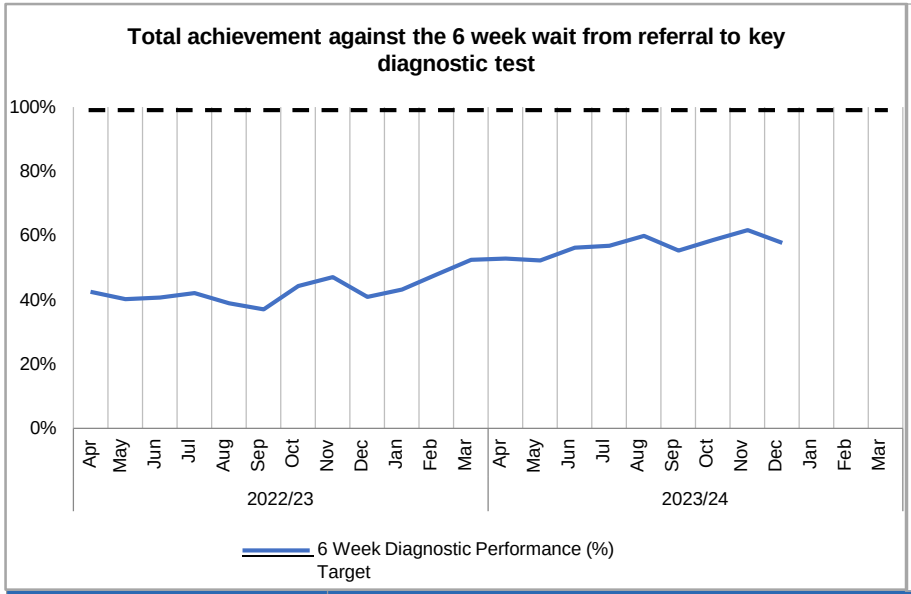
NB. January backlog position as at 08/01/2024

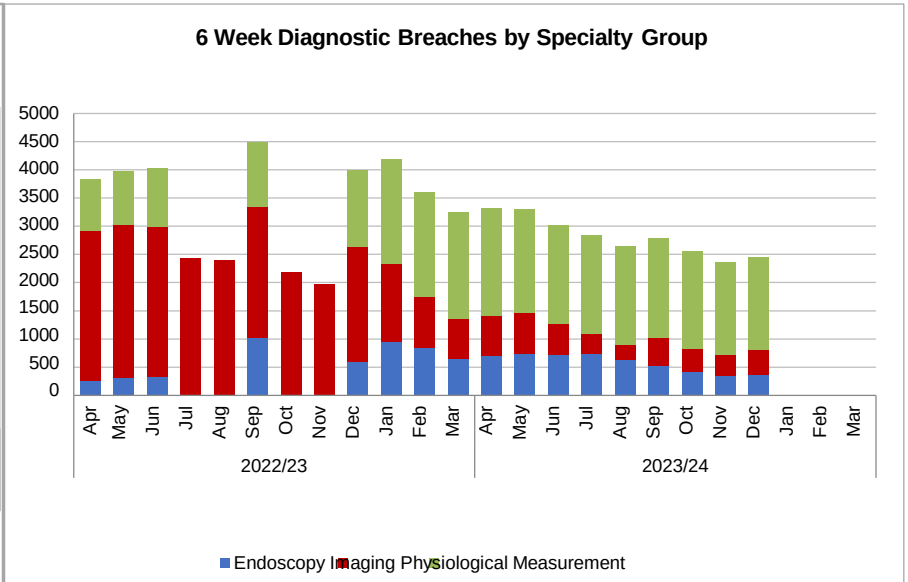
08/01/2024	Total					ES					NS				
	Total PTL	>62 Days	>104 Days	% >62 Days	% > 104 Days	Total PTL	>62 Days	>104 Days	% >62 Days	% > 104 Days	Total PTL	>62 Days	>104 Days	% >62 Days	% > 104 Days
Brain	19	0	0	0.0%	0.0%	16	0	0	0.0%	0.0%	3	0	0	0.0%	0.0%
Breast	283	10	2	3.5%	0.7%	221	9	2	4.1%	0.9%	62	1	0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





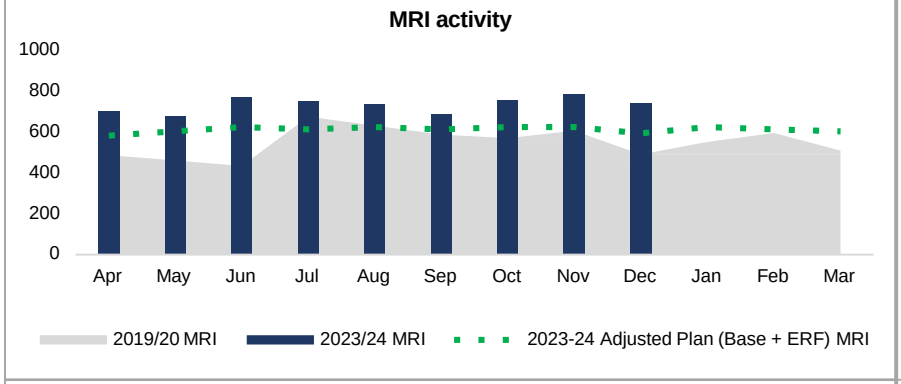
Northern Services Diagnostics - *Fifteen key diagnostic tests*

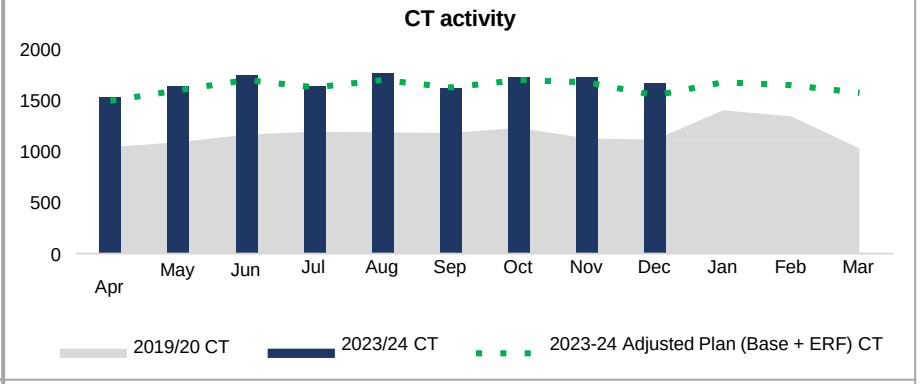


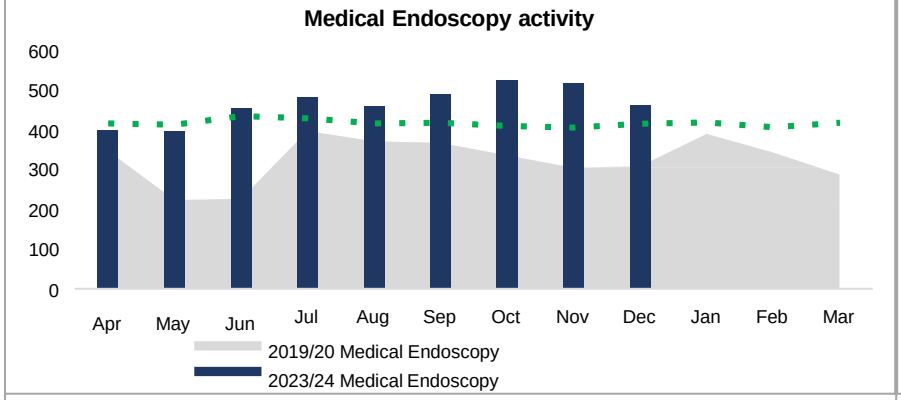


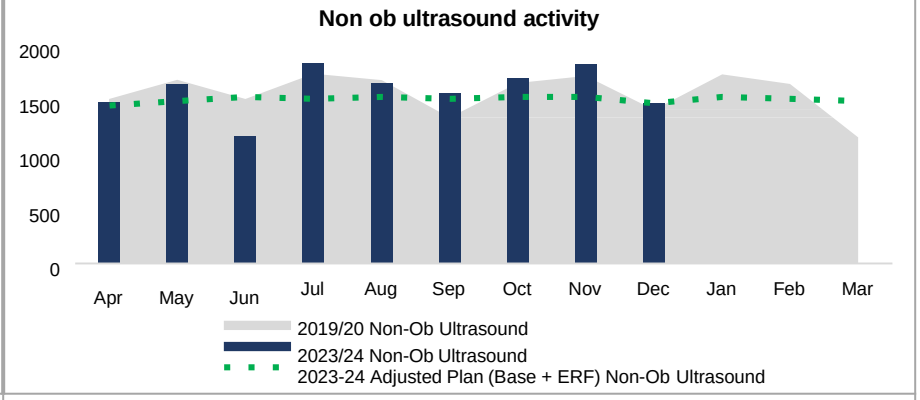
		Achievement against the 6 week wait from referral to key diagnostic test																				
Area	Diagnostics by Specialty	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Imaging	Magnetic Resonance Imaging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

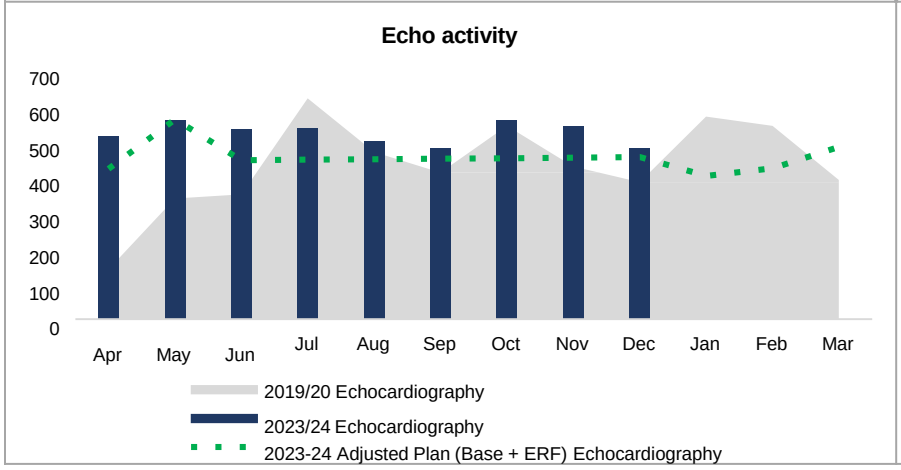
Northern Services Diagnostics - *Diagnostic activity compared to plan across key diagnostics modalities*









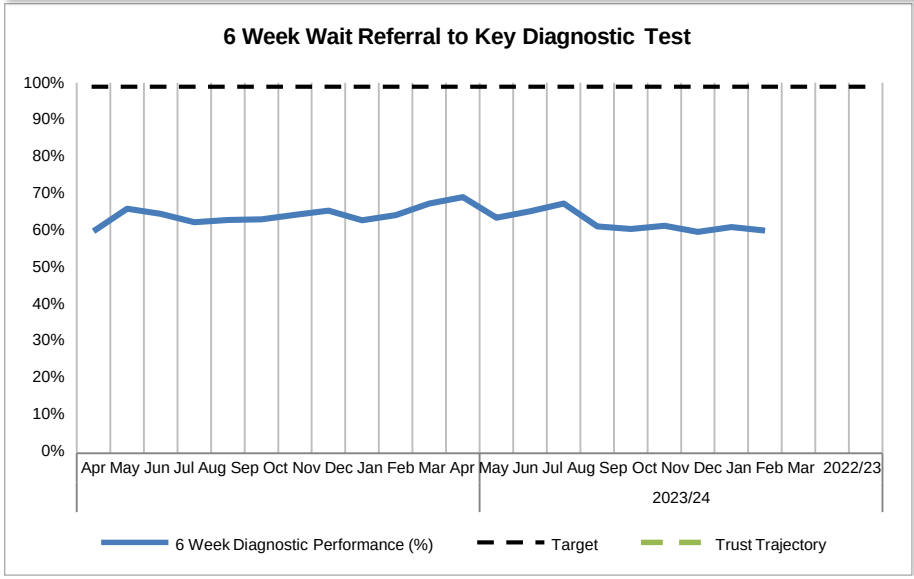


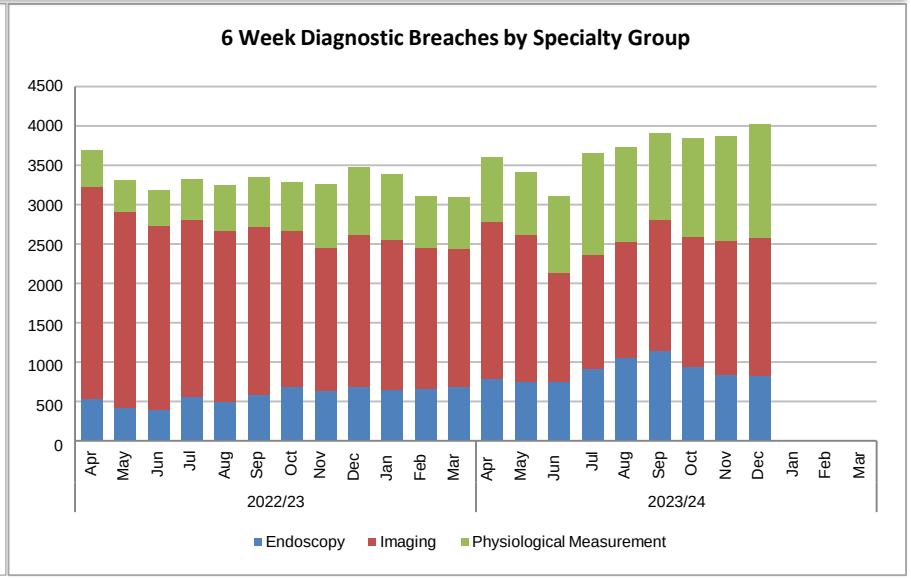
Northern Services Diagnostics

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

Eastern Services Diagnostics

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

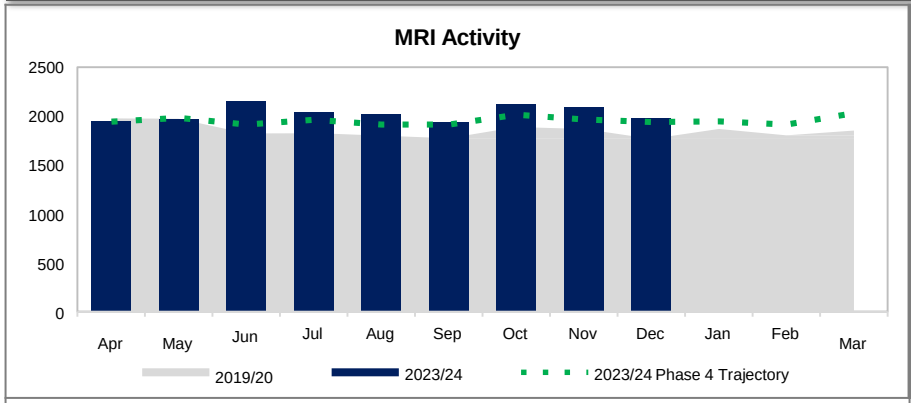


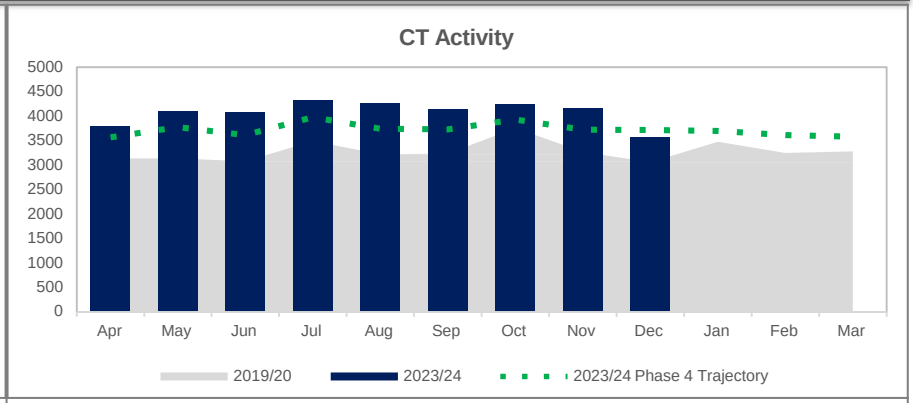


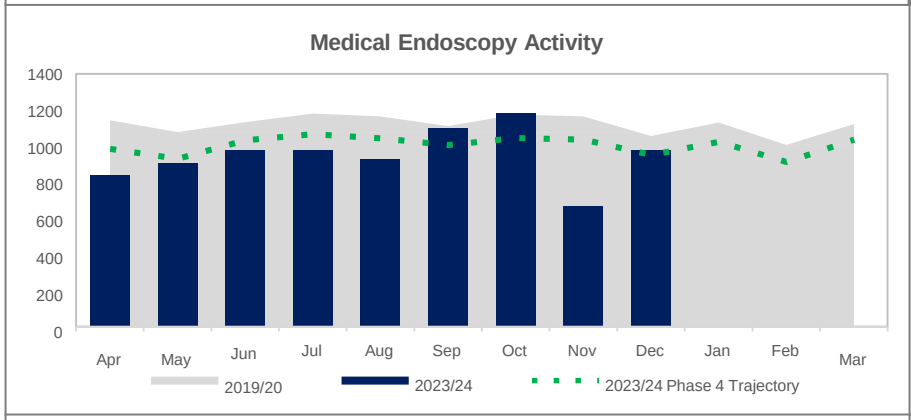
Area	Diagnostics By Specialty	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Endoscopy	Colonoscopy	53.9%	51.2%	53.0%	50.1%	49.2%	53.1%	41.9%	48.2%	38.1%	51.8%	58.3%	52.8%
	Cystoscopy	47.8%	83.1%	83.2%	75.2%	73.6%	73.5%	76.5%	57.9%	59.4%	55.4%	44.3%	47.3%
	Flexi Sigmoidoscopy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

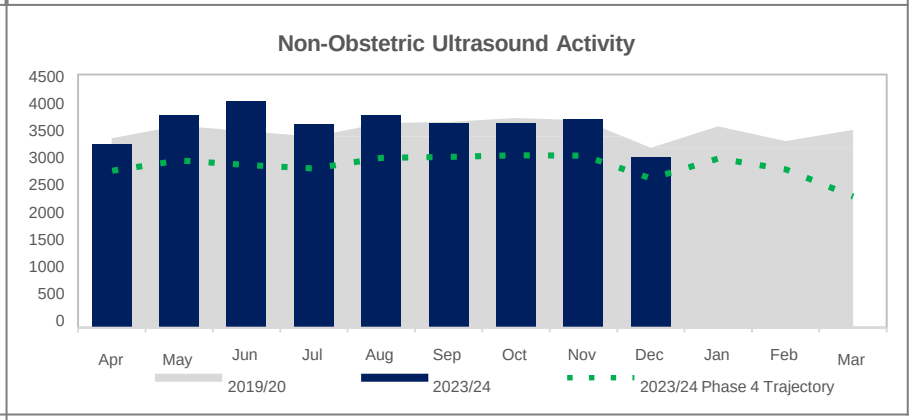
Eastern Services Diagnostics

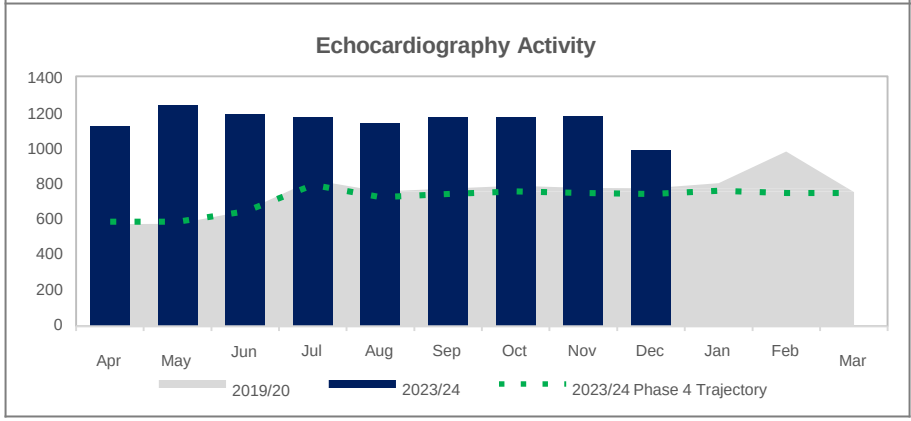
Volumes of patients waiting longer than 6 weeks for one of fifteen key diagnostics tests











Eastern Services Diagnostics

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

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

CT

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

MRI

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

Non Obstetric Ultrasound

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

Dexa

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

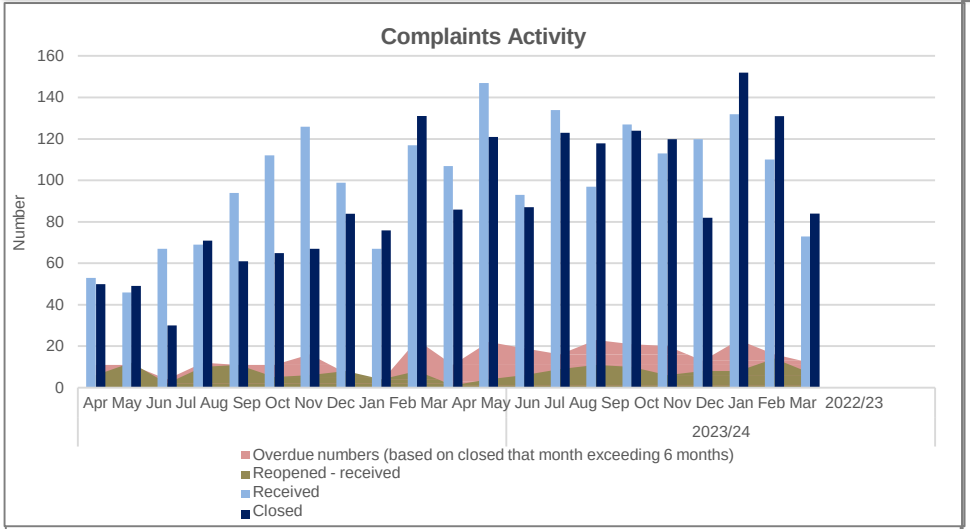
Endoscopy

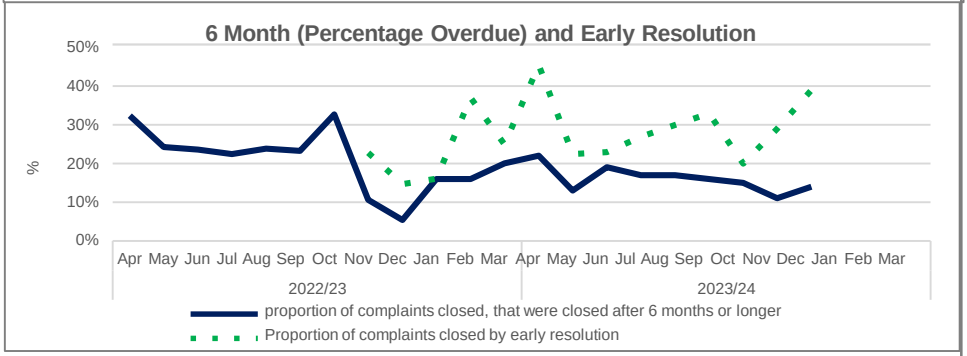
- The endoscopy team continue with super weekends to increase capacity. A total of 22 additional lists were delivered in December with 23 planned for January 2024. In addition, ERF funding is being utilised to fill in week gaps in the rota and along with In-Health using all available space to ensure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

