

COUNCIL OF GOVERNORS MEETING IN PUBLIC

Wednesday 8 March 2023
10.15 – 12.50

**The Arlington Suite,
 The Barnstaple Hotel, Braunton Road
 Barnstaple EX31 1LE**

AGENDA

Item	Title	Presented by	Item for approval, information, noting, action or debate	Est. Time
1.	Chair Welcome and Apologies	Shan Morgan, Chair	Information	10.15 1
2.	Declaration of Governor Interests	Jacky Gott, Assistant Director of Governance	Noting	10.16 1
3.	Secretary's Notes	Jacky Gott, Assistant Director of Governance	Noting	10.17 2
4.	Chair's Remarks	Shan Morgan, Chair	Information	10.19 5
5.	Approval of the 23 November 2022 Public meeting minutes Actions Summary Check and Matters Arising	Shan Morgan, Chair	Approval	10.24 5
6.	CoG Business			
6.1	CoG Coordinating Committee and Public and Member Engagement Group reports	Heather Penwarden, Deputy Lead Governor and Chair, Public and Member Engagement Group	Information	10.29 15
6.2	CoG Committee and Working Group membership update	Jacky Gott, Assistant Director of Governance	Information	10.44 2
6.3	Annual Review of the of the CoG Schedule of Reports	Jacky Gott, Assistant Director of Governance	Approval	10.46 2
6.4	Nominations Committee update	Shan Morgan, Chair	Information	10.48 2
	Comfort Break 10.50 – 11.00			
7.	Accountability & Engagement			
7.1	Chief Executive's Public Report	Suzanne Tracey, Chief Executive	Information	11.00 20

7.2	Open Question & Answer	Suzanne Tracey, Chief Executive	Discussion	11.20 15
8.	Performance & Assurance			
8.1	Q3 2022/23 Performance Report	Adrian Harris, Chief Medical Officer	Information	11.35 45
9.	Stakeholder Engagement – <i>no reports</i>			
10.	Information			
10.1	Discussion with a Non-Executive Director	Tony Neal, Non-Executive Director and Chair of Governance Committee and Digital Committee	Discussion	12.20 30
	The next meeting of the Council of Governors is 8 June 2023, venue TBC			

Meeting closes at 12.50

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

**Held on Wednesday 23 November 2022
 Via MS Teams
 (Recorded via MS Teams)**

Present

Shan Morgan, Trust Chair

Public Governors

Eastern:

Kay Foster
 Rachel Noar
 Barbara Sweeney
 Heather Penwarden

Northern:

Annie Adcock (from minute 52.22)
 Catherine Bearfield
 James Bradley
 Dale Hall
 George Kempton
 Carol McCormack-Hole
 Jeff Needham (from minute 50.22)

Southern:

Janet Bush
 Gill Greenfield
 Richard Westlake
 Hugh Wilkins
 Elizabeth Witt (from minute 52.22)

Staff Governors:

Simon Leepile
 Tom Reynolds
 Nicky Stapleton
 Cathleen Tomlin

Appointed Governors:

Ian Hall, Devon County Council (from minute 50.22)

Apologies

Lydia Balsdon, Staff
 Catherine Bragg, Staff
 Bob Deed, Northern
 Maurice Dunster, Eastern
 Angela Shore, Appointed, University of Exeter
 Jayne Westcott, Staff

In Attendance:

Bernadette Coates, Governance Coordinator
 (minute taker)
 Chris Tidman, Deputy Chief Executive (minutes 46.22 to 51.22)
 Melanie Holley, Director of Governance
 Bridie Kent, Non-Executive Director
 Steve Kirby, Non-Executive Director
 Alastair Matthews, Non-Executive Director
 Tony Neal, Non-Executive Director
 Jess Newton, Head of Communications and Engagement
 Jim Cromwell, BSL interpreter
 Tim Griffin, BSL interpreter

Item	Minute		Action
1.	46.22	WELCOME AND APOLOGIES	
		Ms Morgan welcomed everyone to the meeting, including Mr Tidman, Professor Kent, Mr Kirby, Mr Matthews and Mr Neal as members of the Board of Directors. She welcomed all the new Governors who had joined the CoG since its last meeting, namely Lydia Balsdon, Catherine Bearfield, Catherine	

		<p>Bragg, Bob Deed, Maurice Dunster, Gill Greenfield, Dale Hall, George Kempton, Carol McCormack-Hole, Jeffrey Needham, Tom Reynolds, Nicky Stapleton, Cathleen Tomlin, Jayne Westcott and Richard Westlake. Ms Morgan said that unfortunately not all of the new Governors could attend the meeting but she looked forward to meeting them in due course. She added that Ryan Balment, who was elected uncontested in the Northern constituency (alongside Bob Deed), had since let the Trust know that, due to personal circumstances, he was not able to take up his post. A full report on the recent elections was coming later in the meeting.</p> <p>The apologies were noted as above and the meeting confirmed as quorate.</p>	
2.	47.22	ANNUAL REVIEW OF THE REGISTER OF GOVERNOR INTERESTS	
		<p>Ms Morgan presented the revised Register of Governor interests, commenting on the range of interests that Governors had and she that she looked forward to drawing on this experience. Mrs Holley said the Register had undertaken its annual review and since circulation, the following additions for Mrs McCormack-Hole had been received:</p> <ul style="list-style-type: none"> • Parish Councillor, Fremington Parish Council • Chair, Queen's Medical Centre Patient Participation Group, Barnstaple • Member, Public Stakeholder Network (PPGs in Northern Locality) • Member, North Devon Hospital Involving People Steering Group • Member, Devon County Council Joint Engagement Forum • Member, CCG Clinical Policy Engagement and Consultation Group • Member, Healthwatch Steering Group • Member, South West Outpatients transformation Group • Member, One Northern Devon <p>Mrs Holley reminded all Governors to inform her of any changes to the declared interests and to flag any interests should they arise during the course of the meeting. She said that declaration of interest forms for the Governors whose terms started earlier in the week were in the process of being completed and would be added to the Register in due course.</p> <p>Mr Kempton said he had recently resigned as a Member of NHS England and NHS Improvement's Policy Sounding Board for Older People. This was noted.</p> <p>There being no further amendments, the revised Register of Governor Interests was noted.</p>	
3.	48.22	SECRETARY'S NOTES	
		<p>Mrs Holley highlighted the following.</p> <p>The dates for the CoG meetings and Development Days in 2023 were being confirmed and would be circulated soon. She acknowledged this was later than normal and thanked everyone for their patience. She provided a reminder that the next meeting of the Board of Directors in public was Wednesday 30 November. The meeting was being held via MS Teams and the papers would be sent to the Governors with an invitation to observe.</p> <p>There being no comments or questions, the Secretary's Notes were noted.</p> <p>The Council of Governors noted the Secretary's Notes.</p>	

4.	49.22	CHAIR'S REMARKS	
		<p>Noting it was the first formal meeting for the Governors recently elected, Ms Morgan said she had met some of them at induction in October 2022 and at the Joint Board and CoG Development Day on 9 November. She hoped to meet the others in person soon. Ms Morgan commented on the meeting being held virtually and added that poor feedback had been received on hybrid meetings. She said the Trust was reviewing the venue options for future in-person meetings, taking into account COVID safety, cost and accessibility.</p> <p>Ms Morgan said that in its confidential meeting, the CoG would be considering recommendations from the Nominations Committee in relation to Non-Executive Director (NED) appraisals, a NED reappointment and the recruitment of a NED. Following that meeting, the CoG would be receiving some training and development on external and internal audit and how this provides assurance to the Trust. There was then a presentation from, and discussion with, Dr Sarah Wollaston, Chair of NHS Devon, the Devon Integration Care System (ICS). There would then be a discussion on feedback from communities, which was always valuable, and an evaluation of the day.</p> <p>Ms Morgan said a key item for the CoG on the public agenda was the proposal on the working groups. The Governors present at the meeting on 9 November 2022 had discussed this with Mrs Sweeney, Lead Governor, but it was coming for formal consideration by the CoG with the aim to lighten the burden on working groups and to keep the CoG's work on track.</p> <p>There being no comments or questions, the remarks were noted.</p> <p>The Council of Governors noted the Chair's Remarks.</p>	
5.	50.22	MINUTES OF LAST MEETING, MATTERS ARISING & ACTION SUMMARY CHECK	
		<p>The minutes of the meeting held on 17 August 2022 were approved as an accurate record subject to:</p> <p>Minute 38.22, page 8, first paragraph, fourth sentence from the end should read: '...NEDs are always asking questions and seeking assurance...'</p> <p>Minute 38.22, page 9, first paragraph, Mr Wilkins raised a query into the wording of his comments in relation to the performance report. He agreed to submit alternative wording for consideration. POST-MEETING NOTE: this wording was submitted and agreed with Ms Morgan and included in the approved minutes.</p> <p>Mr Kempton commented on the length of the minutes and asked if they could be reduced by being more focussed on agreed actions and decisions. Ms Morgan noted the comment and said this would be considered regarding being more explicit in the action points; however, she added they were a matter of public record and it was important to capture the discussions the CoG had. She said she did not believe that action or decision points only would do justice to the quality of the discussions.</p> <p><i>Prof. Needham joined the meeting.</i></p> <p>Action Summary Check</p> <p>The CoG noted the actions as per the action tracker.</p>	

		Matters Arising There were no other matters arising not covered elsewhere on the agenda.	
6.		ACCOUNTABILITY AND ENGAGEMENT – NO REPORTS	
7.		PERFORMANCE & ASSURANCE	
7.1	51.22	Q2 2022/23 PERFORMANCE REPORT	
		<p>Mr Tidman presented the report to the CoG. He said that Mrs Tracey, Chief Executive, had provided a comprehensive 'View from the Bridge' on 9 November 2022 at the Joint Board and CoG Development Day so he would provide an overview focussing on the Autumn budget statements before opening up for questions on the report. Mr Tidman said there were a number of views on the allocation of funding for next year and whether this was sufficient. The Chief Financial Officer for NHS England at a meeting earlier in the week had said it was his view it should ensure parity and the NHS was no worse off against inflation than when the original settlement was made. Mr Tidman said that the core capital funding was intact for the next three years. He said Chief Financial Officer for NHS England was not as forthcoming on the 40 new hospitals, with further information expected in the new year and so the Trust needed to be ready for it. Mr Tidman said the Government's Autumn statement also made a commitment to more funding for social care, with £500m released this week to support hospital discharge. Mr Tidman said the Trust would work with Devon County Council colleagues to ensure this made a tangible difference. Mr Tidman said the Government wanted to see improvements in Primary Care access to take pressure off Emergency Departments (ED), reducing ambulance delays and the four hour wait in A&E target. A recovery plan with milestones and measurable outcomes was required to be developed. Long waits for elective and cancer care were also to be reduced. Mr Tidman said this was to be underpinned by a strategic workforce plan based on demand and capacity for the next five years.</p> <p>Mrs McCormack-Hole asked if there was any additional provision announced for pharmacies, commenting that self-help was important in terms of people staying away from ED and she was aware of pharmacies closing or reducing services. Mr Tidman said there was a full primary care provision commitment, which included pharmacies alongside GPs.</p> <p>In terms of the Trust's performance during Q2 2022/23, Mr Tidman said it had been a challenging time, with waves of Omicron COVID-19, delayed discharges, all having an impact on operational status. He said the Trust had managed well in terms of ambulance waits but he did not want to understate the pressure on the ED and ward teams. Mr Tidman said mutual aid had been in place, with the Trust supporting other organisations in the region, for example receiving patients in order to help ambulances getting back on the road. He said when managing emergency care, the Trust also had to manage its work to reduce the long waits for elective care. The Trust's two year waits were expected by the end of year to be at zero or virtually zero. Mr Tidman said the Board was ensuring the work was being progressed at sufficient pace as part of the Trust's recovery plan. He added that cancer performance was also a real focus for the Board, at a time of increased referrals across the country.</p>	

Mr Tidman referred to the format of the Board's Integrated Performance Report, and said he was aware it was a long document. He said the key themes were drawn out in the executive overviews, which were provided in the CoG's report. He said the challenge from the Board and the NEDs was to get a better fix on the data, and ensuring the actions were clearer and in particular, developing proper trajectories for workforce, cancer care, diagnostics etc. He said that where there were no material trends or the Trust was largely achieving a target, it was important to keep the narrative as slim as possible in order to focus on the key issues.

Mr Tidman said the Board was very focussed on the number of 'Green to Go' patients. As part of this, a programme 'Home Without Delay' had been established, working with the Trust's partners to get patients home as soon as possible. In terms of Workforce, Mr Tidman said the Board was very keen the Trust developed a stronger forward look. He provided an overview of recent recruitment events, adding that the Trust had 1200 new staff in the pipeline. The Trust recognised that the region had full employment in many areas so it needed to be nimble and proactive in its recruitment and ensuring its induction processes worked as quickly as possible. Mr Tidman invited questions.

Mrs Sweeney said the Governors had met prior to the meeting and grouped their questions into themes and she would invite Governors to ask their questions.

Mrs Sweeney said there was some confusion amongst the Governors on the Trust's Reset Week and how this would help the winter pressures. She asked for assurance around how effective the plans for the forthcoming winter would be. Mr Tidman replied that the Trust had a detailed Winter Plan, knowing it would be the most challenging winter yet. The Board had spent a significant amount of time on it, with a focus on what the Trust could do to increase social care capacity, noting that a £10m investment was being made. He said the Trust had also planned for another surge in COVID-19 cases, and the impact this may have upon elective care. Mr Tidman said it was not possible to say with absolute certainty that the Trust had a complete solution to the winter pressures but he could assure the Governors it had a well-developed plan. The Board was assured about ensuring the services provided were safe, that it was being fair with its staff and that the Trust would take the opportunity where possible to reduce the long waits during the winter period. Mr Kirby added that the Reset Week was an excellent initiative and the NEDs had challenged on its sustainability; however, it had shown if the Trust operated slightly differently, it could change the dynamic of patient flow. He added that the data analysis from this work was due to be presented to the Board.

Mrs Greenfield commented on the rising number of complaints and asked if the Board was concerned by this and what learning was being taken. Mr Tidman said this had been discussed by the Board and themes had been identified, such as frustration at long waits, whether in ED or for planned treatments. He said the Executive Lead was Carolyn Mills, Chief Nursing Officer, and she would ensure that any learning would be taken.

Miss Foster referred to the use of volunteers at the Trust. The Governors were aware of an update from a recent Patient Experience Committee meeting via Mrs Penwarden and it had also been discussed at the Development Day on 9 November 2022. Miss Foster expressed frustration that this was an on-going issue where little progress had been made. She said that if it was accepted that volunteers can be useful for the nursing staff, was the Trust going to consider

someone senior being employed to drive the work. Mr Tidman said that COVID-19 had shown that the voluntary workforce could be mobilised quickly; however, having returned to business as usual, processes could take longer. Mr Tidman said the issue needed to be discussed by the Executive Directors before presenting options to the Board. Mr Matthews said he was aware that Mrs Mills was looking at the issue closely. She had recently attended a meeting of the Audit Committee at which it considered an internal audit review on volunteers. There were some concerns that some of the processes were not working as well as they should do. Mrs Mills was considering the recommendation to put leadership in place and she was keen to progress the improvements as quickly as possible. Professor Kent provided assurance that the Board acknowledged the positive impact of volunteers; however, the service needed to be carefully managed and the models may also need to be different across Eastern and Northern services.

Mrs Sweeney said the next set of questions related to mortality rates and the quality of care out of hours. Mr Kempton asked what the Board was doing to ensure the safety of patients and the quality of care was the same at weekends as on weekdays. Mr Hall added that there was evidence that the mortality rate was worse for weekend admissions in the Northern services, noting that performance was better in Eastern services. He asked if the NEDs were assured that this was not due to an absence of diagnostic services or Consultants. He said he was aware this was a national issue but asked if there was a plan to equalise standards of care across weekdays and weekends and across the Trust. Mrs Greenfield commented on the number of discharges at weekends and asked if the NEDs were assured the Trust was working towards a seven day service. She noted the increase in Grade 4 Pressure Ulcers, during August particularly, and asked if the NEDs were assured on the plan for this.

Mr Tidman agreed the issues were connected and so he would respond in the round. He said the Board recognised that the Summary Hospital-level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) provided the Trust with an indication to look into a particular area; however, key to this was the detailed clinical review of all the deaths at the Trust by the Medical Examiners. Mr Tidman said the Board received detailed reviews of mortality and there had been a spike in weekend admission mortality in the Northern services. The detailed reviews of the deaths would look at all the factors involved. In terms of seven day working, Mr Tidman said there was a push for seven day emergency care and six days for routine care. He said the Trust had adequate nursing care but fewer doctors and therapists at weekends, albeit this was improving. Mr Tidman added that some of the learning from Reset Week was that what was stepped up at weekends made a difference; however, this required staffing and funding. Turning to the comments on discharge numbers, Mr Tidman said there were fewer discharges on Saturday and Sundays, but this was not unusual. Professor Kent reassured the CoG that these were all areas which the NEDs challenged at Board. Mrs Holley said that the Board received a Learning From Deaths Report which provided a level of detail that its IPR did not, adding that the Medical Examiner role was new and the Board was still understanding the difference it made. In terms of safe staffing, Mrs Mills was the executive lead for this in terms of nursing, and the Board was provided with data. For Pressure Ulcers, the numbers had increased and not all were avoidable; however, the Trust wanted to avoid as many as possible and it was reviewing why the numbers were increasing, particularly in the community.

		<p>Moving onto staffing questions, Mrs Noar said she was pleased to hear about the Trust's recruitment drives; however, the agency and bank staff position was difficult and asked what was being done to improve this. Mr Leepile added that pre-employment checks took a long time, which caused stress to existing staff as well as to those waiting to join. He asked what was being done to improve this. Mr Tidman said the Board had considered how the Trust promotes and markets its jobs and the People Team had responded to this well. He said in terms of recruitment processes, he was aware this could take a long time and the Trust was seeking to change the time to hire from around 10 weeks to 5 or 6. Work on this would be reporting back to the Board. In terms of ward fill rates, Mr Tidman said these were scrutinised at Board. The number of vacancies were reported and the reports showed how recruiting was making a difference. Professor Kent said the Board was very aware of the impact on staff of vacancies and the time to recruit as raised by Mr Leepile, with Mr Kirby adding that both Professor Kent and Mr Matthews were forensic in their review of the fill rates at Board meetings. Professor Kent said Board members would soon be undertaking their Christmas visits and they would use these to not only thank staff but to find out how staff were feeling so they could bring this into the Board's work.</p> <p>There being no further questions, Ms Morgan thanked the CoG for the questions and the wide-ranging discussion with Mr Tidman and the NEDs.</p> <p><i>Mr Tidman left the meeting.</i></p> <p>The Council of Governors noted the Performance Report.</p>	
8.		COG BUSINESS	
8.1	52.22	COG COORDINATING COMMITTEE AND WORKING GROUPS PROGRESS REPORTS	
		<p>Ms Morgan said a report with a proposal on the working groups had been circulated and reminded those who had been present at the Development Day on 9 November 2022 of the initial discussion then. Mrs Sweeney outlined the rationale behind the proposal for those who had not been present on 9 November 2022. There had been a decline in involvement by Governors in the Working Groups and the proposal had been put together to try and take the work forward in a different way. She noted that Mr Bradley had circulated his views to the Governors and said the proposal was for discussion at the meeting and if it was agreed it was not the right one, an alternative solution would be needed. Mrs Sweeney said the previous Lead Governor, Dr Foxall, had started some of the conversations about re-thinking how the CoG did its work and she encouraged as many Governors as possible to express their views. Mrs Penwarden said it was important to note the proposal sought to keep the Public and Member Engagement Group (PMEG) in place.</p> <p>Mr Hall said he supported the proposal, as although he was new to the CoG, it sought to simplify the burden on the Governors and administrative staff. He said he could see how it brought together the CoG's work without any loss of the material issues.</p> <p>Mr Bradley said this was one of the most important issues in his eight years as a Governor the CoG had faced, given it related to how the CoG operated. He said he felt the proposal restricted Governor involvement and that it was being imposed on the CoG, rather than being the product of a collaborative piece of work amongst Governors, particularly with the recent new intake. He</p>	

added that he had not seen any evidence of why Governors had left the working groups so there was no way of knowing this proposal would increase engagement.

Mr Kempton said he supported the questions around why Governors were not engaging in the working groups. He added that he had stood for election to be a Governor as he wanted to speak on behalf of the patients of North Devon and he was not sure how the working groups would help him to make his voice heard. Mrs Sweeney said the proposal was about wanting the CoG to work more effectively, adding that there were other routes than the Groups for the Governors to make their voice heard, for example the questions asked about the performance report and the session later in the day on feedback from communities. Mrs Holley added that there were no formal exit interviews when Governors left working groups, as membership of these was voluntary; however, Governors had shared their feedback and one of the main reasons was the pandemic with many Governors not wanting to, or enjoying, meeting virtually. Mrs Holley said it was a CoG decision to make on the proposal but she would encourage Governors to make a decision on how it wants to undertake its work, with some important pieces of work currently paused.

Mr Wilkins provided feedback on some of the concerns from the CoG Effectiveness Working Group and frustrations that proposals made were not always considered or taken forward. Ms Bush added that there was consensus among Governors that the groups had lost some impetus and Dr Foxall had previously raised the issue of the Governors having the right vehicles to do their jobs properly. She said she welcomed the initiative to improve how the CoG worked. Mr Westlake said, as a new Governor, he had spoken to previous Governors to understand their concerns and he was pleased to see a proposal with a structure to consider to allow Governors to work and challenge in the right way. He said Task and Finish Groups were a good mechanism to use and he supported the proposal and that it be reviewed again in 12 months' time.

Mrs Witt and Mrs Adcock joined the meeting.

Mr Leepile noted the comments from some of the newer Governors, and as a Governor in post for just over a year, he had had to manage his expectations as to what the role was as it was quite different to other roles he had had, as a Union Representative for example. He said he found useful to learn from others and to try and be as patient as possible whilst taking time to understand the role. Miss Foster said she had been a Governor for some years and had been a member of all the working groups at some stage. She asked if they were a statutory requirement. Mrs Holley confirmed they were not, but it was how the CoG had chosen to undertake some of its work. Mrs Bearfield said that, as a new Governor, the CoG's role and its structure was not yet clear to her and in particular how CoG related to the wider health system. She was also concerned that there was not sufficient time given to ask questions or discuss issues raised during the CoG's meeting. Mrs Sweeney replied that issues related to the CoG's role in the system was important and it was a whole CoG issue, not one for the working groups. She said that all the work outlined in the working group Terms of Reference could be undertaken in a more efficient way as per the proposal. She said she believed the patient voice would likely be enhanced by the proposal as more work would be undertaken as a collective. Ms Morgan noted Mrs Bearfield's comments, adding that there was the session with Dr Wollaston later in the day and it was also important Governors had the time for questions and discussions,

		<p>particularly in its public meetings. Ms Morgan said some of the issues raised related to agenda setting and making more time for discussion. She was aware that Governors wanted to go into more depth on some topics and this would form part of agenda setting in future. Ms Morgan reminded the CoG that agendas were discussed at the CoG Coordinating Committee and so had Governor input.</p> <p><i>Cllr Hall joined the meeting.</i></p> <p>Ms Morgan brought the discussion to a close and summarised the issues. There were not enough Governors willing to take a lead on the Working Groups and the proposal aimed to take the CoG's work forward with the minimum burden possible whilst maximising Governor engagement and effectiveness that respected the collective decision making of the CoG. She said it was important to recognise that Governors had many other commitments and that the proposal sought to maximise the resource of the CoG. Ms Morgan said no function was lost in the proposal and should the CoG agree to take it forward, Governors will work together to develop it. It would be reviewed after 12 months, although this could be earlier if it was felt it was not working. The CoG agreed it had a broad consensus to move forward with the proposal and to review it again in a year's time.</p> <p>The Council of Governors agreed to move forward with the proposal related to the CoG Coordinating Committee and the Working Groups.</p>	
8.2	53.22	ELECTIONS TO THE COUNCIL OF GOVERNORS 2022	
		<p>Mrs Holley presented the report and provided an overview of the election results declared on 21 November, the full report of which had been shared with the CoG. The CoG was left with three vacancies in the Southern constituency and one vacancy in the Northern constituency. It was proposed that all the vacancies be carried forward to 2023. Mrs Holley invited comments and questions. As there were none, the CoG approved the proposal to carry the vacancies that remained forward to the routine 2023 election.</p> <p>The Council of Governors noted the Elections to the CoG 2022 Report and agreed to carry the remaining vacancies to the routine 2023 election.</p>	
8.3	54.22	REPORT FROM THE ANNUAL MEMBERS MEETING 2022	
		<p>Mrs Holley said she would take the report as read, highlighting that PMEG would review the feedback received so that it could be taken into consideration for planning the 2023 meeting.</p> <p>There being no comments or questions, the report was noted.</p> <p>The Council of Governors noted the report from the Annual Members Meeting 2022.</p>	
8.4	55.22	ANNUAL MEMBERSHIP REPORT TO THE COUNCIL OF GOVERNORS	
		<p>Mrs Newton presented the report, which had been expanded to bring the data inline with the Governor year. Noting the earlier working group discussion, Mrs Newton said that the PMEG remained key to the Governors' work and this report fed into its work. She said the report provided an overview of membership numbers, with an increase in Staff Members following the merger. There continued to be, however, a gradual decline in Public</p>	

		<p>Members. Mrs Newton said that through the PMEG, this would be reviewed in terms of a trajectory to increase numbers and how to get there. She added that the team wanted to improve the reporting and so it was working with CIVICA, the public membership database provider, on how this could be done. produce an index score for the constituencies, so we can target areas. She invited comments or questions.</p> <p>Mr Bradley said it was important to consider how the Trust attracted public members, including how to encourage them to stand for election to be a Governor. He said to this end it was important to talk to people who leave the CoG by resigning or choosing not to stand again for election, as well as asking members who attend the prospective Governor meeting why they decide not to stand for election. Mrs Holley confirmed that exit interviews were offered to those who left the CoG, with Mrs Morgan added that a significant amount of communications and engagement work had gone into the election process. She said it would be interesting to see information on how the Trust's membership compares to other Foundation Trusts and whether it was representative. Mr Bradley suggested speaking to Dr Foxall as she had undertaken a lot of work on surrounding Trusts and may have information on this. Ms Morgan asked this be taken forward as an action by Mrs Newton.</p> <p>ACTION: Work to compare the Trust's membership with that of other Foundation Trusts to be undertaken, including speaking to Dr Foxall on the work she had completed in this area.</p> <p>Mr Westlake said since becoming a Governor he had been asking people in Exeter if they were aware of membership of the Royal and the large majority were not. He had been able to promote it and some had joined but there was a general lack of interest. Noting that not everyone would be able to sign-up online, he said it was important to look at how membership was promoted. Mrs Noar said that she felt the word membership was old fashioned and if it was changed, people may see it in a different way. She said that the use of social media was also important, as was making the election nomination process simpler for people. Ms Morgan said the important comments made were noted.</p> <p>Mr Hall asked if the Trust knew why people stopped being members and if membership needed to be renewed. Mrs Newton said there was not a need to renew, and members had to opt-out once they had joined. She said there were a number of reasons for people leaving as members, including moving out of the area and sadly a number of members died each year. Mrs Newton said she had noted that more explicit data on the reason for people leaving as members would be helpful for the report. She added that she was aware that some Trusts had reduced their membership numbers and then used their members as a patient panel in a focussed way. Mrs Newton said this linked to the work the Trust and PMEG needed to do on what it wanted to achieve in terms of its membership.</p> <p>There being no further comments or questions, the report was noted.</p> <p>The Council of Governors noted the Annual Membership Report.</p>	JN
8.5	56.22	NOMINATIONS COMMITTEE UPDATE	
		<p>Ms Morgan said the report highlighted the work of the Nominations Committee, with more detail being presented in the Confidential meeting. She said it underlined the important statutory responsibilities for CoG. Ms Morgan</p>	

		<p>provided an update on the recruitment of Martin Marshall as a NED. Professor Marshall was a practising GP and it was hoped he would join the Trust in time for the November 2022 Board of Directors meeting.</p> <p>There being no comments or questions, the Report was noted.</p> <p>The Council of Governors noted the Nominations Committee Report.</p>	
9.		STAKEHOLDER ENGAGEMENT – no reports	
10.		INFORMATION	
10.1	57.22	DISCUSSION WITH A NON-EXECUTIVE DIRECTOR	
		<p>Ms Morgan thanked Mr Kirby for attending the meeting and said he had been asked to speak to the CoG about his role as Vice Chair and on his portfolio. Mr Kirby thanked the CoG for its invitation to discuss with them his role, adding that he found the CoG's feedback during the meeting incredibly helpful. He provided an overview of his background and career prior to joining the Trust as a NED. This included working for the legal administrators appointed to the Mid Staffordshire Trust. Mr Kirby said he was the Vice Chair of the Trust, Chair of the newly formed Finance and Operation Committee (FOC), established on the request of NHS England/NHS Improvement as part of the merger, Chair of the Our Future Hospitals Programme Board and Vice Chair of both the Governance Committee and Remuneration Committee. Mr Kirby said he was also the NED Maternity Safety Champion in the Eastern services and the Provider representative on the ICS's finance committee. Mr Kirby outlined the three key priorities for him as a NED, namely: 1) the balance of money and patient safety and experience. He said the Board was firm that it could not meet its financial break-even duty without compromising patient safety and experience; 2) the Our Future Hospital Programme in North Devon. Mr Kirby said this would be transformational for healthcare in North Devon and the hurdles to it were national and political. He said the Trust was hopeful it would hear shortly on the funding for the pre-development work; 3) how the NHS Devon system works together as the scale of the change needed had to be at this level. Mr Kirby added that he was looking forward to working with Professor Marshall as the new NED, as he would bring a primary care perspective to the Board. Mr Kirby said he was happy to take any questions or comments and discuss his role.</p> <p>Mr Bradley referred to the Our Future Hospitals programme and said there was likely to be restrictions on funds or a complete cessation as the Trust was in the 4th cohort and therefore at the end of the line for funding. He asked what the Trust would do if the funding was reduced or removed. Mr Kirby replied that the cohorting was not related to being at the end of the line for funding but instead related to the different types of schemes within the 40 hospitals. Some schemes were more complex than others, and the North Devon scheme was smaller as a mix of refurbishment and smaller new builds which he believed made it more attractive. Mr Kirby said that the Trust was involving the local MPs and writing to the people at the centre on the importance of the scheme in North Devon. In addition to this, Mr Kirby confirmed that the Programme Board had developed a 'no funding' scenario, adding that the Our Future Hospital scheme was a must have for the Trust.</p> <p>Miss Foster noted Mr Kirby's experience with Mid Staffs and asked why the Governors and the NEDs at the Trust did not pick up the issues. Mr Kirby said</p>	

		<p>this was a good question, asked one he asked immediately on arrival at Mid Staffs. He said there was not a culture of challenge at Board from the NEDs and also a culture that did not encourage speaking up. Mr Kirby said the drivers for safety were not in place.</p> <p>Mrs Witt asked if Mr Kirby was assured on effective communication and working with Torbay and South Devon NHSFT. Mr Kirby said it was an interesting question, and this had been recently been discussed by the Board as there is an Acute Provider Collaborative in place. He said to achieve solutions to the problems faced, i.e. capacity to do elective work not always interrupted by emergency / urgent work and get the urgency pathway working, the acute providers in Torbay and Plymouth needed to work together. Mr Kirby said there was a dynamic flow of patients now in this part of Devon, with the Trust supporting each other, for example Royal Devon taking ambulances from postcodes closer to Torbay. He added that the Chief Operating Officers meet regularly to discuss how the Trusts work together and there was now a well-established relationship in place. Ms Morgan said the Chairs of the organisations in the region also met on a monthly basis, with the Chairs of the Acute Trusts setting up separate, regular meetings. She said she knew the Chief Executives also met regularly. Ms Morgan said she had recently spent time at Torbay with its Chairman, Richard Ibbottson, to better understand how the Trust works and what its priorities were. Mrs Witt said she was concerned about how staff from the Torbay area perceive the Royal Devon and cited an example. Ms Morgan noted her comments, which she had raised before, and said these had been included by Mrs Penwarden in her recent Governor report to the Patient Experience Committee and so it had been flagged to the Trust.</p> <p>There being no further questions, the meeting was closed.</p>	
	45.22	<p>DATE OF NEXT MEETING</p> <p>The next meeting was to be confirmed.</p>	

MEETING OF THE COUNCIL OF GOVERNORS

23 November 2022

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
55.22	November 2022	Work to compare the Trust's membership with that of other Foundation Trusts to be undertaken, including speaking to Dr Foxall on the work she had completed in this area.	JN	February 2023	

Signed:

Name: Shan Morgan, Chair

MEETING OF THE COUNCIL OF GOVERNORS

23 November 2022

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
55.22	November 2022	Work to compare the Trust's membership with that of other Foundation Trusts to be undertaken, including speaking to Dr Foxall on the work she had completed in this area.	JN	March 2023	March 2023: This work is on-going.