Echocardiography

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

Trust Patient Experience





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

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

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

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

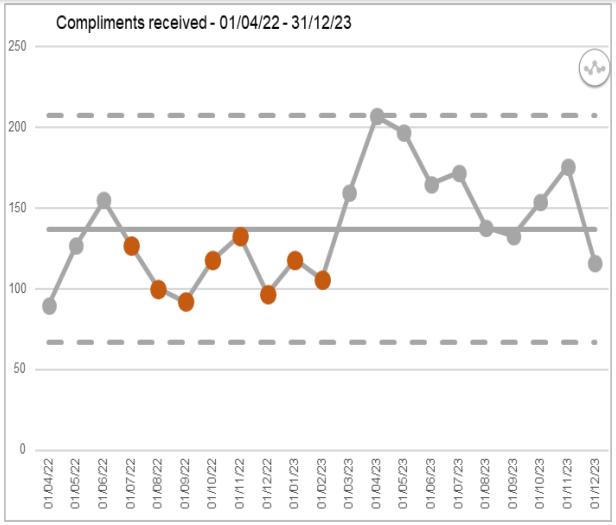
Reopened complaints can be seen as a measure of the quality of responses we send to complainants, 29 complaints were reopened in Q3, 24 in Q2 and 21 in Q1 (2023/24). This increase will be carefully monitored by the patient experience team as they work towards improvement work to improve the quality of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

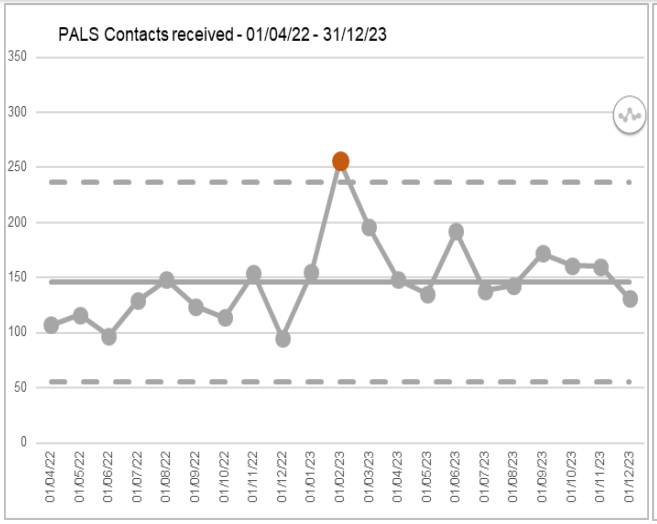
2 PHSO cases were closed during November and December. 1 was closed after a detailed investigation with no further action required. 1 was closed after primary investigation with no further action.

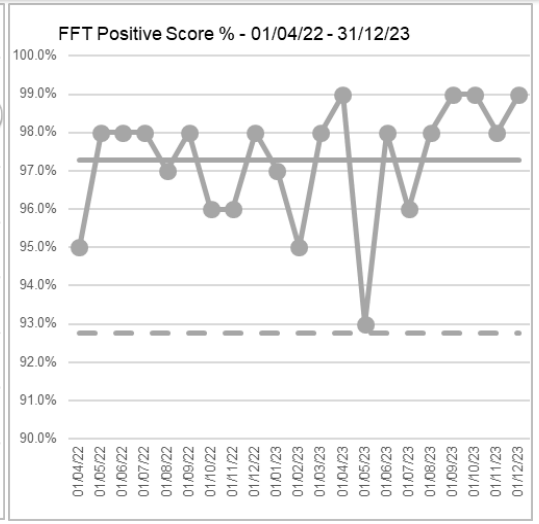
Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
2	12	4	2

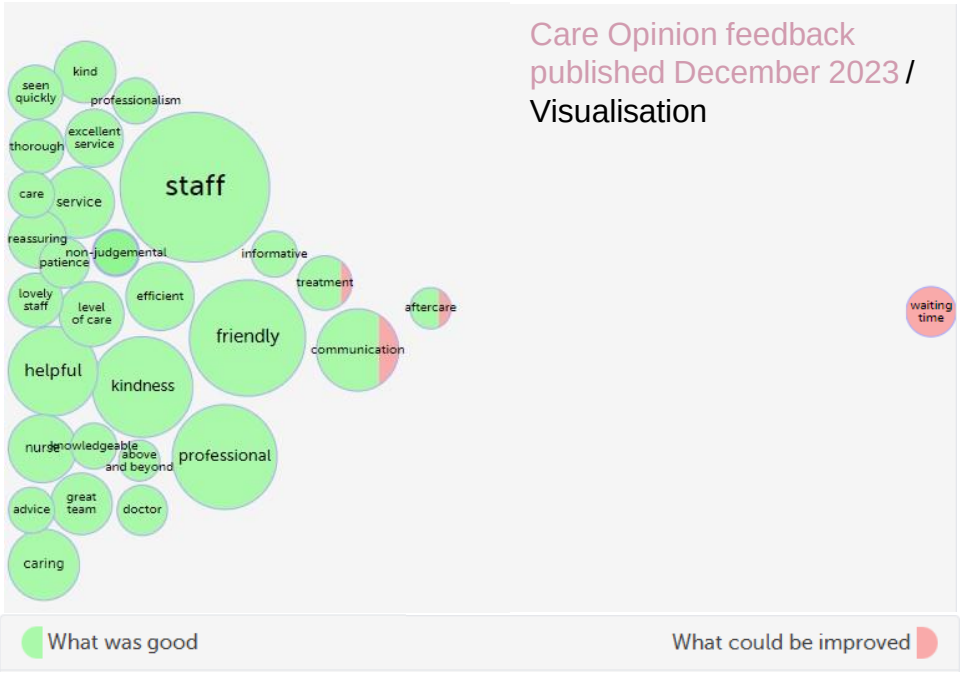
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Complaint received and acknowledged within 3 days	88.89%	84.79%	67.27%	93.50%	96.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%	90.00%	91.00%	98.00%	92.00%	91.00%	95.00%	91.00%	97.00%	90.00%
Number of open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

Trust Patient Experience









Care Opinion feedback published December 2023 / Visualisation

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

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

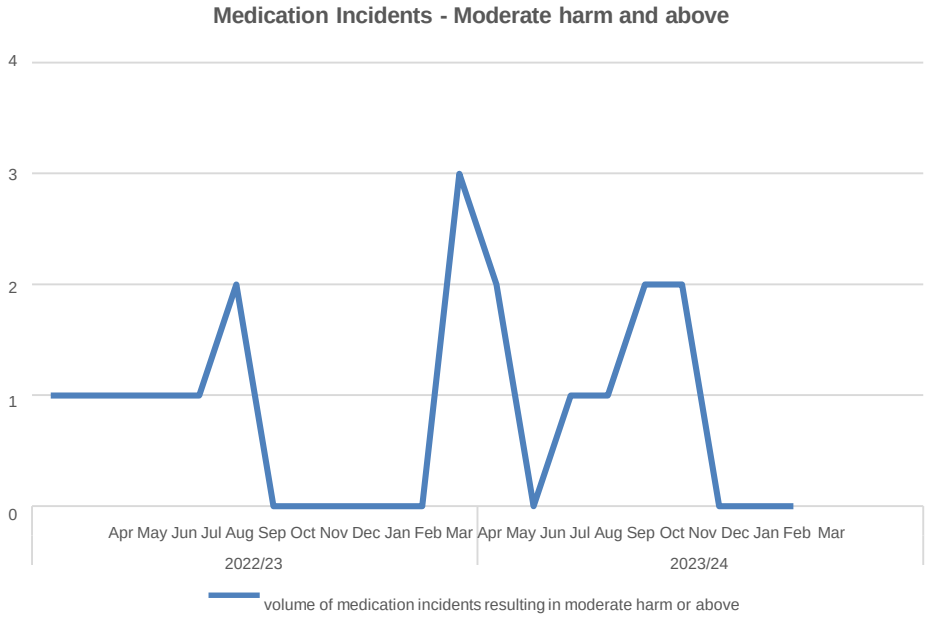
Care Opinion is a tool that generates real time feedback from service users. During November and December, 254 stories were told across the Trust, of these 27 (10.6%) had a critical element, 7 were not rated (as received via NHS choices), 220 (86.6%) were positive stories. The level 3 (advanced subscription)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

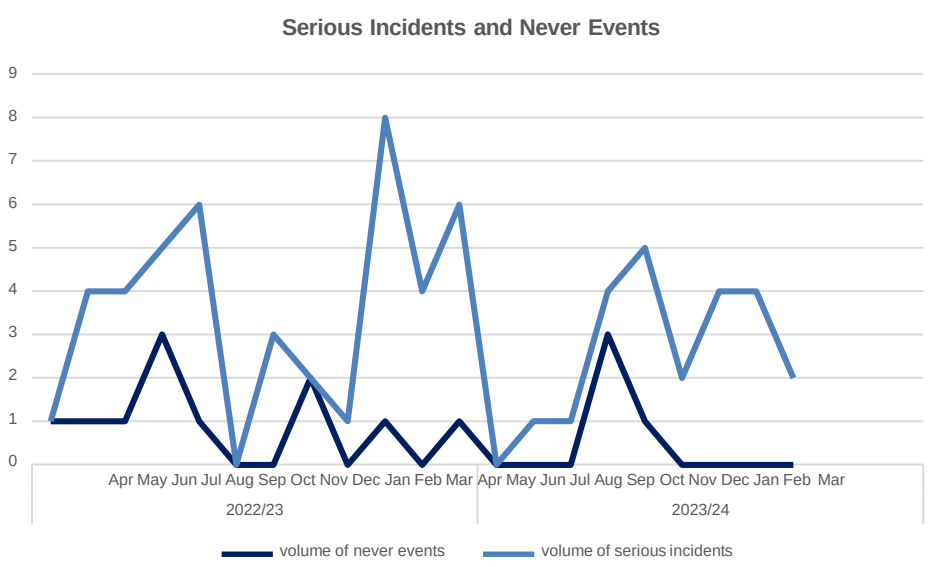
Analysing the main themes from December within the Care Opinion visualisation feedback remains consistent with themes reported in previous months, and within wider patient experience metrics. Communication remains the main theme followed by waiting times.

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

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

Trust Incidents

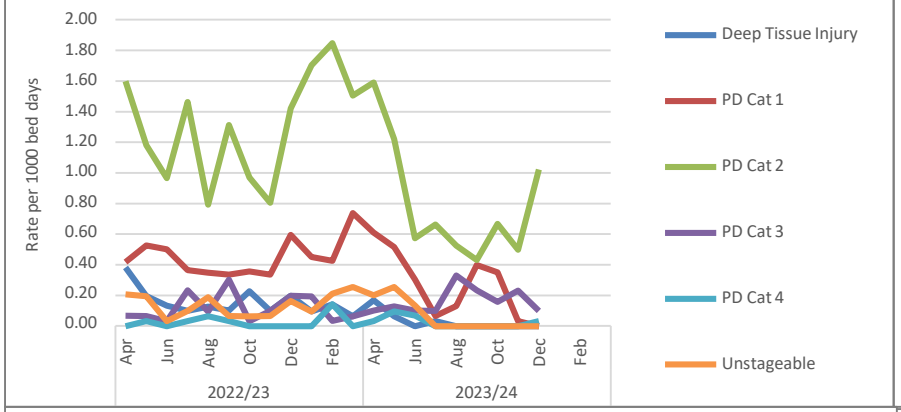


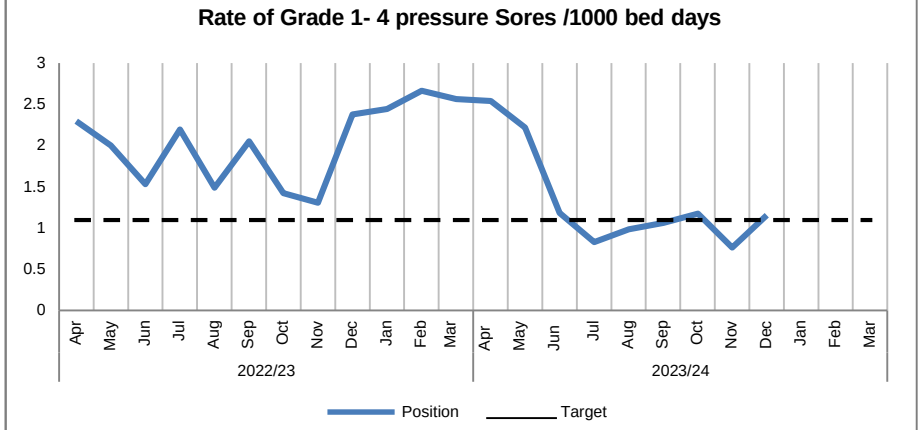


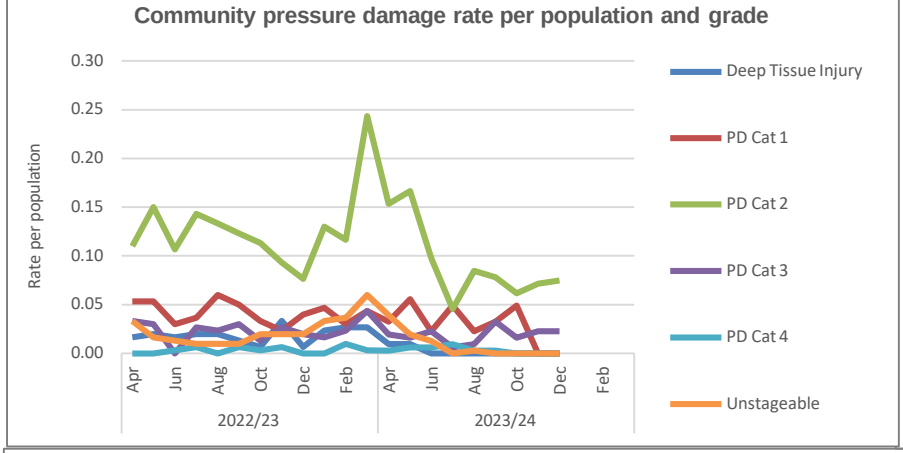
- There were two serious incidents reported in December 2023, both occurring in Eastern services. These are the final incidents which will be reported by Royal Devon under the NHS Serious Incident Framework (2015) .
- The Trust transferred to the Patient Safety Incident Response Framework (2022) from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

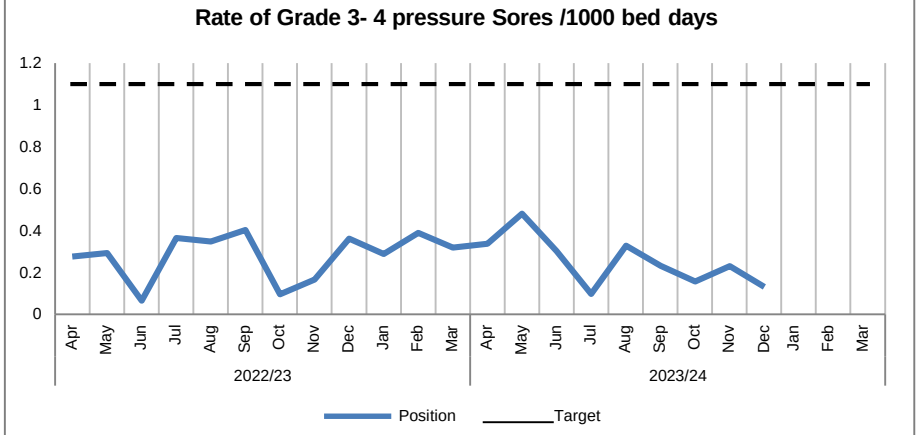
Trust Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care







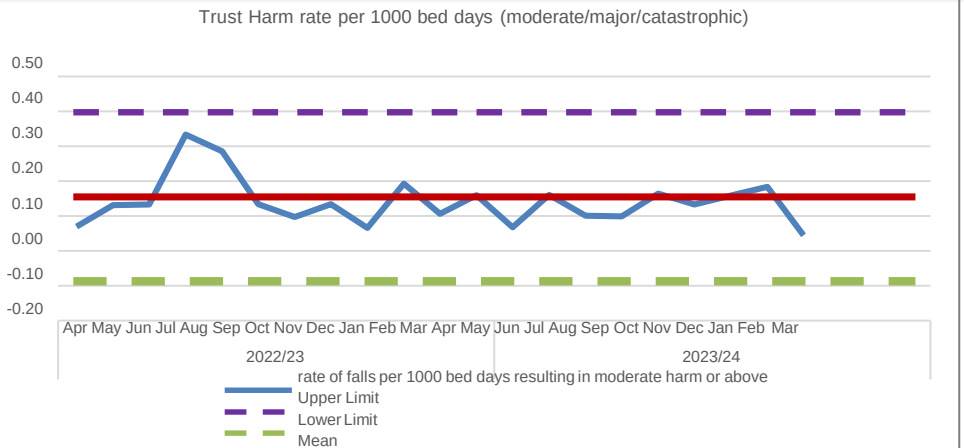


- In line with national guidance we are no longer validating category 1 damage. There has been an improvement in declared incidents in the Eastern services, with only one category 3 in the community. We have also added one category 3 for November 2023 to the data, both will have an after action review organised with the team and governance to disseminate learning. Improvement work continues with focussed support to Kenn Ward this month.

- Within Northern services, several areas have reported zero/low pressure ulcer figures for December. There has been an acute trust acquired category 4 pressure ulcer which has been escalated. There has been an increase in category 2 pressure damage incidents in the acute which we are monitoring and responding to. In the community 50% of all reported damage for December was found on the feet, we will be focusing our efforts on pressure ulcer prevention in this area. The Tissue Viability service continues to operate at reduced capacity.

Trust Slip, Trips & Falls

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

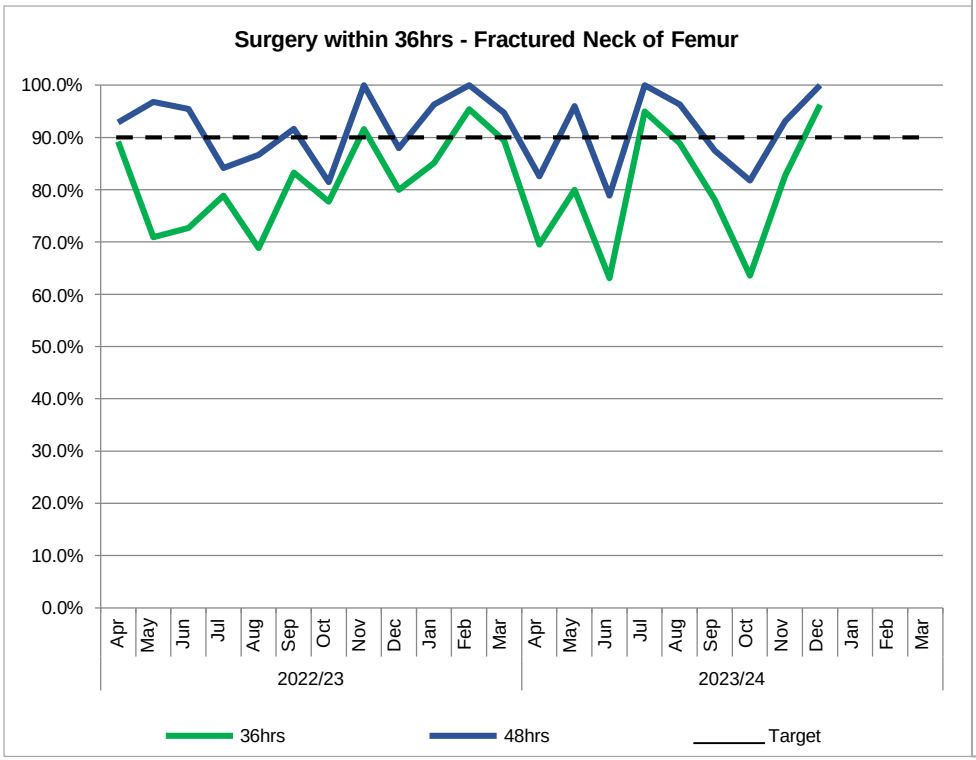


Month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Falls	232	200	226	236	194	208	228	206	204	220	204	227	186	185	167	195	190	195	154	164	200
Moderate & Severe Falls	2	4	4	10	9	4	3	4	2	6	3	5	2	5	3	3	5	4	5	4	1

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

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

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



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

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

Eastern Services Efficiency of Care

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

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

- The clinical validation work to agree the low risk cohorts for exclusion from the VTE requirement has been completed and agreed. The amendments to the reporting processes within Epic has also been completed, therefore the data reported in this month for the IPR uses a different and more refined methodology subsequent to the implementation of the Epic system.
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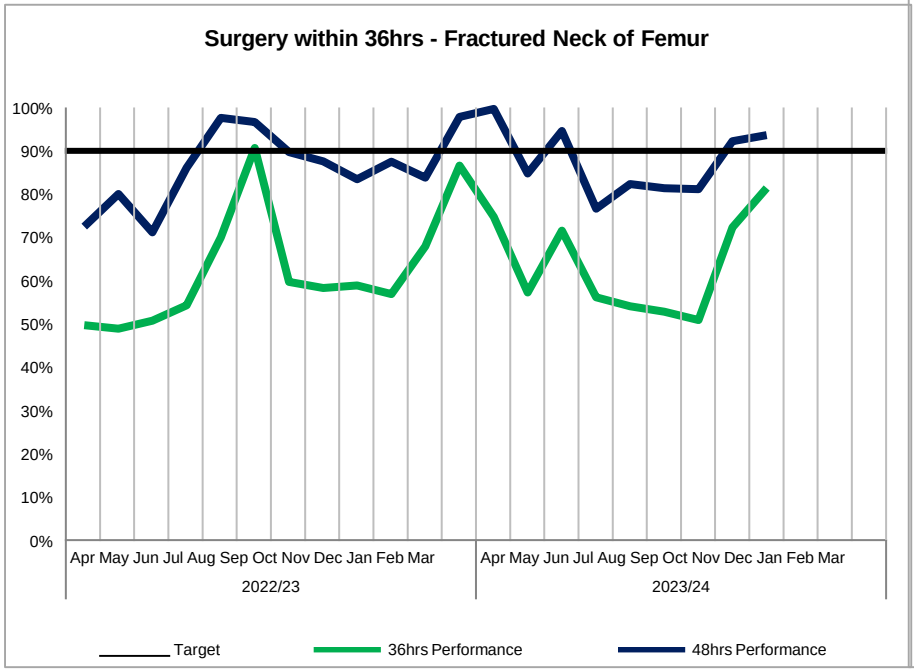
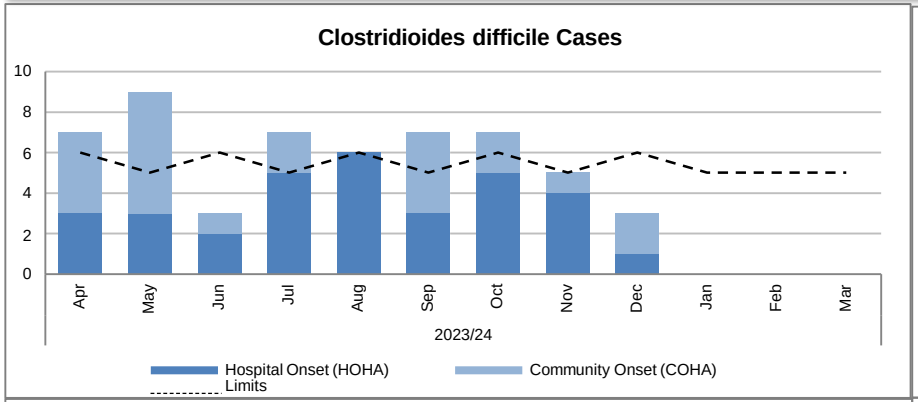
- Work to refine the reporting of outputs has now been commenced for future IPR reports and trend analysis will be provided going forward with the new methodology now in place.

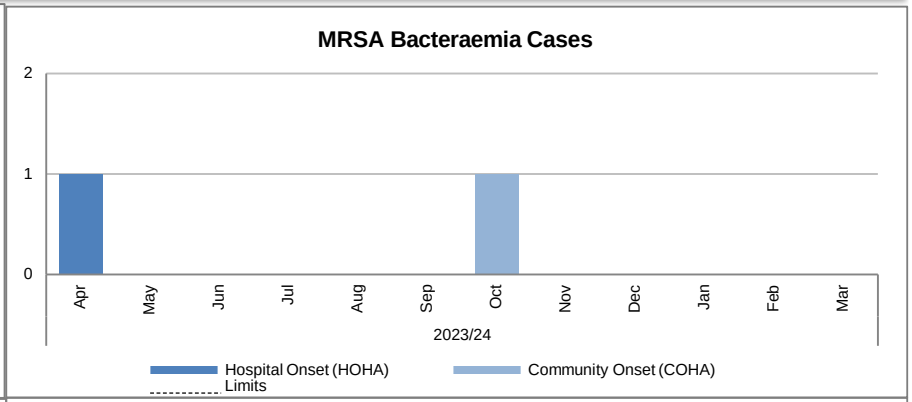


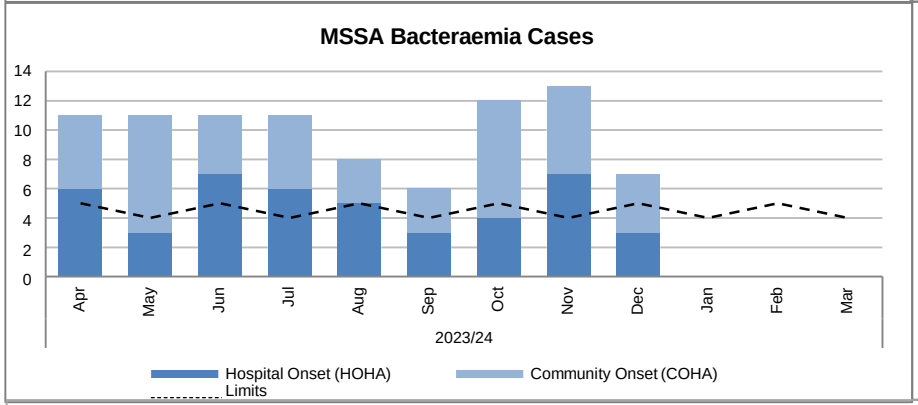
- In December 2023, 82% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There was a total of 57 patients admitted with a FNOF, 49 of these patients were medically fit for surgery from the outset and 40 patients received surgery within 36 hours. Nine medically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

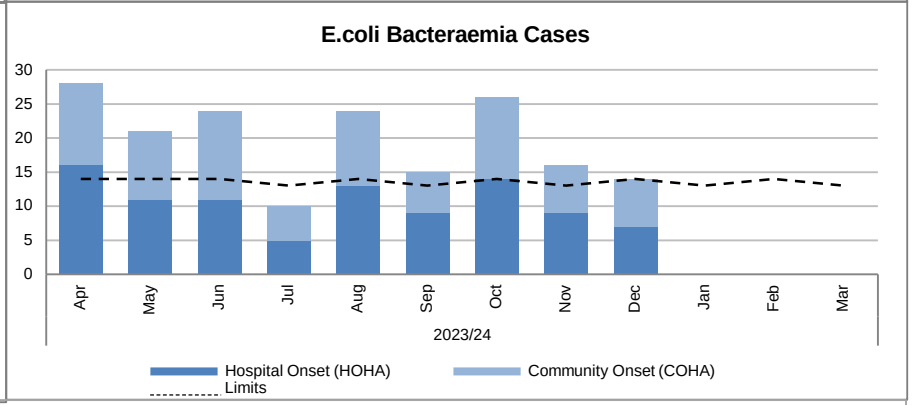
Trust - Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection







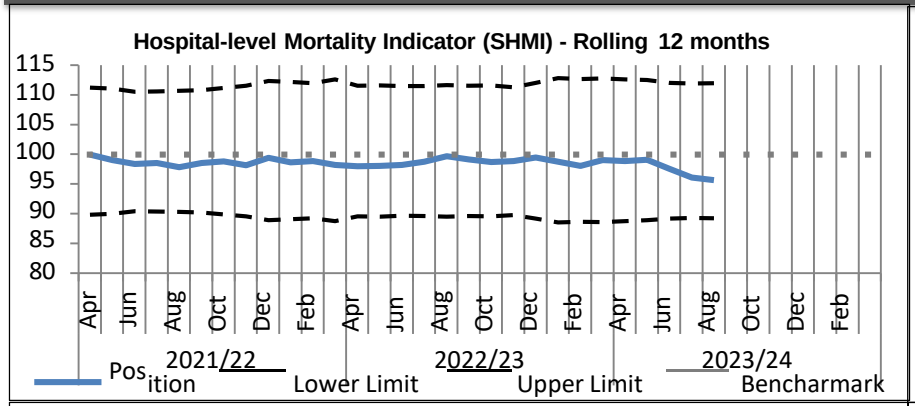


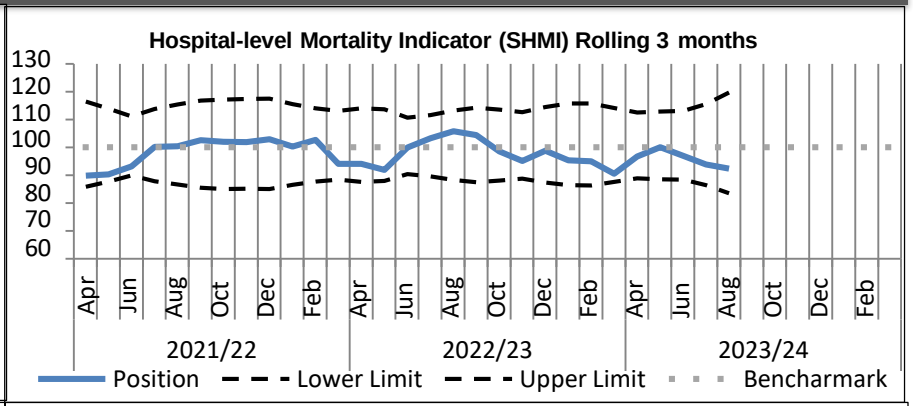
C.diff – The last two months have seen C diff incidence return to a level in keeping with intended trajectory. Whilst there acceptance that the Trust will be above NHS Standard Contract threshold for 2023/24, assurance is sought in the knowledge that the Trust has lower rates of healthcare associated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

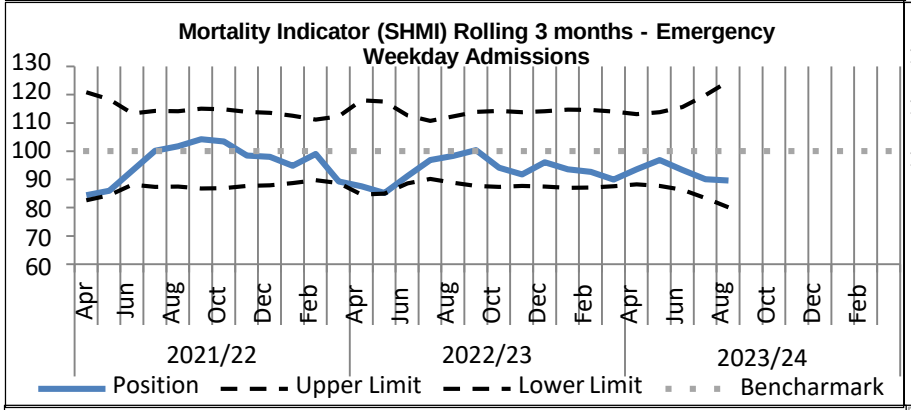
MRSA – Nil Nov or Dec

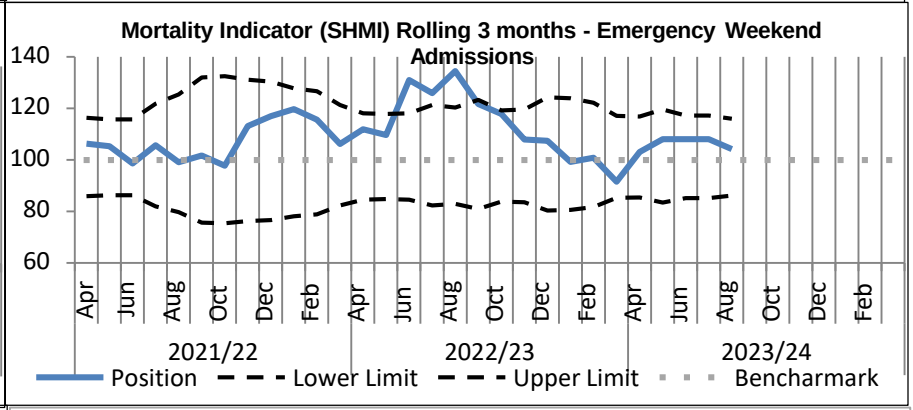
MSSA and E.coli – Although some improvement latterly, high rates persist for both total cases and those healthcare associated. Infection prevention focus remains targeted at avoidable indwelling device associated infection with increased input to education, awareness, and quality improvement work alongside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

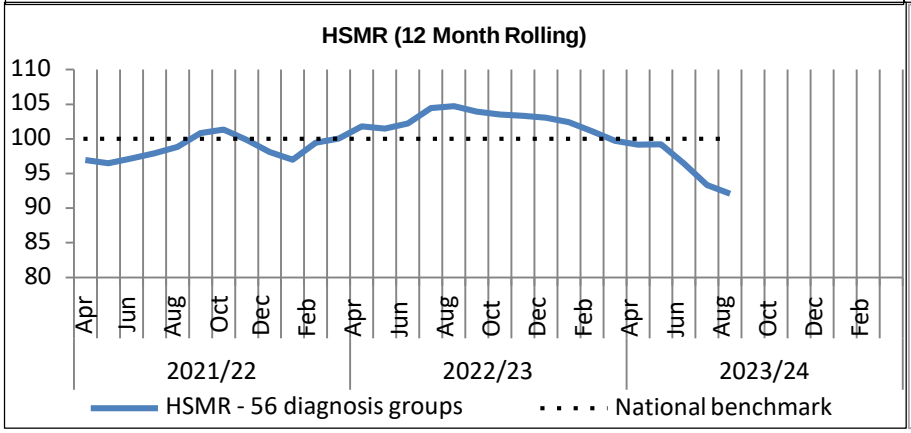
Northern Services Mortality Rates – SHMI & HSMR – *Rate of mortality adjusted for case mix and patient demographics*









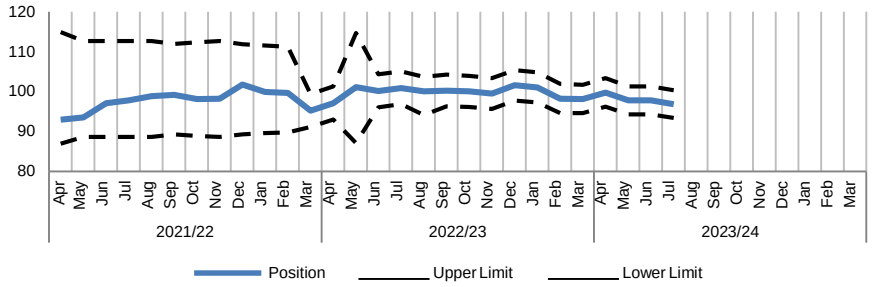


- The SHMI position remains within the expected range for all metrics
- The HSMR position remains stable and reducing on a rolling 12 month basis to August 2023
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process,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

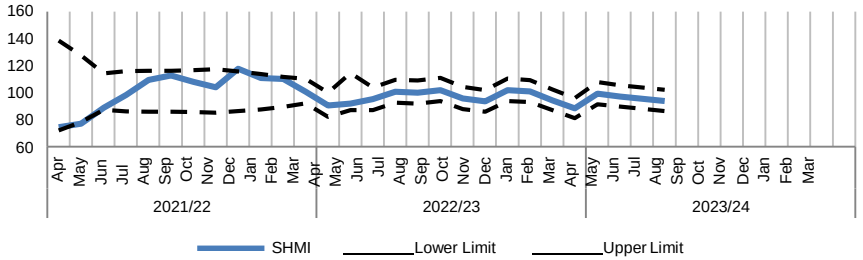
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

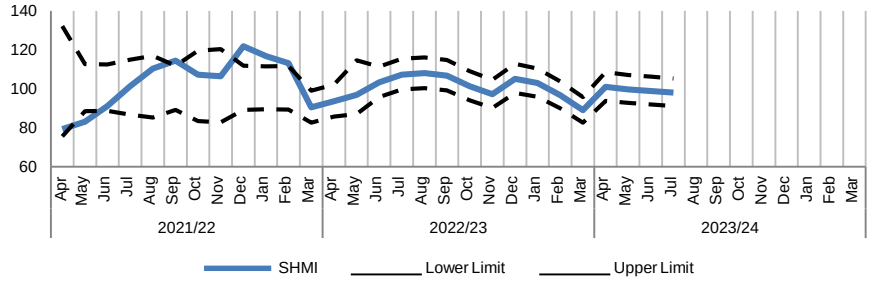
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



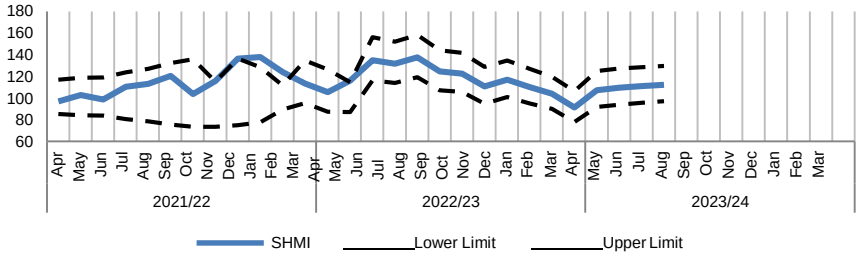
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



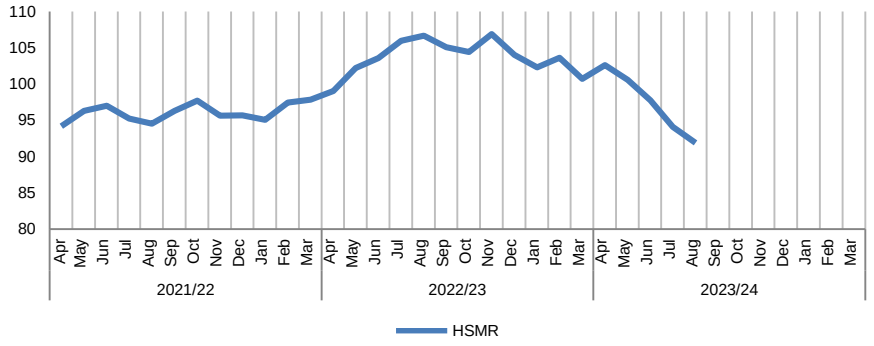
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions



HSMR (12 Month Rolling)



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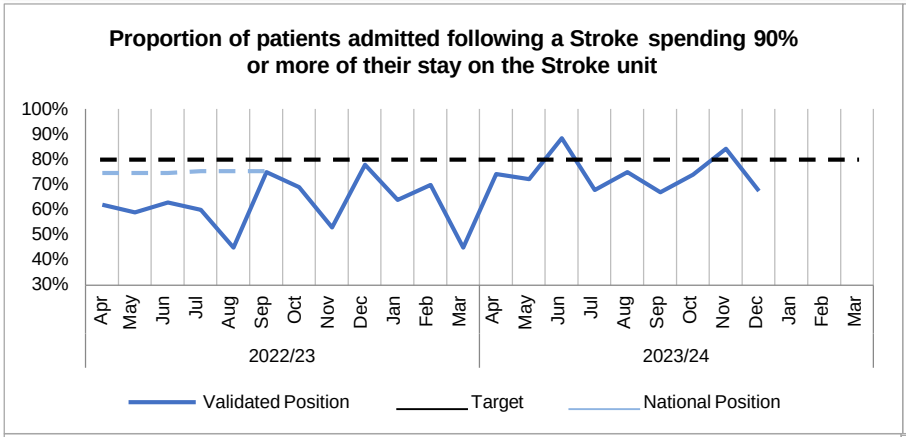
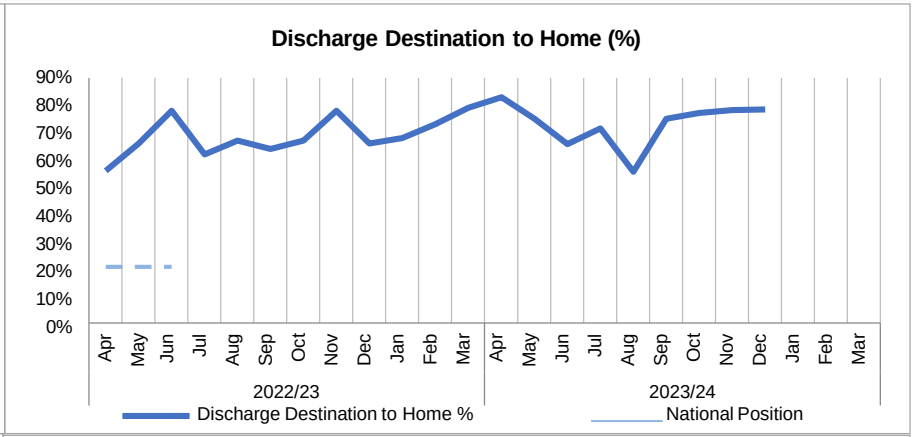
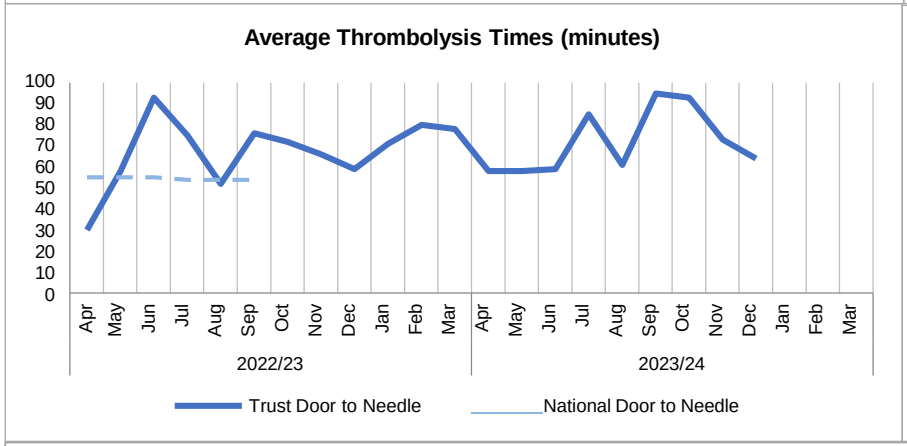
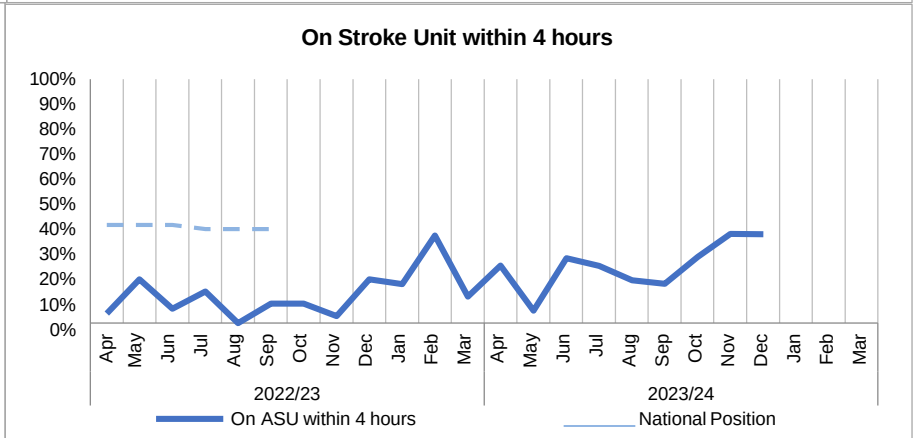
- The Medical Examiners continue to give independent scrutiny of all hospital deaths raising areas of concern to the mortality review process, governance/Datix, and clinicians where appropriate.
- No new emergent themes are currently being identified through this process.