Signed:

Name: Shan Morgan, Chair

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 March 2023

Agenda item:

6.1, Public meeting

Title: **COG COORDINATING COMMITTEE AND WORKING GROUP
REPORTS**

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

Background: The CoG Coordinating Committee and CoG working group report to each Council of Governors meeting.

1. CoG Coordinating Committee Report (written by Barbara Sweeney, Lead Governor and Chair of the Committee)

This report provides an update on the discussions and actions from the meeting of the CoG Coordinating Committee held on 11 January 2023.

The meeting was attended by Dame Shan Morgan, Heather Penwarden, Barbara Sweeney, Melanie Holley and Jess Newton, with Bernadette Coates in attendance. The focus was to support the whole CoG, especially new Governors and to tailor the Development Day on the 8 February 2023 and the CoG meeting on the 8 March 2023 to ensure that all Governors gained the maximum benefit from the days.

The notes from the meeting held on the 3 November 2023 were agreed as accurate and the actions noted as per the tracker.

With the proposals for the Working Groups accepted by CoG at its last meeting, the Committee reviewed documents to take forward those proposals, to ensure that the planned ways of working were inclusive, involving the whole CoG.

The existing Terms of Reference for the CoG Co-ordinating Committee were considered with the proposed revision circulated ahead of the Development Day on 8 February 2023, so that at that meeting, a way forward could be agreed. Membership of the CoG Co-ordinating Committee should be as representative as possible, with elections for representation from each of the three public constituencies, as well as Appointed and Staff Governors. The revised Terms of Reference are attached at Appendix 1 and the CoG are asked to consider and approve them.

Terms of Reference for Task and Finish (T and F) Groups were considered, with those used for the Constitution review group in 2021 proposed as a standard template and circulated ahead of the Development Day. Tors could then be tweaked for each T and F Group. Two T and F Groups had been identified, one to agree how to feedback on NEDs, the other to agree the Quality Priorities. Whilst both were important, the later was urgent to hit statutory deadlines and the Development Day would be used to take this forward, facilitated by NHS Providers.

The draft agendas for the Development Day on 8 February and CoG meeting on 8 March were discussed. Development Day should address the issues recently raised by Governors. The core skills session would help CoG progress its work, with plenty of time for questions and discussion. In the afternoon Jeff Chinnock, Associate Director of Policy and Partnerships, would facilitate a session on his external facing role and how the CoG

could link into this.

The Committee agreed that the final session would be on how to take forward the work discussed with Jeff Chinnock in relation to feedback from communities and how Governors should be empowered to share experiences from the wider community. This would aid Heather Penwarden as the Governor member of the Patient Experience Committee (PEC) in her feedback to PEC. The Committee was mindful not to overload the day, other important but less time critical issues would be rescheduled, e.g. a session on Equality Diversity and Inclusion.

Turning to the agenda for the CoG meeting on 8 March, it included a session on PEC in the afternoon and how Governors can get feedback from their communities to that forum. Carole Burgoyne would be invited as the NED Chair of PEC. For the Confidential agenda, there would be an item on how Governors had followed up on the discussion with Jeff Chinnock at the 8 February 2023 Development Day.

The Committee considered the last Development Day and CoG meeting. The benefits of in-person meetings was not in dispute but there was a balance, and merit in both in-person and virtual meetings to facilitate CoG business.

Finally, the Committee considered attendance, and noted that the requirement of not missing two meetings in a Governor year was not well known. The Committee asked for assurance that the Governor Handbook had been circulated to all new Governors. Given the short time between the most recent elections and meetings, it was agreed not to count absences from these meetings.

Date of future meetings:

- Wednesday 12 April 2023, 10.00-12.00 via MS Teams
- Thursday 20 July 2023, 10.00-12.00 via MS Teams
- Wednesday 11 October 2023 10.00-12.00 via MS Teams

2. Public and Member Engagement Group report (written by Heather Penwarden)

The Group met on 13 February 2023. Eight Governors were present, with members of the Engagement Team.

Items discussed –

New Governor Handbook – updated version in the pipeline taking in to account suggestions/comments from Governors following the last PMEG meeting

All Governors should now be getting electronic versions of the **Member & Stakeholder newsletter**. One Governor at this meeting had not seen last week's newsletter so this was going to be followed up.

Patient entertainment system engagement plan – the report to be circulated in due course.

Reviewed the **Terms of Reference** for this group and these are attached as Appendix 2 for the Council of Governors to consider and approve.

Elections for Chair and Vice Chair – Uncontested - Dale Hall as Chair and Heather Penwarden as Vice Chair

Membership update report including a good discussion about how we can make membership more meaningful and inclusive.

Four other Trusts were asked by Jenny Jones for information about their membership recruitment and engagement process and all had similar issues as been raised by us

including dwindling numbers of members, average age of a public member and how to truly represent the population who use the Trust both public and staff.

Some thoughts from our discussion included:

- Quality and inclusiveness of participation opportunities rather than numbers and statistical representativeness of members
- Possibility of registering “community groups” as a category of members which could then capture voices from young people, parents, people with mental health issues, patient participation groups and so on
- Need for a range of avenues for promoting the membership role and engaging with the public both digitally and for those not digitally connected.

Member Event for North Devon

At a previous PMEG meeting we had agreed to work towards holding two Member Events a year. One in Exeter prior to the Annual Members Meeting in the autumn and a second in North Devon in the Spring. We have pencilled in **Wednesday 19 April** afternoon in Barnstaple library and begun to work on the agenda and how the event will be advertised. All Governors will be invited to attend with plenty of Governor involvement hoped for on the day.

Next meeting of PMEG Tuesday 25 April 3pm

Recommendation:

- To approve the revised CoG Coordinating Committee Terms of Reference
- To approve the revised Public and Member Engagement Group Terms of Reference
- To note the reports

Presented by: Heather Penwarden, Deputy Lead Governor, and Vice Chair, Public and Member Engagement Group

APPROVED DOCUMENT COVER SHEET

Appendix 1
Item 6.1, 8 March CoG meeting

**Council of Governors Coordinating Committee
Terms of Reference**

Version:	67
Sponsor:	Director Head of Governance
Approval authority	Council of Governors
Date of approval:	3 June 2019
Date of Issue:	3 June 2019
Date of next review:	June 2022

Amends as of January 2023

Council of Governors Co-Ordinating Committee

Terms of Reference

1. Accountability

- 1.1 The Coordinating Committee is accountable to the Council of Governors (CoG). The Committee Chair~~man~~ shall report to each CoG meeting.
- 1.2 Information shall be circulated to Governors if issues arise between CoG meetings.

2. Purpose

- 2.1 The Committee will coordinate the work of the CoG and prepare and ensure that progress is made against the Governors' work plan. In particular, it will receive reports and monitor progress of the Governor Working Group(s) and Task and Finish Groups in undertaking tasks within the work plans. The Committee will also consider and facilitate (or otherwise) requests from the Governor Working Group(s) / Task and Finish Groups and CoG to vary Working Group /Task and Finish Group work plans.
- 2.2 The Committee will manage the CoG agenda and help deliver a CoG strategy the roles and responsibilities of the CoG and its work in line with the Trust Constitution.
- 2.3 The Committee will monitor and ensure feedback from Governor representatives.
- 2.4 The Committee will monitor CoG attendance and take any necessary action, as per the Trust Constitution.

3. Membership

- 3.1 The Committee will consist of:
 - Lead Governor (Committee Chair)
 - Deputy Lead Governor
 - Chair of the Public and Member Engagement Group (or its Deputy if Chair already attending)
 - Staff Governor
 - Appointed Governor
 - A Governor from each of the three Public constituencies
 - Chair of the Trust
 - Director of Governance
 - Head of Communications and Engagement

~~the Chairman of the CoG, Lead Governor, Deputy Lead Governor, the Chairs of the three Governor Working Groups, a Staff Governor representative and corporate secretarial staff. It will be supported by the Corporate Affairs Team.~~

- 3.2 The Chair~~man~~ of the Committee shall be the Lead Governor. In ~~his~~ their absence the Deputy Lead Governor will chair the meeting.
- 3.3 Other Governors may be co-opted for specific issues.

4. A Quorum

- 4.1 A quorum will consist of ~~not less than 3 Governors~~ at least half of the Governor members of the Committee and must at least include the Lead Governor or Deputy Lead Governor and the Chair of the Trust (or their Vice Chair). If the Chair or Vice

Chair of the Trust cannot be present, the Director of Governance must attend-

5. Procedures

- 5.1 The Corporate Affairs Team shall provide administrative support to the Committee. An agenda will be produced for each meeting.
- 5.2 Key decisions and actions only will be recorded. Draft action notes will be distributed to the Committee within two weeks. These will be approved by the Committee at each meeting and made available as soon as possible to the Committee .
- 5.3 Any member of CoG may raise an issue with the Committee Chair~~man~~, who will decide whether or not the issue shall be included in the Committee's business. The individual raising the matter shall be invited to attend if the matter is included in the Committee's business.

6. Frequency of Meetings

- 6.1 The Committee will meet normally every three months. Where necessary, meetings will be undertaken electronically.

7. Duties and Responsibilities

The Committee shall:

- 7.1 help manage the CoG business in liaison with the Chair~~man~~ of the CoG and the Corporate Affairs Team.
 - 7.2 ensure appropriate undertaking of its statutory duties by its Committees and Groups. It shall contribute to the effectiveness of the Trust by ensuring the CoG's appropriate undertaking of its statutory powers, holding the Board to account and ensuring that the Board takes into account the views of the Trust's stakeholders.
 - 7.3 clarify and strengthen the role of Governors and the CoG as a core component of the Trust's governance structure and enhance the effectiveness of the CoG by adopting best practice and seeking to add value to the Trust.
 - ~~7.4 enhance the effectiveness of the CoG by adopting best practice and seeking to add value to the Trust.~~
 - ~~7.5 prepare an annual business plan to be approved by CoG each year and regularly review progress to ensure its implementation.~~
 - ~~7.46~~ ensure appropriate Governor representation on ~~working Task and Finish~~ groups (other than those within the remit of the Working Group(s)) and external organisations and activities, and that those representatives provide feedback to CoG.
 - ~~7.57~~ make whatever proposals to the CoG they deem appropriate, on any area within their remit, for CoG approval.
 - ~~7.68~~ use Development Days as required to progress individual proposals~~consider agendas for CoG meetings and Development Days following feedback from Governors.~~
 - ~~7.7~~ undertake its role in alleged breaches of the Governors' Code of Conduct as stated in the 'Standard Operating Procedure for the Process for Alleged Breach of the Governors Code of Conduct'.
 - ~~7.8~~ monitor Governor attendance at Council of Governors meetings as stated in the Trust Constitution (paragraph 23.3).
- ## **8. Review**
- ~~8.1 A full assessment on the progress of the Committee and the Annual Business Plan~~

~~will take place each year.~~ The Committee will undertake an annual assessment of its effectiveness and share the outcome with the Council of Governors.

- 8.2 The Committee's Terms of Reference will be reviewed every three years.

ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST

**Public and Member Engagement Group
Terms of Reference**

Version:	1
Sponsor:	Director of Governance
Approval authority	Council of Governors
Date of approval:	TBC
Date of Issue:	TBC
Date of next review:	TBC

Public and Member Engagement Group

Terms of Reference

1. Accountability

- 1.1 The Public and Member Engagement Group is accountable to the Council of Governors (Council). The Group Chair or Vice Chair shall report to the Coordinating Committee and at each Council meeting.

2. Purpose

- 1.2 The group's overall purpose is to:
- ensure that the Council of Governors is meeting its duty to represent the interests of the members of the Trust and of the wider public.

Working with the Trust's communications and engagement team, this group will:

- Contribute to the development of the Trust's objectives and activity for public and membership engagement
- Provide a Governor perspective to the planning, implementation and evaluation of engagement activities and events
- Provide assurance to the wider Council of Governors on Governor involvement in engagement activity
- Advise the Trust on the support and tools Governors need to be effective representatives

3. Membership

- 3.1. Any Governor may become a member of the group by self-selection. If the membership of the group exceeds ten, a specific membership may be established at the discretion of the Chair of the group.
- 3.2. The Chair and Vice Chair of the group shall be elected/re-elected each year by the group at the second group meeting in the Governor year and may hold office for up to three years.
- 3.3. In the event of the Chair standing down during their time in office, the Vice Chair will act as Chair until the next routine round of elections. This period of acting Chair will not count as part of their three years.
- 3.4. Individual Governors or Trust staff may be co-opted for specific projects.

4. Duties and Responsibilities

- 3.1 The group shall promptly undertake tasks within their remit and regularly report progress to the Coordinating Committee and Council of Governors, either at meetings, including where appropriate development days, or by circulating papers.
- 3.2 The Group shall make whatever proposals to the CoG they deem appropriate, for CoG approval.

5. Frequency of Meetings

- 4.1 Meetings will be held as determined by the Group in order to facilitate its business, with a minimum of six meetings each Governor year (once every couple of months).
- 4.2 One meeting will be held within three months following the election of new Governors, which new Governors will be invited to attend.
- 4.2. Meetings may be held and papers circulated by electronic means.

6. Quorum

- 5.1 A quorum will consist of at least three people present, and Governor attendance being at least equal to or greater than attendance from the communications and engagement team.

7. Procedures

- 6.1 The communications and engagement team will provide administrative support to the Public and Member Engagement Group.
- 6.2 Key decisions and actions only will be recorded. Draft action notes will be distributed to the Group normally within two weeks from the date of the meeting. These will be approved by the appropriate Group Chair and made available via e-mail.
- 6.3 Any member of the Council of Governors may raise an issue with the Group Chair, who will decide whether or not the issue shall be included in the Group's business. If an issue, submitted to the Chair of a Group, is not accepted, the individual may take the matter to the Lead Governor/Deputy Lead Governor, for the matter to be considered for inclusion. If the issue is accepted, the individual raising the issue shall be invited to attend the next Group meeting.

8. Review

- 7.1 A full assessment on the progress of the Public and Member Engagement Group will take place in March each year by the Council of Governors.

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 March 2023

Agenda Item: 6.2, Public meeting

Title: COMMITTEE AND WORKING GROUP MEMBERSHIP

Purpose: To update Council of Governors on the current membership of the Council of Governors' (CoG) committees and working 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 state the membership and terms of office. Elections are held amongst the Constituency areas when vacancies arise. In addition, the CoG has the Public and Member Engagement Group (PMEG) which reports to CoG via the CoG Coordinating Committee. The CoG Coordinating Committee has a Terms of Reference which outlines its membership. Membership of PMEG is voluntary, with the Group electing its own Chair and Vice Chair.

An update on membership of the Committees and working groups was last presented in February 2022.

Key Issues:

A full list of Committee and working group membership is attached as Appendix A, with the following specifically highlighted to the Council due to recent changes in membership. Governors are asked to review the membership information and to highlight any additions or amendments.

Nominations Committee membership

There is a vacancy on the Committee for a Public Governor – Northern constituency. Following the completion of the current Non-Executive Director recruitment campaign, a process will be undertaken to fill this vacancy.

NED Remuneration Committee

There are a number of vacancies on this Committee: Staff Governor, and Public Governors from the Northern and Eastern constituencies. A process will be undertaken to fill these.

CoG Coordinating Committee

The Committee has recently reviewed its Terms of Reference and added to the membership. The Terms of Reference are being presented to CoG elsewhere on the agenda for the 8 March 2023 meeting. If these are approved, a process to fill the membership will be undertaken.

Public and Member Working Group

Following an open election process, the Group has recently confirmed its Chair as Dale Hall and Vice Chair as Heather Penwarden. Any Governor may become a member of the group by self-selection

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

Presented by: Jacky Gott, Assistant Director of Governance

Item 6.2, CoG Public meeting 8 March 2023
Appendix A

COUNCIL OF GOVERNORS COMMITTEES & WORKING GROUP MEMBERSHIP

Lead Governor	Barbara Sweeney (from Sept 2022 to Sept 2023)
Deputy Lead Governor	Heather Penwarden (from Sept 2022 to Sept 2023)
Nominations Committee	Chair of the Trust (Chair of the Committee) Lead Governor – Barbara Sweeney (Chair of the Committee when discussing matters in relation to the Chairman of the Trust) Deputy Lead Governor – Heather Penwarden Gill Greenfield (Southern) Hugh Wilkins (Southern) Kay Foster (Eastern) Rachel Noar (Eastern) Dale Hall (Northern) <i>Vacant</i> (Northern) Simon Leepile (Staff) Angela Shore (Appointed) (Ian Hall deputising whilst Angela away til Feb 2023)
Appraisal Working Group <i>(a sub-group of the Nominations Committee)</i>	Chair of the Trust (Chair) Senior Independent Director Nominations Committee
NED Remuneration Committee	Lead Governor – Barbara Sweeney (Chair) Deputy Lead Governor – Heather Penwarden <i>Vacant</i> (Staff) Liz Witt (Southern) <i>Vacant</i> (Northern) <i>Vacant</i> (Eastern) Ian Hall (Appointed Governor)
COG Co-ordinating Committee	Trust Chair – Shan Morgan Lead Governor – Barbara Sweeney (Chair) Deputy Lead Governor – Heather Penwarden Chair, Public & Member Engagement Working Group – Dale Hall Staff Governor – <i>Vacant</i> Appointed Governor – <i>Vacant</i> 3 Public Governors – <i>Vacant</i> - one from each Constituency if the revised ToR are approved Director of Governance – Melanie Holley Head of Comms and Engagement – Jess Newton
Public & Membership Engagement Group	Chair – Dale Hall Vice Chair - Heather Penwarden Any Governor may become a member of the group by self-selection
Observer at the Audit Committee	Barbara Sweeney
Constitution Review Working Group <i>(This is a task & finish group, exact membership to be decided)</i>	Chair of the Trust Chief Executive Mix of ED and NEDs Governors

COUNCIL OF GOVERNORS PAPER

Meeting date: 8 March 2023

Agenda item: 6.3, Public meeting

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

Purpose: To present the Council of Governors Schedule of Reports for 2023/24 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: Jacky Gott, Assistant Director of Governance

Council of Governors REPORTS SCHEDULE for 2023/24 (draft presented to CoG on 08/03/2023)

	Feb/March	June	Aug	Nov	Frequency
Accountability and Engagement					
CEO's public report	✓	✓	✓	✓	Quarterly, public
Open Q&A	✓	✓	✓	✓	Quarterly, 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 & 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 Quality 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					
Annual Members Meeting agenda			✓		Annually, public
Members Say and Annual Members Meeting report				✓	Annually, or when required, public
Membership report				✓	Annually, public
Information					
Regular NED updates	✓	✓	✓	✓	Quarterly, reports from NEDs on a rotational basis, public
Review of Schedule of Reports	✓				Annually, public

COUNCIL OF GOVERNORS

Meeting date: 8 March 2023

Agenda item: 6.4, Public meeting

Title: Nominations Committee Update

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

Key Issues:

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:

- Chair of the Trust – Shan Morgan
- Barbara Sweeney, Lead Governor, Public Governor - Eastern
- Heather Penwarden, Deputy Lead Governor, Public Governor - Eastern
- Gill Greenfield, Public Governor - Southern
- Hugh Wilkins, Public Governor - Southern
- Kay Foster, Public Governor - Eastern
- Rachel Noar, Public Governor - Eastern
- Dale Hall, Public Governor - Northern
- Simon Leepile, Staff Governor
- Ian Hall, Appointed Governor

Since the last report to the CoG at its November 2022 meeting, the Committee has met a number of times to progress the recruitment for a new NED. Candidate hustings took place on 28 February 2023 and the interviews on 1 March 2023. Thank you to all who participated in the hustings and interview process.

At the time of writing, a CoG meeting to consider the recommendation of the Nominations Committee is due to take place on 2 March 2023. Due to the confidential nature of all this work, a further update will be provided in the CoG's Confidential meeting on 8 March 2023.

Recommendation: For information.

Presented by: Shan Morgan, Chair, Nominations Committee

Agenda item:	8.1, Public Council of Governors meeting	Date: 8 March 2023
Title:	Q3 2022/23 Performance Report	
Presented by:	Adrian Harris, Chief Medical Officer	
Summary:	<p>The purpose of this report is to provide the Council of Governors with an overview of the Royal Devon's performance in Quarter 3 2022/23 (October to December 2022). It is compiled from Integrated Performance Reports (IPR) presented to the Board of Directors at its meetings in public.</p> <p>This report combines the full Integrated Performance Report (IPR) presented to the January 2023 Board meeting (reflecting on December 2022 performance) with the Executive Overview from the November 2022 Board meeting (reflecting on October 2022 performance). Please note in the absence of a Board meeting in December 2022, a report (reflecting on November 2022 performance) was not produced.</p> <p>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.</p> <p>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.</p> <p>https://royaldevon.nhs.uk/about-us/board-of-directors/board-meetings-papers-minutes/</p> <p>The Council is requested to consider the content of this report.</p>	

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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 Thromboembolism
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 Board – October 2022

Forward look

This report focuses on the reporting month of October which remained challenging for the Trust (as it proved for the whole of the NHS in England). However, it was also a month when the organisation: continued to make significant steps forward on long waits activity through the initiation of the NHSEI 10 week challenge; provided mutual aid to our Trust neighbours through a change to catchment area; and achieved an improvement in unscheduled care performance through our “reset programme”. In November, the acceleration of long wait activity sees us at the time of writing with less than 200 patients waiting over 2 years for surgery (from 950 patients in February); continuing to hold our ambulance waits at lower than peer average despite catchment adjustment; and for the most part strengthening our approach to holding our elective ringfences by maintaining hospital flow.

Despite our improvements, we remain as a Tier 1 Trust for Elective Recovery and we have received a significant set of challenges from NHSEI to improve our data validation and reporting across key service domains including Cancer services. The data and quality section of the IPR demonstrates a commitment to providing robust assurance as we transition from EPR implementation to BAU data management and reporting. The need for this robust approach has been underlined by the Board self-assessment of its governance for elective and cancer recovery.

Recovering for the Future

In terms of **urgent and emergency care** the organisation continued to face significant pressure in October. Despite the increase in attendances on both sites and the 72 diverts provided to neighbouring Trusts, **four hour performance improved** across both sites. Ambulance handover worsened for both sites in month, which was to be expected given the support provided to neighbouring Trusts, but actually still remained better than peer average. Part of the reason for maintaining this relatively positive position was that the **reset programme** freed 67 beds across the two sites; reduced ED hours waited by 556; improved lunchtime discharges by 75%; and saw 33 fewer complex long stay patients. This allowed **elective ring fences** to be maintained on both sites – a fundamental enabler for the **Winter Plan** as it initiates. The operational and transformation teams collaborated strongly to deliver the reset and the intention is that this discipline be repeated at key points during Winter.

Elective recovery continues to be a huge focus and this increased further in October with the establishment of the NHSEI supported **10 week challenge and long term elective recovery plan**. The Finance and Operational Committee will receive detailed updates on the development and delivery of the plan, but all elements of the plan are currently green or amber rated for both sites. The combined trajectory for 104 week waits should result in **179 patients over 104 weeks waiting at end of November**; and the completion of MBI validation in Northern Services will enable a further improvement trajectory to year end from its current combined position of **1518 (against a planned position of 1650) patients waiting over 78 weeks**. Whilst we have a challenging starting position, the organisation clearly now has momentum in tackling the backlog position and a commitment to achieving 0 104 week waiting patients by end of March '23. The Nightingale continues to provide an important complement to both sites in terms of Trauma and Orthopaedics which is at the heart of our challenge. The first foot and ankle surgeries have taken place in November and by the **end of December the Nightingale site will be at 75% utilisation on behalf of the Devon System**.

Overview – Executive Themes and Actions to Raise at Board – October 2022

Cancer performance also remains an area for distinct focus and whilst the majority of key indicators show a small performance improvement in month, the IPR sets out the **urgent recovery plans** in place for dermatology, colorectal, urology, gynaecology and oncology which will require significant cross site and Trust working. As referenced in the data quality section, the **reporting issues that we have encountered in Northern and Eastern Cancer Services will require an external review of our Cancer Patient Tracking List** and this has now been commissioned from MBI with independent support and oversight also to be provided by NHSEI IST. To support us in this work we will receive the formal report from our **invited national Cancer Services review** which took place on the 14/15th November. A notable opportunity for us to continue improving Cancer performance is through the national approval received of the business case for **Nightingale Community Diagnostic Centre (£37m revenue and £10m capital)**.

The pressure on the **finance position** of both the Trust and the wider Devon ICS remains equally as challenging with a number of cost pressures having to be absorbed into the position such as rising energy prices, shortfalls on pay inflation funding and changes in the funding regime which negate our ability to earn additional income for cohorts of activity. Alongside this there is a **shortfall in delivering the savings programme** for the year – the majority of which is due to loss of productivity improvement relating to the operational challenges set out, but also a shortfall in the expected annual cost efficiencies. As the Trust's implied productivity is benchmarking in line with the SW regional average, it can be seen that these pressures are being seen across the country. Cost pressures are currently being managed through non recurrent means in the year to date position, **and after noting a number of risks that now total £3m, our current forecast outturn remains at a £18m deficit, in line with our 22/23 plan**. The senior leadership team remain committed to achieve our financial plan over the next five months through to year-end.

Collaborating in Partnership

The **Help People Home Without Delay** programme continued to drive at improving patient discharge to home with social care support throughout October. Whilst demand pressure continued to increase during the course of the month, it is clear that the **programme was beginning to grip** with bed availability slowly increasing and the UCR/SWAST pathway showing promising signs of progress. As we have entered November, the average daily number of medically fit to discharge patient numbers has started to reduce on both sites and we intend that our time to transfer will continue to improve as we have brought the community teams under a single integrated Division as a prioritised Winter pilot.

We have invited social care colleagues to join our Board Development session in December to explore how we can improve our joint planning processes, in the light of the recently announced NHS and social care settlement as part of the Autumn statement.

Overview – Executive Themes and Actions to Raise at Board – October 2022

Excellence and Innovation in Patient Care

It is important to triangulate the performance with the quality metrics to identify any trends that may show a consequence of the continued pressures the Trust is facing. **There has been an increase in complaints during October** for both sites, but the introduction of a new action plan has started to improve response times at the end of Q2. There were three Serious Incidents reported in Northern Services and **two Never Events in Eastern Services** which are now under investigative review (initial review does not suggest that there has been a pattern from previous incidents). Follow up reporting will be provided in relation to the Never Events in the next Board cycle.

Whilst Infection control data is above target, it is not outside tolerances for this time of year; and **SHMI data is also within expected range**.

A Great Place to Work

The **workforce metrics** continue to indicate the pressures being felt by our people. **General sickness continued to increase across both sites in October** in line with seasonal trends, although notably COVID related absence on both sites remained low. The impact of this alongside operational pressures on clinical services resulted in an increased reliance on bank and agency staff.

Recruitment events are proving successful in recruiting high volumes of staff, particularly in the areas most challenged by high turnover. Overseas recruitment is also making a significant contribution to our nursing numbers. Welcome, onboarding and retention activity is included as part of accelerating filling our vacancies programme and it is expected that this targeted work will reduce attrition over time. It is encouraging to see the reduction in turnover rates for Eastern services.

This IPR also includes the second **Cultural Dashboard for Royal Devon**, which is still an evolving data set both in our Trust and the wider ICS – further scrutiny will be applied to this dataset as it develops.

Finally, we should register that during the week of 17th October the organisation held **Team Royal Devon week** which celebrated and engaged our staff through nearly 60 online and in-person events, workshops and information sessions – over 550 staff attended. We learnt a great deal from the week and it was a great opportunity to thank our staff for everything that they are doing for our patients on a daily basis during these exceptional times. Alongside these thoughts for our staff, we note with concern the **potential for industrial action** in December and are therefore diligently preparing our contingency plans for December.

Data Quality and reporting

Diagnostics (Northern): As reported previously, the implementation of the new EPR for Northern services in July resulted in some reporting issues, which have affected both external reporting and inclusion within the IPR. A number of these issues have been resolved but there is a remaining issue relating to elements of Diagnostic reporting. Concerns remain in relation to Cardio-respiratory, audiology and Endoscopy activity and waiting list position regarding the capture of all relevant activity. Specific modality task and finish groups are in operation and making progress, but this is not yet resolved.

Cancer waiting times (both sites): a technical adjustment was implemented in-month to support cancer reporting, which automatically closed cancer pathways if a specific outcome was selected by the user. It has subsequently been identified that a small number (c.1%) of these pathway closures were incorrect, which has resulted in the pathways affected being re-opened and manually validated. The root cause of this issue has been identified and a remedial plan was immediately implemented, but this issue has created a fluctuation in weekly cancer reporting at a time when performance is under particular scrutiny. Whilst this specific issue is being actively resolved through validation, external assurance is being planned to perform a detailed assurance review of the Cancer PTL.

RTT / waiting list reporting (both sites): the Board will be aware of recent issues with RTT reporting and the capture / completeness of incomplete pathways, which prompted a detailed review / support from the NHS Elective Support Team, followed by external validation support focusing on long waits in May '22. This work has been successful at gaining assurance over the reported position of long waits and processes to identify further data quality issues at source. Whilst the recent focus has been on validation of the longest waiting patients, work has now moved to focus on the algorithms for patients on multiple pathways and the removal of duplicate pathways. Specific groups have been tasked with addressing these actions, and there is confidence of positive resolution by the end of the calendar year. In order to ensure complete confidence with external stakeholders the IST team from NHSEI will provide some oversight on the final approach to data extraction from our EPR.