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





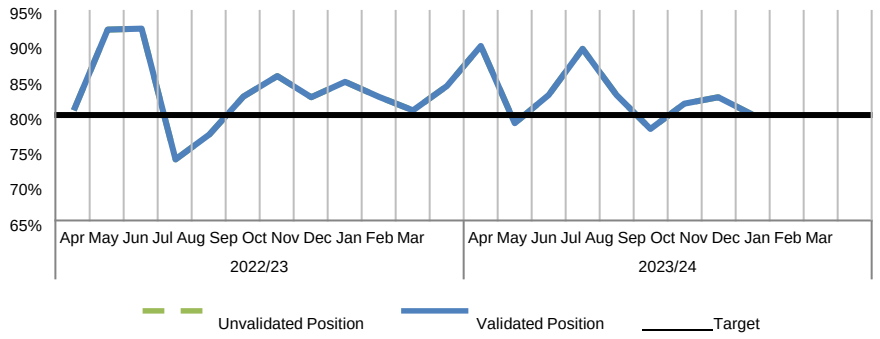


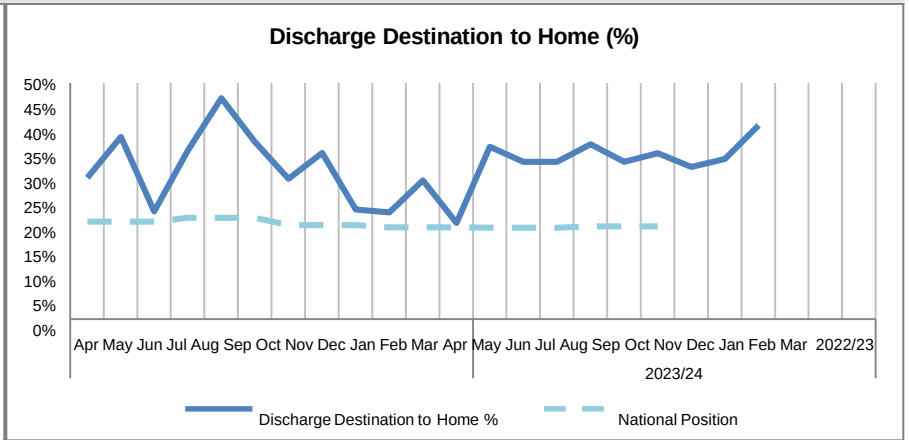


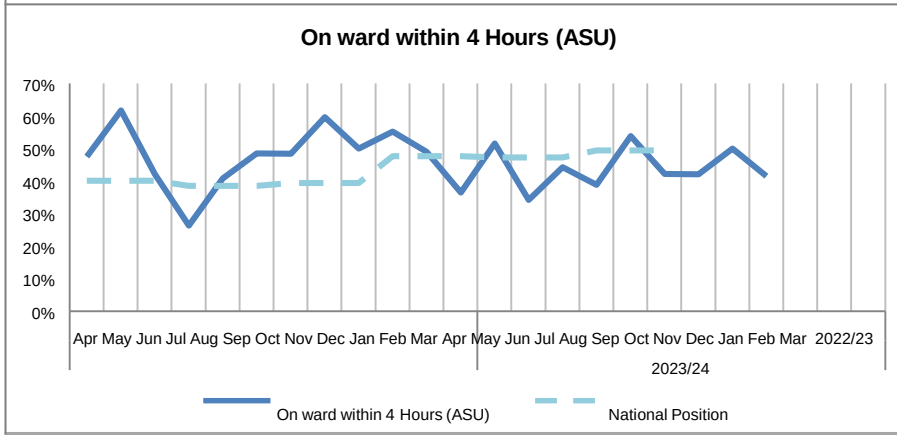
- 90% stay: Performance against this indicator continues to show a more stable position albeit with a dip in performance in December representative of operational challenge. The Stroke clinical teams continue to provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke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

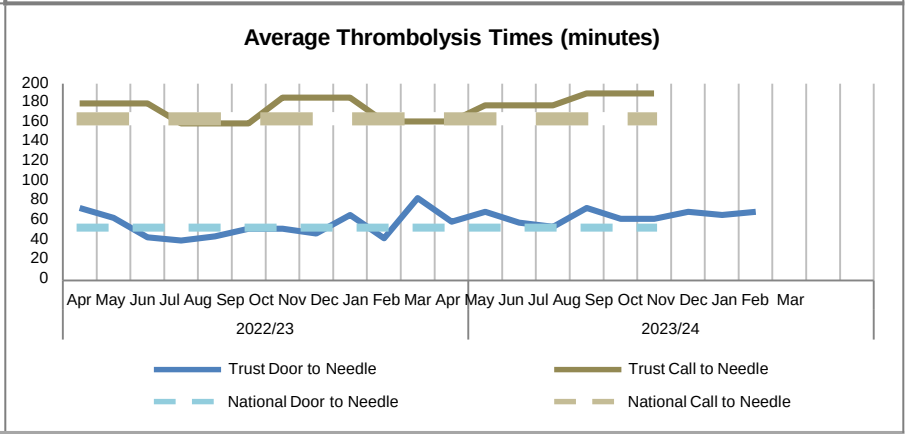
Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke



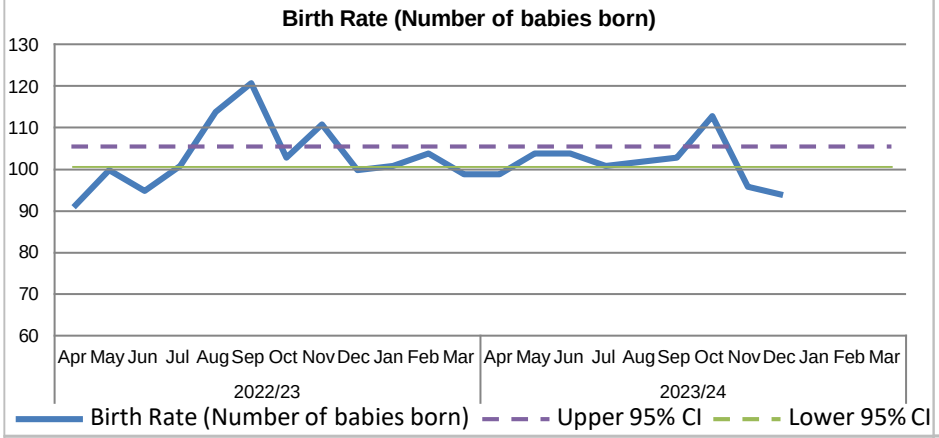


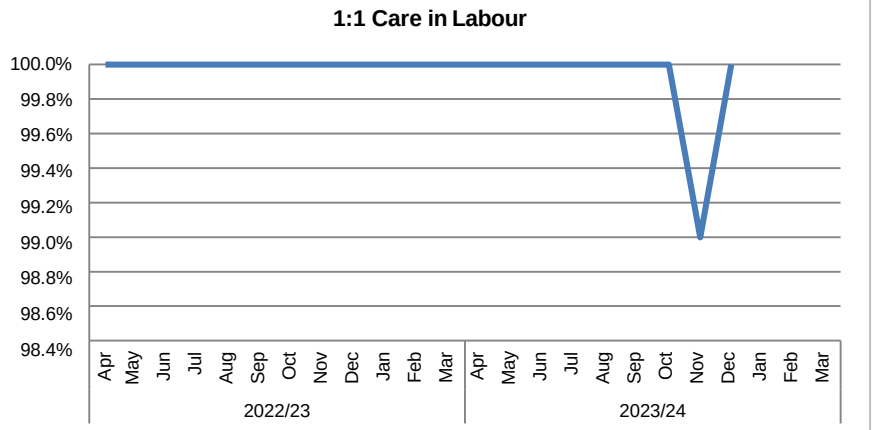


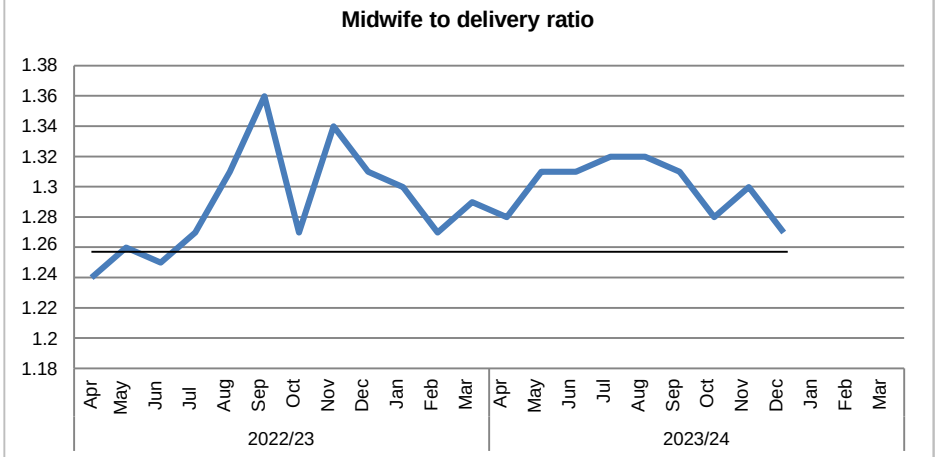


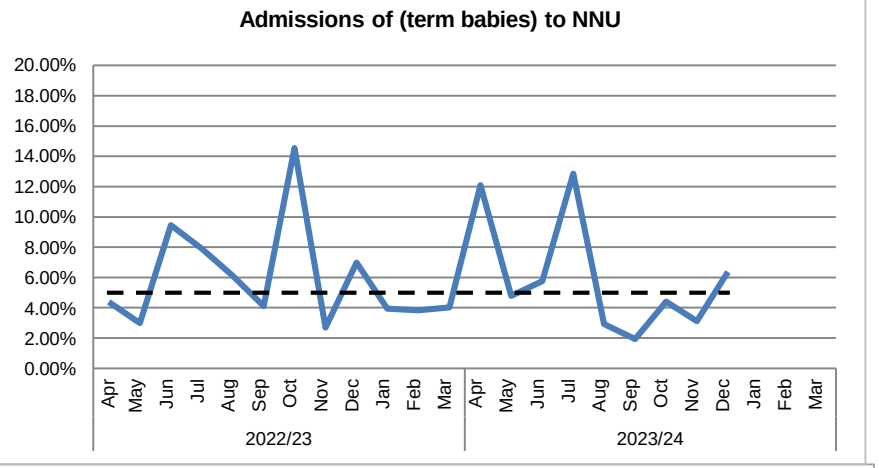
- 90% stay - The proportion of patients admitted spending 90% of their stay on the stroke unit has remained above the target position in November and December.
- On ward within 4 hours target indicator has remained relatively stable in November and December but slightly below the previously reported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

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





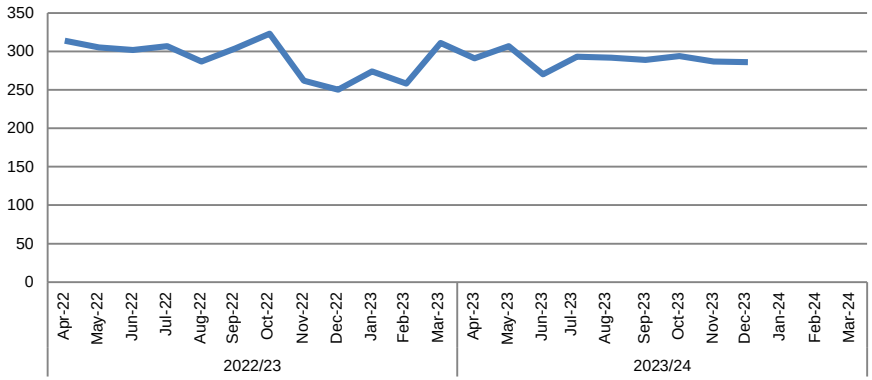


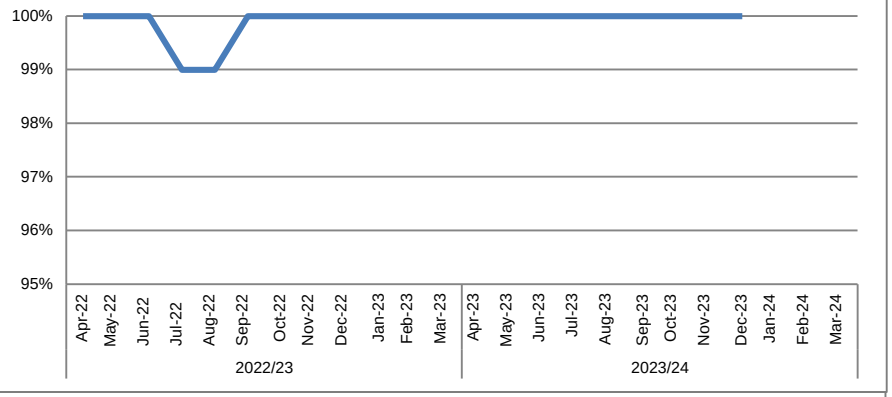


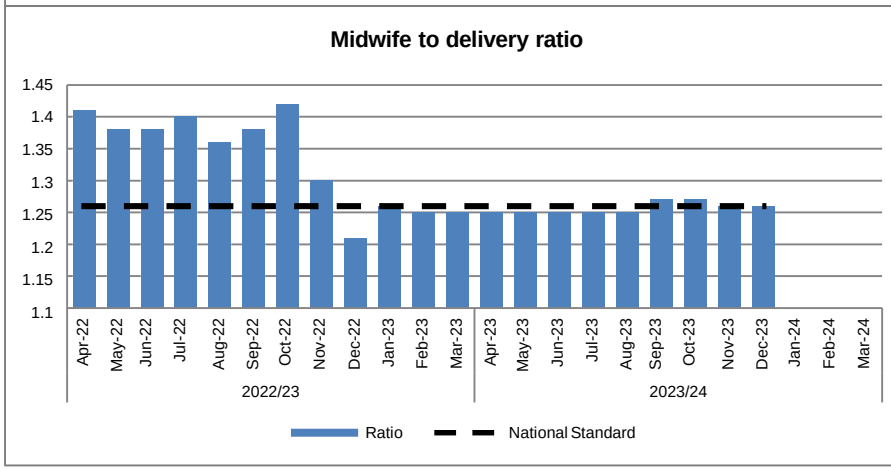
- Admissions of term babies to NNU; Transitional care review underway. Service working with paediatric and estates teams to develop an options appraisal for development of new TC dedicated provision.
- All Admissions continue to be reviewed by the ATAIN process.

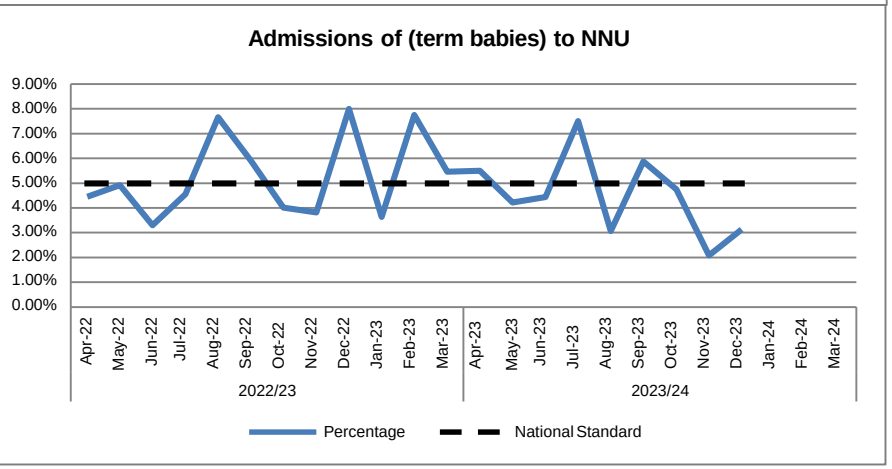
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



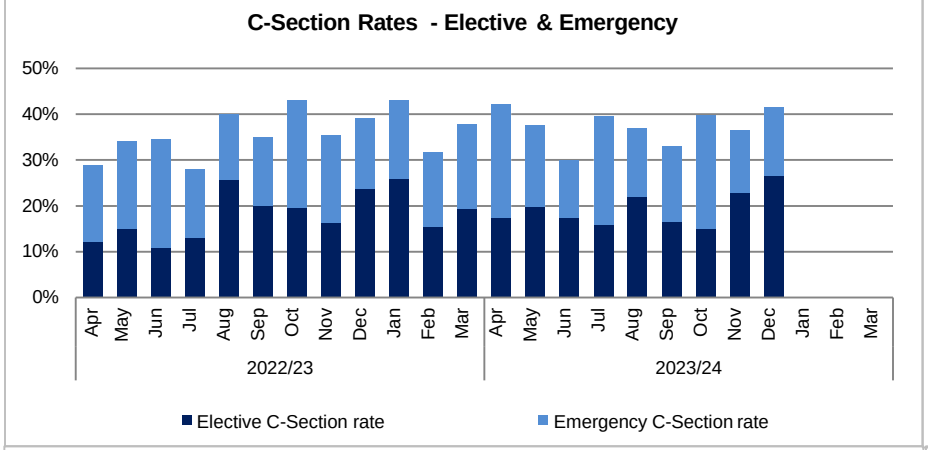


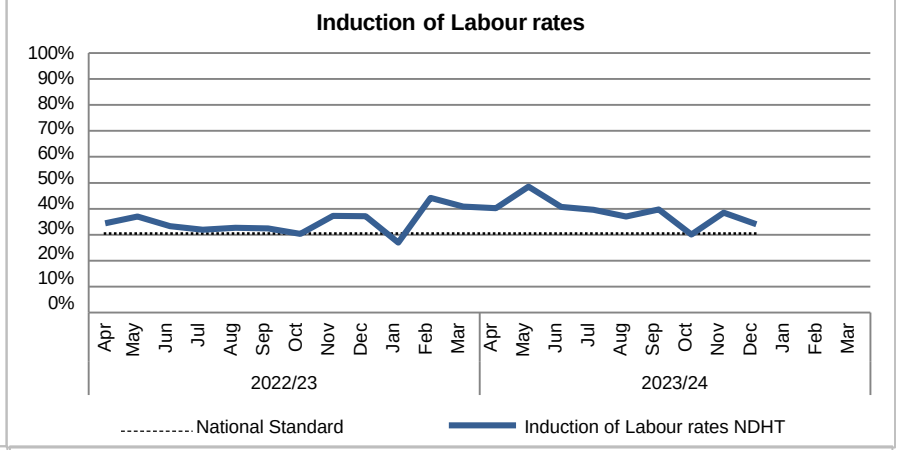


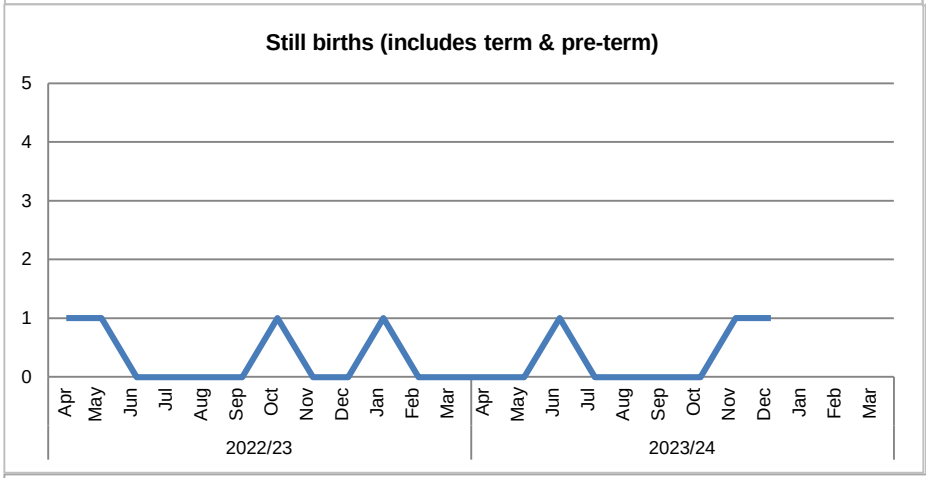


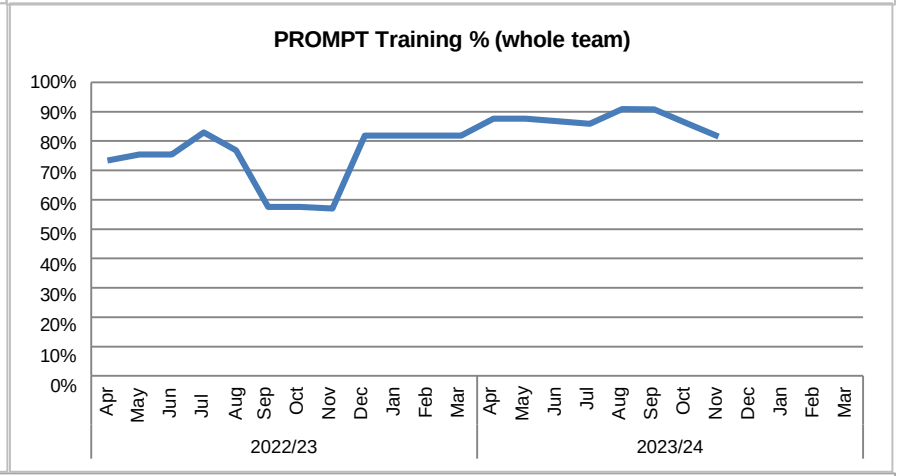
- The step change in the Midwife to Delivery ratio in November 2022 is due to a change in the way midwifery ratio is calculated. Allowance for Annual leave and sickness is now no longer factored

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





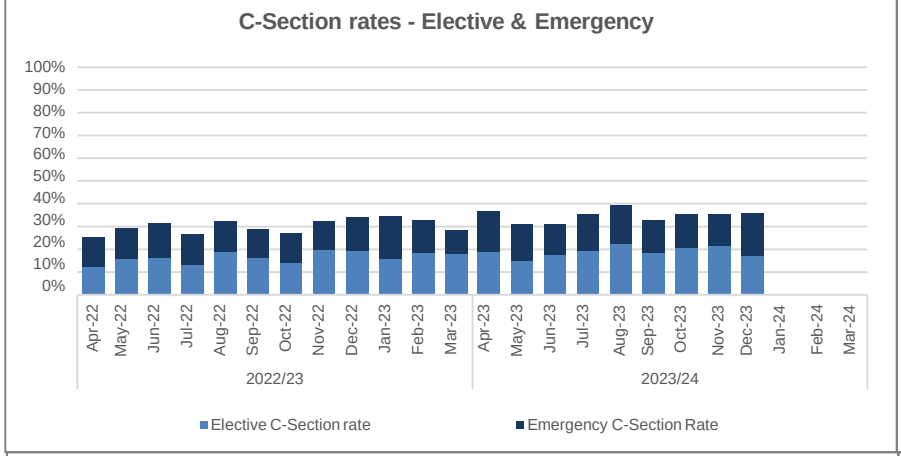


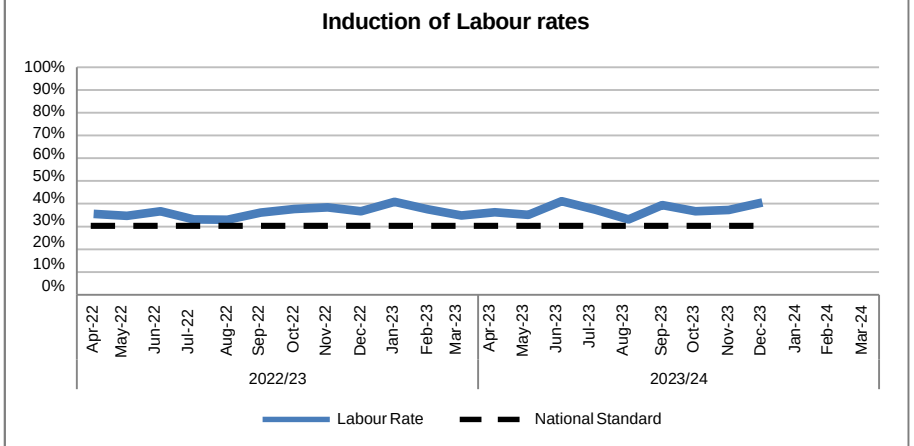


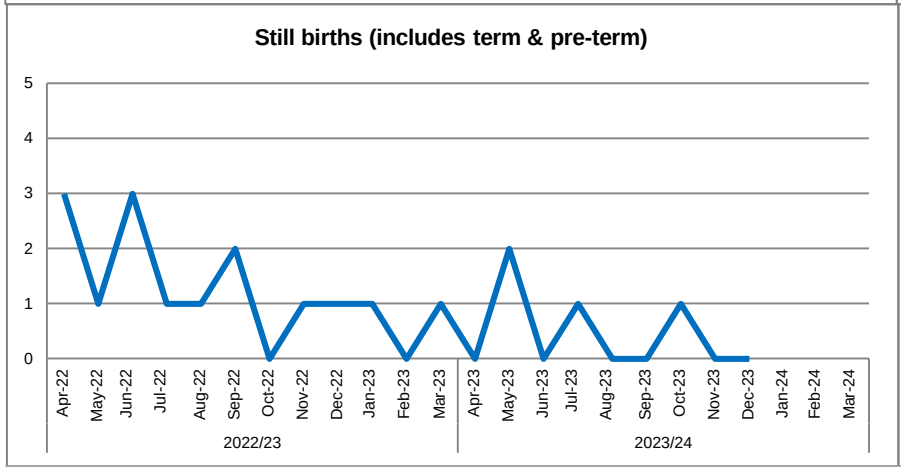
- Induction of labour and combined caesarean section rates remain in line with a national rise
- Compliance with CNST prompt training achieved

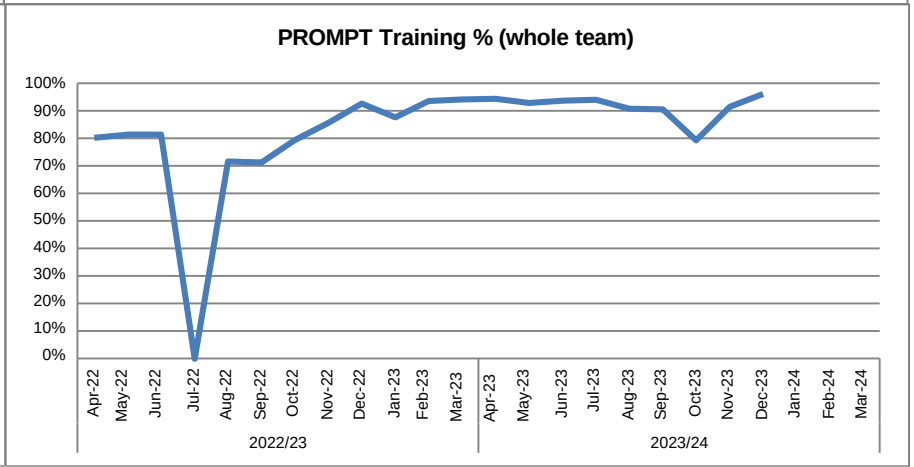
Eastern Services Maternity

Metrics relating to the provision of quality maternity care



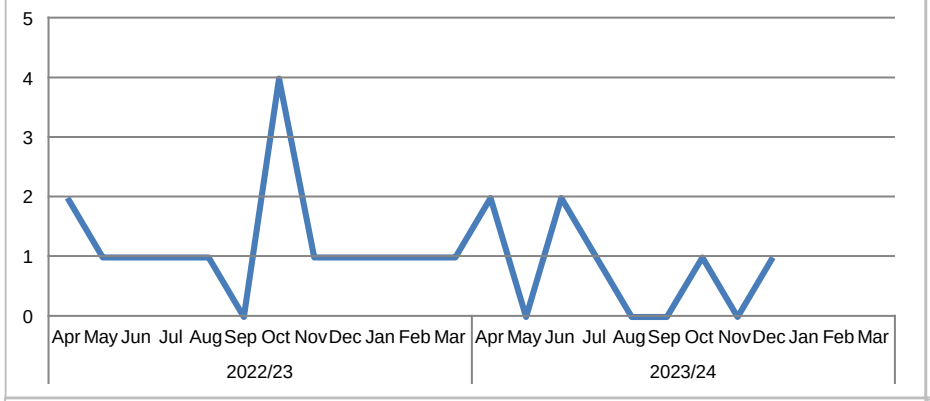


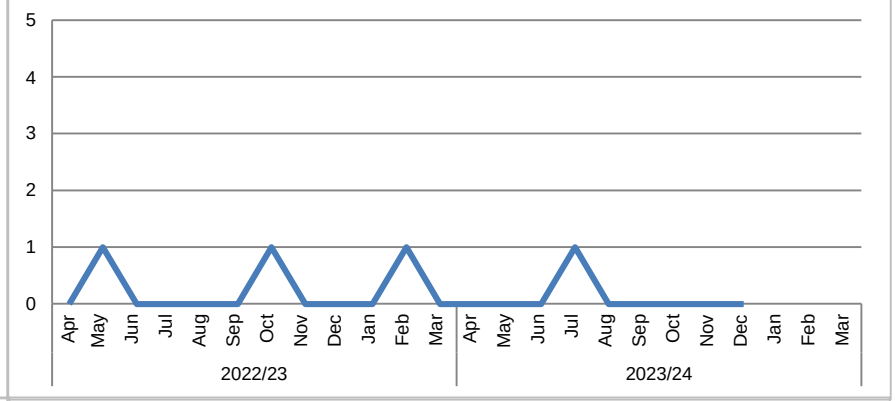


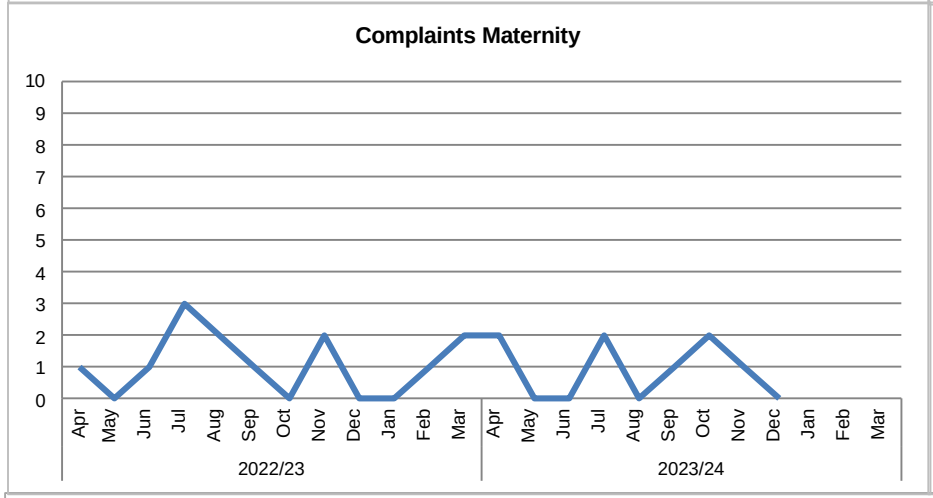


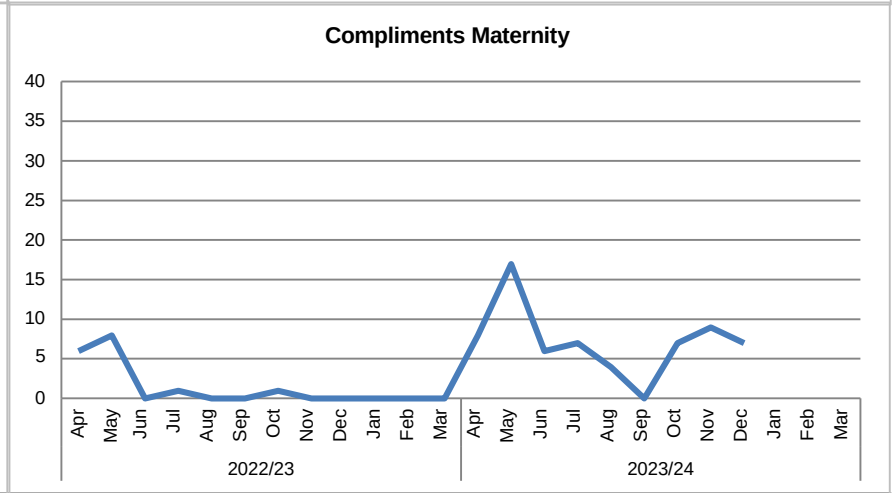
- Induction of labour and combined caesarean section rates remain in line with a national rise
- Compliance with CNST PROMPT training achieved

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









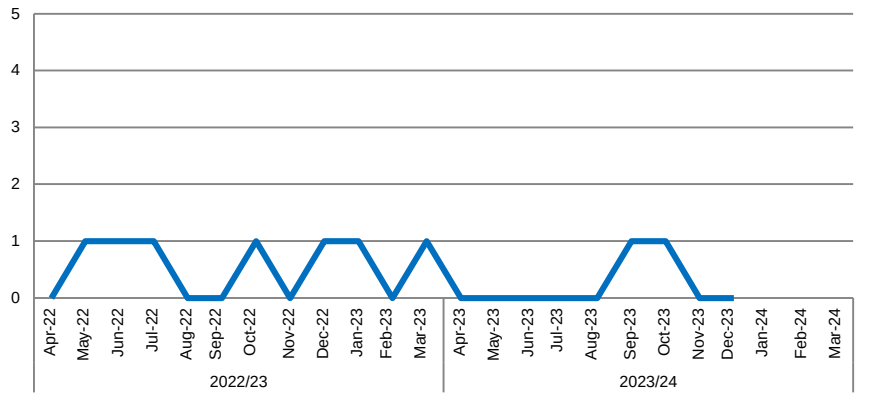
- There was one Moderate incident in month which has been referred to HSIB for investigation.

- The maternity team actively engage with the Maternity Voices Partnership (MVP) to review and contribute to the development of maternity services and ensure the voice of women and their families. The maternity team work with the MVP to provide a report at each Patient Experience Committee.

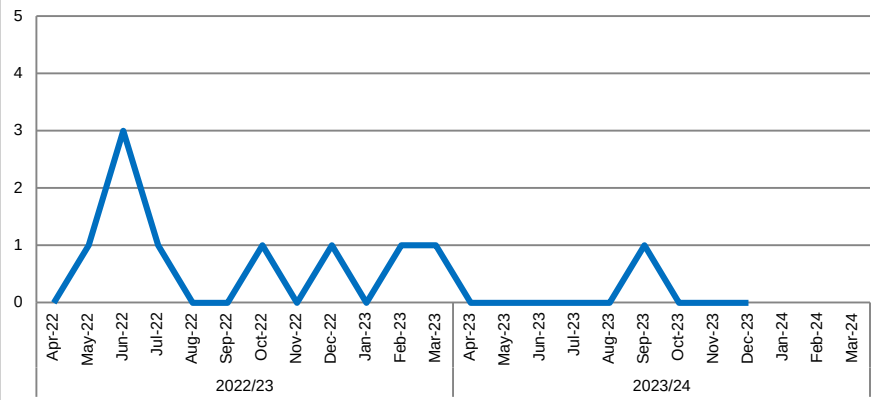
Eastern Services Maternity

Metrics relating to the provision of quality maternity care

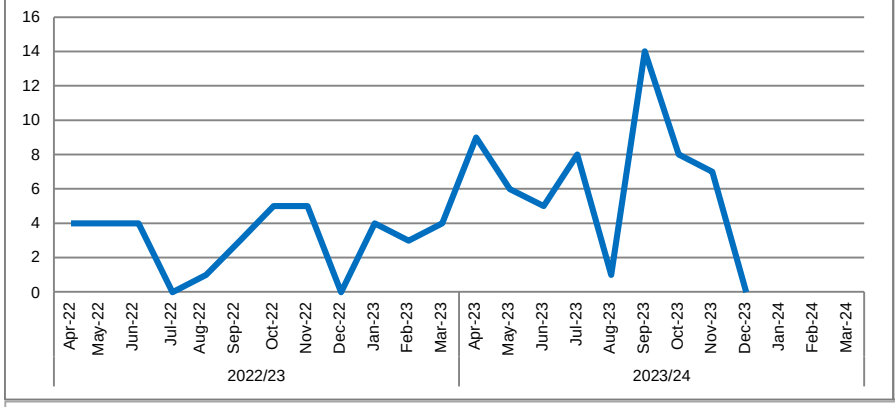
Incidents in current month (moderate and above) (run chart)



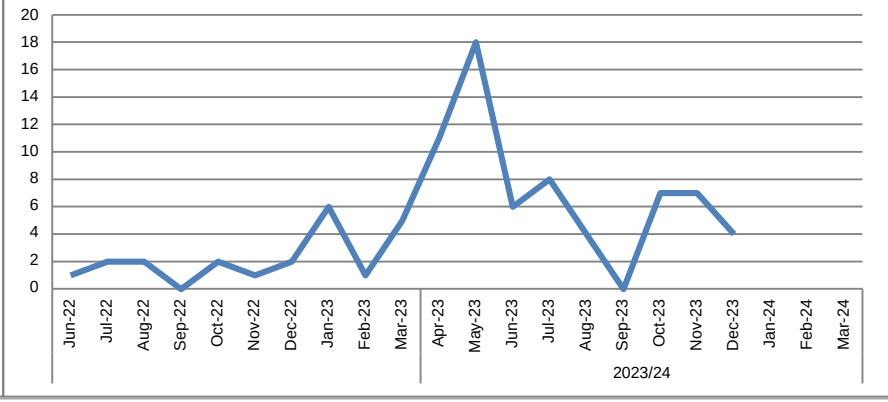
Serious Incidents (run chart)