There is recognition from the Executive team that improvements are required in relation to **end-to-end data quality, from user input, to EPR configuration, through to reporting extracts**. The Trust has recently engaged external support from HCI with a focus on both immediate improvements that can be made and the development of a comprehensive data strategy. Data infrastructure and data quality are integral to this programme of work and the outcomes will be reported in the coming iteration. Given the important moment that we are at in moving from post EPIC implementation to business as usual the following arrangements will be in place over the next few months:

- An **Executive led task and finish** (CFO, CMO, COO) to provide oversight on all major data activities in order to assure the Board and external stakeholders that we are on track from EPRR implementation to BAU reporting and performance;
- A **COO led set of activities** that build on NHSEI IST and MBI ongoing work in elective activity and ensure the completion of the original plan; and a similar roll out of actions in cancer services through a further commission with NHSEI IST and MBI; and
- An **Executive led (CFO, CMO, COO) continuation to point of delivery of the HCI review** and real time improvement activities as commissioned to provide medium to long term improvement of whole organisation data management and reporting.

Board Scorecard – Looking to the Future – October 2022

Successes

- Approval given for the £10m capital and £37m revenue investment in Community Diagnostic Centre at the Nightingale Hospital.
- Continued recognition of the Devon system partnership work at the Nightingale Hospital.
- Recruitment plans are showing positive results.
- Mutual aid offered to neighbouring Trusts, whilst maintaining ambulance handover and elective ringfences.
- Retrospective WLMDS cancer submission made for Northern Services back to point of EPIC implementation.

Opportunities

- Insourcing & outsourcing and mutual aid capacity to further reduce long waiters in October and through to March '23.
- Initiation of the Winter Plan.
- Integration of 8 high priority services at our Northern services and development of our integrated Medicine business case.
- Elective recovery 10 week challenge to provide extra support/impetus coupled with national GIRFT programme; and development of long term elective recovery plan.
- Board assurance oversight on elective and cancer recovery.
- Invited national cancer visit report before Christmas.
- Maximising the use of the protected elective care at the Nightingale through theatre staffing, insourcing and new services.

Priorities

- Staff Health and Wellbeing.
- Urgent validation work on long elective and cancer waits with NHSEI IST / MBI and continued focus on 104 ww.
- Industrial action contingency plan.
- Winter Plan and Help People Home Without Delay (social care partnership).
- Pipeline for recruitment processes to fast-track new starters.
- Delivering Best Value to meet financial plan.
- Launching the Trust's transformation approach.

Risk/Threats

- Staff Morale with constant pressure and cost of living challenges.
- Loss of national/regional confidence in reporting due to data quality issues following EPIC installation.
- Potential Industrial action.
- Staffing resilience – Medical Staff (Northern) / nursing / HCA / ancillary.
- Further COVID waves anticipated.
- Green to Go Patient delays to placement.
- Clearing the Northern Services Dermatology Cancer backlog and ensuring overall plan for 62 day waits delivers sustained improvement.
- Inability to hit Board agreed financial target.

Northern Services Executive Summary – October 2022

Northern Services Operational Performance Dashboard

Domain	Measure/metric	Definition	Last Month Sep-22	This Month Oct-22	Vs prior month	Planned %	National target
ELECTIVE ACTIVITY	Referrals	<i>Vs baseline (2019/20)</i>				N/A	N/A
	Outpatient activity (New)	<i>Vs baseline (2019/20)</i>	114.0%	110.0%	-4.0%	73.4%	104%
	Outpatient activity (FU)	<i>Vs baseline (2019/20)</i>	109.3%	102.9%	-6.3%	71.8%	75%
	Outpatient virtual (% of total)	% of total OP activity					25%
	Elective inpatient activity	<i>Vs baseline (2019/20)</i>	58.1%	51.3%	-6.9%	115.6%	104%
	Elective daycase activity	<i>Vs baseline (2019/20)</i>	81.7%	79.4%	-2.3%	89.5%	104%
	RTT 18 week performance	<i>Patients seen < 18 weeks vs total incomplete pathways</i>	49.9%	50.4%	0.5%		92%
	Incomplete pathways	<i>Total count</i>	25205	25698	2.0%		
	RTT 52+ weeks waited	<i>Total count</i>	3137	3246	3.5%		
	RTT 78+ weeks waited	<i>Total count</i>	533	582	9.2%		
	RTT 104+ weeks waited	<i>Total count</i>	16	18	12.5%		
CANCER	2 week referrals	<i>Performance</i>	63.23%	63.50%	0.3%		
	28 day faster diagnosis standard	<i>Performance</i>	34.31%	41.83%	7.5%		75%
	Urgent GP referral 62 day	<i>Performance</i>					85%

Domain	Measure/metric	Definition	Last Month Sep-22	This Month Oct-22	Vs prior month	Planned %	National target
URGENT CARE	Non-elective inpatient activity +LOS	<i>Vs baseline (2019/20)</i>	96.1%	89.1%	-7.0%	96.7%	
	A&E attendances	<i>Total count</i>	4370	4507	2.9%	99.3%	
	4 hour wait performance	<i>Patients seen < 4 hours vs total attendances</i>	50.9%	54.4%	3.5%		95%
	Ambulance handover delays > 30 minutes	<i>Total count</i>	249	316	26.9%		
	Average daily number of patients waiting and ready for discharge	<i>Total count</i>					
	Average daily number of patients delayed as awaiting community assessment / referral / bed	<i>Total count</i>					
	Average daily number of patients delayed as awaiting resource / assessment to start care at home	<i>Total count</i>					
	Average daily number of patients delayed as awaiting residential / nursing home bed	<i>Total count</i>					
DIAGNOSTICS	6 week wait referral to diagnostic test	<i>Referral diagnostic tests completed in 6 weeks</i>	38.0%	44.0%	6.0%	N/A	99%
	MRI activity	<i>Vs baseline (2019/20)</i>	96.9%	100.9%	4.0%	110.6%	
	CT activity	<i>Vs baseline (2019/20)</i>	113.9%	110.3%	-3.6%	120.1%	
	Medical Endoscopy activity	<i>Vs baseline (2019/20)</i>	110.3%	102.4%	-8.0%	154.0%	
	Non-obstetric ultrasound activity	<i>Vs baseline (2019/20)</i>	108.2%	93.8%	-14.3%	109.4%	
	Echocardiography activity	<i>Vs baseline (2019/20)</i>	43.0%	54.1%	11.1%	18.7%	

Positive value
Negative value < 5%
Negative value > 5%

Eastern Services Executive Summary – October 2022

Eastern Services

Operational Performance Dashboard

Domain	Measure/Metric	Definition	Last Month Sep-22	This Month Oct-22	vs Prior month	Planned %	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	81.6%	77.3%	-4.3%	100.0%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	139.9%	129.5%	-10.4%	88.3%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	75.8%	67.3%	-8.5%	110.1%	104%
	Elective Daycase Activity	vs baseline (2019/20)	92.9%	91.6%	-1.4%	117.0%	104%
	RTT 18 Week performance	Patients seen < 18 weeks vs total incomplete pathways	54.9%	56.4%	1.5%		92%
	Incomplete Pathways	Total count	56556	57579	1.8%		
	RTT 52 Weeks waited	Total count	5034	5074	0.8%		
	RTT 78 Weeks waited	Total count	1023	952	-6.9%		
	RTT 104 Weeks waited	Total count	262	250	-4.6%		
CANCER	14 Day Urgent	Performance	40.9%	48.3%	7.4%		93%
	28 day faster diagnosis standard	Performance	65.0%	59.4%	-5.7%		75%
	Urgent GP referral 62 day	Performance	58.9%	73.5%	14.6%		85%

Positive value

Negative value < 5%

Negative value > 5%

Domain	Measure/Metric	Definition	Last Month Sep-22	This Month Oct-22	vs Prior month	Planned %	National target
URGENT CARE	Non-elective Inpatient activity +1 LOS	Vs baseline (2019/20)	98.2%	97.7%	-0.5%	106.60%	
	A&E attendances	Total count	9800	10832	10.5%	110.6%	
	4 hour wait performance	Patients seen < 4hrs vs total attendances	59.1%	59.6%	0.5%		95%
	Ambulance handover delays > 30 mins	Total count	309	399	22.6%		
	Daily Average Green (Medically Fit) Transfer List	Total count	98	98	0.0%		
	Volume of Average Daily Completed Transfers	Total count	10.2	11.4	10.5%		
	Average Time to Transfer (Medically Fit to Discharge) – All Transfers	Total count	5.4	5.2	-3.8%		
	Average Weekly Hours Requiring Personal Care Backfill	Total count	1082	1005	-7.1%		
	UCR: Referrals	Total count	619	791	21.7%		
	UCR: Length of Stay on Caseload	Total count	16.0	16.0	0.0%		
DIAGNOSTICS	6 week wait referral to diagnostic test	% of diagnostic tests completed in 6 weeks	63.2%	64.4%	1.2%		99%
	MRI activity	vs 19/20 baseline	105.5%	101.4%	-4.0%	107.4%	
	CT activity	vs 19/20 baseline	106.7%	103.1%	-3.6%	105.1%	
	Medical Endoscopy activity	vs 19/20 baseline	115.4%	122.1%	6.7%	125.7%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	110.7%	115.4%	4.7%	103.5%	
	Echocardiography activity	vs 19/20 baseline	176.4%	175.5%	-0.8%	112.7%	

Northern Services

Patient Flow Diagnostic

Patient Flow Diagnostics 2022-2023
Data: August, September & October 2022

Triangulated performance improvement

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

Primary Care

Face to Face
 68.1% in Oct
 (66.1% in Sep)
 Data in arrears

111

Abandonment
 17.5% calls in
 Oct (26.40% in
 Sep)

Dev Doctors

Conversion Rate
 11.8% in Oct
 (12.5% in Sep)

MIU/Minors

Demand
 No type 3
 activity in Oct

UCR Admission

Avoidance

Ambulance

Handovers
 316 > 30mins (249
 in Sept)
 328 > 60mins (239
 in Sep)

Type 1

4 Hr Performance
 54.4% in
 Oct (50.9% in Sep)

4 hour trolley

waits
 301 in Oct (359
 in Sep)

12 hour

trolley waits
 97 in Oct (64 in
 Sep)

SDEC Admission

Avoidance

Outliers

Medical

Long LOS

>7 Days

Ward/Board

Rounds
 by 12pm

Discharges

By 12pm

EDD

Discharged with
 Accurate EDD

Acute

Transfers
 Days Lost > 48hrs

Long LLOS

>21 days

P1

Discharges
 (ND area only)

P3 Discharges

(ND area only)

RIC

Caseload LoS
 Av 11 days Oct

Comm Hosp

Length of Stay

Dom Care

Unsourced
 Av 1264 hrs pw
 in Oct (1188 hrs
 pw in Sep)

Social Care

Review
 Within 4wks
 18% in Oct (12%
 in Sep)

Key:

Good
 Perform

Challeng-
 ing
 Perform

Poor
 perform

To be
 advised

Update
 not yet
 available

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

Front Door

In Hospital

Back Door

Post Back Door
 (Community / Social Care
 / Home)

Eastern Services Executive Summary – October 2022

Eastern Services

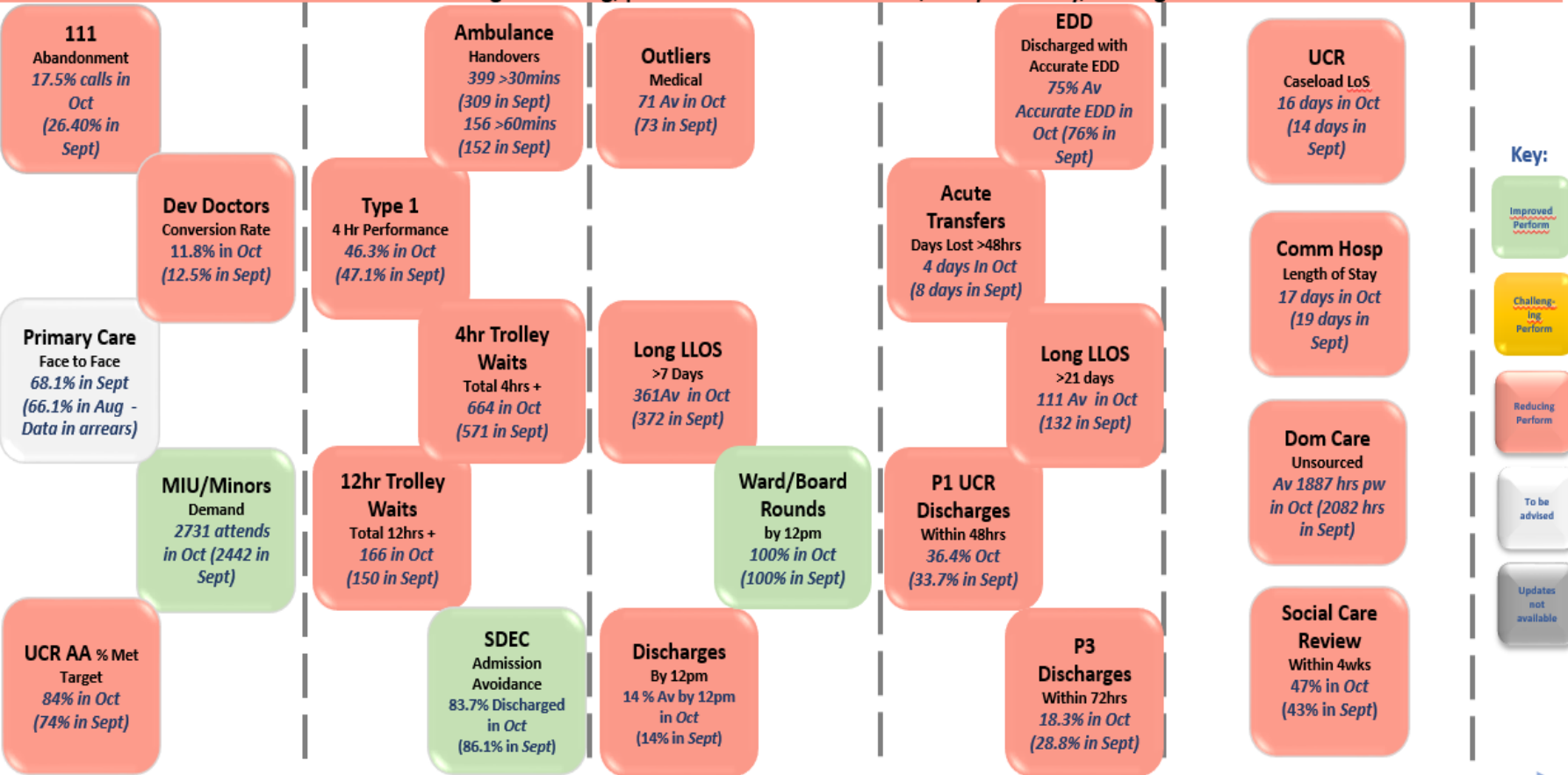
Patient Flow Diagnostic

Patient Flow Diagnostics 2021-2023

Data: October 2022

Triangulated performance improvement

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



Overview – Executive Themes and Actions to Raise at Board – December 2022

Overview

This IPR covers the period of November and December 2022, which contextually have been some of the most challenging ever for the NHS nationally, regionally and locally. A combination of multiple days of industrial action across the service, infection outbreaks (COVID, Influenza and Norovirus) at their highest volume and complexity, staff workforce challenges and elevated levels of delayed discharges led to extreme pressure on all parts of the Devon Urgent and Emergency Care system. Despite these challenges, our teams across both our Eastern and Northern services have worked tirelessly to maintain patient safety, whilst accepting that the quality of care and patient experience was not always what we would aspire to deliver. This is particularly the case with longer waits in our Emergency Departments for admission and treatment. During the Christmas and New Year period, the Devon system was escalated to **Critical Incident level**, and during this period we were able to work as a system to support neighbouring hospitals by taking a number of divers in order to reduce ambulance queues across Devon. Given the sustained level of risk, we established a **Trust Strategic Gold Command** structure and **Patient Flow Taskforce** to monitor real time safety metrics; drive down escalation levels and our delayed discharges; and ensure preparedness for the further round of upcoming days of industrial action. At the time of writing this report (20/01/2023), we have since stabilised the operational pressures, with both Eastern and Northern services de-escalated to OPEL level 3 and have restored elective inpatient activity through our ringfenced areas on both sites. This is a huge credit to our staff and an intensive collaborative effort for which we are hugely grateful.

Recovering for the Future

Whilst 4 hour **ED Performance** continued to be impacted by the patient flow challenges, it should be noted that ambulance handover delays continue to benchmark well against peer hospitals, due to the expanded range of Urgent Care services offered outside of the ED – for example SDEC and Virtual Wards (the latter for which we are a national lead). This allowed both EDs to be able to manage risk when accepting divers from neighbours. Delayed discharges continue to be higher than expected, although Northern services actually saw an improvement in December. Whilst the RDE ED was impacted by the continued building work, the imminent opening date of the larger department (in mid Feb) has maintained staff morale.

The operational pressures compounded by the industrial action has necessarily led to a number of cancelled clinics and treatments with over 3000 lost patient episodes during December (which worsened the anticipated loss of activity from Christmas leave). However, teams continued to focus on the 10 week **elective recovery** plan until its completion on the 17th December, and the IPR shows continued improvement in reducing the number of patients who have waited over 104 weeks, whilst the 78 week position has remained stable. Our teams are now ensuring all long waiting patients have a booked appointment by the end of January and a TCI before the end of March in line with **NHSEI's six point plan** and remain confident that with continued ringfencing, mutual aid and full utilisation of the Exeter Nightingale Hospital we can still achieve close to our year end trajectory (with the obvious unknown being the further impact on activity of industrial action).

A **cancer** recovery action plan is now in place to reduce the number of patients waiting for treatment and to improve data quality to increase confidence in reporting. Our current position shows that we **have moved out of the 40 most challenged Trusts on 62 days patient backlog this week** and we have appointed a new clinical and operational team to help us continue to drive this position. The IPR shows that the 2 week referral standard improved for both Northern and Eastern services across the period, and performance against the 62 day standard also improved for Eastern. Whilst the Northern 62 day performance dipped, this was due to the number of long waiting patients that were being treated. Early data from January shows that the Trust position continues to improve following what has been a challenging period which is well articulated in the Cancer Deep Dive within Board papers. **Diagnostic activity increased in November but then fell back in December** due to the holiday period. The extra capacity being made available through the Nightingale CDC will be an important enabler in the recovery of the diagnostic waiting times, as will the introduction of soft tissue knees and hip arthroscopy for elective recovery.

Overview – Executive Themes and Actions to Raise at Board – December 2022

Resources are now beginning to be deployed on the **2023/24 operational plan**, supported by the transformation team to ensure we are able to return to 19/20 productivity levels – particularly within outpatient clinics linked to personalisation of clinician ‘desktops’ via EPIC. This will also be linked to the launch of this year’s **Delivering Best Value process being jointly led by the CFO and COO**, ensuring that we are able to maximise the income levels available through the Elective Recovery Fund. Whilst we remain on plan for the delivery of this year’s deficit plan, it is clear that next year will be very challenging in terms of financial settlement and operational expectation. For this reason the CFO and COO will be participating in a **Devon System process for financial and operational planning 2023/24** over the next few weeks to articulate a detailed System plan for the next three years for escalated discussion with NHSEI.

Collaborating in Partnership

The **Help People Home Without Delay** programme continued to drive at improving patient discharge to home with social care support throughout the Christmas period. There is no doubt that the bringing together of the Community Division and the drive to deliver this programme has benefited the time to transfer across pathways and there has been strong leadership from the community team and site triumvirates. However, such has been the patient volume challenge and the **continued deficit of care hours in social care and care homes** that our Winter Plan targets for lowering medically fit to discharge patients has not been realised. We have therefore escalated this position further over recent days through Deputy Chief Executive and COO to the Director of Social Services, where we are seeking to make the very best use of the **Devon share of new NSHEI funding for discharge support (£200m nationally)** for strengthening domiciliary care and patient placements. The Strategic Command will keep this position tightly under review and escalate to the Health and Wellbeing Board as necessary.

Excellence and Innovation in Patient Care

Triangulation of the performance positions with the quality metrics remains important so as to identify any trends that may show a consequential impact of the ongoing pressures the Trust is facing. Both **Northern and Eastern sites have been able to close an increased volume of complaints** across November and December. There was **one Serious Incident reported in Eastern Services** in December which is under investigative review.

In December, there were **two falls resulting in moderate harm within the Trust’s Eastern Services**. Both falls were unobserved, and involved patients attempting to mobilise independently. Initial reports have not identified any suboptimal care issues. A SWARM learning approach to falls within the Trust’s Eastern Medical Services Division is supporting earlier identification of learning opportunities from incidents, with both investigations nearing completion.

An **increase in the volume of trauma patients** being admitted to both Northern and Eastern sites, is resulting in challenges in scheduling surgery within 36 hours of admission for those with a fractured neck of femur, particularly on the Eastern site where 59% of clinically appropriate patients received surgery within 36 hours. Those patients with extended waits for surgery have been reviewed clinically, which has indicated that harm was not incurred as a result of the extended wait. Work to **increase the volume of orthopaedic and spinal activity that can be undertaken at the Nightingale** will enable further theatre capacity on the main Wonford site to be made available where needed.

HCAI remains above target within Northern Services, but within normal variation. The **increased prevalence of COVID, influenza and Norovirus**, has contributed to significant operational pressures throughout December, with particular challenges for flow arising from the need to segregate separately patients with three different infectious conditions. Whilst the 12 month SHMI position remains within the expected range, the elevated short range position for emergency weekend admissions for the Trust as a whole will continue to be scrutinised and monitored closely.

Overview – Executive Themes and Actions to Raise at Board – December 2022

The **CQC well-led inspection** due for January has been deferred given the operational and industrial action pressures the organisation has experienced, but the work programme in response to the CQC site visits before Christmas continues apace. An important element of our action plan to **strengthen acute medicine** will come forward to Board in the form of our business case for Northern Services in this cycle and the case will also be assessed through the System's triple lock financial process this month. In relief of this we continue to work up the detail of our **Clinical Strategy** and our contributions to the System's Acute Sustainability Programme.

As a bridge between clinical excellence and a great place to work, we will be launching our **Transformation Programme** at the end of this month.

A Great Place to Work

The **workforce metrics** continue to indicate the pressures being felt by our people. **On the positive side however, general sickness decreased across both sites in November to less than 6%.** To balance this, we know now that the **IP&C position** that developed throughout December and January, including COVID-19 and Flu spiking, did deteriorate our position. Throughout the period, despite the improved sickness levels, we know that we remained short of safe nurse staffing levels and we therefore continued to have a high reliance on bank and more expensive agency staff to support 1:1 specialising, and the continued usage of escalation areas.

The **12 month rolling average for staff turnover appears to be reducing** for our Eastern Services and is now **beneath 13%**, with a reduction in turnover across all staff groups with the exception of AHPs. For Northern Services, there has also been a reduction to **beneath 15%**. Within this nursing and **midwifery turnover is significantly higher in the North** (at 14% against Eastern's 11%) which gives us a clear focus on prioritisation of interventions.

Recruitment events are proving successful in recruiting high volumes of staff, particularly in the areas most challenged by high turnover. Welcome, onboarding and retention activity is included as part of accelerating filling our vacancies programme and it is expected that this targeted work will reduce attrition over time. Overseas recruitment is also making a significant contribution to our nursing numbers and the development.

Data Quality and reporting

Diagnostics (Northern): As reported previously, the implementation of the new EPR for Northern services in July resulted in some reporting issues, which have affected both external reporting and inclusion within the IPR. Significant progress has been made in this area and so reporting for Northern services physiological measurements and Endoscopy has been included in this months IPR. However, the Task and Finish groups are still in operation with the aim of resolving all issues and provider greater assurance over the data presented.

Cancer waiting times (both sites): The major data quality issues post Northern go-live have now been resolved, with corrections reflected in the IPR. Further work is currently in progress to provide greater end-to-end assurance over data quality (from user entry to extracting information) but all known issues have been resolved. Work commissioned from an external provider to provide additional assurance of data quality will be finalised within the next month and any material findings and recommendations will be shared and put into practice.

RTT / waiting list reporting (both sites): the remaining work in this area was largely around the review of script extracts to ensure internal and external reporting was delivering 'one version of the truth'. This work has progressed with minor changes expected to be completed by the end January, and will be reflected in ongoing reporting.

The escalation actions reported previously are still in place:

- External support on data strategy and hands on short term support
- An Executive led task and finish (CFO, CMO, COO) to provide oversight on all major data activities in order to assure the Board and external stakeholders that we are on track from EPRR implementation to BAU reporting and performance
- A COO led set of activities that build on NHSEI IST and MBI ongoing work in elective activity and ensure the completion of the original plan; and a similar roll out of actions in cancer services through a further commission with NHSEI IST and MBI; and
- An Executive led (CFO, CMO, COO) continuation to point of delivery of the HCI review and real time improvement activities as commissioned to provide medium to long term improvement of whole organisation data management and reporting.

An **update on these Executive led activities** was provided to the **Finance and Operational Committee in the January cycle** and this was then shared in detail with NHSEI SW and national team.

Board Scorecard – Looking to the Future – December 2022

Successes

- Continued optimisation of EPIC to support Northern Services.
- Continued recognition of the innovative service models at the Nightingale Hospital to support recovery
- Recruitment plans are showing positive results
- Mutual aid offered to neighbouring Trusts, whilst maintaining good ambulance handover and elective ringfences
- Elective recovery plans still on track despite urgent care pressures

Opportunities

- Insourcing & outsourcing and mutual aid capacity to further reduce long waiters
- Extra discharge funding to support reduction in 'Green to Go' patients
- Integration of 8 high priority services at our Northern services and our operational functions
- Elective recovery 10 week challenge to provide extra support/impetus
- Maximising the use of the protected elective care at the Nightingale over the next 3 months to drive down long waiters
- Peninsula Acute Sustainability programme offers opportunities to improve service collaboration

Priorities

- Staff Health and Wellbeing
- Reducing the number of Green to Go patients through the Help People Home Without Delay
- Pipeline for recruitment processes to fast-track new starters
- Delivering Best Value to meet financial plan
- Continued validation work on long waits with NHSEI IST and improvement of 104 week waits
- Launching the Trust's transformation approach

Risk/Threats

- Loss of confidence in reporting due to data quality issues following EPIC installation
- Further COVID & Flu waves
- Vacancies in community and social care to support patients home
- Staffing Resilience Medical Staff (Northern) / nursing/ HCA/ ancillary
- Continued Industrial action
- Staff Morale with constant pressure and cost of living challenges
- Clearing the Dermatology Cancer backlog
- Risk of reduced ERF funding in 23/24 and associated impact upon activity
- Inability to hit financial targets whilst also reducing waiting lists

Northern Services Executive Summary – December 2022

Northern Services Operational Performance Dashboard

	Measure/Metric	Definition	Last Month Nov-22	This Month Dec-22	vs Prior month	Planned %	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	131.0%	102.6%	-28.4%	74.0%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	120.1%	106.5%	-13.6%	72.5%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	54.2%	37.9%	-16.3%	122.1%	104%
	Elective Daycase Activity	vs baseline (2019/20)	98.9%	94.9%	-4.0%	95.1%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs	49.0%	48.0%	-1.0%		92%
	Incomplete Pathways	Total count	25606	25702	0.4%		
	RTT 52 Weeks waited	Total count	3307	3531	6.8%		
	RTT 78 Weeks waited	Total count	559	600	7.3%		
	RTT 104 Weeks waited	Total count	9	13	44.4%		
CANCER	14 Day Urgent	Performance	72.9%	72.9%	0.0%		93%
	28 day faster diagnosis standard	Performance	43.2%	45.3%	2.1%		75%
	Urgent GP referral 62 day	Performance	46.9%	40.5%	-6.4%		85%

Positive value
Negative value < 5%
Negative value > 5%

	Measure/Metric	Definition	Last Month Nov-22	This Month Dec-22	vs Prior month	Planned %	National target
URGENT CARE	Non-elective Inpatient activity	Vs baseline (2019/20)	93.2%	97.2%	4.0%	96.7%	
	A&E attendances	Total count	4346	4719	8.6%		
	4 hour wait performance	Patients seen <4hrs vs total	55.2%	52.1%	-3.1%		95%
	Ambulance handover delays	Total count	303	304	0.3%		
	Daily Average Green (Medically	Total count					
	Volume of Average Daily Completed	Total count					
	Average Time to Transfer (Medically	Total count					
	Average Weekly Hours Requiring	Total count					
	UCR: Referrals	Total count					
	UCR: Length of Stay on Caseload	Total count					
DIAGNOSTICS	6 week wait referral to	% of diagnostic vs 19/20 baseline	47.2%	41.0%	-6.2%		99%
	MRI activity	vs 19/20 baseline	104.6%	110.2%	5.6%	106.5%	
	CT activity	vs 19/20 baseline	127.3%	117.7%	-9.6%	121.8%	
	Medical Endoscopy activity	vs 19/20 baseline	154.1%	106.1%	-48.0%	90.3%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	99.4%	78.4%	-21.0%	83.0%	
	Echocardiography activity	vs 19/20 baseline	77.9%	99.0%	21.1%	95.8%	

Eastern Services Executive Summary – December 2022

Eastern Services

Operational Performance Dashboard

	Measure/Metric	Definition	Last Month Nov-22	This Month Dec-22	vs Prior month	Planned %	National target
ELECTIVE ACTIVITY	Outpatient Activity (NEW)	vs baseline (2019/20)	91.7%	82.9%	-8.8%	107.6%	104%
	Outpatient Activity (FOLLOW-UP)	vs baseline (2019/20)	149.9%	138.5%	-11.5%	91.1%	75%
	Elective Inpatient Activity	vs baseline (2019/20)	67.9%	71.8%	3.9%	114.1%	104%
	Elective Daycase Activity	vs baseline (2019/20)	108.6%	94.6%	-14.0%	123.3%	104%
	RTT 18 Week performance	Patients seen <18 weeks vs	55.6%	52.4%	-3.2%		92%
	Incomplete Pathways	Total count	54792	54008	-1.4%		
	RTT 52 Weeks waited	Total count	4920	5126	4.2%		
	RTT 78 Weeks waited	Total count	892	909	1.9%		
	RTT 104 Weeks waited	Total count	208	142	-31.7%		
CANCER	14 Day Urgent	Performance	67.6%	75.3%	7.6%		93%
	28 day faster diagnosis standard	Performance	76.2%	76.5%	0.3%		75%
	Urgent GP referral 62 day	Performance	55.7%	67.5%	11.8%		85%