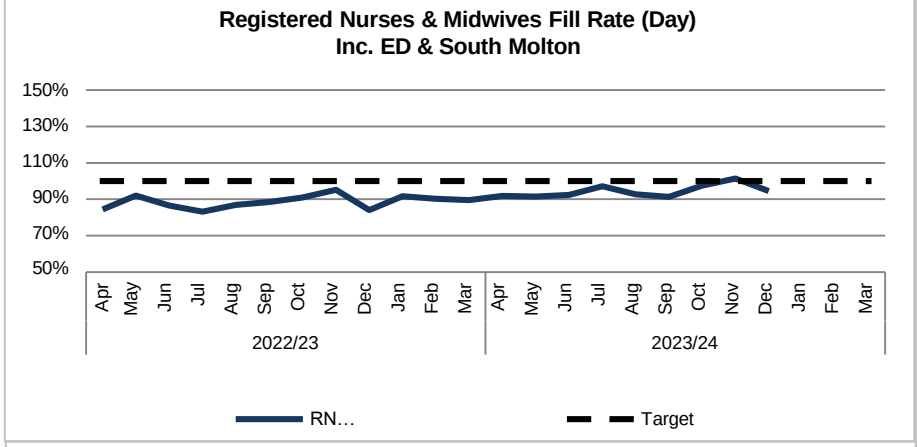
Complaints Maternity

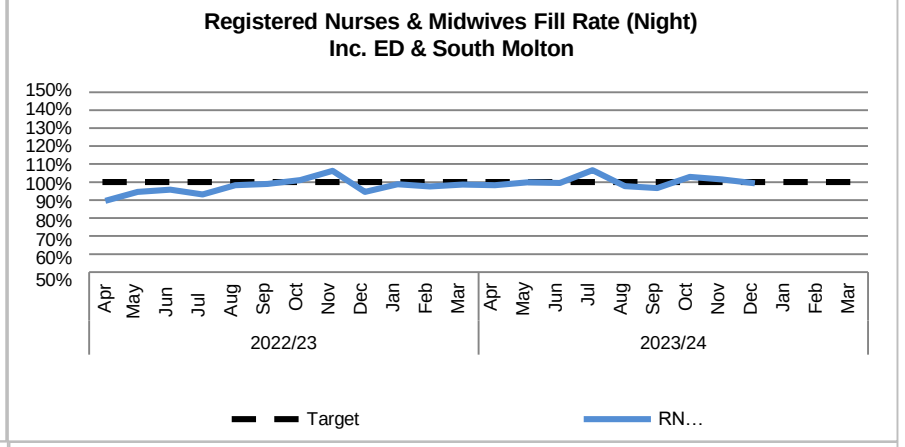


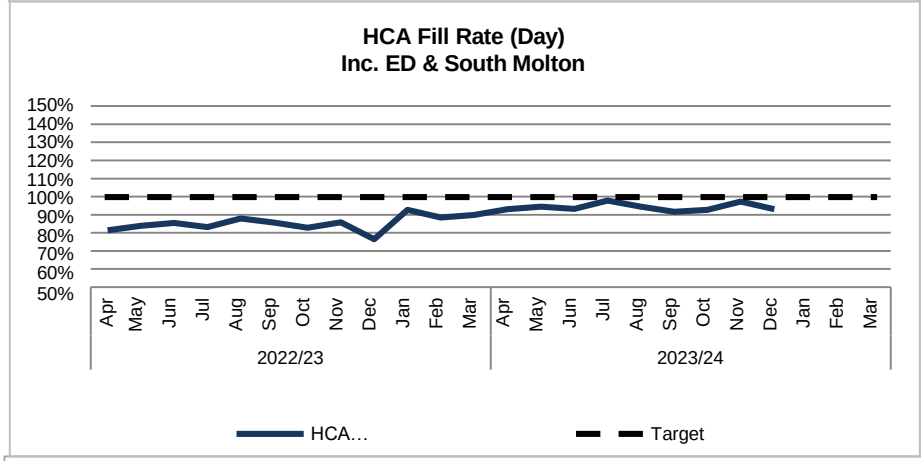
Compliments Maternity

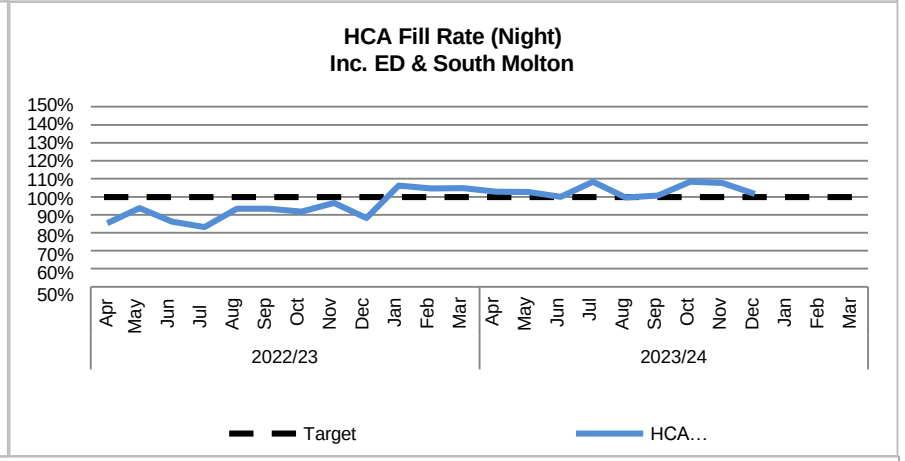


Northern Services Safe Clinical Staffing Fill Rates





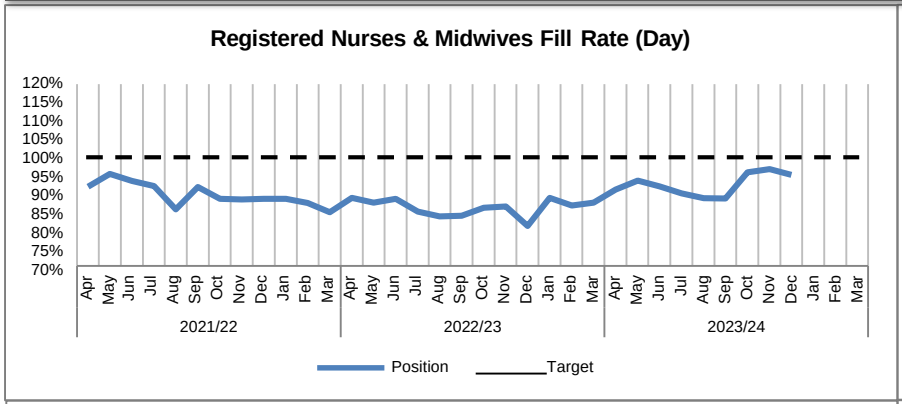


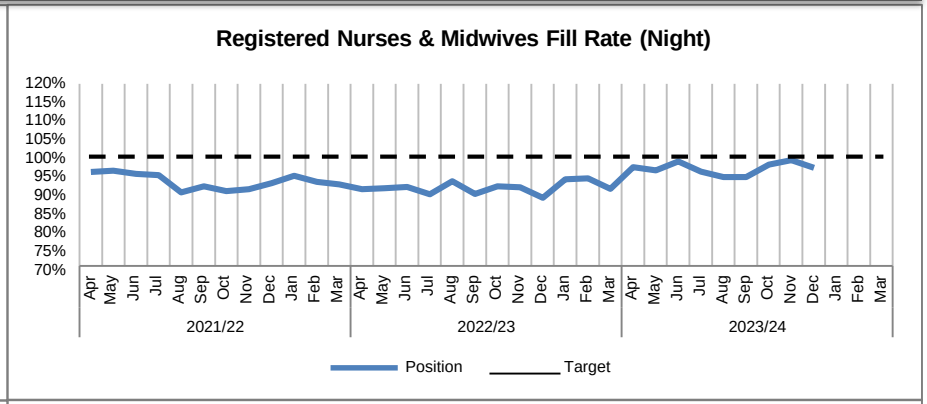


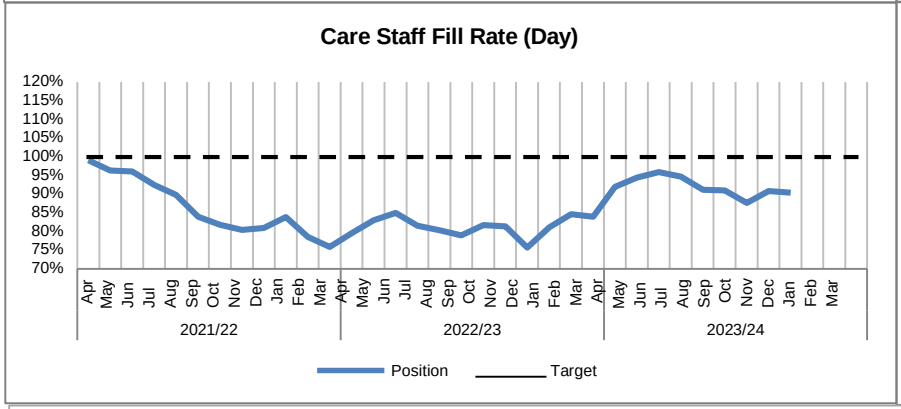
- Northern services had an overall clinical fill rate of 101.6%
- There were three patient safety incidents reported related to staff shortages, all were no harm incidents.
- There were nine patient safety incidents which resulted in moderate or greater harm in December 2023. A review of these incident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

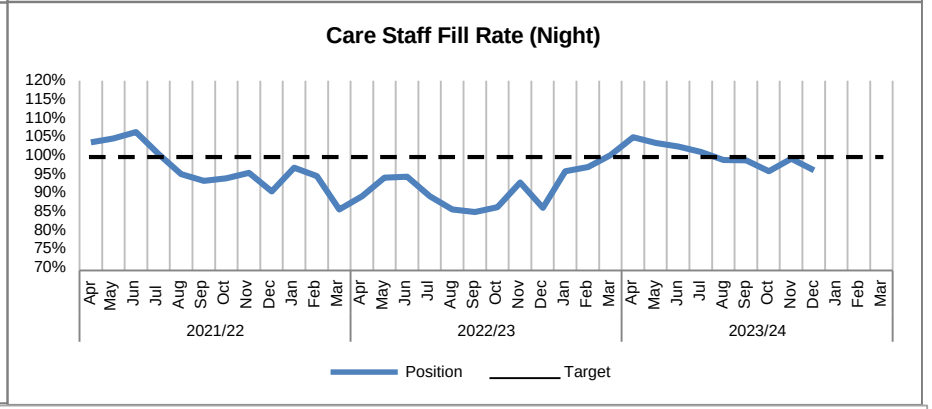
Eastern Services Safe Clinical Staffing – Fill Rate

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









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

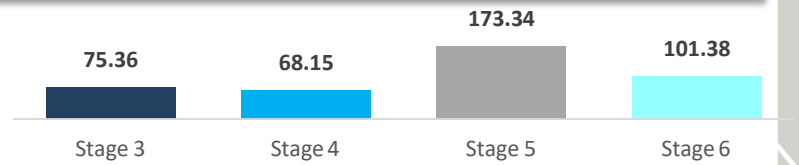
Trust Recruitment Update

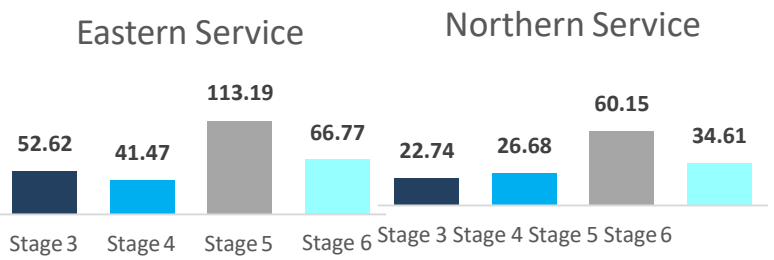
Vacancy Data – Dec 23

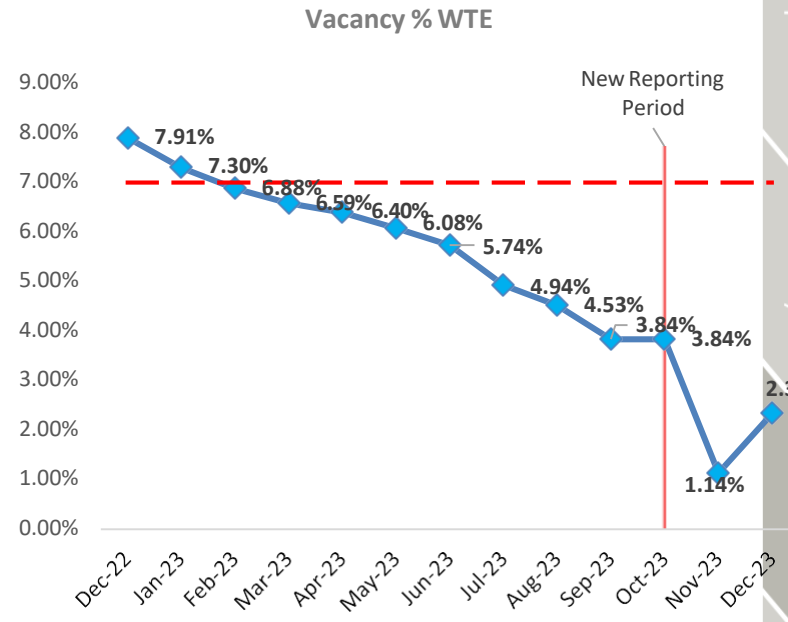
- Vacancy Data is being reported on using the new establishment control method that has been in place for the last few months. However, this vacancy figure will not match the vacancy figures reported to NHSE. This is due to the parameter differences between the dashboard and the NHSE parameters. NHSE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

Recruitment

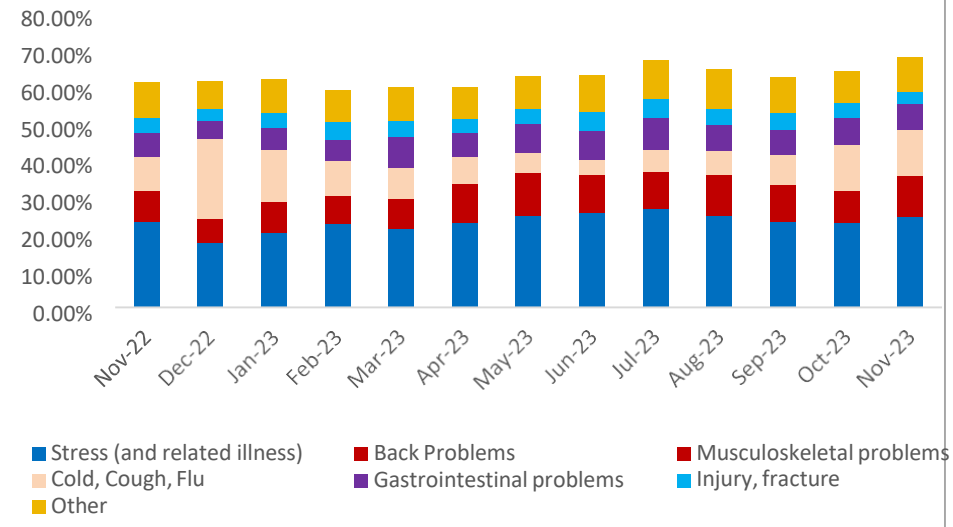
- Stage 3 vacancies (vacancies out to market) saw a small increase from 60.20 FTE to 75.32 FTE. Although there is an increase, this remains lower than usual due to the recruitment freeze currently in place.
- Stage 4 (shortlisting and interviews) has a substantial decrease from previous month, from 218.30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

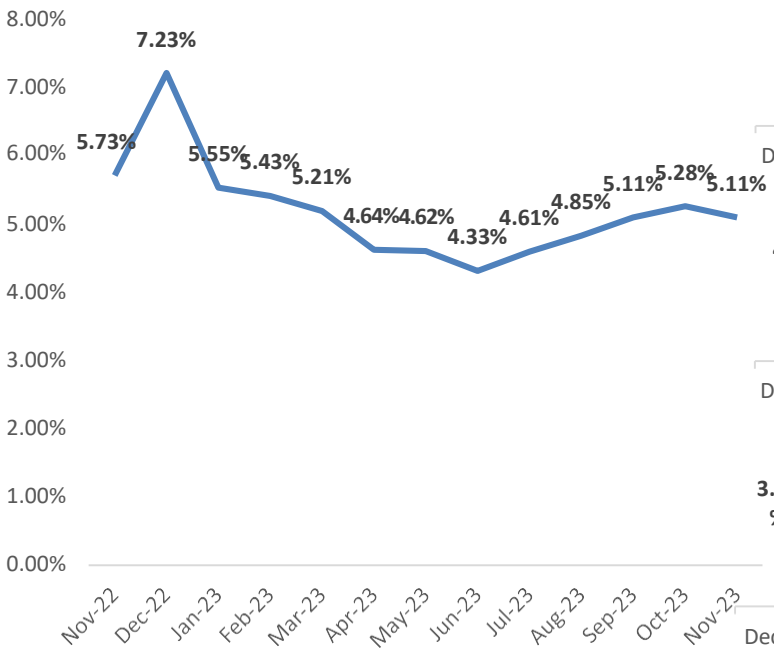


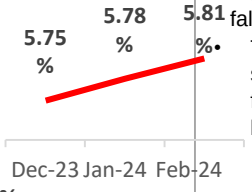


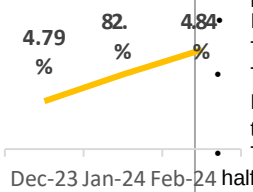


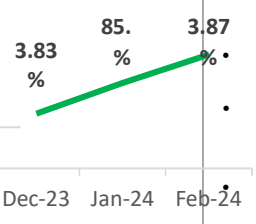
Trust Sickness Absence







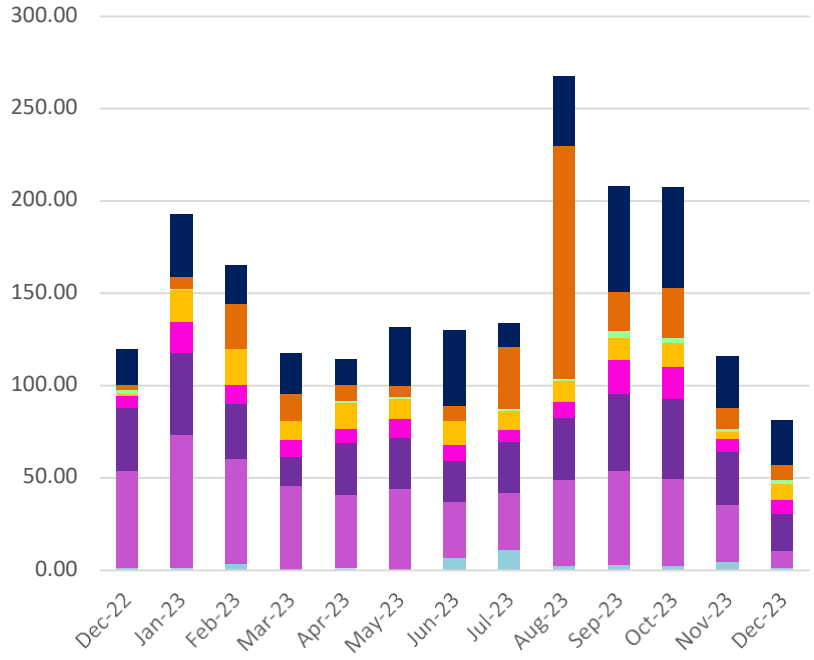


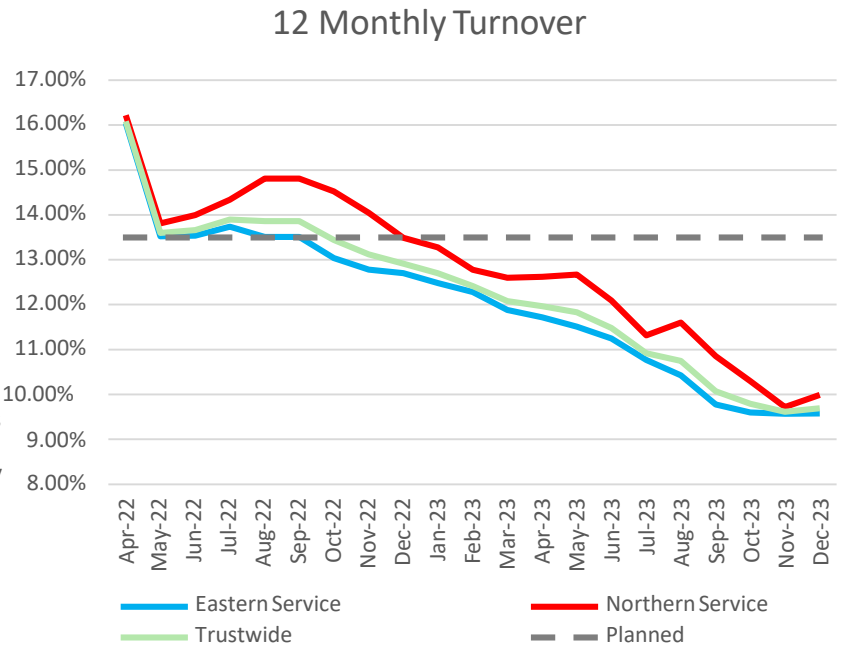


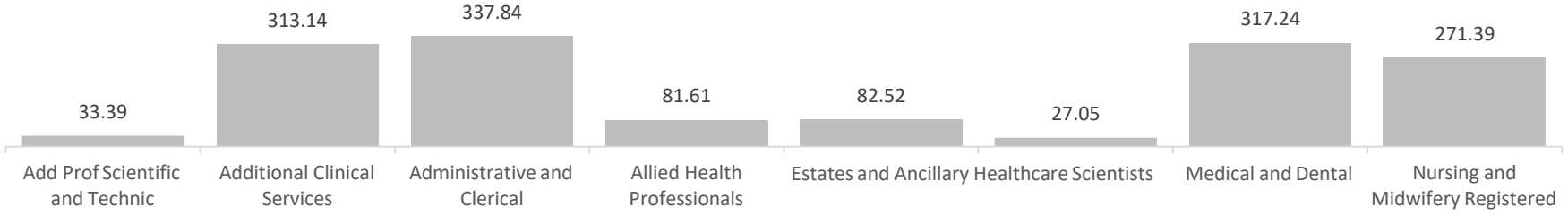
Sickness Absence (Data shown for latest complete month: Nov-23)

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

Trust Turnover



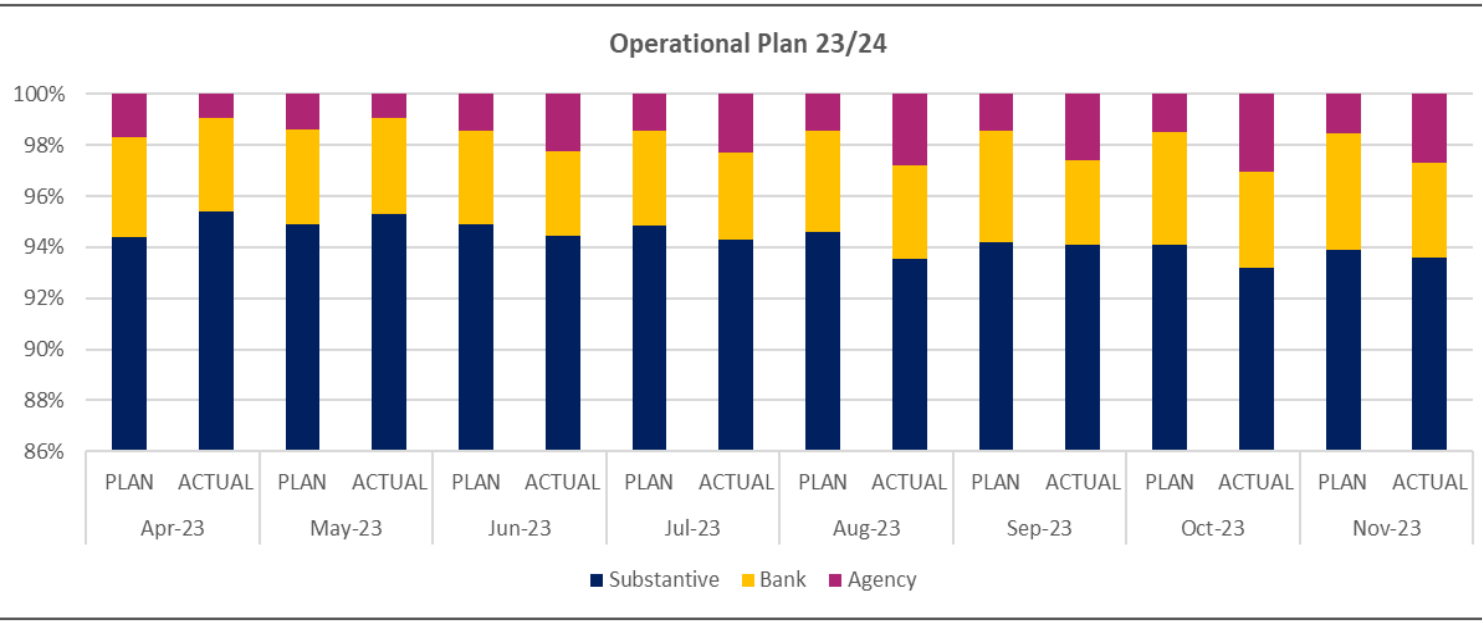




Turnover (data as at end-Dec-2023)

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

Trust Operational Plan 2023/24



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

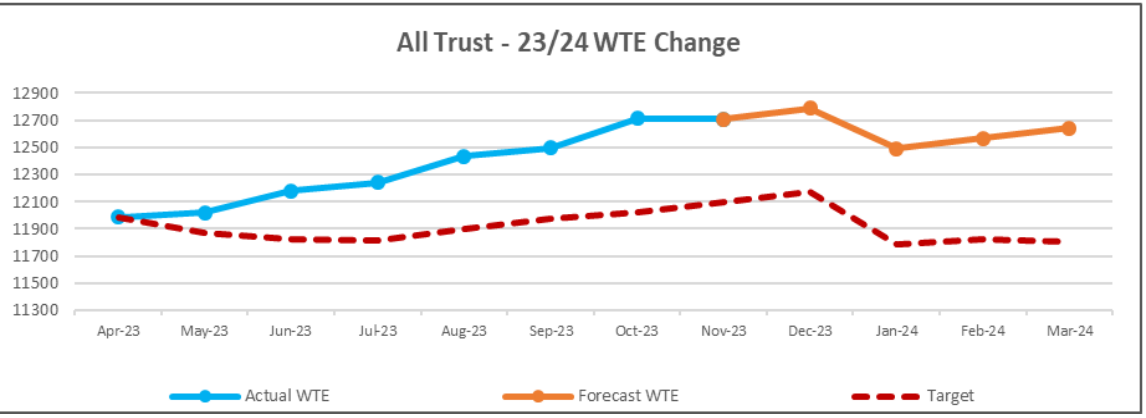
YoY Substantive WTE Change: **+3.84%**

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

YoY Bank Utilisation: **13.74% reduction**

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

YoY Agency Utilisation: **1.32% reduction**



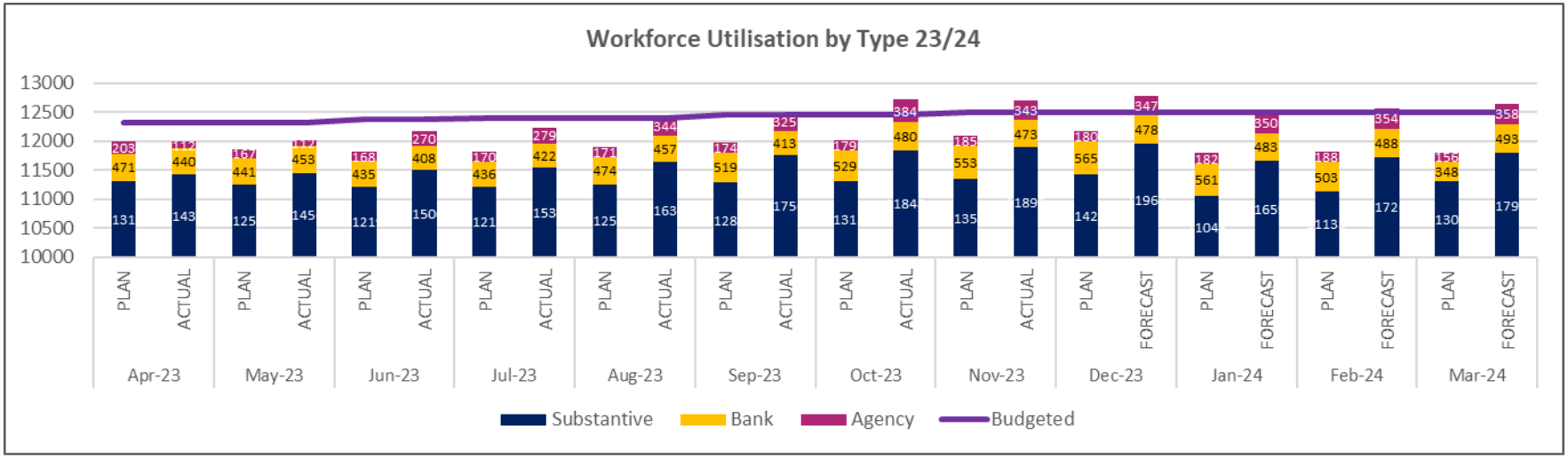
Notes

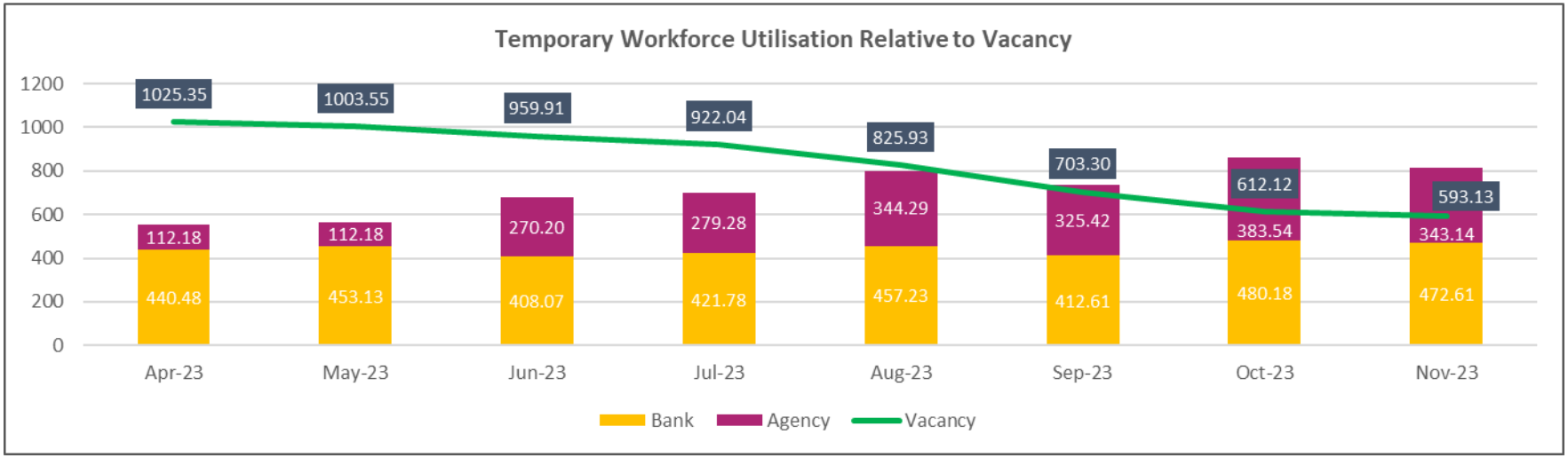
'**Target**' – total WTE plan by month as per 23/24 operational plan (i.e. substantive, bank & agency combined).

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

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

Trust Operational Plan 2023/24





Trust Summary Finance Position

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Nov-23	This Month Dec-23	Narrative	Forecast Mar-24
Income and Expenditure	**I&E Surplus / (Deficit) - Total**	£'000	-34,158	-36,722	**Year to Date Financial Overview** At the end of month 9 the Trust is reporting a year to date deficit of £36.7m being £6.9m adverse to plan. This improved in-month position includes £0.5m adverse impact of Industrial Action in December and are off-set by additional income received to leave a net adverse variance. The drivers of the adverse variance to plan can be summarised as follows: (£5.1m) see below (£2.8m) additional outsourcing and theatre ERF above plan (£1.1m) specialling of complex patients (£1.1m) unfunded pay award (£2.6m) supernumery costs of International Recruitment £1.5m over achievement of Delivering Best Value programme. Adverse non-pay variance includes an overspend on drugs from the movement in drugs growth from the point the expenditure plan, high cost drugs recoverable through Specialist Commissioning variable contract income and high cost drugs not recoverable under the ICB block contract. **Financial Recovery Plan (FRP) Actions** A call to action was launched during month 7 on financial recovery to ensure other cost drivers can be managed to reduce the overall rate of spend for the remainder of the year without compromising patient safety or operational recovery. A Financial Recovery Board has been established and chaired by the CEO. Workstreams are embedded covering opportunities across income, pay (including enhanced vacancy control), non-pay and drugs. Vacancy controls have been enhanced post-month end. The FRP has delivered £11.3m of benefit in month against a trajectory of £14.0m; there is confidence that slippage will recover over months 10 and 11 - see FRP section below. **Forecasting Outturn** Following a review of ICS risks and mitigations on the financial forecast to be achieved by year end, NHSE have approved a revised deficit of £40.0m for month 9 reporting. At the time of these reviews Industrial Action was assumed to be over, though strikes in December and January are estimated to adversely impact the FOT by £1.1m as reflected above.	-41,074
	I&E Surplus / (Deficit) v budget	£'000	-8,484	-6,861		-13,039
	Income variance to budget - Total	£'000	18,238	22,503		37,389
	Income variance to budget - Total	%	2.70%	2.97%		3.72%
	Income variance to budget - Patient Care	£'000	9,310	13,449		21,744
	Income variance to budget - Operating income	£'000	8,928	9,054		15,645
	Pay variance to budget - Total	£'000	-14,209	-16,904		-27,993
	Pay variance to budget - Total	%	-3.24%	-3.43%		-4.30%
	Non Pay variance to budget	£'000	-13,519	-13,786		-21,945
	Non Pay variance to budget	%	-5.34%	-4.85%		-5.96%
	PDC, Interest Paid / Received variance to budget	£'000	537	697		1,251
	PDC, Interest Paid / Received variance to budget	%	6.13%	7.02%		9.25%
	Capital Donations variance to plan - technical reversal	£'000	469	629	Neutral adjustment when calculating reported financial position.	-1,741
	Agency expenditure variance to Plan	£'000	-4,384	-4,464	Increased usage to cover vacancies, sickness, strike support and specialling of highly complex patients awaiting discharge - further work being undertaken to ensure compliance with agency controls and identify high users of agency, including non clinical areas.	-6,020
	Agency expenditure variance to agency limit	£'000	-239	63	Year to date agency usage is now within the cap and forecast to remain within the cap by yearend.	536
	Delivering Best Value Programme - Total Current Year achievement	£'000	27,727	31,091	**DBV** Strong start to the year in terms of savings programme though slippage on recurrent delivery has been off-set by non-recurrent over-delivery. YTD adverse variances continue to be largely driven by non-delivery against digital programme and shortfall in income data capture. Accelerating delivery is part of the financial recovery plan to de-risk forecast and scope additional ideas DBV schemes variance to plan: £5.9m Income favourable (£4.7m) Pay adverse £0.3m Non pay favourable **FOT** - £1.3m under delivery against internal programme, £13.6m under delivery against system schemes. **FRP** was implemented during month 8 and has delivered £11.2m of savings against the recovery plan profile. Slippage on income recovery expected in month 8 is now projected to recover over the remainder of the year. The Forecast under delivery of £5.4m against the Financial Recovery Plan has been off-set by a corresponding increase in the £40m NHSE agreed forecast deficit.	45,332
	Delivering Best Value Programme - Year to date/ Current Year variance to budget	£'000	2,548	1,548		-14,968
	Financial Recovery Action Plan - Total Current Year achievement	£'000	4,603	11,262		32,348
	Financial Recovery Plan Actions - Year to date/ Current Year variance to budget	£'000	-1,953	-2,725		-5,430

Trust Finance Overview

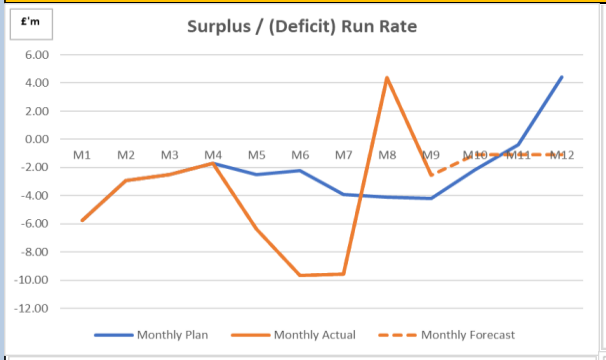
Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Nov-23	This Month Dec-23	Narrative	Forecast Mar-24
Capital & Cash	Cash balance	£'000	2,389	4,790	(£18.6m) adverse impact of year to date financial position and movements in working capital; £12.6m favourable from slippage in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

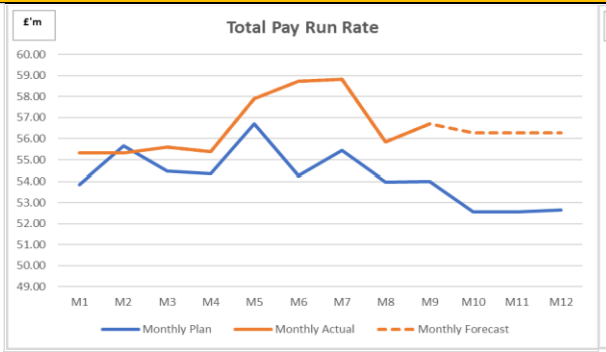
Key

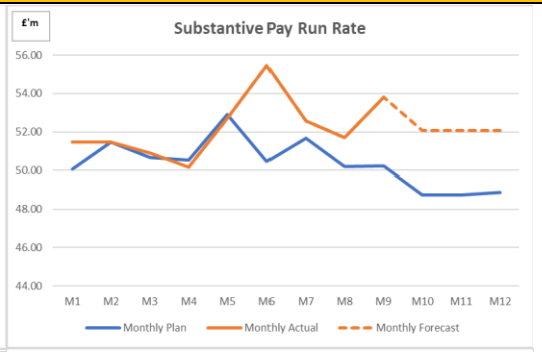
Total value
Positive variance value
Negative variance value <5%
Negative variance value >5%

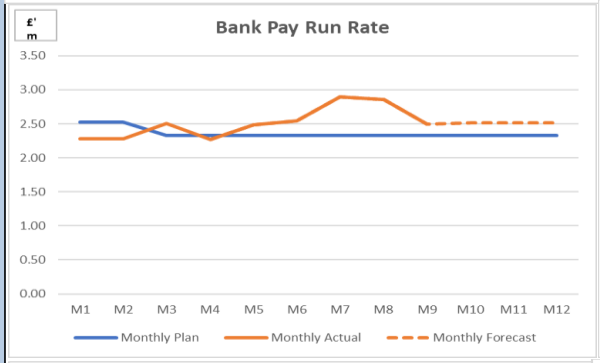
Trust Financial Tables

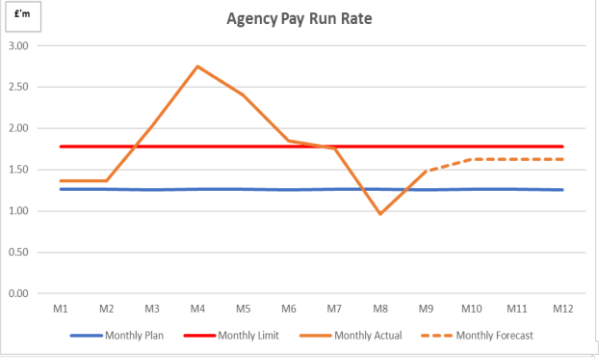
Royal Devon University Healthcare NHS Foundation Trust
Charts
Period ending 31/12/2023
Month 9

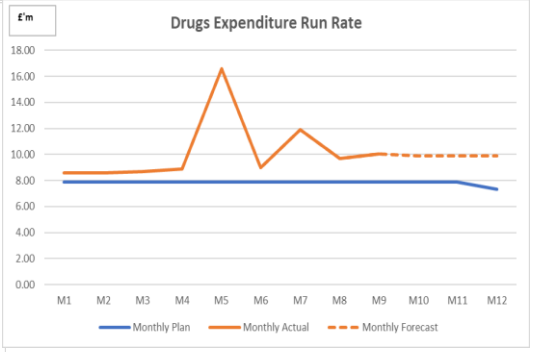


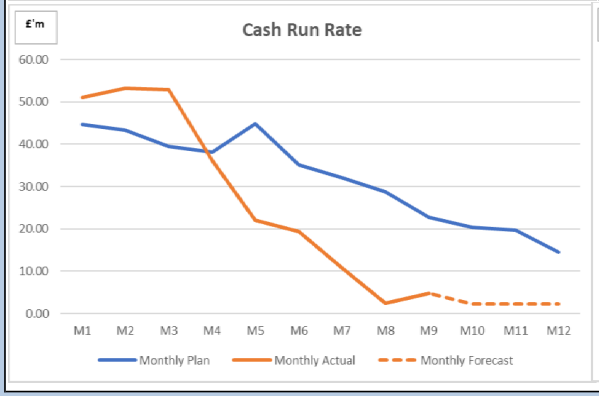


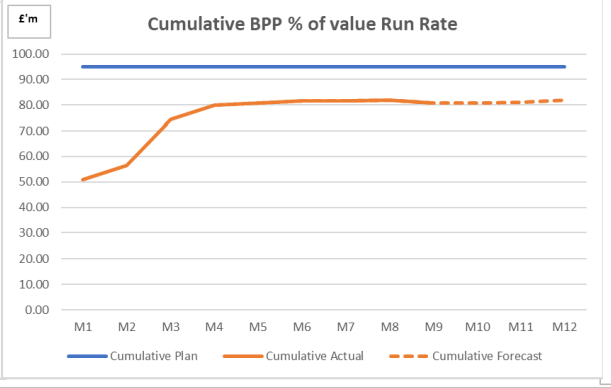












Income and Expenditure
Call to action focusing on exec level work streams to target run rate improvement across all domains to bring the run rate back towards planned levels.

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

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

Trust Financial Tables

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

KEY MOVEMENTS AGAINST BUDGET

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

The drivers of the adverse variance to plan can be summarised as follows:
(£5.1m) see below
(£2.8m) additional outsourcing and theatre ERF above plan
(£1.1m) specialling of complex patients
(£1.1m) unfunded pay award
(£2.6m) supernumery costs of International Recruitment
£1.5m over achievement of Delivering Best Value programme.

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

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

Trust Financial Tables

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

KEY MOVEMENTS

1 Slippage on capital programme forecast to recover by year end
2 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.
3 Borrowings reflects the forecast reduction in leases together with changes in classification between current and non-current.
4 The PDC increase includes capital PDC (£21.3m) and Revenue PDC support (£16.0m) to be received in quarter 4.

Trust Financial Tables

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

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

Trust Financial Tables

Royal Devon University Healthcare NHS Foundation Trust Capital Expenditure Period ending 31/12/2023 Month 9	Year to Date				Full Year Forecast		
Scheme	**Plan £'000**	**Actual £'000**	**Variance slippage / (higher) £'000**	**Open Orders £'000**	**Plan £'000**	**Actual £'000**	**Variance slippage / (higher) £'000**
Capital Funding:							
Internally funded	18,647	14,338	4,309		31,074	31,191	(117)
PDC	16,193	5,955	10,238		25,743	26,398	(655)
Donations/Grants	629	1,462	(833)		842	2,583	(1,741)
IFRS 16	15,488	3,718	11,770		15,488	10,300	5,188
Total Capital Funding	**50,956**	**25,473**	**25,483**		**73,147**	**70,472**	**2,675**
Expenditure:							
Equipment	12,119	4,075	8,044	4,054	15,528	11,186	4,342
Estates Backlog/EIP	4,390	3,170	1,220	3,104	7,371	6,779	592
Estates Developments	7,928	4,465	3,463	866	10,047	7,271	2,776
Digital	2,497	3,754	(1,257)	1,401	4,162	8,244	(4,082)
Our Future Hospital	0	687	(687)	134	0	2,941	(2,941)
ED	3,699	2,402	1,296	1,057	6,165	4,000	2,165
Cardiology Day Case	5,652	4,766	886	3,838	7,432	7,439	(7)
CDC Nightingale	3,300	227	3,073	1,795	4,400	4,416	(16)
Endoscopy	8,811	174	8,637	519	11,122	13,014	(1,892)
Diagnostics - Northern Schemes	0	0	0	0	3,797	0	3,797
Digital Capability Programme	562	102	459	214	1,123	1,590	(467)
Other	0	1,650	(1,650)	2,452	0	2,513	(2,513)
Unallocated	2,000	0	2,000	0	2,000	1,079	921
Total Capital Expenditure	**50,956**	**25,473**	**25,484**	**19,434**	**73,147**	**70,472**	**2,675**
Under/(Over) Spend	**0**	**0**	**(0)**		**0**	**0**	**0**

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

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

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

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

Trust Financial Tables

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

Delivering Best Value Finance Report Month 9		RAG	Plan £000s	Year to Date Actuals £000s	Variance £000s	Plan £000s	Forecast Delivery £000s	Variance £000s	Narrative
Internal Recurrent DBV									
Clinical Activity	Clinical Productivity - Activity		8,384	8,384	0	13,100	13,100	0	
	Data quality, coding & capture		3,750	2,438	-1,312	5,000	6,032	1,032	Slippage due to phasing differences between programme plan & identified phasing.
Corporate Services	Corporate Services - Integration		1,248	614	-634	2,000	1,272	-728	
Other Income Opportunities	Overseas visitor income		133	150	17	200	200	0	
	Other Trustwide Income		0	0	0	0	0	0	
Estate Review	Leased Estate DBV		0	367	367	200	523	323	
Workforce	Temporary Workforce		3,802	1,471	-2,331	5,200	1,471	-3,729	Agency spend currently above plan, any future agency spend reduction will be cost avoidance not DBV
	Supporting colleagues return to work		250	0	-250	500	0	-500	Route to cash is cost avoidance rather than DBV
Epic	Epic Optimisation		3,720	756	-2,964	3,101	1,029	-2,072	Detailed review of opportunities presented to DBV Governance process, expected delivery relates to admin benefit and stationary. Eastern admin delivery £239k below expectation.
	Epic Optimisation - Digital		612	89	-523	2,699	391	-2,308	Expected delivery relates to legacy systems, work ongoing to enable savings to be transacted by month 6. £396k adverse variance to expected delivery due to eastern healthcare records MOC on pause as requested by CT
Procurement	Procurement		375	86	-289	500	252	-248	Detailed review of forecast undertaken by Head of Procurement
Pharmacy	Medicines		225	988	763	300	1,567	1,267	Over delivery to be recognised against system strategic programme
Transformation	Transformation		0	0	0	400	125	-275	
Covid	Covid Costs		1,950	1,950	0	2,600	2,600	0	
Finance Adjustments	Release previous commitments made not yet drawn down		1,500	1,500	0	2,000	2,000	0	
Other Divisional DBV	Other Divisional DBV		0	267	267	0	331	331	
	Total Recurrent DBV		**25,949**	**19,060**	**-6,889**	**37,800**	**30,893**	**-6,907**	
Internal Non recurrent DBV									
Corporate Services	Corporate Services - Integration		2	377	375	0	605	605	
Other Income Opportunities	Other Trustwide Income		0	2,197	2,197	0	2,900	2,900	Capital charges income
Estate Review	Profit on disposal		0	0	0	500	0	-500	Update to DBV Board reflected no delivery expected
Estate Review	Leased Estate DBV		67	889	822	0	889	889	Non recurrent NHS Property Services & rates adjustment
Workforce	Non clinical vacancy controls		750	750	0	1,000	1,000	0	
Epic	Epic Optimisation		0	43	43	0	45	45	
Procurement	Procurement		0	90	90	0	97	97	
Pharmacy	Medicines		0	361	361	0	382	382	Over delivery to be recognised against system strategic programme
Transformation	Transformation		0	0	0	0	450	450	NR slippage against transformation budget & Genomics analyser in year benefit
Finance Adjustments	NR Balance Sheet		0	6,993	6,993	4,500	6,993	2,493	Detailed review of accruals and deferred income
	Capital charges review		0	0	0	400	400	0	
	Funding arrangements for transfer of care		375	0	-375	500	0	-500	Forecast based on projections of activity delivered to date
Other Divisional DBV	Other Divisional DBV		0	331	331	0	349	349	Various divisional delivery
	Total Non-Recurrent DBV		**1,194**	**12,031**	**10,837**	**6,900**	**14,110**	**7,210**	
	System Double Count			**-1,124**			**-1,649**		
	Total Internal DBV		**27,143**	**29,967**	**2,824**	**44,700**	**43,354**	**-1,346**	

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

Trust Financial Tables

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

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

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

Trust Financial Tables

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

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

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 6 March 2024 **Agenda item:** **9.1, Public meeting**

Title: **REPORT FROM THE COG COORDINATING COMMITTEE**

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

Background: The CoG Coordinating Committee reports to each Council of Governors meeting.