Positive value

Negative value < 5%

Negative value > 5%

	Measure/Metric	Definition	Last Month Nov-22	This Month Dec-22	vs Prior month	Planned %	National target
URGENT CARE	Non-elective Inpatient activity	Vs baseline (2019/20)	100.7%	98.4%	-2.3%	111.4%	
	A&E attendances	Total count	10458	10480	0.2%		
	4 hour wait performance	Patients seen <4hrs vs total	60.7%	56.5%	-4.2%		95%
	Ambulance handover delays	Total count	403	284	-41.9%		
	Daily Average Green (Medically)	Total count	93	102	8.8%		
	Volume of Average Daily Completed	Total count	11.7	11.8	0.8%		
	Average Time to Transfer (Medically)	Total count	4.9	4.8	-2.1%		
	Average Weekly Hours Requiring	Total count	1138	1141	0.3%		
	UCR: Referrals	Total count	905	871	-3.9%		
	UCR: Length of Stay on Caseload	Total count	13.0	14.0	7.7%		
DIAGNOSTICS	6 week wait referral to	% of diagnostic	65.5%	62.5%	-3.0%		99%
	MRI activity	vs 19/20 baseline	104.4%	101.9%	-2.6%	106.5%	
	CT activity	vs 19/20 baseline	113.1%	99.9%	-13.2%	121.8%	
	Medical Endoscopy activity	vs 19/20 baseline	119.6%	41.7%	-78.0%	90.3%	
	Non-obstetric ultrasound activity	vs 19/20 baseline	127.6%	107.5%	-20.1%	83.0%	
	Echocardiography activity	vs 19/20 baseline	172.2%	190.0%	17.8%	95.8%	

Northern Services Executive Summary – December 2022

Northern Services

Patient Flow Diagnostic

Patient Flow Diagnostics 2022-2023

Data: October, November & December 2022

Triangulated performance improvement

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

Primary Care

Face to Face
69.1% in Nov
(68.1% in Oct)
Data in arrears

111

Abandonment
40.0% calls in
Dec (11.3% in
Nov)

Dev Doctors

Conversion Rate
10.0% in Dec
(14.1% in Nov)

MIU/Minors

Demand
79 in Dec
(85 in Nov)
(First Care
Ilfracombe MIU)

UCR Admission

Avoidance

Ambulance

Handovers
304>30mins in
Dec (303 in Nov)
407>60mins in
Dec (242 in Nov)

Type 1

4 Hr Performance
52.1% in
Dec (55.2% in
Nov)

4 hour trolley waits

346 in Dec (263
in Nov)

12 hour trolley waits

112 in Dec (109
in Nov)

SDEC

Admission
Avoidance
61.76% in Dec
(52.94% in Nov)

Outliers

Medical

Long LOS

>7 Days
149 in Dec (152 in
Nov)

Ward/Board Rounds by 12pm

Discharges

By 12pm
12.03% in Dec
(11.48% in Nov)

EDD

Discharged with
Accurate EDD
80.25% in Dec
(77.46% in Nov)

Acute

Transfers
Days Lost >48hrs

Long LLOS

>21 days
60 in Dec (65 in
Nov)

P1 Discharges

within 48 hours
(ND area only)
34.6% in Dec
(36.0% in Nov)

P3 Discharges

Within 72 hours
(ND area only)
5.1% in Dec (0% in
Nov)

RIC

Caseload LoS
Av 11 days Dec

Dom Care

Unsources
Av 1020 hrs pw
in Dec (1021 hrs
pw in Nov)

Social Care Review

Within 4wks
49% in Dec (31%
in Nov)

Key:

Good
Perform

Challeng-
ing
Perform

Poor
perform

To be
advised

Update
not yet
available

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

Front Door

In Hospital

Back Door

Post Back Door
(Community / Social Care
/ Home)

Eastern Services Executive Summary – December 2022

Eastern Services

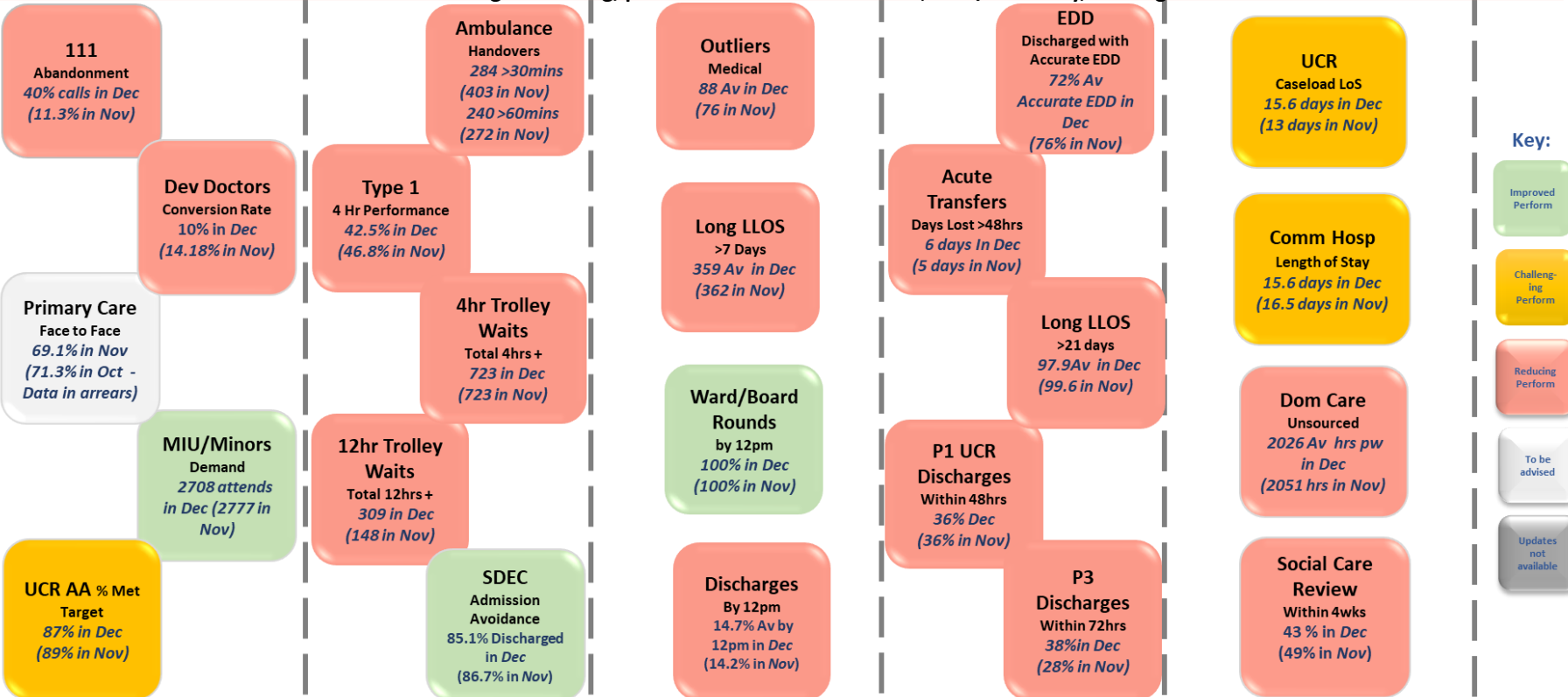
Patient Flow Diagnostic

Patient Flow Diagnostics 2021-2023

Data: December 2022

Triangulated performance improvement

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



Key:

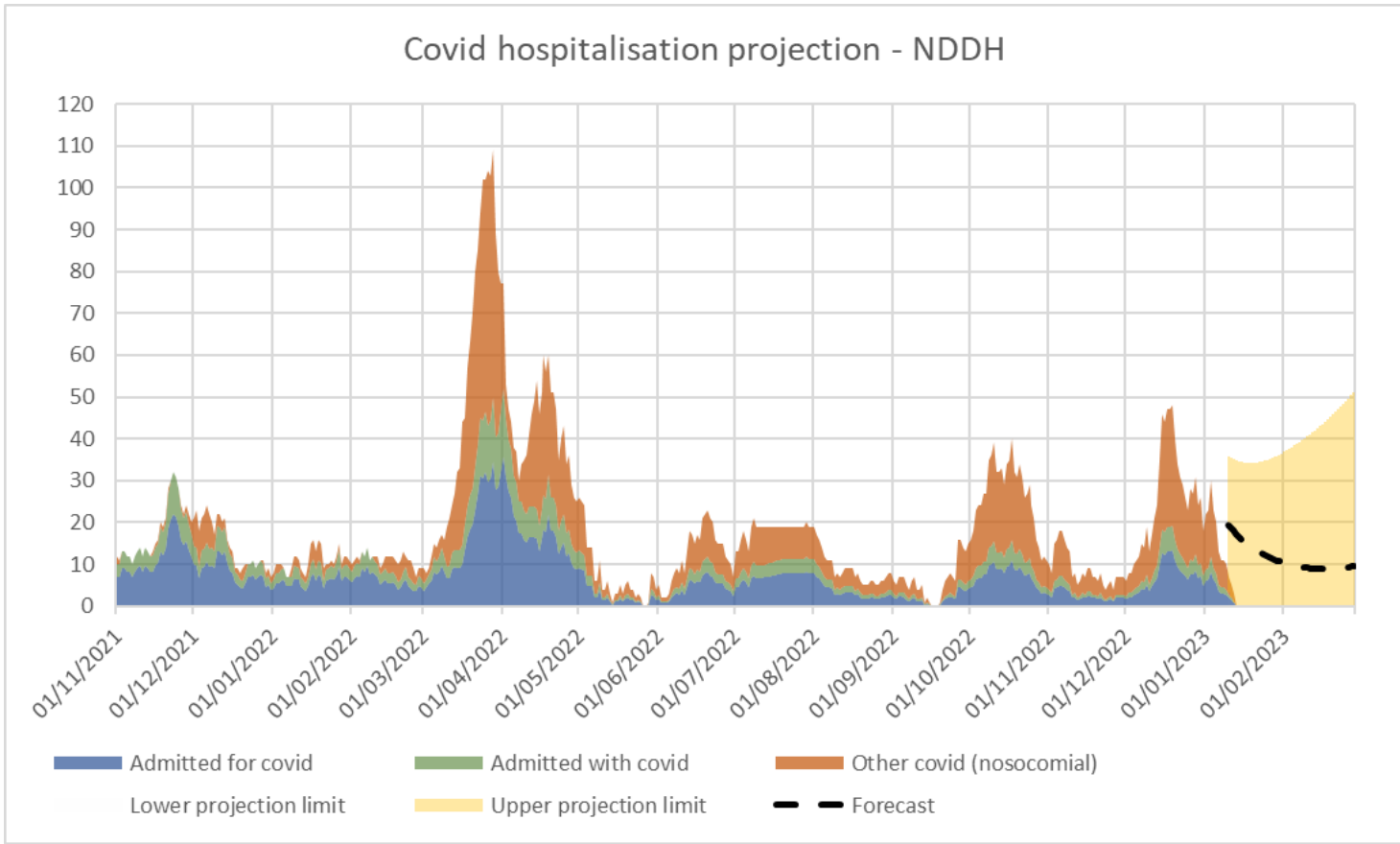
Improved Perform

Challenging Perform

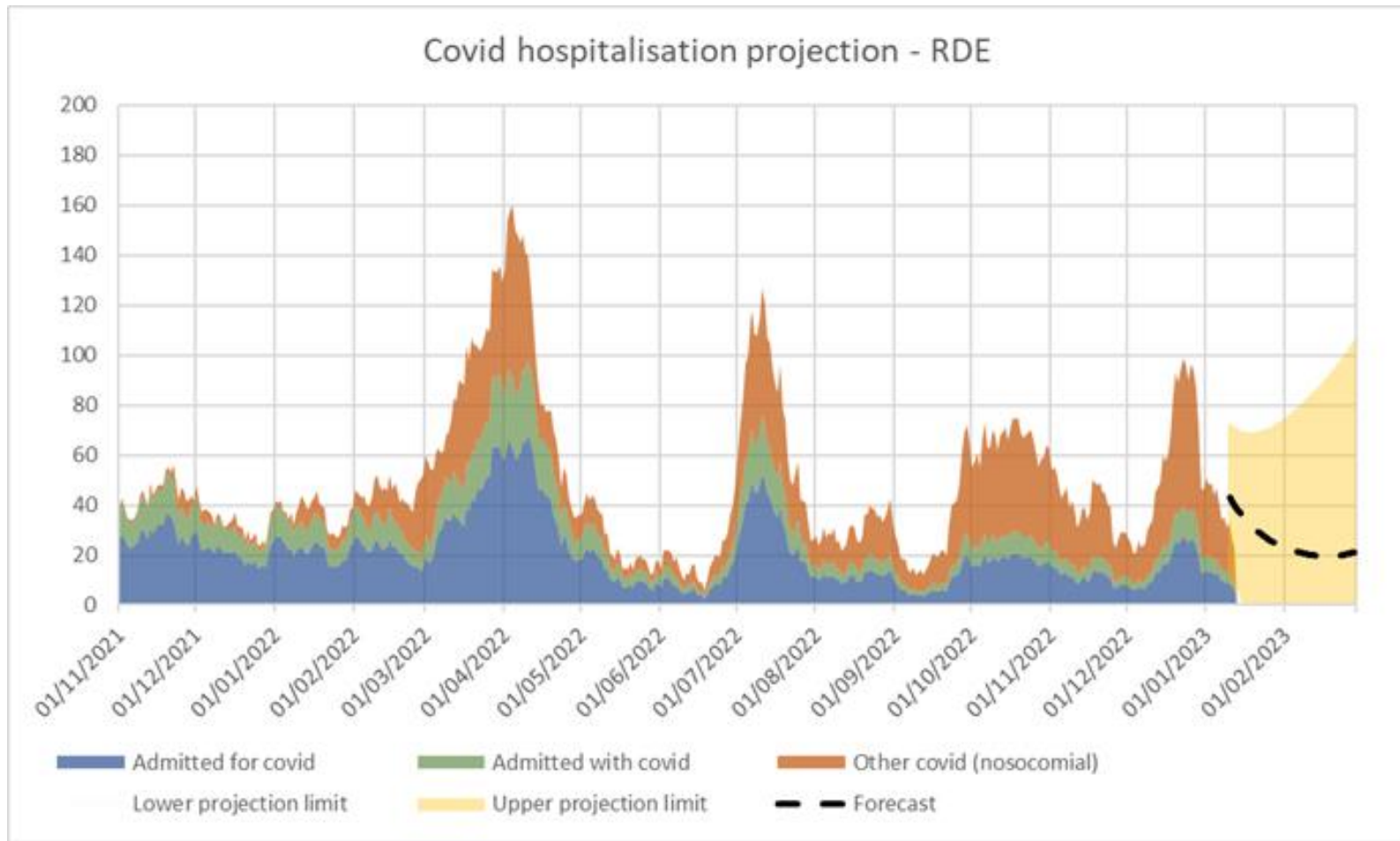
Reducing Perform

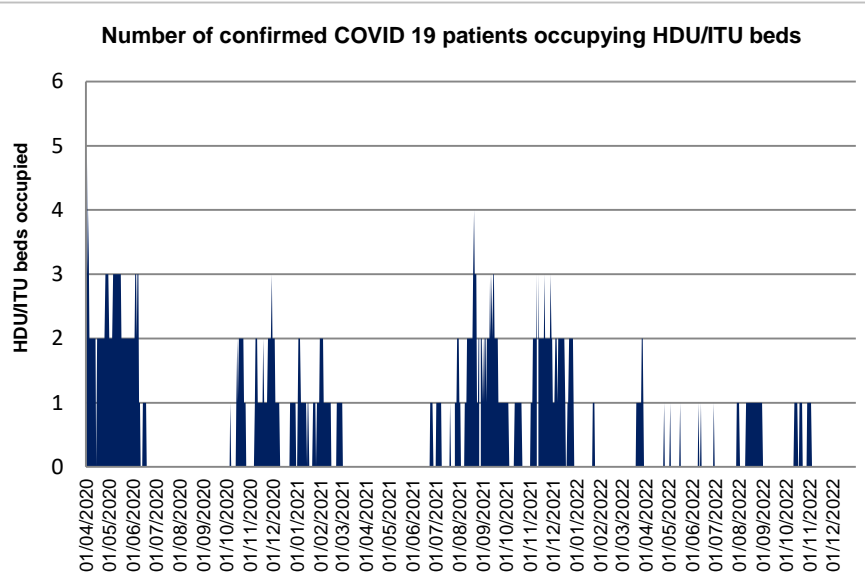
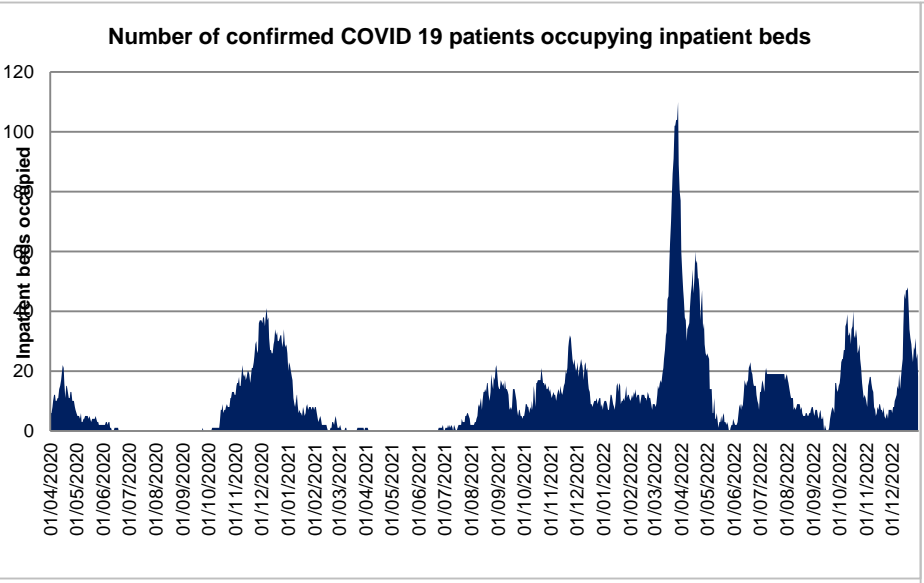
To be advised

Updates not available



Eastern Services COVID-19 Projections





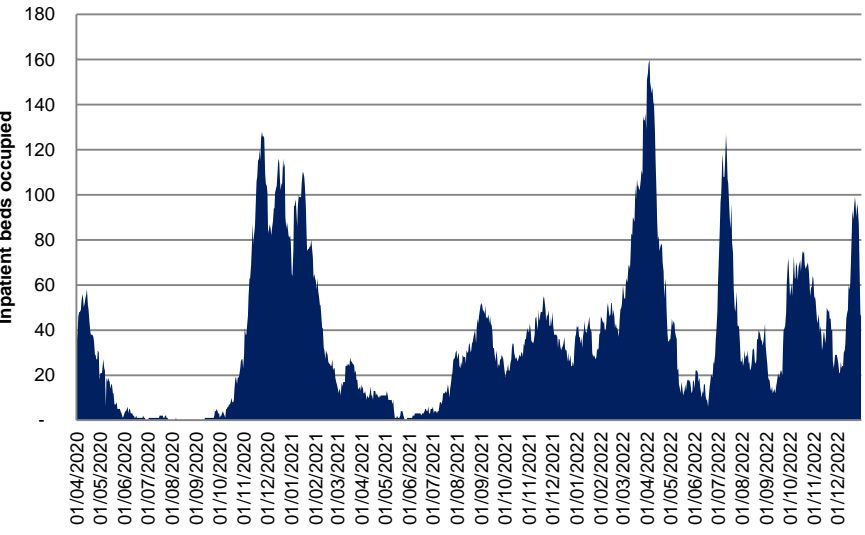
Inpatients

A surge in the volume of Flu and Covid positive patients was experienced during December. This caused an impact on Patient Flow due to the infection prevention and control measures that were put in place.

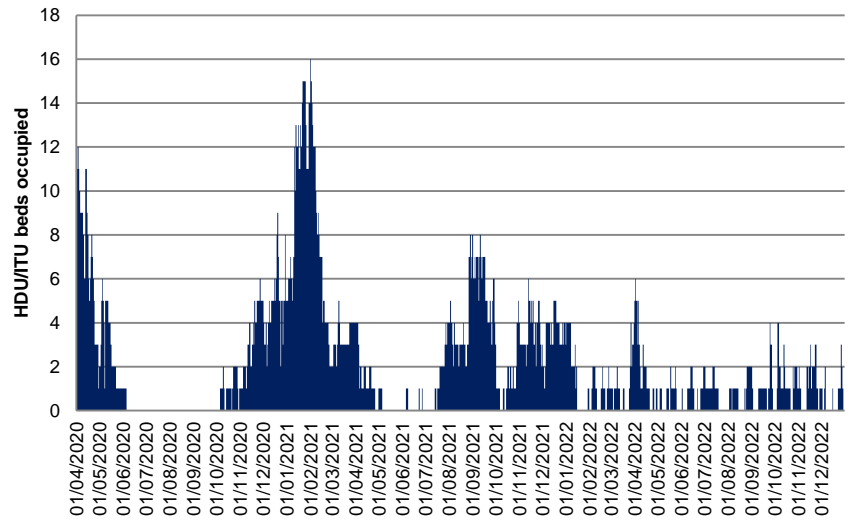
Eastern Services COVID-19 Inpatient Activity

Overview of inpatient activity in relation to caring for patients with COVID-19

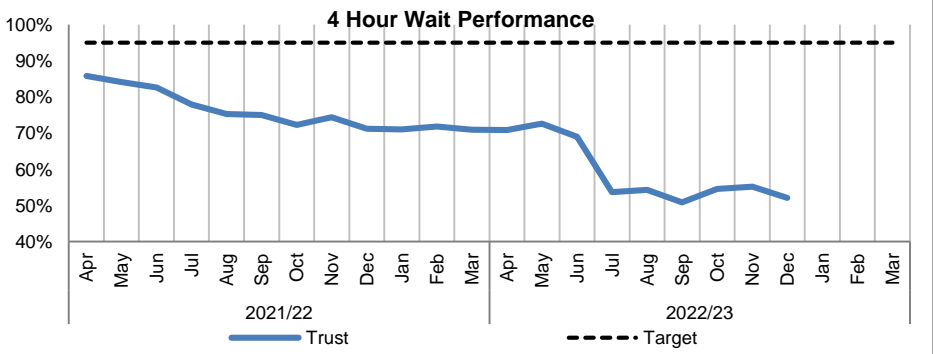
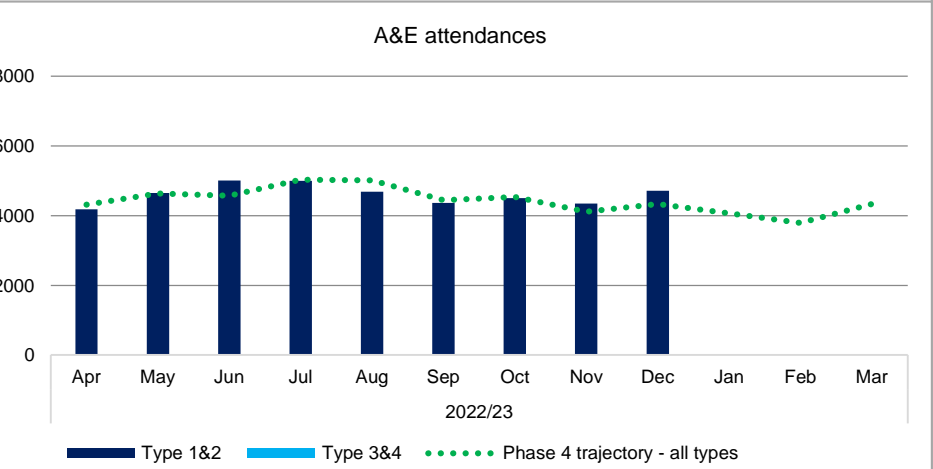
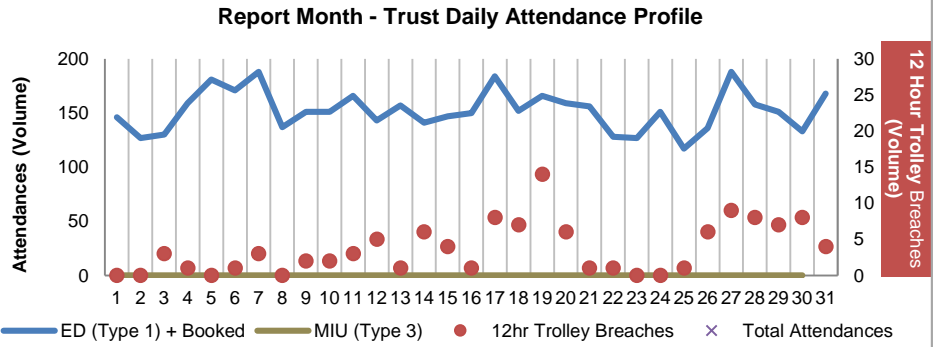
Number of Confirmed COVID-19 Patients Occupying Acute Inpatient Beds



Number of Confirmed COVID-19 Patients Occupying HDU / ITU Beds



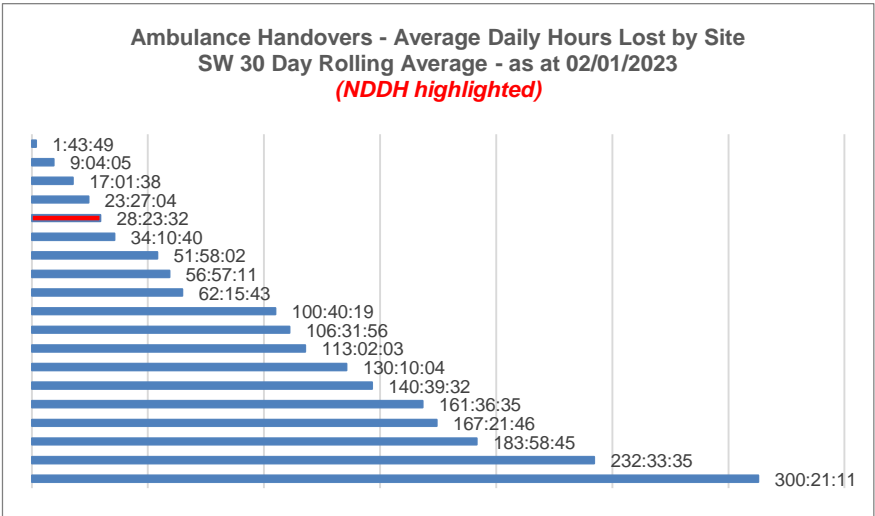
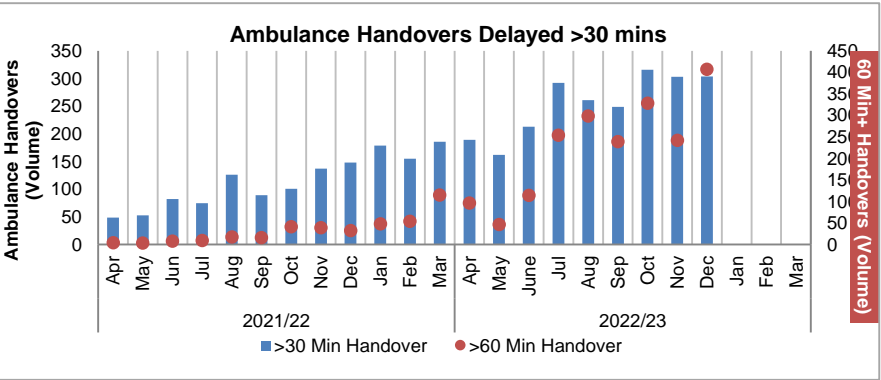
Northern Services Emergency Department – key metrics relating to activity & performance in urgent & emergency care services



Overall Performance:

Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	4719	2261	52.09%

- ED remained escalated throughout December as the number of Green to go patients remained high with longer length of stay.
- In December the total average daily hours lost in ambulance handover delays was 28 hours 23 minutes which as illustrated overleaf continues to benchmark well against other Trusts. The delays were due to an increase in ED attendances, a high acuity of patients and higher numbers of Flu and Covid positive patients attending the department. This also added challenge to patient flow due to the low numbers of discharges.
- Northern Services went into Opel 4 on the 26th December and remained in Opel 4 until the 4th January. There was also a system critical incident declared during this time due to pressures within the Ambulance service.
- In December the overall number of ED attendances increased by 373 patients compared to November. The service did report a 3.1% decline against the 4 hour target position in M8.
- Bideford MIU (Type 3+4) remains closed and in Ilfracombe First Care continue to provide minor injury services on Fridays, Saturdays, Sundays and Mondays between the hours of 10am-6pm. This will remain in place until the end of the financial year. Additionally GP practices in these areas continue to provide some minor injury services.



Overall Performance:

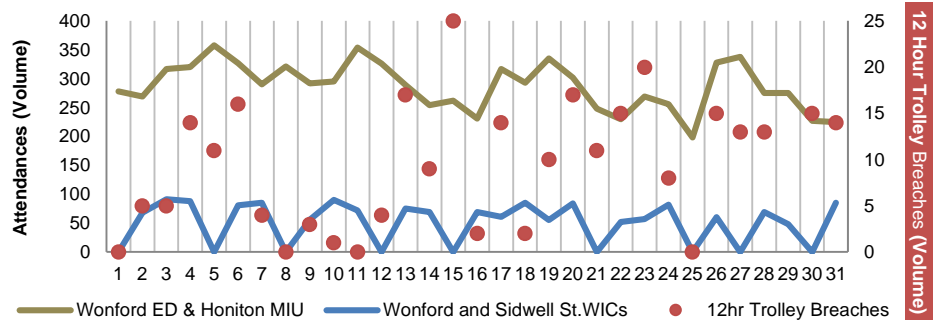
60 minute handovers increased by 165 in December, 30 minute handovers only increased by 1.

Delays were due to lack of space within the ED Department. This was caused by an increase of patients that were testing positive for Flu, Covid and RSV.