CoG Coordinating Committee Report (written by Jeff Needham, Lead Governor)
This report provides an update on the discussions and actions from the meeting of the CoG Coordinating Committee held on 17 January 2024.

The meeting was attended by Jeff Needham (Lead Governor), Shan Morgan (Trust Chair), Richard Westlake (Southern), , Angela Shore (Appointed Governor) and Sarah Delbridge (Engagement Manager). Apologies were received from Kay Foster (Eastern), Melanie Holley (Director of Governance) and Sarah Delbridge (Engagement Manager). Bernadette Coates attended to take action notes. Apologies were noted from Dale Hall (Chair Public and Membership Engagement Group (PMEG)) and Jess Newton (Head of Communications and Engagement)

The notes from the meeting on 11 October 2023 were agreed as accurate and the actions noted as per the tracker.

The following was considered:

1. **Frequency of Board of Directors meetings**

Ms Morgan updated the Committee on the discussions on the frequency of Board meetings, which included a large number of comments received from Governors. It had been decided to seek the views of the new Chief Executive and therefore it had been agreed to go ahead with meetings in January, February and March 2024.

2. **Task and Finish Groups**

Prof. Needham, as Chair of the Task and Finish groups, provided an update on the most recent meetings of the two Task and Finish groups – NED evaluation and CoG Effectiveness. Further meetings were planned, with updates due to be given to the CoG meeting on 6 March 2024.

There was also a discussion on the review of CoG documents and the preference to look at prioritising these via the CoG Effectiveness Task and Finish Group, rather than standing up a new Group. Work was underway to update the Document Review list to aid this prioritisation.

3. **Meeting Effectiveness and Agendas**

A report of feedback from Governors after the 8 November Joint CoG and Board Development Day was considered. Overall the day had gone well but many Governors felt the programme was too full. It was noted as a common theme for all meetings and the Committee agreed it needed to always consider this when planning agendas and meeting programmes. The Committee discussed more broadly the format of Development Days

and noted the growing list of topics for future meetings. It agreed to add a session to consider prioritising the topics at the CoG Development Day on 7 February 2024. The feedback from the formal CoG meeting on 22 November 2023 was also considered, with similar issues around the fullness of the agenda noted.

Agenda for the 6 March 2024 CoG meeting
The routine agendas were noted and no suggested amendments were made.

Agenda for the 16 April CoG Development Day
The agenda included a session with NHS Providers on the Governors' Code of Conduct. This was being proposed to aid with a review of the Code, ensuring it reflects people's understanding of the Governor roles, with NHS Providers able to bring in good practice from elsewhere. The session was to be confirmed once the availability of NHS Providers was ascertained. The routine Feedback from Communities session was noted and other sessions on the agenda would be confirmed in due course.

4. CoG Attendance
This is a standing item, and a report was shared with the Committee on attendance at CoG meetings in the Governor Year so far (September 2023 to date).

Recommendation: That the CoG notes the report from the CoG Coordinating Committee

Presented by: Jeff Needham, Lead Governor

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 6 March 2024 **Agenda item:** 9.1, Public meeting

Title:	**PUBLIC AND MEMBER ENGAGEMENT GROUP (PMEG) REPORT**
Author:	**Dale Hall, Northern Governor and Chair of PMEG**

Purpose: To update the Council of Governors (CoG) on the work of the PMEG

Background: PMEG reports its activities to each CoG meeting and met on 26 February 2024.

1. Introduction

Recently, in a contested election Dale Hall was re-elected as chair of PMEG while Nigel Richards became deputy chair in an uncontested election.

During the last 18 months, the PMEG meetings have been well attended by governors and members of the Communications and Engagement Team (C&ET) whose services and administrative support are appreciated.

All governors are eligible to attend meetings, but continuity of attendance is invaluable in ensuring consistent and progressive consideration of issues – so the chair is grateful for the contributions and interest of the regular attenders.

PMEG's **Terms of Reference** are to ensure that CoG represents the interests of Trust members and the wider public. Notably, PMEG's role includes *providing assurance* (evidence*)* to CoG of governor involvement in engagement activity.

An assessment of PMEG's performance is made in March each year by CoG.

2. PMEG Agendas

It is positive to report that PMEG meetings have been lengthened from 1.5 hours to two hours to allow for more contributions and better discussion, and there is now more effective collaboration between the C&ET and the chair and deputy chair in the preparation of agendas and the management of meetings.

3. Trust Website

The Trust's current website is the outcome of a complex project to merge carefully the very different websites of the two previous trusts. Because the website is such a crucial interface between the Trust and its public, on-going reviews are necessary to update and revise its content; therefore, the website will be a standing agenda item for future PMEG meetings, and it is hoped that in this way governors may contribute to its progressive evolution.

Initially, PMEG has been asked by the C&ET to focus on the website's Home Page, but it is also hoped that in future the website will more effectively inform the public about the expertise of the departments and the consultants by which they might be treated. Strikingly, the current website features governors in some detail but says little about our consultants – whereas some trusts feature their consultants far more prominently: for example, see the Royal United Hospitals Bath's website at:

https://www.ruh.nhs.uk/RNHRD/patients/services/rheumatology/team_consultants.asp

4. Members' Newsletter

The Trust's monthly email newsletter is sent to public members who have provided email addresses – that is, to 38% of the 9,133 public members; of the 3,470 people who get the newsletter, 54% open it; therefore, only about 1,874 of our members actually see the newsletter.

The 38% of members receiving the email newsletter is remarkably low. Following the last meeting, the chair has found that even in 2019 the Office of National Statistics (ONS) estimated that 86% of UK adults (16 upwards) *use email* – see:

https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2019

(In 2020 the ONS estimate was updated to 85% of adults using email, but of course that was a statistical estimate variation rather than evidence of a decline in use.)

Given evidence that 89% of adults *use the internet daily*, it is arguable that at most only 4% of internet users do not use email. In terms of internet use by different age groups, it is striking that *all* those aged 16-34 use the internet "daily or almost every day" while two-thirds (67%) of those aged 65+ use it just as frequency, and a further 10% use it "at least weekly".

Nationally, the high level of adult internet use is a good proxy for the correspondingly high level of email use. In this context, the fact that only 38% of the Trust's 9,133 members receive its monthly email is a matter worthy of further discussion in PMEG. The C&ET will also compare the Royal Devon's membership and email data with other trusts; such comparisons will be useful providing that the data for different trusts is statistically reliable.

Meanwhile, PMEG's last meeting reviewed the style and content of the January 2024 newsletter. It is pleasing to report that opinions were very favourable in terms of the range and interest of the items included (though some governors thought the newsletter includes too much 'good news' and in that way lacks balance).

As the newsletter is a key means of regular communication (albeit with only 38% of its members), it will be a standing item on PMEG's future agendas.

5. Research Ethics

There is reputation risk for all trusts if medical research ethics are not properly considered in surveys and engagement and consultation studies. In order to give CoG the assurance it requires, PMEG will continue to take an interest in, for example, patient information leaflets, informed consent forms, sampling and survey methods and the reporting of findings.

6. Members' Events

As before, two member events are planned for this year. In its previous meetings, PMEG has considered the suitability of venue locations and how meetings may be run most effectively. In its most recent meeting, PMEG considered possible topics on which the members' events might focus (a maximum of two topics per meeting) – the key issue being how best to interest and inform attending members with relevant and important topics. The possible topics mentioned were: robotic surgery; care pathways; managing A&E attendances; PALS and the new Care Opinion system; delayed discharges and discharge lounges; access to the Nightingale; genome therapy; artificial intelligence (AI) in dermatology; and community hospitals.

7. Governors' Publicity 'Flyer'/leaflet

Nigel Richards (elected governor last September and now deputy chair of PMEG) has designed a draft 'flyer' to publicise governors' roles and identities (which are on the Trust's website (but possibly rarely seen by the public)). The key features of Nigel's draft is its brevity (two-thirds A4), vividness, and flexibility (it's suitable for distribution by email or

social networks or in a paper version). The last PMEG meeting unanimously approved the initiative in principle and will consider a revised draft at its next meeting before making a recommendation to CoG. There will be no obligation on governors to use the flyers if they prefer not to do so.

8. Data Protection

Since the last PMEG report, the Sign-up Form for new members has been amended in detailed ways and the Trust has published its new Privacy Policy for the membership scheme at https://www.royaldevon.nhs.uk/about-us/information-governance/fair-collection-privacy-notice/membership-privacy-notice/.

There are 9,133 public members, many of whom were recruited a long time ago. Since the last registration exercise was conducted nearly six years ago (2018), it is appropriate to conduct a further re-registration in 2024. The introduction of the Trust's new privacy policy strengthens the case for re-registration since few members will be aware of the privacy policy because, as section 4 above showed, the Trust has email address for only 38% of its public members. A proper re-registration exercise would comply with General Data Protection Regulations (GDPR), boost the number of members' email addresses held by the Trust, and enumerate the number of members who have moved or deceased, since the total year-to-year churn of members is significant.

9. Membership Report

As a result of discussions on PMEG, the format for the next annual membership report to Cog has been simplified in helpful ways – in particular, by using percentage measures for representativeness rather than relatively obscure index figures. It is also hoped that more information will be available on a Devon-only constituency basis.

10. Next Meeting of PMEG

Monday April 22nd 2024 from 3.00 to 5.00pm.

11. Recommendation

It is recommended that CoG notes this report and endorses the work of PMEG.

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 6 March 2024 **Agenda item:** 9.1, Public meeting

Reports from: Task and Finish Groups, Patient Experience Committee and Audit Committee

1. Reports from the Task and Finish Groups

Professor Needham will provide an update at the 6 March 2024 CoG meeting on the recent meetings of the two Task and Finish Groups.

2. **Report from the Patient Experience Committee (PEC) meeting, 21 February 2024**

The PEC is a Committee of the Board of Directors, reporting to the Board via the Governance Committee. The Committee is chaired by Carole Burgoyne, Non-Executive Director. There is currently a vacancy for the Governor member of PEC following Heather Penwarden's resignation, and Rachel Noar attended the 21 February 2024 meeting on behalf of the CoG. A number of Governors observed the meeting, ahead of an election process to fill the vacancy which is soon to commence.

Due to capacity and time constraints, Mrs Noar was unable to draft a written report for the 6 March 2024 CoG meeting and has sent her apologies for the meeting. A summary of agenda items is therefore below:

- Feedback reports from:
  - Healthwatch Devon
  - CoG
  - Devon Maternity and Neonatal Voices Partnership
  - Trust Engagement and Involvement Feedback
- Patient Experience Q3 2023/24 report
- Q3 2023/24 Review of Patient Experience Workplans
- Patient Experience Operational Group Report
- CQC National Maternity Survey
- Patient Experience Policies Log
- New Trust wide Patient Communication Policy
- CQC Regulation 16 – Receiving and Acting on Complaints – Annual Review
- The Patients Association Report (November 2023): *"I love the NHS, But…" Preventing needless harms caused by poor communications in the NHS*

3. Report from the Audit Committee meeting, 26 February 2024

The Audit Committee is a Committee of the Board of Directors. It reports to the Board meeting in public after each of its meetings. Its membership comprises of NEDs and is chaired by Alastair Matthews. The CoG has elected Angela Shore as the Governor who observes the Committee. Due to the shortness of time between the Committee's meeting and reports being circulated for the CoG meeting, a written report has not been produced. Professor Shore is also an apology for the CoG meeting. A summary of agenda items is therefore below:

- Timetable for the Annual Report and Annual Accounts 2023/24
- Internal Audit Progress Report, including an update on the Children and Young People's Services Review Report
- Internal Audit's Audit and Assurance Plan 2023/24-2025/26
- Counter Fraud update report and draft Annual Plan 2024/25
- External Audit Report and Technical Update
- External Audit's Audit Plan for the 2023/24 audit

- Update on the appointment of the Trust's External Auditors
- A horizon scanning discussion – emerging issues to consider for audit and assurance work

Due to the closeness of the Audit Committee's meeting to the Board meeting on 28 February 2024, it was noted by the Audit Committee that a verbal report would be provided by Mr Matthews, with a more detailed, written report provided to the 27 March 2024 Board meeting.

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS

Meeting date: 6 March 2024 **Agenda item: 9.2, Public meeting**

Title:	**Nominations Committee Update**

Purpose:	To update the Council of Governors (CoG) on the work of the Nominations Committee.

Background:

The Nominations Committee undertakes the work on the recruitment and appraisals of the Chair and Non-Executive Directors (NEDs) for subsequent appointment and approval by the Council of Governors.

The current membership is:

- Shan Morgan, Chair of the Trust and Committee Chair
- Jeff Needham, Lead Governor, Public Governor - Northern
- Gill Greenfield, Public Governor - Southern
- Richard Westlake, Public Governor - Southern
- Kay Foster, Public Governor - Eastern
- Rachel Noar, Public Governor - Eastern
- Dale Hall, Public Governor – Northern
- Quentin Cox, Public Governor - Northern
- Simon Leepile, Staff Governor
- Angela Shore, Appointed Governor

The Deputy Lead Governor is also a member of the Committee and this post is currently vacant.

Key Issues:

The Nominations Committee met during January 2024 to undertake tasks on Chair and NED appraisals and NED reappointments. Its recommendations were presented to, and approved by, the CoG at its meeting on 23 January 2024. All appraisals were agreed as satisfactory. Alastair Matthews was re-appointed for one further year from 1 October 2024 to 30 September 2025; Bridie Kent was re-appointed for a further term of three years from 28 June 2024 to 27 June 2027. Subsequent to the meeting, the CoG approved a recommendation to re-appoint Carole Burgoyne for a period of up to six months from 28 June 2024.

The CoG also approved the Committee's recommendation that a recruitment campaign commence for a new NED, to replace Steve Kirby who leaves the Board of Directors on 31 August 2024 when his term comes to an end after seven years. Following its approval to re-appoint Mrs Burgoyne, the CoG also approved the recommendation to recruit a new NED to replace her on the Board.

The Committee met on 6 February 2024 to start its work to recruit two new NEDs. It received an update from the 31 January 2024 Board meeting. The Board discussed the 'Policy for the Composition of the NEDs on the Board' and Ms Morgan had reported to the Board the Committee and CoG discussions to seek a NED with finance experience and skills to replace Mr Kirby and a NED with experience and skills in partnership working in social care and/or mental health to replace Mrs Burgoyne. Ms Morgan said the views of

the Committee and the CoG were endorsed by the Board.

The Committee made a decision to appoint an external search agent to assist in the recruitment process and agreed a timetable that would aim to have the two new NEDs in place to join the Board on 1 September 2024. The exact details are being worked on and all Governors will be invited to take part in the hustings with the shortlisted candidates in due course. There will also be a CoG meeting arranged for the CoG to receive the recommendations for appointment.

Further updates will be provided to the CoG in due course as the recruitment process progresses.

Recommendation: That the Council of Governors note the report.

Presented by: Shan Morgan, Chair, Nominations Committee

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 6 March 2024 **Agenda Item**: **9.3, Public meeting**

Title: Update on Committee and Working Group Membership

Purpose: To update Council of Governors on the current membership of the Council of Governors' (CoG) committees and groups.

Background: The CoG has two statutory committees: the Nominations Committee and the Non-Executive Director Remuneration Committee (NEDRC). Each Committee has its own Terms of Reference which outline the membership and terms of office. Elections are held amongst the Constituency areas when vacancies arise. In addition, there is the Public and Member Engagement Group (PMEG) and the CoG Coordinating Committee. The CoG Coordinating Committee has a Terms of Reference which outlines its membership. Membership of PMEG is voluntary, with the Governors electing the Chair and Vice Chair.

An update on membership of the Committees and working groups was last presented in June 2023, since when two Task and Finish Groups have also been established. Membership of the Task and Finish Groups is voluntary.

Key Issues: A full list of Committee and working group membership is attached as Appendix A. Governors are asked to review the membership information and to highlight any additions or amendments.

Recommendation: It is recommended that the Council of Governors note the information and inform of any amendments required.

Presented by: Melanie Holley, Director of Governance

Royal Devon University Healthcare NHS Foundation Trust

Appendix A

COUNCIL OF GOVERNORS COMMITTEES & WORKING GROUP MEMBERSHIP

Lead Governor	Jeff Needham (from 27 Sept 2023 to Sept 2026)
Deputy Lead Governor	*Vacant*
Nominations Committee	Chair of the Trust (Chair of the Committee) Lead Governor – Jeff Needham (Chair of the Committee when discussing matters in relation to the Chairman of the Trust) Deputy Lead Governor – *Vacant* Gill Greenfield (Southern) Richard Westlake (Southern) Kay Foster (Eastern) Rachel Noar (Eastern) Dale Hall (Northern) Quentin Cox (Northern) Simon Leepile (Staff) Angela Shore (Appointed)
Appraisal Working Group ***(a sub-group of the Nominations Committee)***	Chair of the Trust (Chair) Senior Independent Director Nominations Committee
NED Remuneration Committee	Lead Governor – Jeff Needham (Chair) Deputy Lead Governor - *Vacant* Simon Leepile (Staff) Gill Greenfield (Southern) Dale Hall (Northern) Maurice Dunster (Eastern) Ian Hall (Appointed Governor)
CoG Co-ordinating Committee	Lead Governor – Jeff Needham (Chair of the Committee) Deputy Lead Governor – *Vacant* Chair, Public and Member Engagement Working Group – Dale Hall Staff Governor – Zoe Harris Appointed Governor – Angela Shore Public – Eastern – Kay Foster Public – Northern – Quentin Cox Public – Southern – Richard Westlake Trust Chair – Shan Morgan Director of Governance – Melanie Holley Head of Comms and Engagement – Jess Newton
Public and Membership Engagement Group	Chair – Dale Hall Vice Chair - *Vacant* Any Governor may become a member of the group by self-selection
Observer at the Audit Committee	Angela Shore (from October 2023)
Governor Member of the Patient Experience Committee	*Vacant*
Constitution Review Working Group ***(This is a task & finish group, exact membership to be decided)***	Chair of the Trust Chief Executive Mix of ED and NEDs Governors

NED evaluation Task and Finish Group
Governor members:

- Rachel Noar
- Jeff Needham (Group chair)
- Richard Westlake
- Carol McCormack-Hole

CoG Effectiveness Task and Finish Group
Governor members:

- Dale Hall
- Jeff Needham (Group chair)
- Gill Greenfield
- Carol McCormack-Hole
- George Kempton
- Catherine Bearfield
- Richard Westlake
- Avril Stone (new from February 2024)
- Sue Matthews (new from February 2024)
- Nigel Richards (new from February 2024)

Royal Devon University Healthcare NHS Foundation Trust

COUNCIL OF GOVERNORS PAPER

Meeting date: 6 March 2024 **Agenda item: 9.5, Public meeting**

Title:	**Annual Review of the Council of Governors' Schedule of Reports**

Purpose: To present the Council of Governors Schedule of Reports for 2024/25 for the CoG to consider and suggest any amendments.

Background: The schedule of reports is an aid to the drafting of the agendas for the Council of Governors meetings to ensure the CoG undertakes its business as and when it is required.

Key Issues: The CoG is asked to review the schedule in terms of the subject of any reports and their timings.

Recommendation: That the Council of Governors reviews the schedule, makes any necessary amendments and approves the schedule.

Presented by: Melanie Holley, Director of Governance

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Council of Governors Schedule of Report for 2024/25 - DRAFT

	March	June	Aug	Nov	***Frequency***
Accountability and Engagement					
CEO's public report	✓	✓	✓	✓	*Quarterly, public*
CEO Open Q&A	✓	✓	✓	✓	*Quarterly, public*
Regular NED updates	✓	✓	✓	✓	*Moved from Information to Accountability and Engagement Quarterly, reports from NEDs on a rotational basis, public*
Selection of Quality Indicator for Quality Report	✓				*Annually, as required, public*
Annual Review of the Register of Interests				✓	*Annually, public*
Performance					
Performance Report	✓	✓	✓	✓	*Every Quarter presented by Execs, public*
CoG business					
Annual Report and Accounts and Quality Report		✓	✓		*Annually (public) - update on production (June) and presentation of report (August)*
Committee Membership Update	✓				*Annually or when required, public*
Elections to CoG		✓	✓	✓	*In the lead up to elections and formal presentation of results, public*
External Assurance Report to the CoG on the Annual Report (confidential)			✓		*Annually, confidential*
NED and Chair appraisals (confidential) (provide feedback and then receive reports)			✓	✓	*Annually, confidential*
NED Remuneration Committee update	✓				*Annually, and when required (both public and confidential)*
Nominations Committee update				✓	*Annually, and when required (both public and confidential)*
Patient-Led Assessment of the Care Environment (PLACE) update					*Paused due to pandemic. Annually, from Governors involved in PLACE, (public)*
Report to the CoG on the performance of the External Auditors			✓		*Annually, public*
Working Group Progress Report	✓	✓	✓	✓	*Quarterly, public*
Stakeholder Engagement					
Feedback from Communities	✓	✓	✓	✓	Moved onto the formal agenda, under stakeholder engagement
Annual Members Meeting agenda			✓		*Annually, public*
Members Engagement Event and Annual Members Meeting report				✓	*Annually, or when required, public*
Membership report				✓	*Annually, public*
Information					
Review of Schedule of Reports	✓				*Annually, public*