Eastern Services Emergency Department

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

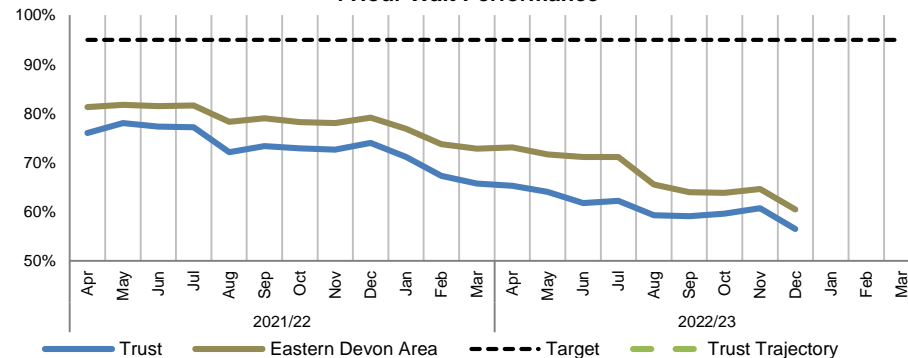
Report Month - Trust Daily Attendance Profile



A&E Attendances



4 Hour Wait Performance



Overall Performance:

Type of Activity	Denominator	Patients > 4 Hours	% Performance
ED Only	7772	4470	42.49%
All RD&E Delivered Activity (including Honiton MIU and the WICs)	10480	4564	56.45%
Total System Performance (including MIUs)	11529	4564	60.41%

- All type performance against the 4 hour wait target has declined from 60.69% in November to 56.46% in December.
- 12 hour trolley wait for a bed doubled from 148 in November to 309 in December.
- Ambulance handover delays are challenged although compare well with other trusts in the South West

Key drivers:

- Bed capacity pressure and restricted flow to beds in the hospital
- Increase in flu and COVID infected patients – further complicating flow out of the department
- Reduced capacity at Sidwell Street WIC – closed on Monday and Thursday (blue line on the chart)
- Current vacancies and sickness in Medical and Nursing teams
- ED Reconfiguration works

To note:

- ED Reconfiguration to Majors completed 19th December. 6 new Resus bays now in use
- New ED reception and waiting room due to complete end of January 2023
- Primary Care streaming to Practice Plus will not deliver expected results, work on this pathway has ceased
- SDEC activity increasing with record attendance days in December
- Virtual Ward activity growing as pathways are developed

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

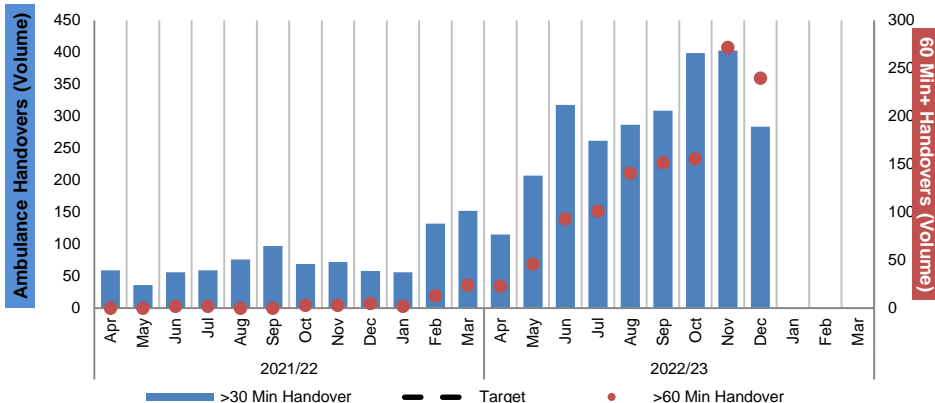
Our People

Finance

Eastern Services Emergency Department

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

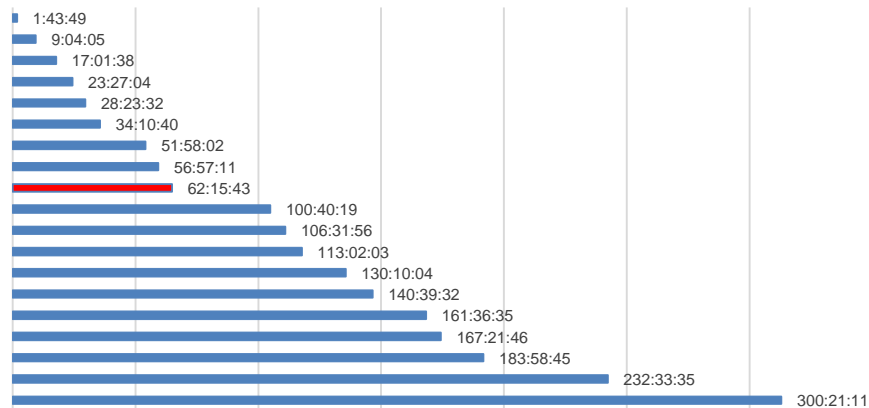
Ambulance Handovers Delayed >30 mins



Actions

- Ongoing work to improve pathways for specialty expected patients.
- Focus on improving the 15 min to triage performance in ED.
- Development of further pathways in the Virtual Ward

Ambulance Handovers - Average Daily Hours Lost by Site
SW 30 Day Rolling Average - as at 02/01/2023 **RD&E highlighted**



Activity & Flow

Operational Performance

Patient Experience

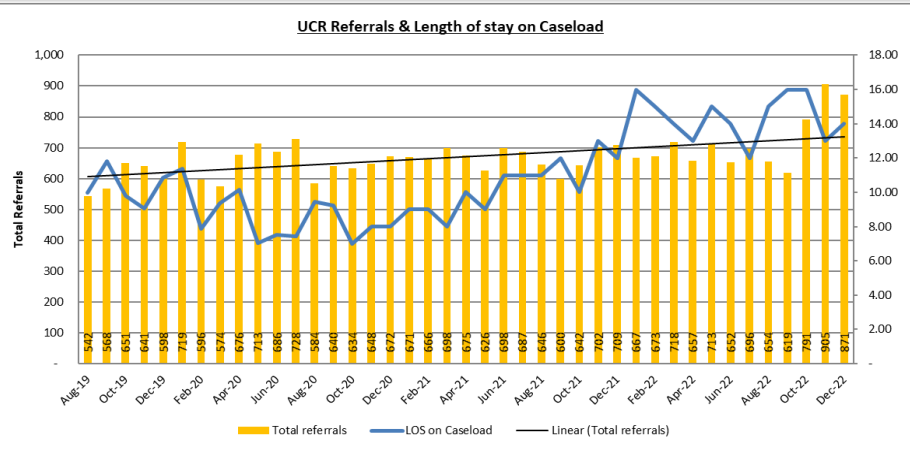
Quality & Safety

Our People

Finance

Trust Urgent Community Response

Admission avoidance and discharge



Eastern UCR Demand and Flow Performance

- There was a 30% increase in referrals in the three months to December compared with the previous three months, and a 25% increase in referrals compared with the three months to December 2021.
- Length of stay on caseload reduced in November from ~16 to ~13 days due to proactive work by the teams to review caseloads and discharge with an increased risk appetite. LOS rose in December to ~14 days due to the complexity of patients and challenges with being able to discharge into other onward care providers.
- There were 315 admission avoidance referrals in November and 329 in December. Performance against the national 2 hour target was 91% and 94%.
- A direct push pathway from SWAST to UCR went live in December. Referrals were lower than anticipated with 7 in November and 14 in December.

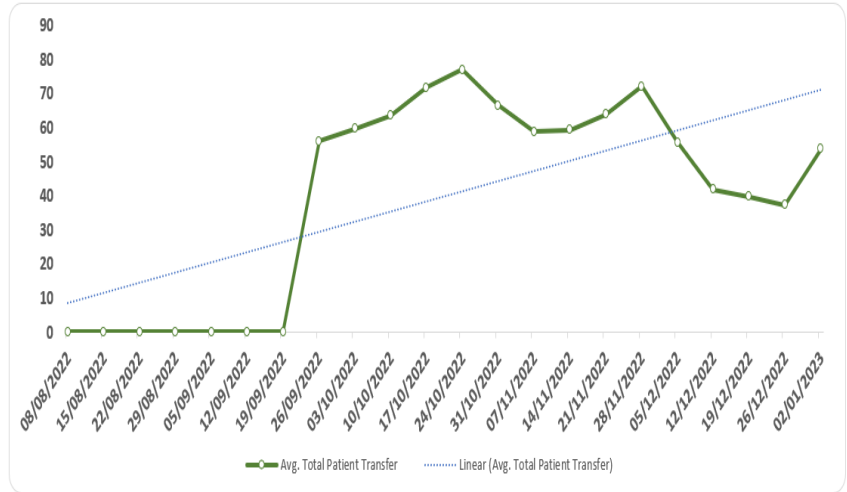
Northern UCR Data

Northern UCR data is not currently reportable via Epic. This is being addressed by the digital and operational teams. Reporting will begin in February.

Actions to improve performance and outcomes (part of the Help People Home without Delay Programme)

- Teams continue to proactively review the number of patients who require a care act assessment and refer those patients on for an assessment in a timely way. This will continue through January and may stabilise rather than improve significantly due to the anticipated ongoing increased demand for UCR. This will reduce LOS and increase capacity.
- For Eastern, time to transfer for Pathway 1 deteriorated from 3.1 days in November to 3.9 days in December, reflecting the high demand and challenges with staff sickness due to high levels of COVID, flu and norovirus.
- For Northern, there is not yet reliable data to be able to report on time to transfer and this is being addressed via operational and digital teams.
- Vacancy rate was 11.6% across Community Services in December which is an increase from 11.1% in October. Additional recruitment activity is planned in January including events and enhanced marketing activity.

Northern Daily Average Medically Fit Transfer List Total – By Week



Eastern Daily Average Medically Fit Transfer List Total – By Week



Medically Fit Transfer List (Green to Go List)

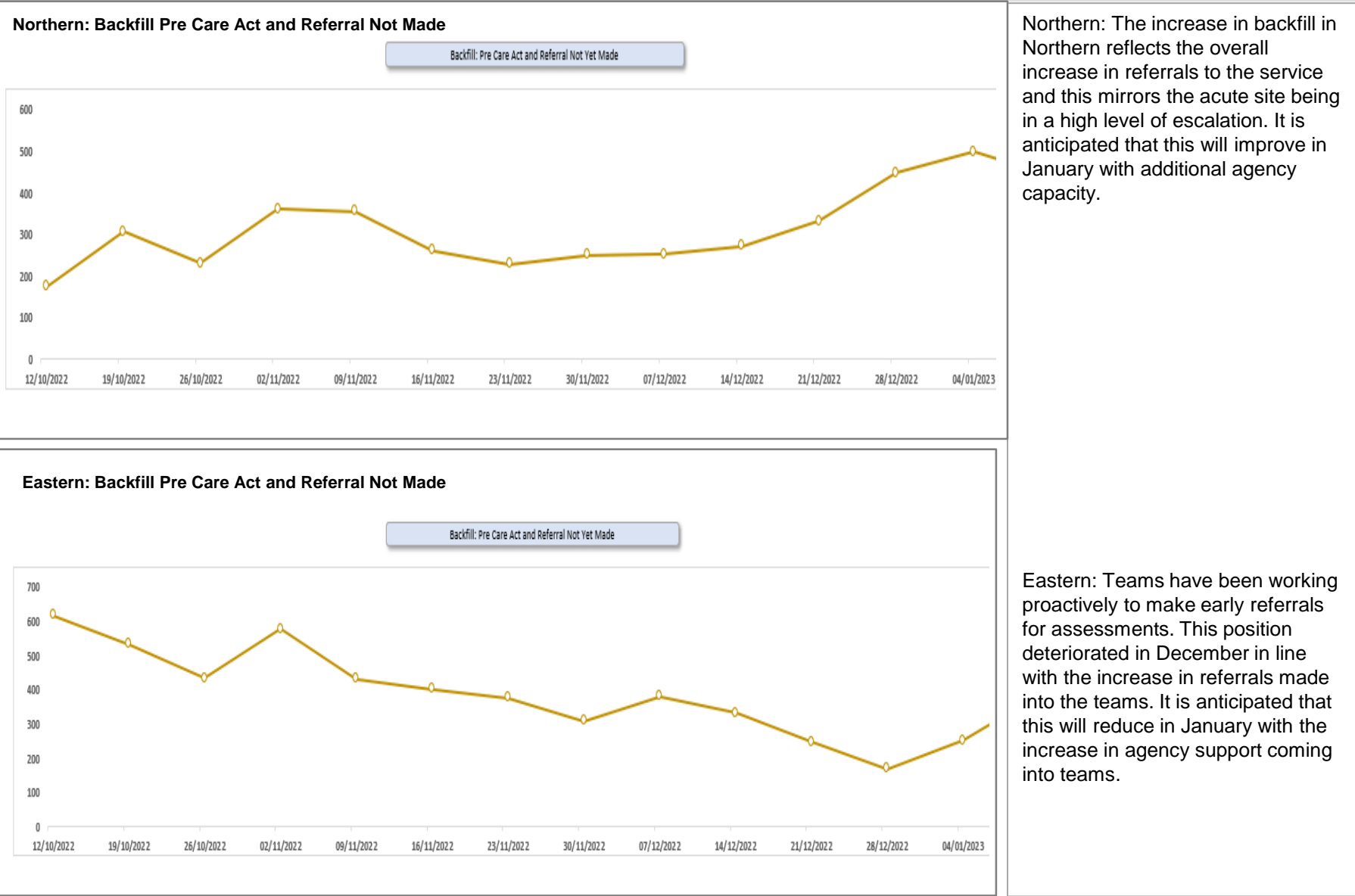
- For Northern the total list reduced by 50% up to the end of week of 19 December. This was facilitated by maximum use of P2 beds, and using additional capacity pre-Christmas for complex patients. Deer Park beds came online on 20 December. An increase in referrals (including Admission Avoidance) continued throughout the month.
- For Eastern, the average number of patients on the green to go list increased from an average of 93 in November to 102 in December reflecting an increase in referrals.

Actions to improve performance and outcomes (Help People Home without Delay Programme)

- For Eastern:
 - Additional agency support online from 17 January to provide additional capacity to areas with high levels of vacancies in some teams in particular Exeter and Tiverton.
 - Additional capacity has been bought into the system via 1:1 support and live in carers for complex discharges on pathways 2 and 3. These are adding an equivalent of 8 and 5 additional beds to the system. These schemes will be kept under review and expanded as opportunities and funding allow.
 - An additional 4 and 1 beds in Tiverton and Sidmouth that were opened in November have not been able to be opened consistently due to staffing and infection control challenges. Community Hospitals are in daily contact with acute colleagues to provide short term cover and plans in place for longer term solution with recruitment.
- For Northern - further additional capacity will come online for P2 beds

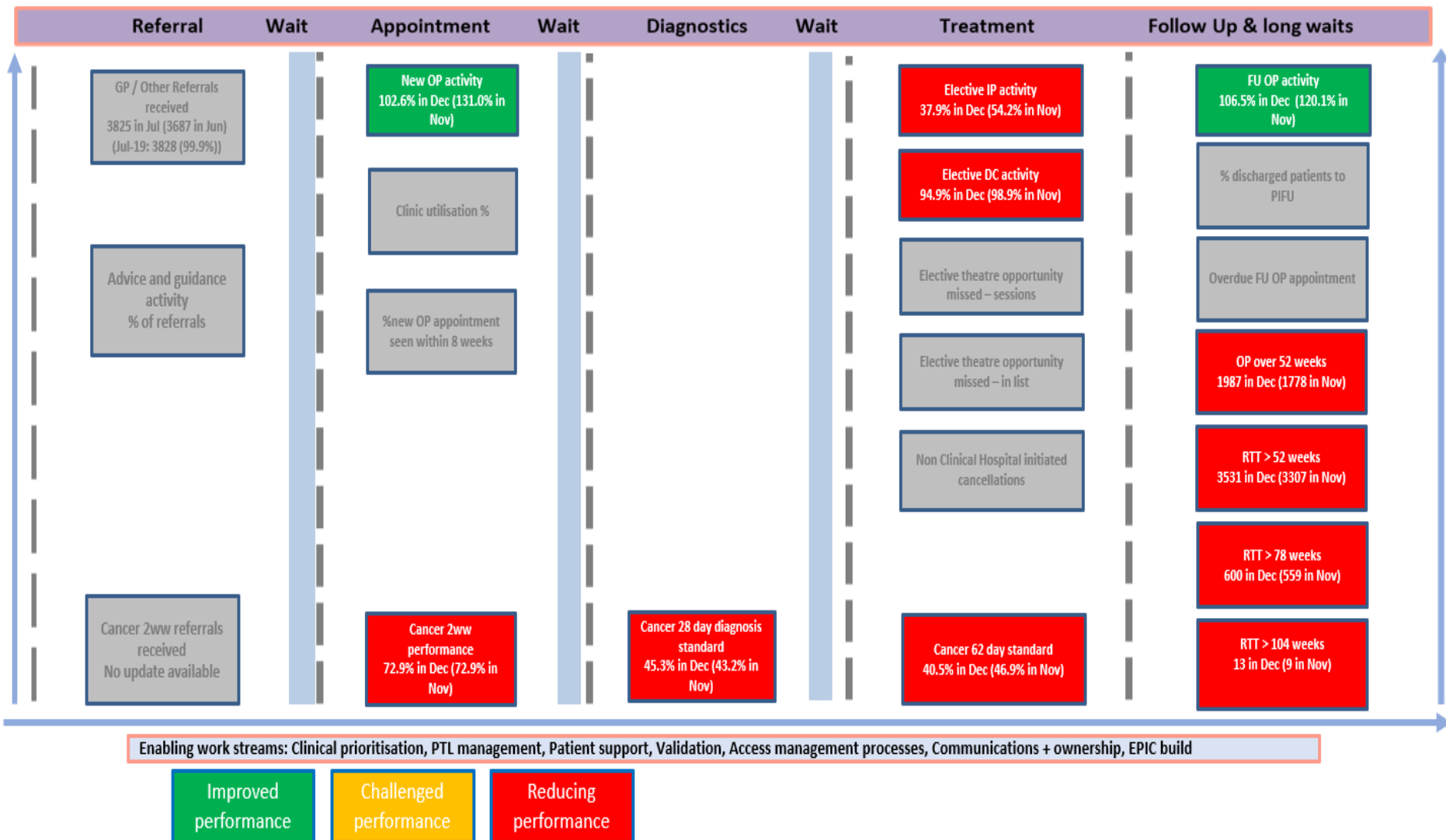
Northern and Eastern Community Services Backfill Pre Care Act

Unallocated domiciliary care hours, and waiting list position



Northern Services Planned Care Metrics 2022-2023

Data: October, November & December 2022



Planned Care Metrics 2022-2023

Data : December 2022

Eastern Services

Referral	Wait	Appointment	Wait	Diagnostics	Wait	Treatment	Wait	Follow-up and Long Waits
GP / Other Referrals received 8286 (Nov 10482) (Dec-19: 8400 (98.7%))		New Outpatient activity 82.9% (Nov 91.7%)				Elective Inpatient activity 71.8% (Nov 67.9%)		Follow-up Outpatient activity 138.5% (Nov 149.9%)
		OP Activity % of virtual 23.7% (Nov 21.7%)				Elective Daycase activity 94.6% (Nov 108.6%)		% discharged patients to PIFU
Advice and guidance % of referrals activity 11.90% (Nov 13.98%)						Elective theatre opportunity missed - sessions		Overdue FU OP appointment
		Clinic Utilisation (%)				Elective theatre opportunity missed - in list		OP over 52 weeks 1264 (Nov 1251)
		%new OP appointment seen within 8 weeks				Non Clinical Hospital initiated cancellations		RTT > 52 Weeks 5126 (Nov 4920)
Cancer 2ww referrals received 1992 (Nov 2515) (Dec-19: 1707 (71.8%))		Cancer 2ww performance 75.3% (Nov 67.6%)		Cancer 28 day diagnosis standard 76.5% (Nov 76.2%)		Cancer 62 day standard 67.5% (Nov 55.7%)		RTT > 78 Weeks 909 (Nov 892)
								RTT > 104 Weeks 142 (Nov 208)

Enabling work streams: Clinical prioritisation, PTL management, Patient support, Validation, Access management processes, Communications + ownership, EPIC build

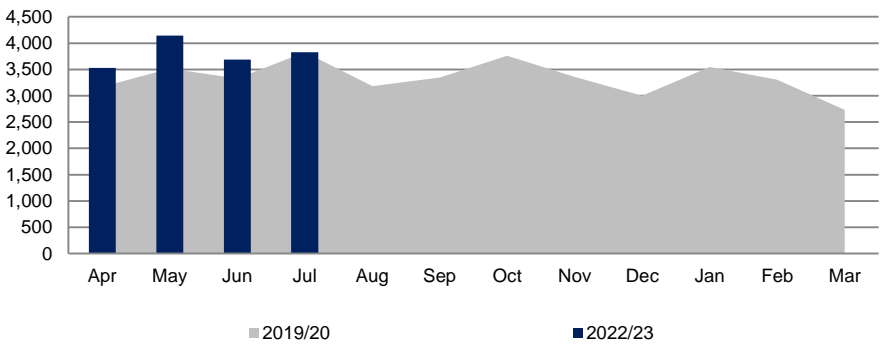
Improved
performance

Challenged
performance

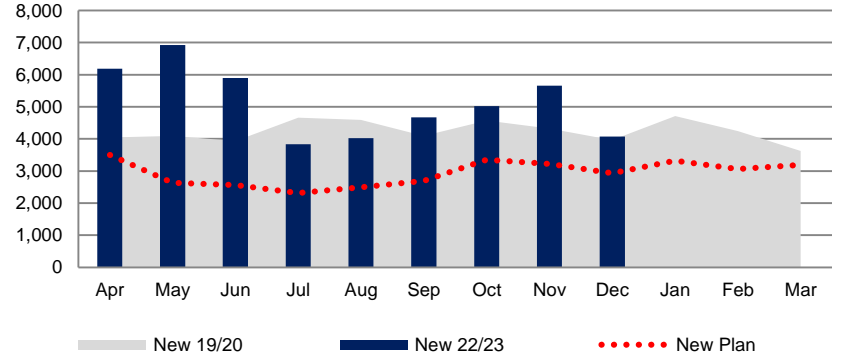
Reducing
performance

Northern Services Elective Activity- Referrals and Outpatients

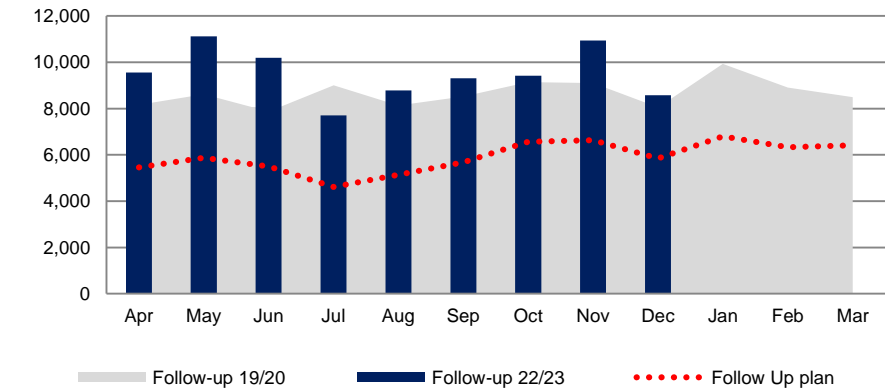
Referrals from All Sources (cons only)



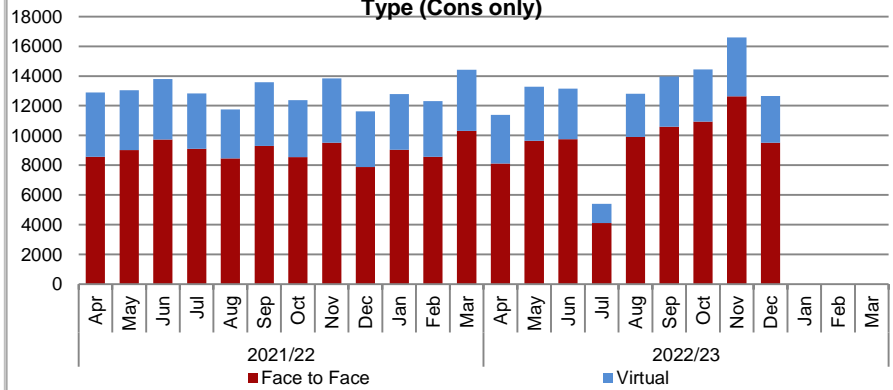
Outpatient Activity (NEW)



Outpatient Activity (FOLLOW-UP)

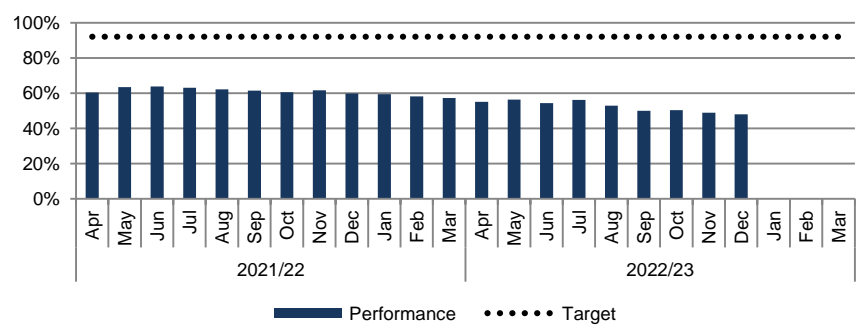


Outpatient Attendances (New and Follow-up) by Appointment Type (Cons only)



- November and December data is not yet available for referrals following the implementation of Epic..
- In December and January, urgent care demand required the cancellation of some clinics to free physicians to work on wards.
- In referral to treatment times the focus still remains on reducing 104 and 78 week waits between now and year end.

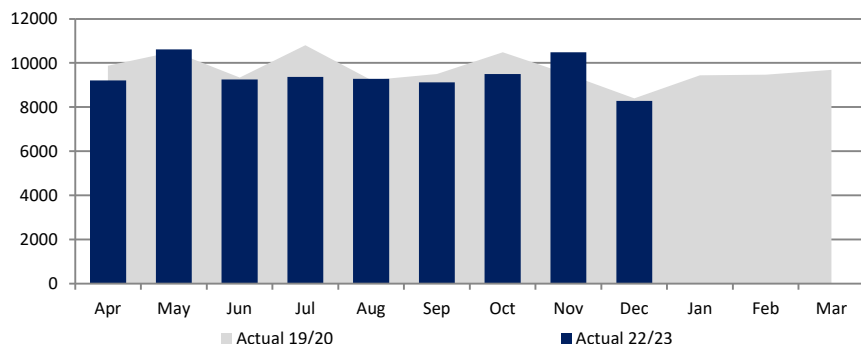
RTT 18 Week Performance



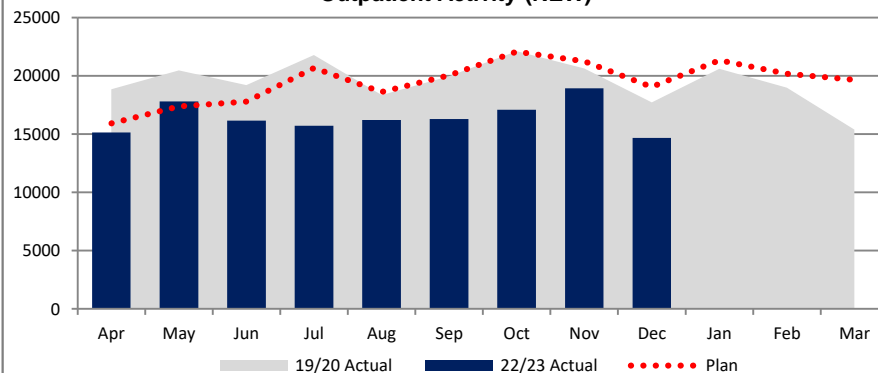
Eastern Services Elective Activity- Referrals and Outpatients

Referrals

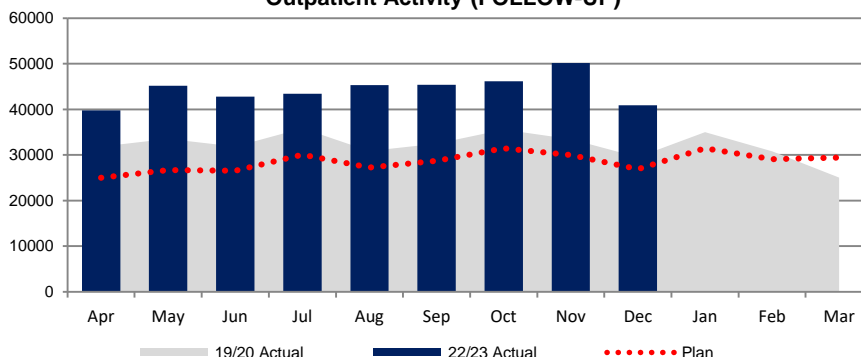
Consultant Led. Excl Community



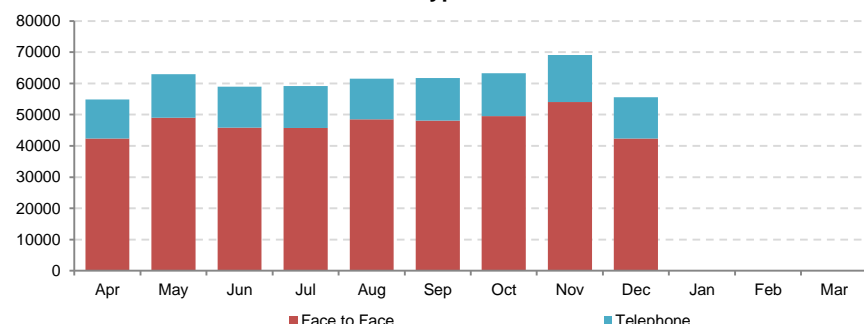
Outpatient Activity (NEW)



Outpatient Activity (FOLLOW-UP)



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



For referrals and all outpatient activity, November saw a significant increase in activity, followed by a decrease in December. Volumes are historically lower in December but this year were affected by a number of other issues notably industrial action, higher staff sickness absence and significant UEC pressures affecting bed occupancy and some relocation of staffing for ward areas away from elective activity.

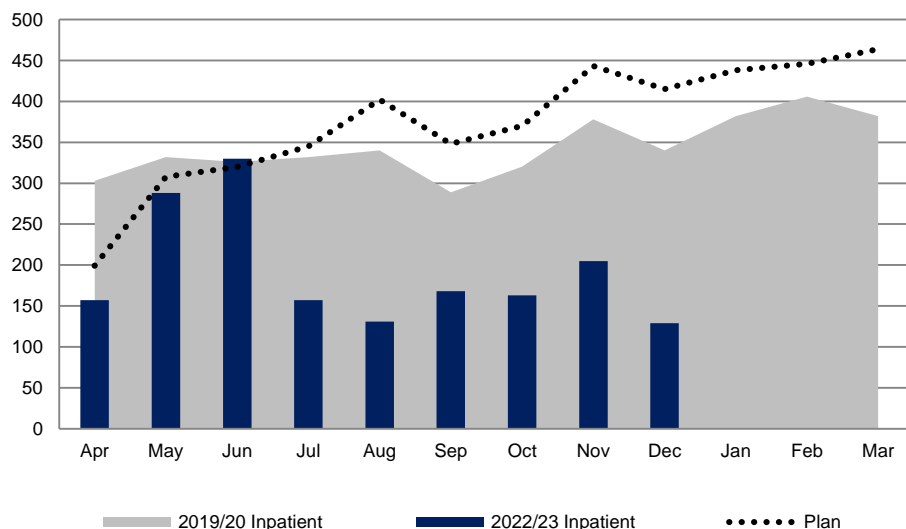
Referrals: increased in November to 110% of 2019/20 and then reduced down to 99% of 2019/20 levels in December.

Outpatient new: increased to 92% in November before falling to 83% in December. The increases in November were across most specialties, but particularly for Gynaecology and Ophthalmology, where ERF schemes and the Nightingale scaled up. In December the various issues referred to above resulted in a significant reduction in activity in the last two weeks of December.

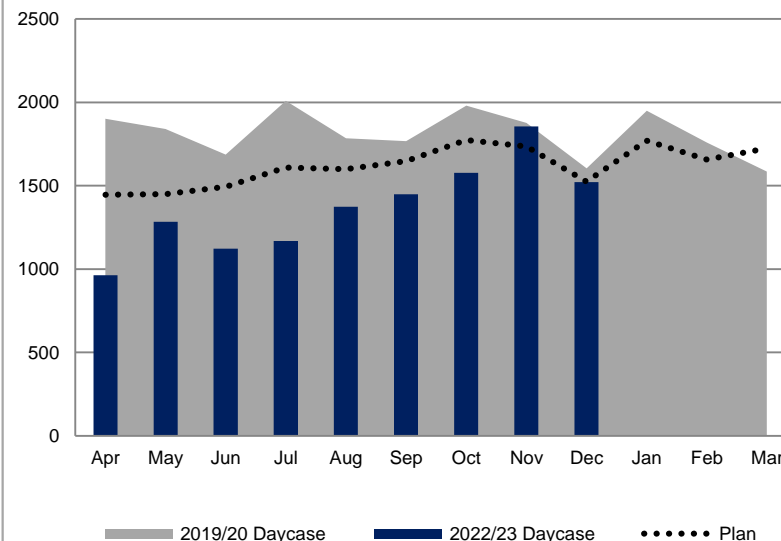
Outpatient follow up: increased to 150% in November before falling to 138% in December. The same pressures referred to above were the drivers of the December position in the last two weeks of the month.

Northern Services Elective Activity- Inpatient and Daycase

Elective Inpatient Activity



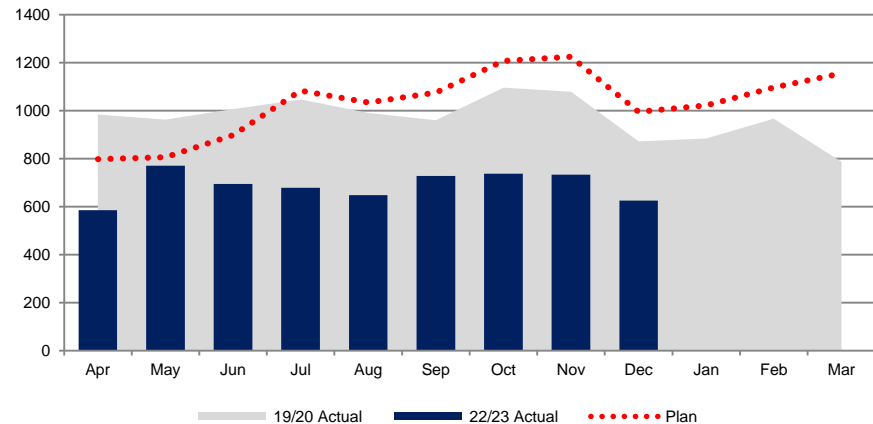
Elective Daycase Activity



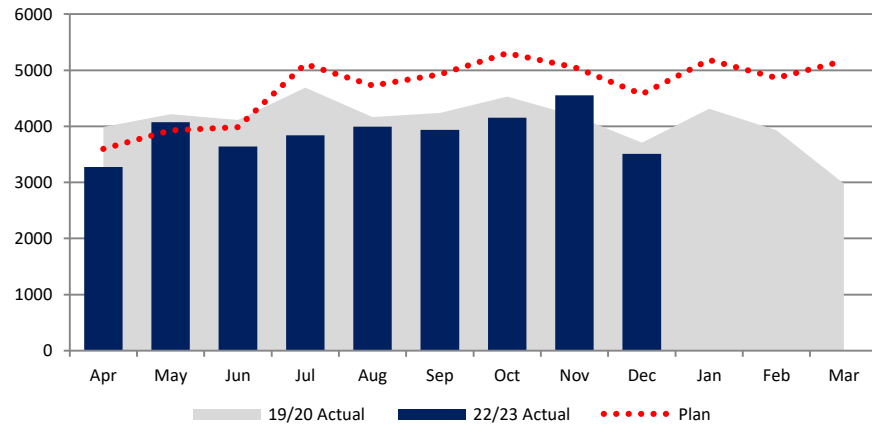
- Highest clinical priority patients and long waiting patients continue to be monitored weekly via the Patient Tracking Meeting (PTL).
- Elective Same Day Cancellation data is still unavailable following the implementation of EPIC. Towards the end of November we were required to use all escalation areas for Inpatients. This resulted in a number of patients being cancelled during November and December.
- Immediately after Christmas, urgent care pressures escalated which meant that in late December and early January Jubilee ward ceased to be used for elective orthopaedics and was instead used to support urgent care demand. The Devon system was in Opel 4 and a system wide critical incident was declared. During this time the Day Surgery unit was also used to support urgent inpatient care demand and on one day endoscopy was also used. This led to cancellation of patients scheduled for elective surgery and endoscopy.
- A level of de-escalation occurred and Jubilee ward returned to functioning as an elective orthopaedic ward on 6th January 2023. Whist urgent care patients continue to be cared for in the Day Surgery Unit, day case surgery has also been accommodated since this date.

Eastern Services Elective Activity- Inpatient and Daycase

Elective Inpatient Activity



Daycase Activity

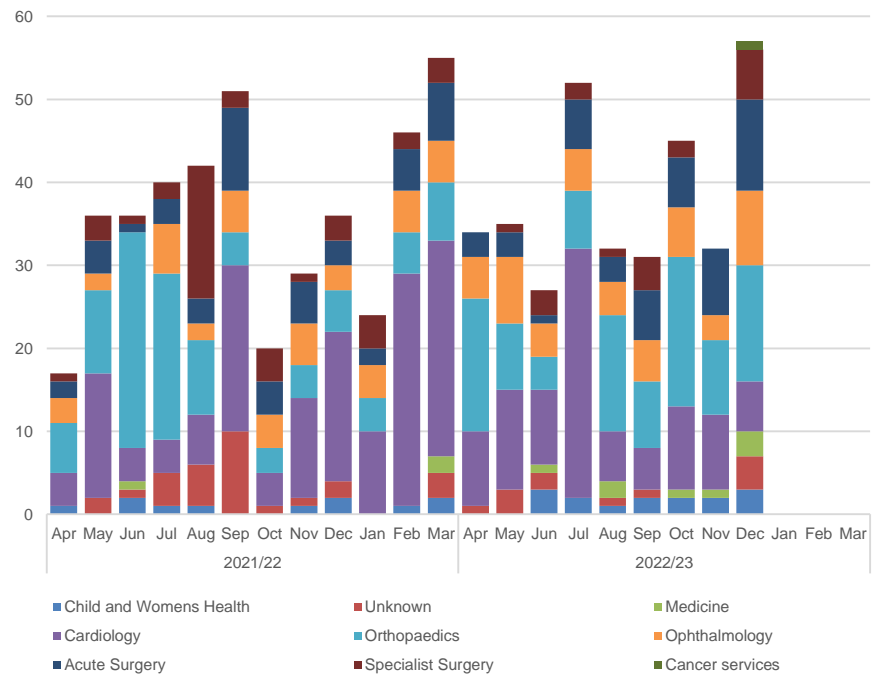


Daycase and inpatient: Daycase activity rose to 109% in November before falling to 95% in December. The November increase was largely attributed to an increase in ERF and Nightingale activity for Ophthalmology, Trauma and Orthopaedics and Gastroenterology specifically. The reduction in December was attributed to all specialties and was seen in the last two weeks of December where a combination of industrial action, high volumes of staff sickness and UEC pressures had a material affect on elective surgery.

Inpatient: activity increased slightly in November to 68%. Despite the pressures referred to above, inpatient activity was stable for the majority of December until the last two weeks when volumes fell significantly. This allowed a position relative to 2019/20 of 72%.

Cancellations were significant in December due to the pressures referenced above, with patients seen on a clinical priority basis.

Elective Same Day Cancellations : Hospital



Northern Services Elective Activity- Long Waiting Patients

Activity & Flow

Operational Performance

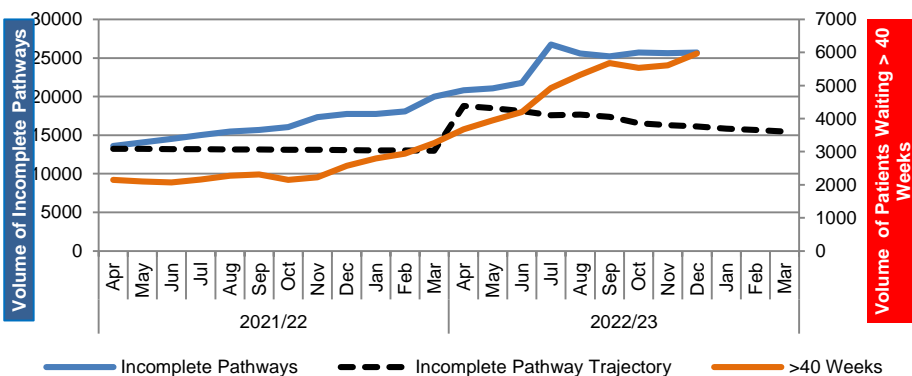
Patient Experience

Quality & Safety

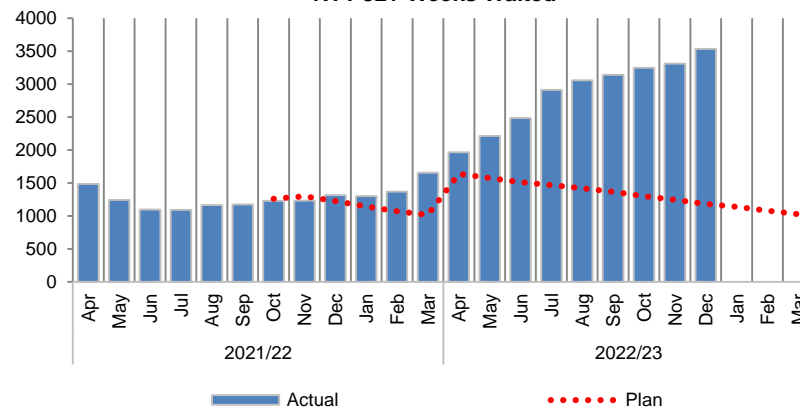
Our People

Finance

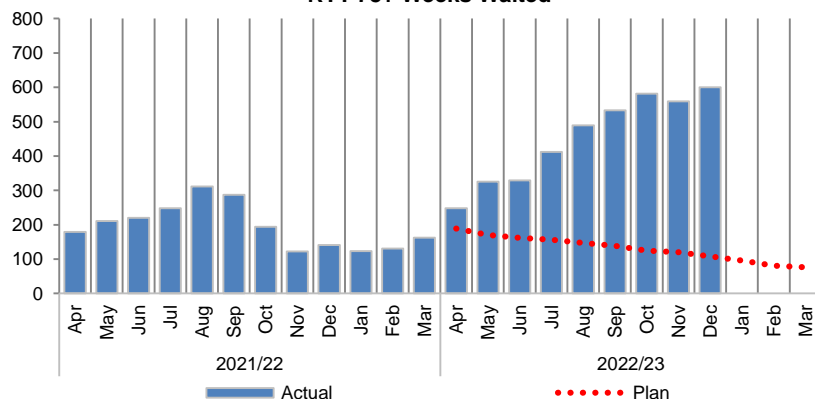
Incomplete Pathways and Longer Waiting Patients



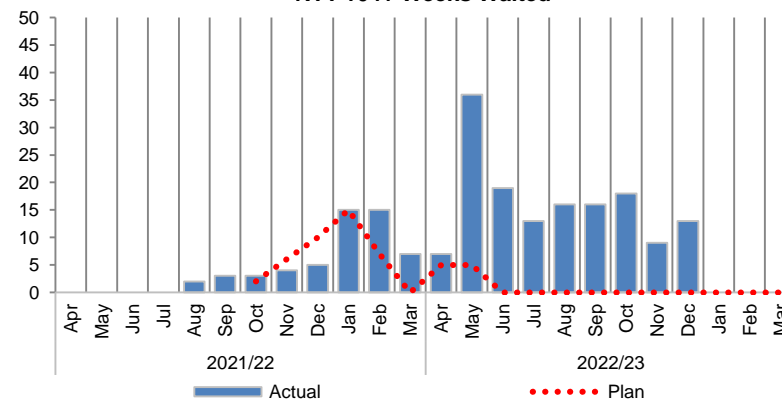
RTT 52+ Weeks Waited



RTT 78+ Weeks Waited



RTT 104+ Weeks Waited



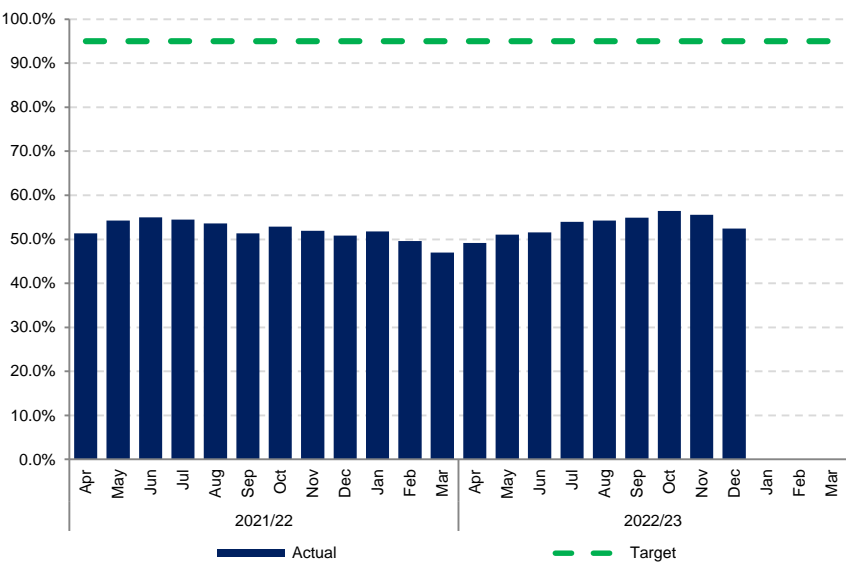
- The focus still remains on ensuring that Northern Services meet the target of 0 patients waiting over 104 weeks for treatment by the end of March, and on reducing both 104 and 78 week waits between now and year end.
- Actions are in place to ensure non-admitted patients who will breach 78 weeks by the end of March 2023 have a clinic appointment booked, and patients on admitted waiting lists are offered dates for admission.
- The trajectory for 78 week waits has been revised and north are working to achieve 516 (143 fewer than the original trajectory) by the end of March 2023
- In December, unfortunately some patients waiting over 104 weeks had their treatment deferred to January due to the operational pressures caused by the urgent care demand and rise in the number of inpatients with Covid and Flu.

Northern Services Elective Activity- Long Waiting Patients Continued

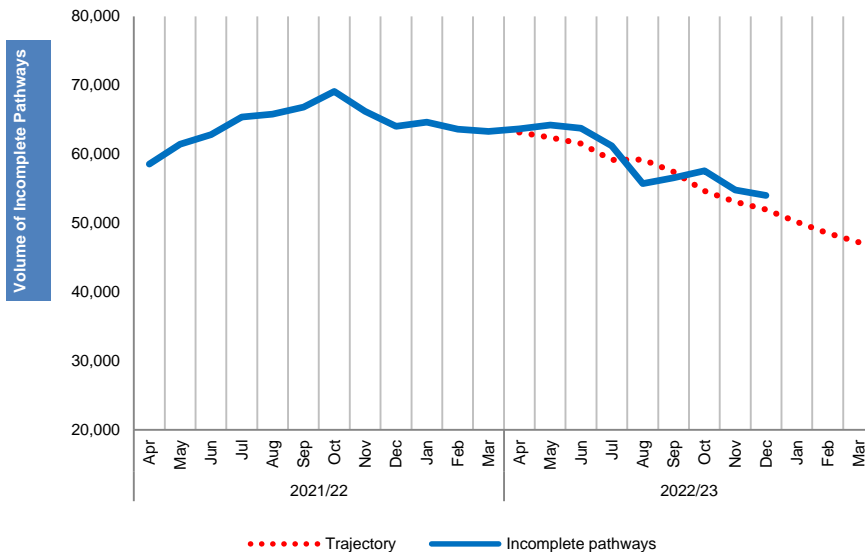
Specialty		2021/22												2022/23											
		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22			
52+ weeks	T & O	416	327	260	225	221	222	225	244	267	312	344	391	460	522	529	594	590	594	596	552	600			
	Cardiology	8	6	5	1	2	7	12	12	10	10	11	15	13	23	27	37	42	72	92	130	164			
	Ophthalmology	492	393	311	323	458	373	371	367	401	390	336	459	561	632	720	865	824	823	831	800	820			
	Other	425	352	353	366	315	414	438	454	490	436	504	594	694	757	903	1055	1208	1248	1331	1434	1536			
	Grand Total	1484	1244	1099	1091	1167	1174	1230	1235	1316	1301	1367	1655	1967	2212	2483	2912	3058	3137	3246	3307	3531			
78+ weeks	T & O	47	49	55	51	63	62	42	23	22	41	21	33	65	126	97	114	137	140	130	106	118			
	Cardiology	0	0	0	1	0	1	0	0	0	0	0	0	2	1	0	0	1	1	4	5	4			
	Ophthalmology	72	82	78	93	106	86	45	18	16	19	17	27	44	33	43	58	54	85	116	140	148			
	Other	39	50	58	69	98	90	79	49	72	28	58	62	89	106	134	170	204	238	251	226	240			
	Grand Total	179	211	220	248	311	287	194	122	141	123	131	162	248	325	329	412	471	533	582	559	600			
104+ weeks	T & O	0	0	0	0	0	1	0	0	0	1	0	3	2	28	13	5	6	5	5	1	0			
	Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	Ophthalmology	0	0	0	0	0	0	0	1	1	5	4	0	1	0	0	1	2	2	1	3	2			
	Other	0	0	0	0	2	1	3	2	3	9	10	3	3	4	1	2	2	4	8	1	7			
	Grand Total	0	0	0	0	2	3	3	4	5	15	15	7	7	36	19	13	15	16	18	9	13			

Eastern Services Elective Activity- Inpatient and Daycase

RTT 18 Week Performance



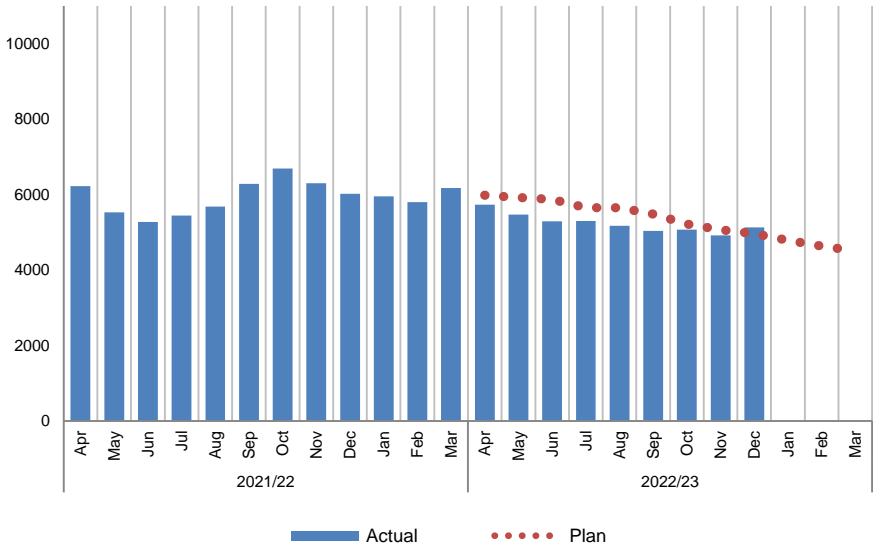
Incomplete Pathways



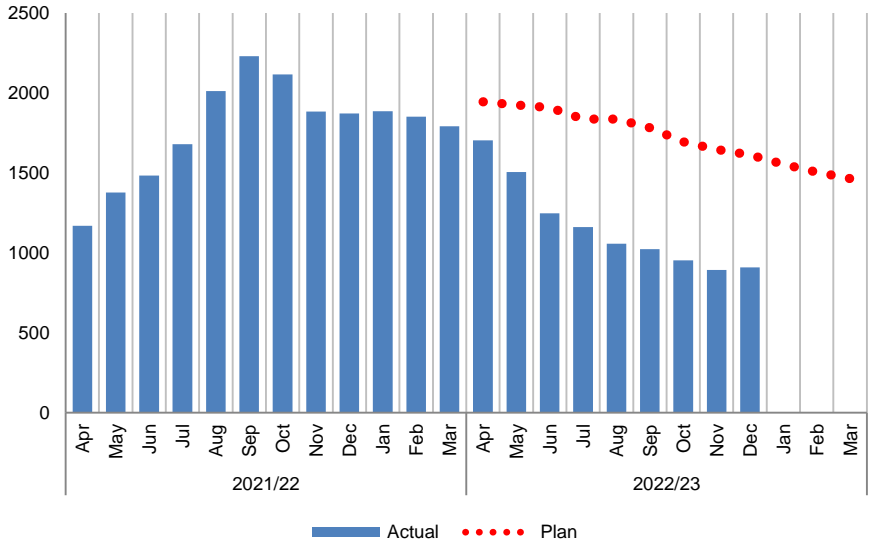
Despite the significant pressures seen in the last two weeks of December, the total incomplete pathway continues to reduce. This is a combination of ongoing validation / cleansing of the waiting list but also significant additional activity. This trend is contrary to the regional and national position, which has seen an increase in the waiting list position over the 2022/23 year.

Eastern Services Elective Activity – Long Waiting Patients

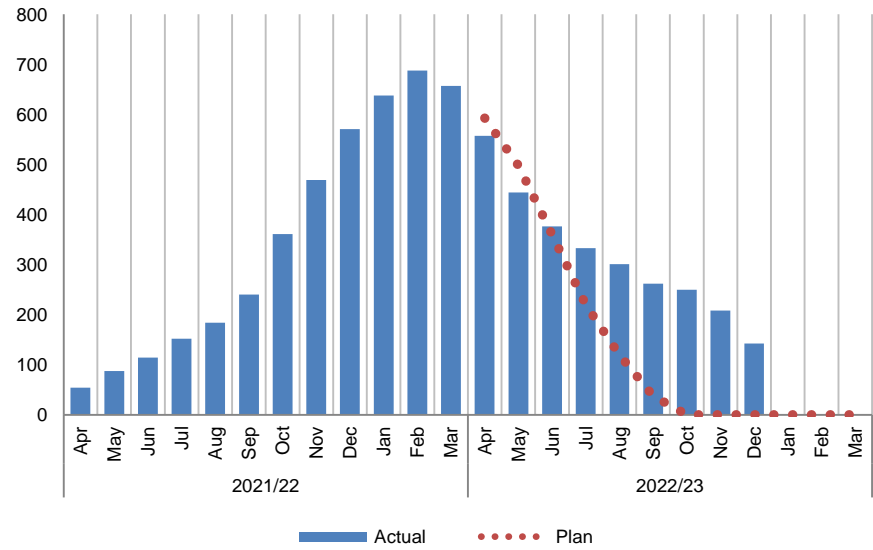
RTT 52+ Weeks Waited



RTT 78 + Weeks Waited



RTT 104+ Weeks Waited



The pressures experienced in the last two weeks in December affected the 52+ and 78+ week wait position, with both experiencing a deterioration compared to November. 104+ week waits however continued to reduce and this positive trend is expected to continue to year end with significant efforts focused on the longest waits.

Eastern Services Elective Activity- Long Waiting Patients

Specialty		2021/22												2022/23											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
52+ weeks	Orthopaedics	1859	1720	1628	1535	1482	1533	1595	1617	1610	1537	1492	1568	1499	1416	1364	1419	1374	1436	1487	1478	1402			
	Cardiology	414	399	417	407	418	491	530	484	442	414	377	416	429	457	487	520	545	482	428	457	496			
	Ophthalmology	1315	1013	941	1046	1212	1399	1489	1456	1610	1404	1365	1608	1345	1164	929	858	688	578	546	452	465			
	Colorectal Surgery	445	437	437	448	455	451	498	514	526	553	517	523	526	593	609	618	546	508	513	535	561			
	Upper GI	80	86	76	81	94	95	114	99	91	102	107	106	104	104	109	113	101	101	127	140	159			
	Other	561	495	438	518	588	571	712	623	434	667	727	677	719	760	885	927	1144	1232	1261	1244	1420			
	Total	6224	5531	5272	5445	5682	6284	6691	6299	6021	5952	5802	6173	5731	5473	5289	5298	5173	5034	5074	4920	5126			
78+ weeks	Orthopaedics	581	654	697	698	761	810	782	775	843	846	827	820	773	684	584	528	472	457	417	387	334			
	Cardiology	108	111	120	126	152	165	175	137	121	134	138	133	153	149	134	129	130	121	94	113	130			
	Ophthalmology	61	70	91	137	279	384	343	264	246	307	325	331	271	223	155	140	94	77	80	53	67			
	Colorectal Surgery	128	172	175	195	219	233	250	252	260	248	221	183	188	183	149	153	127	119	120	127	128			
	Upper GI	23	22	21	23	34	34	35	29	22	19	21	22	30	22	19	28	22	22	29	32	42			
	Other	85	115	108	167	132	31	54	58	76	77	91	48	65	68	55	43	71	79	86	87	100			
	Total	1170	1377	1483	1679	2013	2231	2117	1884	1873	1887	1853	1791	1704	1505	1248	1162	1058	1023	952	892	909			
104+ Weeks	Orthopaedics	23	35	47	65	81	114	178	252	340	397	437	445	364	299	261	230	191	162	153	124	69			
	Cardiology	6	12	23	28	25	27	46	51	49	59	63	57	58	45	32	31	22	16	12	14	9			
	Ophthalmology	0	0	0	0	1	4	6	12	18	18	30	24	13	8	2	6	9	8	5	4	7			
	Colorectal Surgery	19	23	28	34	38	41	54	64	75	87	80	75	67	63	46	42	45	42	48	33	26			
	Upper GI	1	2	0	2	3	3	7	4	4	2	2	3	2	4	1	1	0	0	3	5				
	Other	3	11	12	16	29	26	59	76	71	59	64	42	38	18	26	14	27	27	27	25	23			
	Total	54	87	114	152	184	240	361	469	571	638	688	657	557	444	376	333	301	262	250	208	142			

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

Patient survey

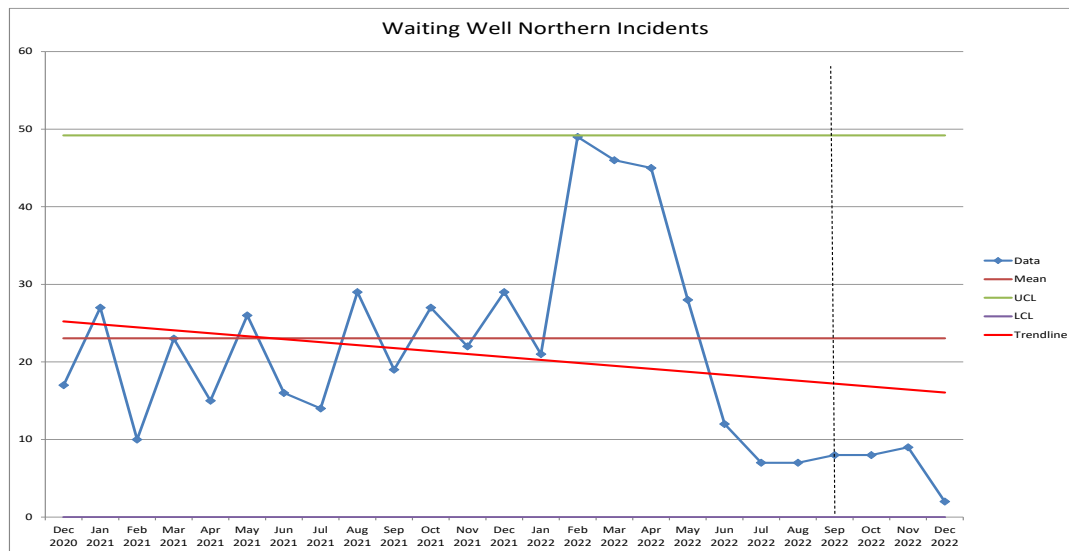
- Northern services are planning to replicate the patient survey process that is already in place in eastern services.
- The aims of the survey are to
 - identify any patients who no longer want or need to be on a waiting list (patient validation)
 - Ensure patients are empowered to seek appropriate help from the health system when needed
 - Refer any identified patients that need further community support to local voluntary sector organisation(s)

Patient survey

- Northern services are planning to replicate the patient survey process that is already in place in eastern services.
- The aims of the survey are to
 - identify any patients who no longer want or need to be on a waiting list (patient validation)
 - Ensure patients are empowered to seek appropriate help from the health system when needed
 - Refer any identified patients that need further community support to local voluntary sector organisation(s)

November 2022 Waiting Well Northern Incidents	None	Minor	Moderate	Total
New	3	2	1	6
Follow up delay	2	1	0	3
Total	5	3	1	9

December 2022 Waiting Well Northern Incidents	None	Total
Follow up delay	2	2
Total	2	2



A moderate harm incident has been raised in relation to a patient who received a delay in treatment in Dermatology. Actions have been put in place to provide additional activity to ensure that patients are being seen in a timely manner.

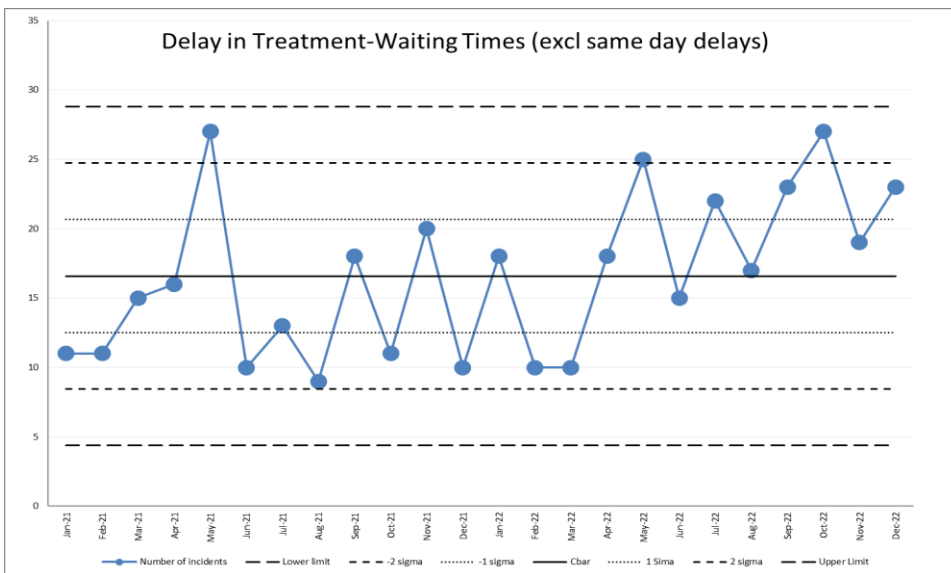
Patient survey support key aims

- Identify any patients who no longer want or need to be on a waiting list (patient validation)
- Ensure patients are empowered to seek appropriate help from the health system when needed
- Refer any identified patients that need further community support to local voluntary sector organisation(s)
- The table reflects total activity since the survey was implemented

Patients Sent Survey	13205
Completed Survey	9503
No response (all contact methods tried)	1991
Work In Progress	1711
Outcome of completed Survey	
Remove from WL	1634
Remain on list with clinical review	3106
Remain on list and referred for community lifestyle support and advice	1393
Remain on list	3370

- Current survey is sent to 500 patients per week, required to expand to 2000 per week to meet new requirements on administrative (patient contact) validation of waiting lists. Further resource is required to meet this requirement.
- Most information in the clinical review section is currently completed incorrectly so survey question has been redesigned to improve and reduce admin/clinical burden
- Community/voluntary support unable to deal with increased volumes and only funded until March so likely to be withdrawn, this will be reviewed but the Devon planned care board.
- If resourcing agreed expanded survey process will be rolled out across northern and eastern

Across the same time period in Eastern 19 incidents were reported for November 2022, and 23 incidents were reported for December 2022. These are broken down by the level of harm against stage of pathway below.



A patient awaiting an urgent outpatient left heart catheterisation had a emergency admission to hospital with chest pains and died. This incident is currently under active investigation, and has been initially reported as a Serious Incident (SI).

November 2022

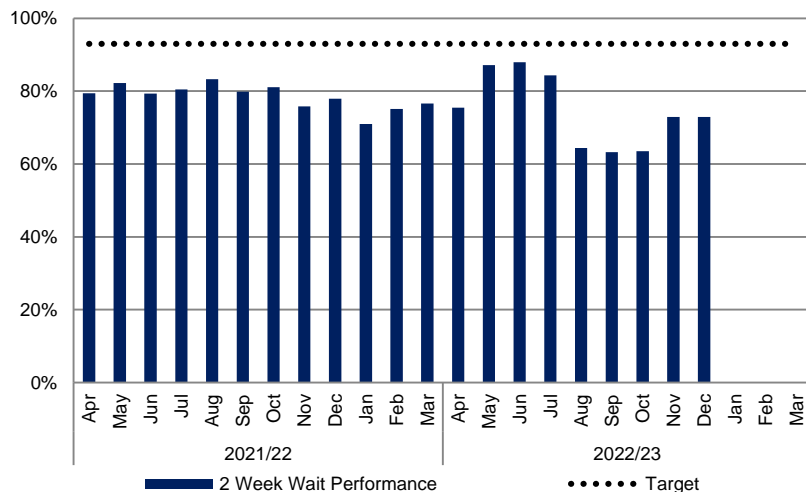
	None	Minor	Moderate	Major	Catastrophic	Total
Surgery	2	3			1	6
Follow up delay	4	2				6
New	3	2				5
Diagnostic request delay	2					2
Total	11	7	0	0	1	19

December 2022

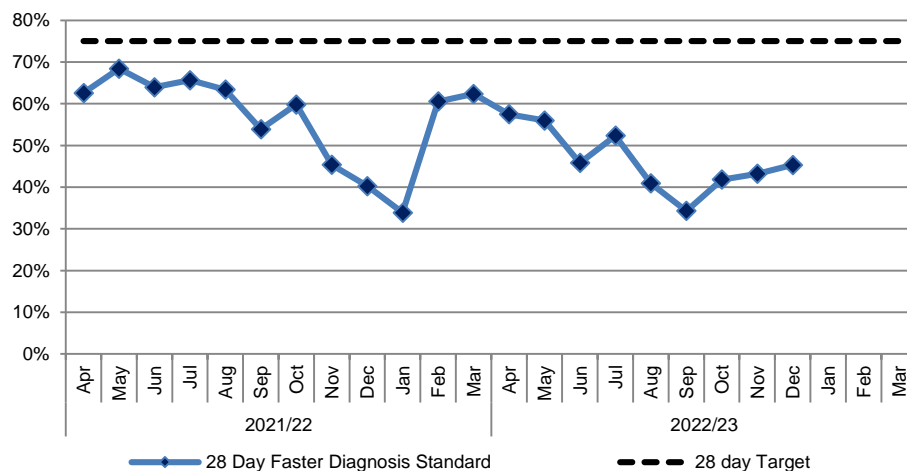
	None	Minor	Moderate	Major	Catastrophic	Total
New	4	6				10
Surgery	1	0				1
Follow up delay	4	2				6
Diagnostic request delay	4	2				6
Total	13	10	0	0	0	23

Northern Services Cancer 14 and 28 Day

2 Week Wait Performance



28 Day Faster Diagnosis Standard



Following challenges with data quality in quarter 2, post Epic implementation, cancer waiting time data was re-submitted for Quarter 2 which demonstrated improved performance from the original submission.

2 Week Wait Performance

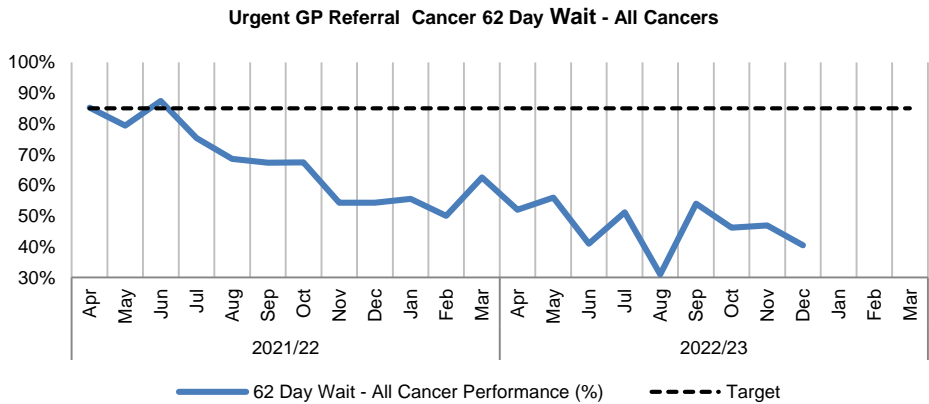
The significant challenges in the high volume speciality of Dermatology as a result of transition from System1 to Epic have been the main contributor towards the drop in 2 week wait in August - October. The dermatology position has been recovering since this point due to additional clinical capacity and is anticipated to achieve the target in January/February. This improvement can be seen impacting on the overall site position in November and December. Unfortunately a number of other sites have significant capacity pressures and were significantly below the 14 day target for 1st outpatient appointment for November. The largest volumes of breaches were observed in Gynaecology 14% representing 64 breaches, Dermatology 79.5% (45 breaches), Urology 67% (31 breaches) and Lower GI 84% (27 breaches).

- All services have been asked to submit action plans with specific actions to reduce first out patient waiting times to 7 days
- Actions including additional capacity have commenced or are about to commence in Dermatology, Urology, Lower GI and Gynaecology.

28 Day Faster Diagnosis Standard

- The 2ww performance is directly impacting on ability to confirm diagnosis within 28 days.
- Several tumour sites are still struggling to achieve the 28 day faster diagnosis target and actions to support these services are being monitored as part of the Trust's Cancer Recovery Action Plan.
- Colorectal faster diagnosis breaches have significantly increased as a result of access to endoscopy for colonoscopy, also challenges with workforce; a locum colorectal surgeon started in post in January and options to insource additional endoscopy capacity are being explored.
- Urology - additional cystoscopy capacity is now in place and a new prostate pathway is planned to go live in February.
- Skin performance is expected to improve following achievement of the 2 week wait target and this has occurred in January.
- Hysteroscopy capacity continues to be the main challenge in achieving 28 day FDS performance in Gynaecology. Additional activity is being put in place to support this.

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



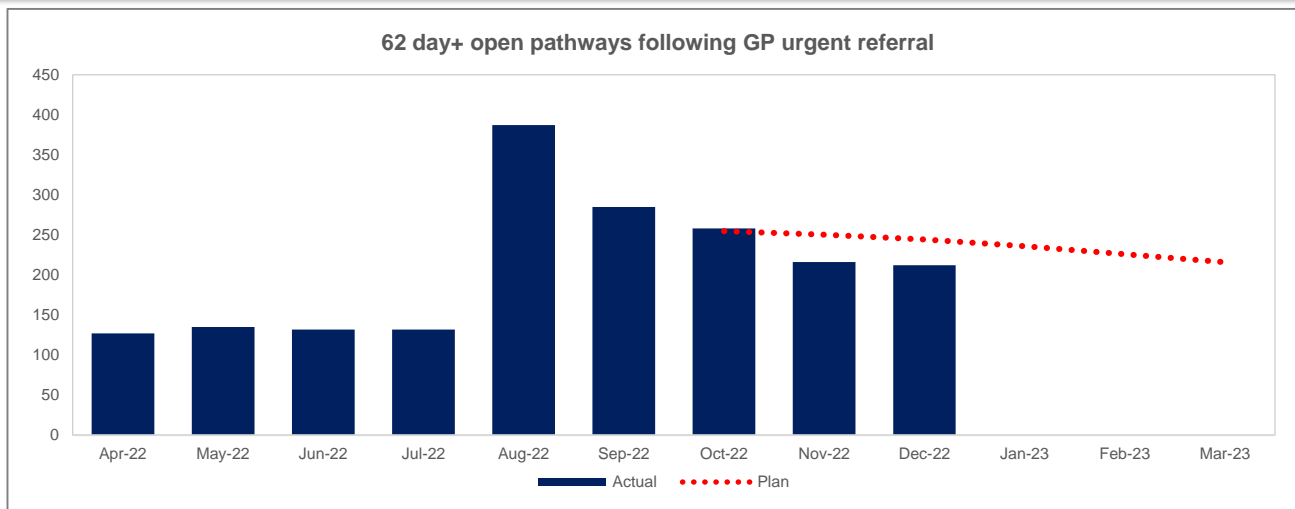
- Data Quality post EPIC implementation has now been resolved and treatment volumes are in line with pre- EPIC baseline.
- Weekly PTL meetings are in place across all tumour sites.
- Extensive validation has resulted in a smaller total PTL size which is emphasizing the 62 day + position.
- The majority of pathway delays are in within the diagnostic phase of the pathway and 62 day performance will improve with actions aligned to deliver 28 FDS.
- Capacity remains a pressure for some specialties and Oncology capacity for new patient appointments and treatments are subject to significant capacity constraints
- Every service has an up to date Cancer Recovery Action Plan with specific actions against delivery of each of the national CWT indicators where operational standards are not being achieved. These are monitored at the Northern Cancer Steering Group.

Cancer - 14,31 & 62 Day Wait

Performance(%) and Number of Breaches		Target	2021/22												2022/23											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
14 Day	All Urgent (%)	93%	79.44%	82.20%	79.29%	80.49%	83.25%	79.84%	81.06%	75.82%	77.89%	70.96%	75.14%	76.57%	75.44%	87.12%	87.89%	84.31%	64.36%	63.23%	63.50%	72.86%	72.93%			
	All Urgent (N)		120.0	105.0	148.0	133.0	103.0	150.0	132.0	163.0	159.0	183.0	172.0	190.0	154.0	102.0	86.0	83.0	299.0	285	254	222	160			
	Symptomatic Breast (%)	93%	6.56%	1.56%	0.00%	8.16%	0.00%	2.17%	0.00%	3.57%	1.75%	3.64%	7.58%	2.67%	8.70%	71.74%	79.31%	100.00%	0.00%	100.00%	100.00%	83.33%	75.00%			
	Symptomatic Breast (N)		57.0	64.0	40.0	45.0	16.0	46.0	11.0	54.0	56.0	53.0	61.0	73.0	42.0	13.0	12.0	0	1	0	0	2	4			
31 Day	All Decision To Treat (%)	96%	94.10%	98.98%	94.70%	96.11%	89.36%	86.59%	88.00%	82.22%	88.09%	83.65%	87.25%	84.11%	83.54%	81.80%	76.90%	96.30%	97.37%	97.30%	81.82%	75.00%	62.50%			
	All Decision To Treat (N)		6.0	2.0	4.0	3.0	6.0	11.0	9.0	16.0	10.0	17.0	13.0	17.0	12.0	17.0	15.0	1	1	1	6	15	6			
	Subsequent - Surgery (%)	94%	91.60%	94.11%	100.00%	90.00%	66.66%	60.00%	66.66%	91.66%	55.55%	41.66%	75.00%	71.42%	54.54%	20.00%	40.00%	100.00%	100.00%	100.00%	50.00%	55.56%	40.00%			
	Subsequent – Surgery (N)		2.0	1.0	0.0	1.0	4.0	4.0	3.0	1.0	4.0	4.0	2.0	4.0	5.0	4.0	3.0	0	0	0	3	4	2			
	Subsequent - Anti-Cancer Drug %	98%	100.00%	100.00%	100.00%	95.65%	83.33%	96.60%	92.59%	100.00%	95.83%	82.60%	90.32%	96.29%	96.15%	92.60%	94.40%	100%	100%	97%	88%	80%	67%			
	Subsequent - Anti-Cancer Drug		0.0	0.0	0.0	1.0	5.0	1.0	2.0	0.0	1.0	4.0	4.0	1.0	1.0	2.0	1.0	0	0	1	3	10	2			
62 Day	All Screening Service (%)	90%	33.30%	0.00%	33.30%	33.30%	50.00%	44.44%	100.00%	66.60%	100.00%	33.00%	100.00%	28.57%	100.00%	75.00%	100.00%	100%	0%	17%	0%	100%	0%			
	All Screening Service (N)		2.0	1.0	2.0	1.0	1.0	2.5	0.0	1.0	0.5	1.0	3.0	2.5	0.0	1.0	0.0	0	2.5	0.5	0	2	0			
	Consultant upgrade (%)	90%	72.05%	87.20%	96.25%	89.65%	76.74%	83.60%	67.34%	76.71%	78.73%	73.23%	80.00%	62.00%	57.44%	60.00%	74.50%	66.67%	6.00%	65.22%	75.76%	50.00%	65.22%			
	Consultant upgrade (N)		9.5	5.5	1.5	4.5	10.0	5.0	8.0	8.5	6.5	8.5	11.0	10.0	10.0	11.0	7.0	6	71.43	8	8	14	8			
28 day	28 Ref to diagnosis (%)	N/A	62.60%	68.42%	63.98%	65.65%	63.38%	53.89%	59.82%	45.36%	40.26%	33.89%	60.55%	62.34%	57.47%	56.00%	45.80%	52.34%	40.90%	34.31%	41.83%	43.20%	45.68%			
	28 day Ref to diagnosis (N)		236.0	204.0	242.0	237.0	229.0	321.0	233.0	394.0	413.0	492.0	292.0	329.0	254.0	268.0	241.0	173.0	263.0	270	395	547	308			

Northern Services Cancer 62 Day Backlog

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



- The number of patients on active cancer pathways waiting more than 62 days has reduced from 415 at the start of September to 210 at the end of December, with further reduction at the start of January to 195.
- Despite the reduction in >62 day volumes, the increased scrutiny of PTL meetings has caused the overall PTL volume to decrease and therefore the percentage of pathways over 62 days remains at 18.8%.
- The tumour sites with the largest number of patients waiting over 62 days are Urology, Dermatology and Colorectal.

Key actions:

Dermatology

- Insourcing agreed to continue throughout Q4, it is anticipated that the 62 backlog will be cleared by the end of January 2023.

Colorectal

- Locum consultant in post from 09/01/2023 will increase capacity across the service including 2ww and endoscopy.
- Endoscopy insourcing in place and further insourcing capacity with additional provider is being explored.

Urology

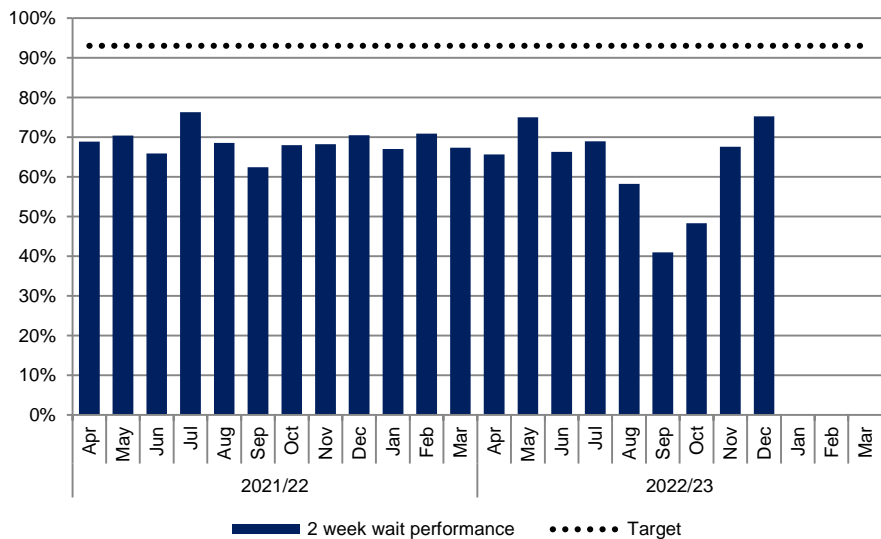
- Locum consultant recruited
- TP biopsy – Additional capacity agreed with support from Musgrove Park Hospital, additional staff training planned to sign off additional operators locally.
- Outsourced cystoscopy capacity in place throughout Q4
- Additional USS capacity aligned with Flexi capacity being scoped.
- New prostate pathway to be implemented in February

Gynae

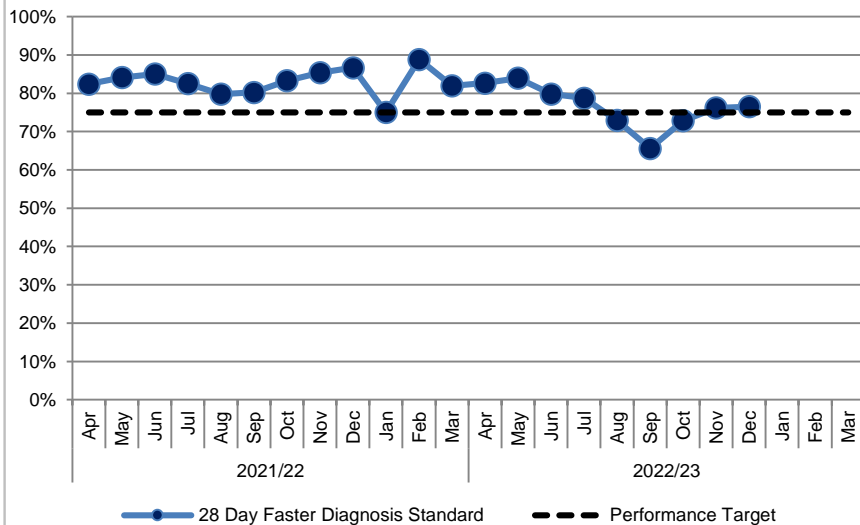
- Additional 2ww and hysteroscopy sessions agreed and activity commenced.

Eastern Services Cancer 14 and 28 Day

2 Week Wait Performance



28 Day Faster Diagnosis Standard



2 Week Wait Performance

- Performance has been improving since September but remains significantly below target due to an imbalance of demand and available capacity.
- A significant improvement has been noted in Breast performance (28.2% in October and 99.2% in November) and also Skin (38.5% in October and 91.4% in December).
- Part of this improvement is due to a lower number of referrals during this period, approximately 8% fewer than November.

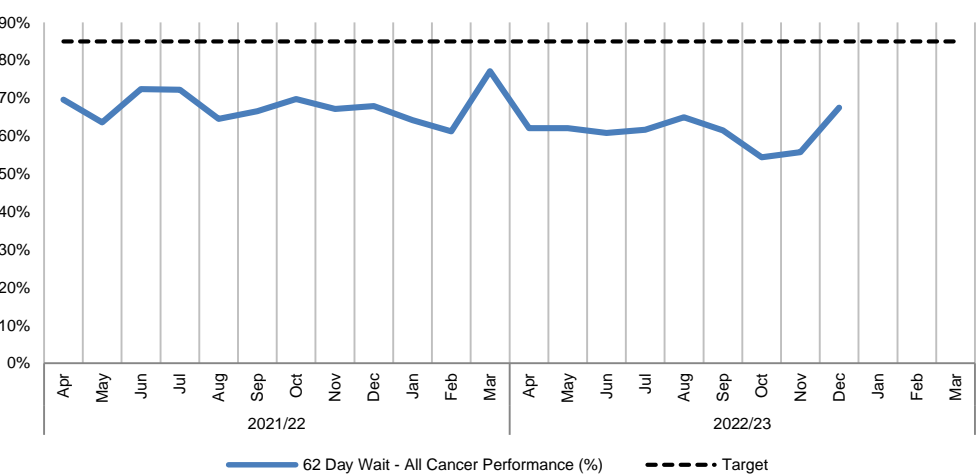
28 Day Faster Diagnosis Standard

- Colorectal performance has continued to decline due to Outpatient capacity and Endoscopy capacity.
- Additional clinics are being sought to improve capacity – this is routinely monitored and a capacity/demand exercise is currently being undertaken.
- Endoscopy capacity issues are also impacting the Upper GI performance. The team are still undertaking WLI to increase capacity. Proposal for additional capacity at Tiverton is with NHSE.

Eastern Services Cancer 62 Day

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

Urgent GP Referral Cancer 62 Day Wait - All Cancers



Performance against the 62 Day Cancer Target improved by 14.9% to 69.3% in December.

Risks & mitigations

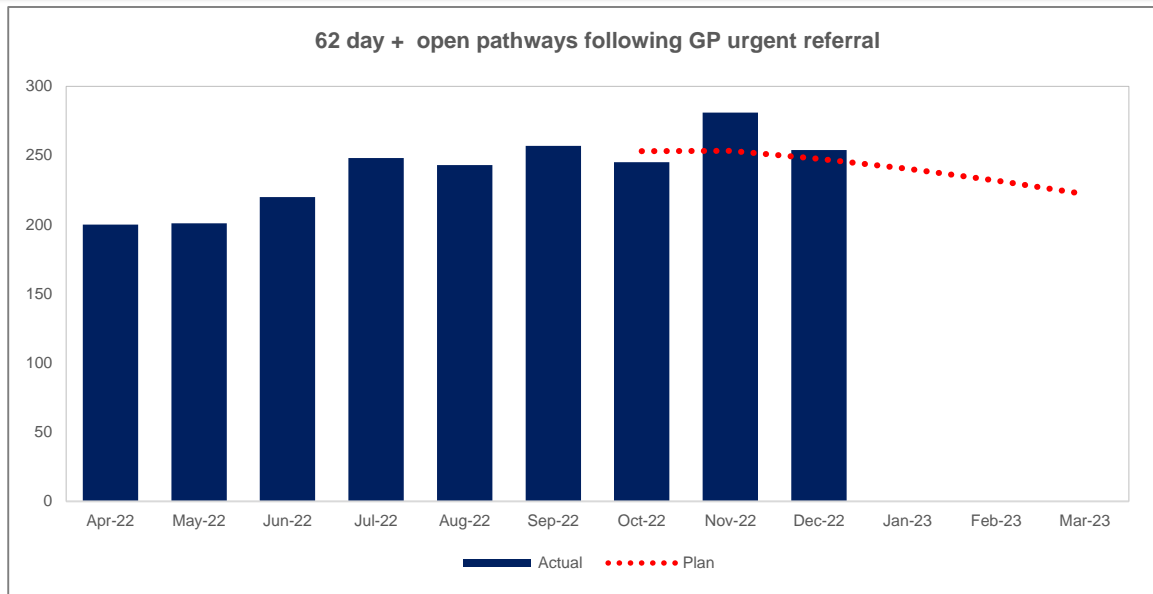
- Oncology no longer able to absorb capacity require to implement new statutory NICE guidance for patients when this is released. Since April 2021 there have been 59 new NICE TAGs released in Oncology and Haematology with a further 11 currently in consultation. Designated Oncology meetings being set up across the Peninsula to agree mitigations.
- Theatre capacity is a significant issue (more complex surgeries/Tertiary patients and increased demand). The new theatre timetable and clinical prioritisation with the POD are in effect.
- Delays in Urology due to an increase in demand for RALPs (in part due to Tertiary referrals) – conversations are being put in place with UHP with regards to utilisation of the Robots. CNS Team are in process of recruiting which will support and stabilise the service.

Cancer - 14, 31, 62 & 104 Day Wait

Performance(%) and Number of Breaches		TARGET	2021/22												2022/23											
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
14 Day	All Urgent (%)	93%	68.9%	70.4%	65.9%	76.3%	68.6%	62.5%	68.0%	68.2%	70.5%	67.1%	70.9%	67.3%	65.6%	75.1%	68.7%	91.7%	58.3%	40.9%	48.3%	67.6%	75.3%			
	All Urgent		650	600	833	514	665	841	702	723	642	622	580	781	759	601	677	151	1019	1430	1236	814	495			
	Symptomatic Breast (%)	93%	3.7%	14.9%	8.7%	42.0%	30.4%	8.1%	29.0%	11.3%	7.9%	15.8%	35.8%	13.3%	20.9%	36.8%	86.2%	93.1%	62.9%	16.7%	41.5%	72.5%	95.8%			
	Symptomatic Breast		52	57	63	29	32	57	49	47	58	48	34	65	34	43	4	2	13	30	24	14	1			
31 Day	All Decision To Treat (%)	96%	96.8%	97.4%	94.2%	94.0%	93.1%	91.5%	95.2%	91.0%	93.2%	92.0%	92.4%	92.9%	88.5%	87.2%	87.4%	84.7%	89.6%	87.5%	93.5%	87.0%	89.0%			
	All Decision To Treat		9	7	18	18	19	24	14	29	22	23	19	19	31	40	35	36	19	22	23	28	32			
	Subsequent - Surgery (%)	94%	83.1%	81.9%	77.3%	88.5%	76.5%	87.5%	85.4%	79.5%	72.7%	75.6%	76.5%	62.8%	63.8%	67.1%	76.0%	75.9%	68.6%	62.9%	79.1%	87.2%	82.9%			
	Subsequent - Surgery		12	15	17	9	16	11	12	16	24	19	19	29	29	26	25	20	16	26	18	11	13			
	Subsequent - Radiotherapy (%)	94%	99.3%	100.0%	97.1%	99.2%	98.3%	99.2%	100.0%	97.1%	100.0%	97.7%	99.2%	99.1%	100.0%	99.2%	95.8%	98.8%	97.4%	98.5%	99.4%	99.2%	99.2%			
	Subsequent - Radiotherapy		1	0	4	1	2	1	0	4	0	3	1	1	0	1	4	1	2	1	1	1	1			
	Subsequent - Anti-Cancer Drug (%)	98%	96.8%	98.5%	100.0%	100.0%	100.0%	100.0%	98.7%	98.9%	98.6%	97.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	98.7%	100.0%	100.0%			
	Subsequent - Anti-Cancer Drug		3	1	0	0	0	0	1	1	1	2	0	0	0	0	0	0	2	0	1	0	0			
62 Day	All Screening Service (%)	90%	0.0%	16.7%	0.0%	0.0%	15.4%	50.0%	100.0%	15.4%	14.3%	33.3%	0.0%	0.0%	12.5%	16.7%	33.3%	0.0%	0.0%	0.0%	21.7%	25.0%	22.7%			
	All Screening Service		2	5	5.5	3	5.5	4	0	5.5	6	2	5	3	3.5	2.5	2	2	2	1	9	3	8.5			
104 days	Volume of Patients Waiting Longer than 104 Days at Month End		33	42	42	32	45	36	36	38	46	39	37	40	52	53	70	68	58	69	54	84	81			

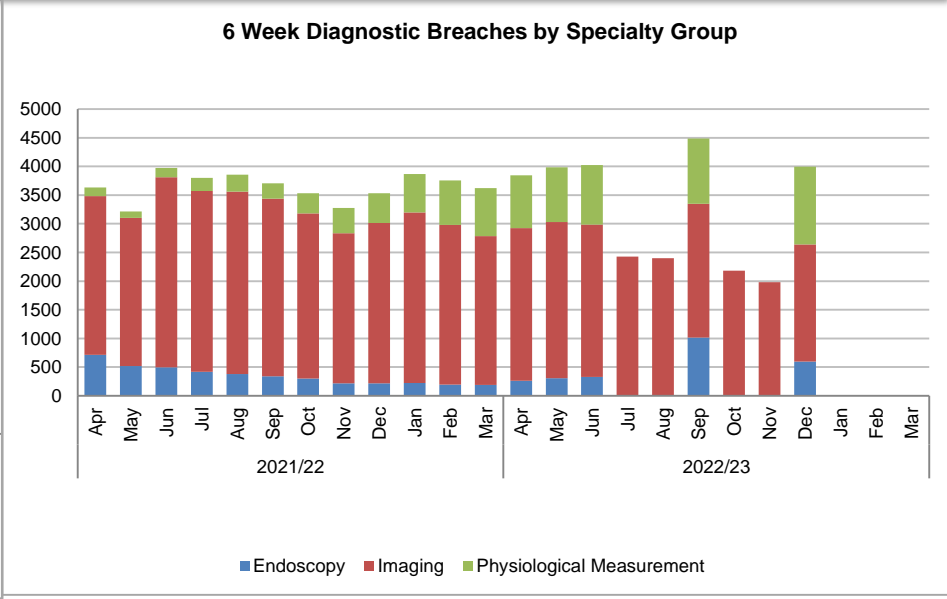
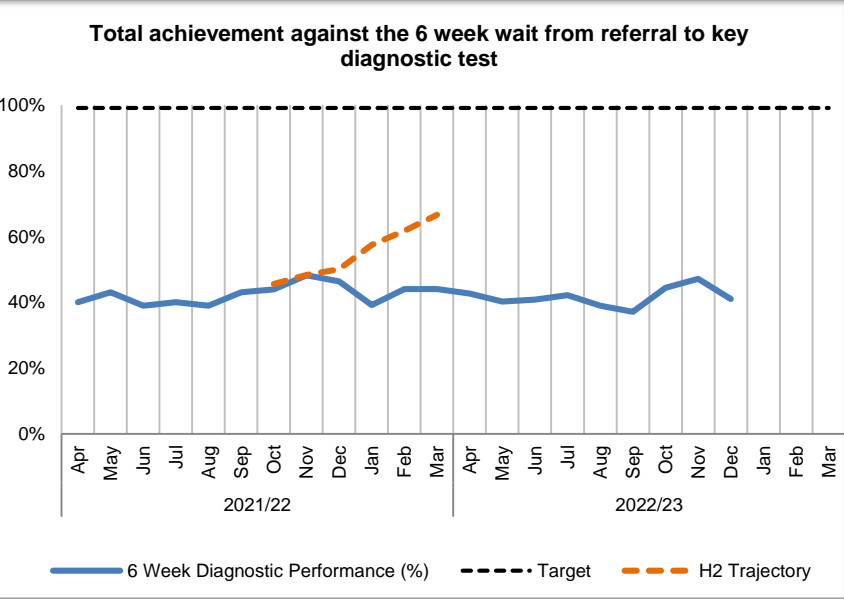
Eastern Services Cancer 62 Day Backlog

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



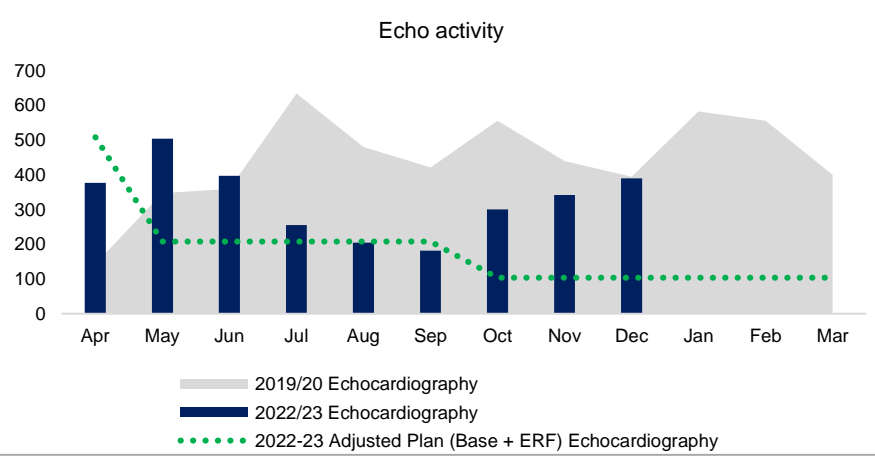
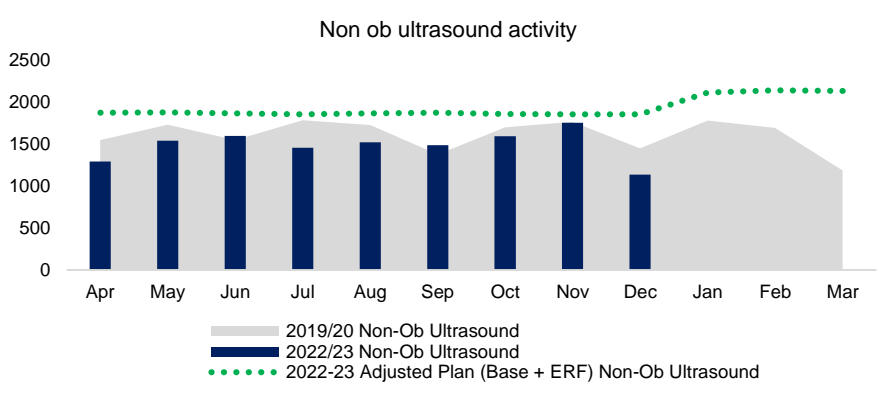
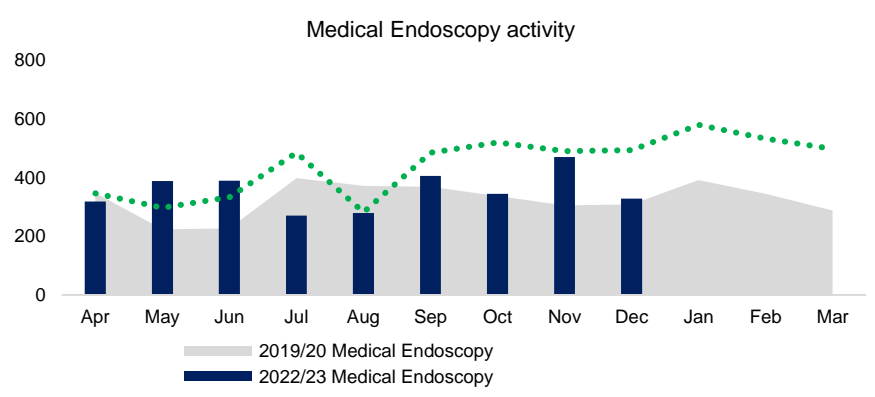
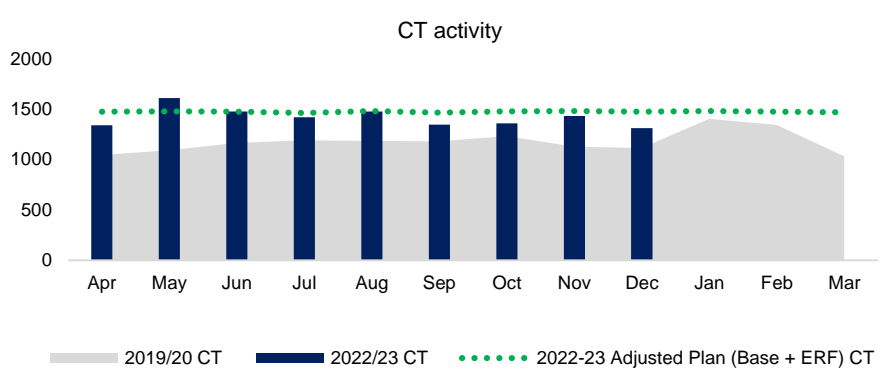
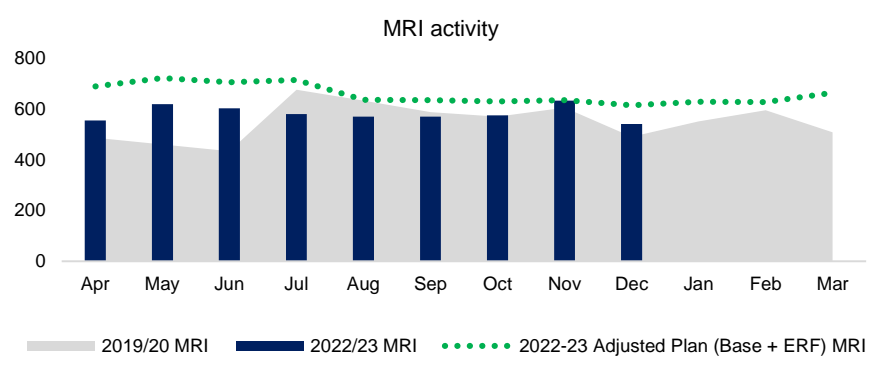
- 11.4% of patients on a cancer pathway at the end of December had waited longer than 62 days for diagnosis and treatment (NHSE benchmark 6.4%; 12.7% Peninsula performance)
- The number of patients waiting for diagnosis and treatment is significantly higher than plan reflecting the impact of increased demand.

Northern Services Diagnostics - Fifteen key diagnostic tests



		Achievement against the 6 week wait from referral to key diagnostic test																				
Area	Diagnostics by Specialty	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Imaging	Magnetic Resonance Imaging	52.2%	62.2%	47.4%	55.4%	54.8%	59.6%	64.9%	69.5%	62.2%	51.8%	69.1%	74.9%	96.5%	96.7%	94.6%	97.7%	100.0%	100.0%	99.4%	99.7%	99.7%
	Computed Tomography	61.3%	68.9%	66.1%	62.2%	64.2%	64.5%	66.1%	61.4%	60.4%	48.0%	56.8%	53.0%	55.6%	55.2%	64.7%	65.2%	56.1%	66.8%	81.9%	76.3%	75.2%
	Non-obstetric ultrasound	32.2%	29.6%	24.1%	25.2%	25.4%	28.9%	27.0%	37.6%	35.4%	32.1%	36.1%	40.1%	35.2%	32.9%	30.9%	33.1%	35.2%	35.2%	35.8%	40.9%	36.2%
	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DEXA Scan	12.0%	15.3%	15.5%	12.2%	14.5%	14.6%	12.5%	11.7%	11.9%	10.0%	12.6%	12.4%	11.6%	10.7%	10.5%	11.5%	14.6%	13.8%	14.5%	17.9%	14.3%
Physiological Measurement	Audiology - Audiology Assessments	89.9%	97.5%	98.3%	98.3%	99.2%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
	Cardiology - echocardiography	96.0%	99.6%	96.7%	84.8%	67.6%	67.9%	58.6%	57.5%	53.2%	37.1%	37.6%	36.2%	31.4%	26.6%	28.3%						27.9%
	Cardiology - electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	90.5%	95.5%	71.2%	56.3%	48.1%	70.2%	86.6%	94.3%	95.5%	81.6%	90.5%	96.4%	96.3%	96.8%	92.5%			88.5%			97.9%
	Respiratory physiology - sleep studies	47.5%	57.7%	41.0%	73.9%	89.3%	68.8%	57.8%	50.9%	49.0%	50.4%	32.4%	29.3%	22.5%	34.3%	30.8%			17.4%			64.8%
	Urodynamics - pressures & flows	23.1%	36.2%	30.4%	21.9%	18.6%	37.7%	49.4%	51.4%	45.1%	44.6%	35.8%	25.9%	20.4%	25.4%	23.3%			1.4%			39.4%
Endoscopy	Colonoscopy	42.9%	38.2%	32.5%	38.7%	35.8%	47.1%	54.7%	51.5%	61.6%	72.3%	85.0%	72.0%	62.3%	48.6%	43.8%			27.6%			30.6%
	Flexi sigmoidoscopy	46.6%	42.1%	39.3%	40.7%	42.9%	52.5%	55.7%	64.6%	74.4%	70.4%	84.2%	74.6%	64.8%	71.8%	70.3%			28.5%			42.9%
	Cystoscopy	28.7%	42.4%	41.7%	46.6%	43.8%	55.5%	51.1%	62.6%	59.1%	51.8%	51.9%	63.9%	67.0%	75.6%	73.3%			59.8%			74.4%
	Gastroscopy	37.3%	41.4%	39.7%	56.9%	49.2%	61.0%	65.9%	81.8%	86.4%	83.7%	87.4%	82.0%	70.9%	61.9%	60.8%			53.1%			44.9%
Total		38.9%	43.2%	39.4%	40.3%	39.1%	42.7%	43.9%	48.2%	46.4%	39.2%	43.9%	41.1%	42.6%	40.2%	40.8%	42.2%	39.0%	37.2%	44.4%	47.2%	41.0%

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



This month's report incorporates an interim draft of the diagnostics waiting times and activity position for December whilst validation of the position and resolution of the data quality issues remains ongoing prior to national data submission.

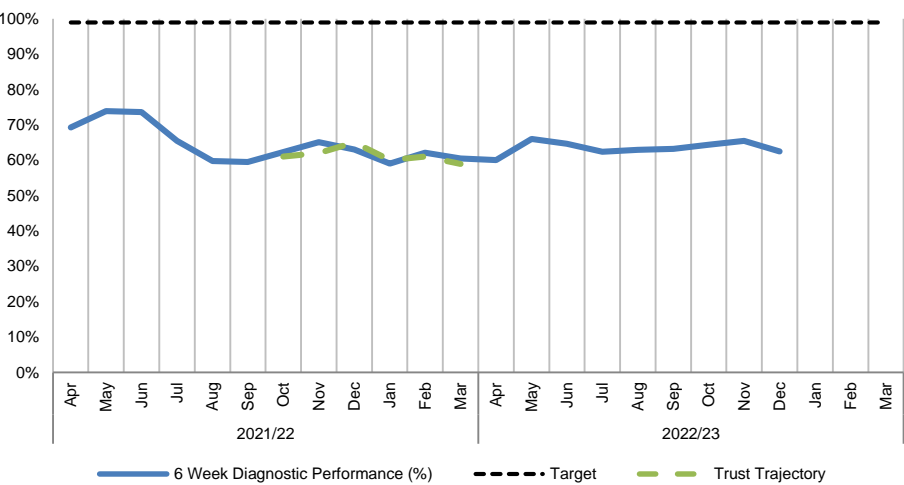
Key issues at modality level:

- **MRI** – Whilst activity is below plan, demand is being met and patients are being offered scans within 3-4 weeks. Capacity is planned until the end of March 2023. There has been a recent increase in referrals.
- **CT – Non-Cardiac CT** – Whilst activity is below plan it was meeting demand with patients being offered scans within 6 weeks. Since October however there has been an increase in 2 week rule referrals which has affected this position. Discussions with Eastern services are taking place to see if there is any potential of capacity at the nightingale. Increasing capacity in mobile services has been explored and we have been offered and booked a further 16 days before the end of March 2023.
- **Cardiac CT** - Additional cardiac CT lists have been taking place since October and will continue to the end of March. CT cardiac lists at RD&E have been agreed, providing an additional 14 scans per session, these commenced in early December and continue until the end of March 2023
- **U/S**- Outsourcing capacity has been secured and commenced at the Tyrell on the 10th January 2023 this will use the funding that has been sourced for 1200 scans to be used before end of March 2023
- **DXA** – An SLA is in place with Taunton for one list per month only due to the difficulties in sourcing patients who are able to agree to travel to attend these clinic. Discussions are also taking place with Eastern Services who could potentially offer scan only on the Exeter site so further work is underway to evaluate if this would be of benefit for patients and if we have the capacity to provide the reports.
- **Endoscopy** - Consultant Gastroenterologist vacancies and nursing vacancies & sickness remains a key constraint. Bi-weekly Task and Finish Group has been set up to review ongoing data quality post Epic implementation and to review utilisation of lists. Current capacity is ringfenced for cancer and urgent cases only. An insourcing provider has been unable to fulfil 2 weekends per month so an additional provider has been identified and plans are in place to secure additional activity.
- **Echocardiogram** – Inpatient demand for ECG continues to outstrip capacity. Service currently supporting 13 additional lists per month with a total of 11 patients per session. A data cleanse of 1130 patients is being undertaken to rationalize testing following a recent review of inappropriate and duplicate requests throughout Reset week.
- **Sleep studies** - demand continues to see an increase. The service is currently out to recruitment and the team are currently restructuring clinics to allow additional reporting capacity to support these additional diagnostics.

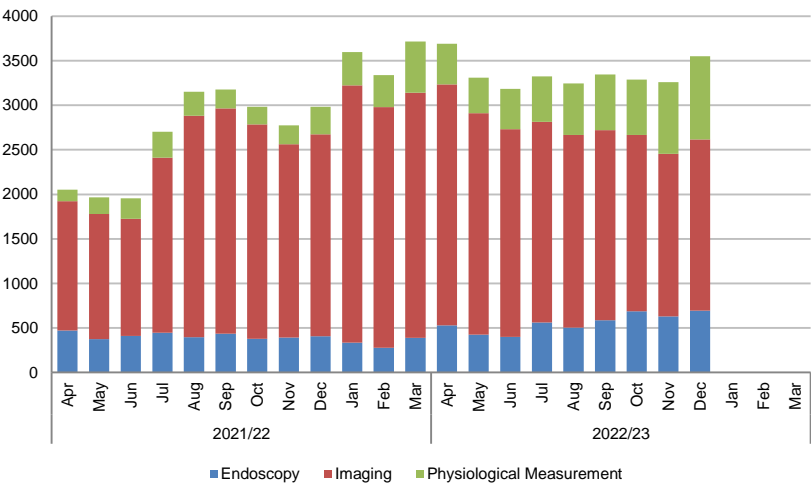
Eastern Services Diagnostics

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

6 Week Wait Referral to Key Diagnostic Test



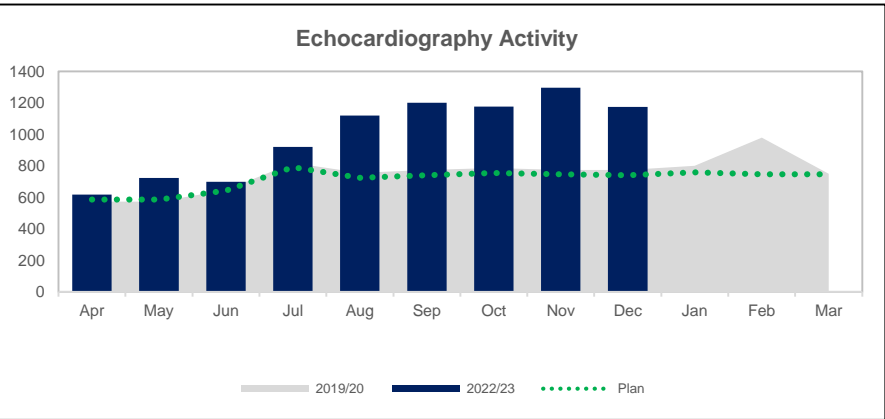
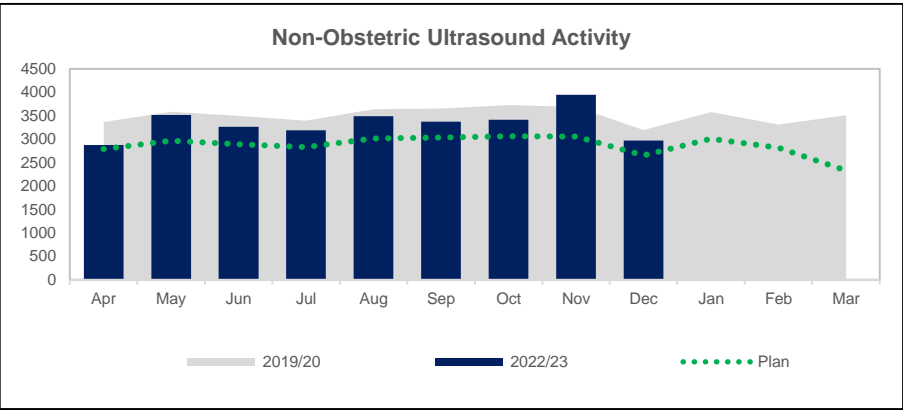
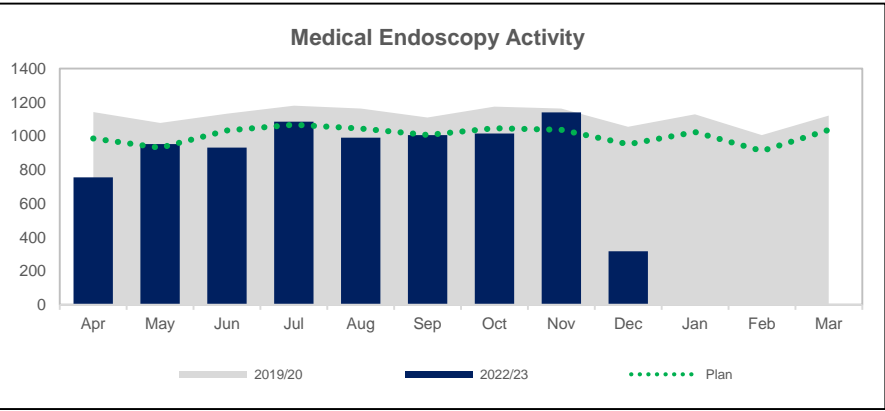
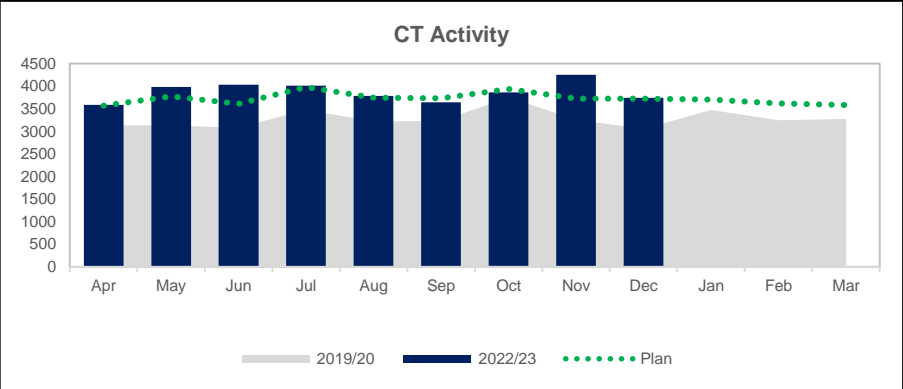
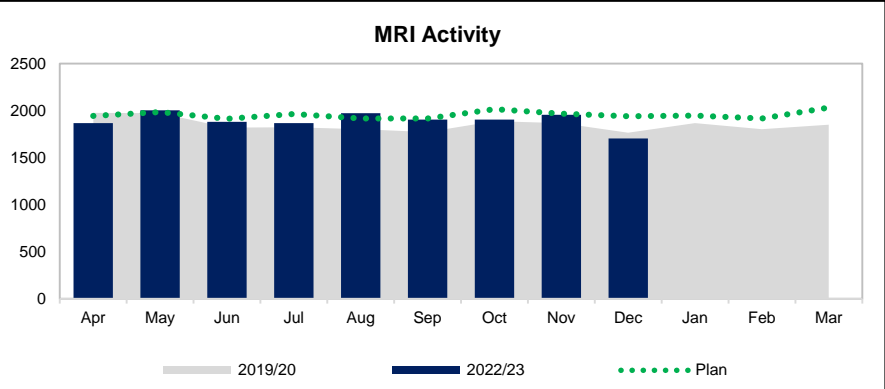
6 Week Diagnostic Breaches by Specialty Group



Area	Diagnostics By Specialty	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Endoscopy	Colonoscopy	66.9%	73.3%	67.0%	57.1%	64.7%	66.5%	64.0%	63.5%	58.3%	51.6%	54.9%	53.9%
	Cystoscopy	86.0%	71.9%	88.6%	83.1%	82.8%	95.2%	91.5%	88.9%	93.2%	87.4%	83.5%	88.1%
	Flexi Sigmoidoscopy	59.1%	74.8%	61.6%	59.6%	73.0%	76.2%	74.6%	74.5%	62.2%	51.3%	49.6%	44.8%
	Gastrosocopy	70.5%	76.8%	61.7%	57.2%	68.0%	72.4%	56.7%	68.7%	68.0%	69.8%	78.3%	74.8%
Imaging	Barium Enema	-	-	-	-	-	-	-	-	-	-	-	-
	Computed Tomography	53.8%	48.7%	58.0%	64.3%	73.2%	76.8%	77.1%	81.3%	85.4%	89.5%	92.3%	86.2%
	DEXA Scan	96.0%	99.2%	88.0%	97.8%	97.1%	98.9%	98.4%	98.2%	99.4%	99.2%	98.4%	100.0%
	Magnetic Resonance Imaging	58.1%	65.8%	64.9%	66.3%	73.9%	74.3%	69.6%	69.1%	72.9%	73.7%	75.6%	68.5%
	Non-obstetric Ultrasound	51.6%	56.9%	53.3%	51.6%	55.1%	51.6%	53.1%	52.7%	51.2%	54.5%	56.7%	56.8%
Physiological Measurement	Cardiology - Echocardiography	82.9%	84.1%	88.3%	82.1%	86.2%	80.9%	74.5%	71.4%	72.7%	75.2%	65.0%	62.9%
	Cardiology - Electrophysiology	-	-	-	-	-	-	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	63.9%	71.9%	54.5%	52.9%	73.2%	69.6%	72.5%	67.1%	61.2%	55.4%	65.4%	43.2%
	Respiratory physiology - sleep studies	57.7%	60.5%	65.5%	60.6%	67.6%	68.3%	60.0%	58.6%	65.8%	61.4%	63.1%	60.6%
	Urodynamics - pressures & flows	38.3%	35.2%	29.6%	26.0%	30.1%	30.3%	34.5%	28.6%	26.9%	25.7%	33.7%	28.8%
Total		59.0%	62.1%	60.5%	60.0%	66.0%	64.7%	62.4%	63.0%	63.2%	64.4%	65.5%	62.5%

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

DMO1 performance is now part of a weekly planned care taskforce. Validation of all longer waiting patients is underway and improvement trajectories will be developed.

At the time of writing this report validation in respect of the proportion of patients waiting longer than 6 weeks for a diagnostic test at the end of December remained ongoing. Initial indications are that 62.5% of patients were waiting less than 6 weeks – a deterioration of 1.9% from the end of October

CT - The improving CT trend has seen a slight decline over the holiday period as projected.

Recovery continues to be projected week on week as levels of capacity return to normal

North Devon are now also using some Cardiac CT capacity on one Wonford-based mobile unit to support their breach position

MRI - Current trend for MR continues to see a deteriorating position as reported in previous months. Unexpected downtime of the mobile scanner has had a negative impact on the recovery position; this issue has now been resolved.

Recovery planning options explored and are now focusing on securing locum staff to support standing up/extending lists at the MGNC

Non Obstetric US - US breach trend continues to improve, especially for general US. A Large proportion of breaches are directly linked to MSK US.

Recovery plans include

- Increasing Ultrasound capacity towards the end of Q4 at the CDC

- Conversion of some reporting sessions to MSK US lists (consultant led) until March 2023

- New MSK radiologist lists begin from March

- Reviewing US treatment codes to ensure only diagnostics events are counted within the DM01

DEXA - Outstanding breaches are now cleared and SOP for management of future paediatric patient cases being formally approved through relevant SGGs

Cardiology - The team delivered twice the volume of echos in December 2022 compared to January 2022. Demand (and consequent breaches) continues to rise. The physiology team continue to deliver additional weekend clinics, and funding for an additional 260 echos has been identified for outsourcing. The department is working with the BI to develop a dashboard to understand and address the increasing demand. The team is also engaging with the productivity team to reduce test requests.

Endoscopy - Due to a delay in coding, activity levels are showing as 1/3 of the previous month. The endoscopy team continue with the super weekends to increase capacity – 6 additional lists were delivered in December. 14 additional lists are planned in January. The Endoscopy Expansion Programme has been established to deliver an additional two suites at Tiverton. In the interim, the team are exploring a mobile unit solution to support waiting list backlog clearance.

Urodynamics – this is a key area of concern due to workforce availability. Opportunities for mutual aid have been unsuccessful. Recruitment continues & revised referral guidance commenced in November which will support demand management.

Activity & Flow

Operational Performance

Patient Experience

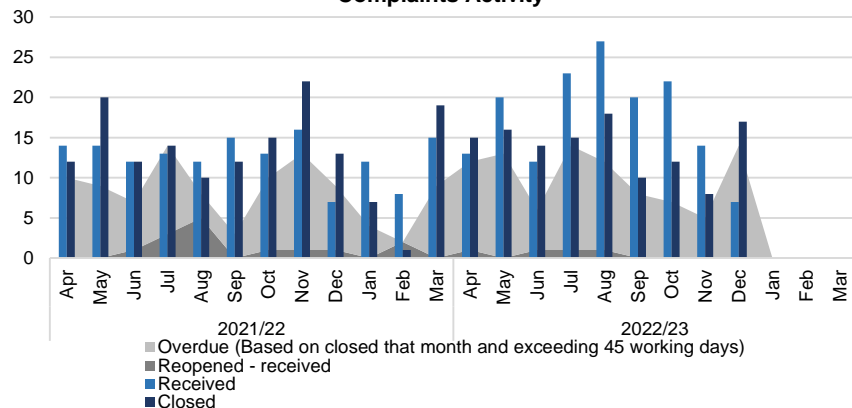
Quality & Safety

Our People

Finance

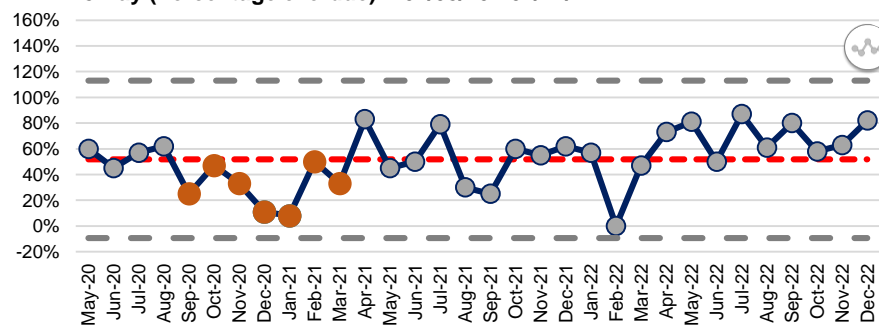
Northern Services Patient Experience

Complaints Activity



- The complaints team continue to focus on improving the timeliness of responses and this is demonstrated in the high number of closures in December.
- A quarterly report is presented to the Patient Experience Committee which details complaint themes, together with the associated targeted actions being taken to address.

45 Day (Percentage overdue) - 01/05/20 - 01/12/22



Dec-22

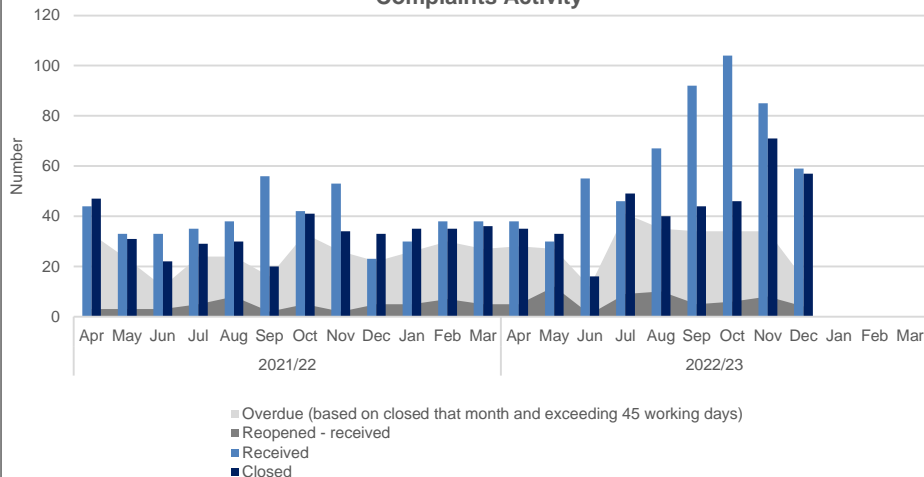
	Current stage			Closed
	Primary investigations currently open	Dispute resolutions requested	Detailed investigations currently open	Number of PHSO investigations closed during Dec 22
Northern	4*	0	0	0

* one case is joint with Eastern services

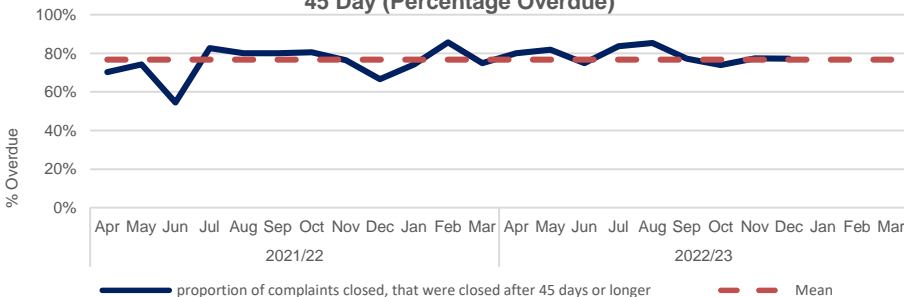
		2021/22												2022/23											
	Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Complaints	Complaint received acknowledged within 3 Day	92%	100%	100%	93%	100%	100%	100%	100%	92%	100%	100%	95%	93%	100%	100%	96%	100%	100%	100%	100%	100%			
Timeliness	45 Day (Percentage overdue)	83%	45%	50%	79%	30%	25%	60%	55%	62%	57%	0%	47%	73%	81%	50%	87%	61%	80%	58%	63%	82%			
	Over 6 Months	17%	0%	0%	7%	0%	0%	7%	9%	8%	0%	0%	5%	7%	25%	0%	0%	0%	20%	0%	0%	0%			

Eastern Services Patient Experience

Complaints Activity



45 Day (Percentage Overdue)



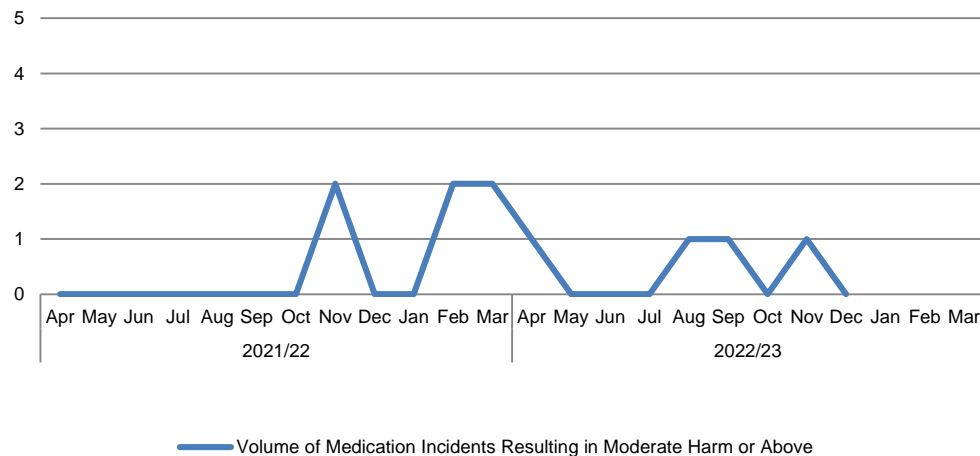
- Additional resource to support the backlog of complaints has positively impacted the high number of closed complaints throughout November and December.
- There remains a low reopened rate, highlighting the quality of responses and good engagement with complainants along the complaint process.
- Further work is required to improve the acknowledgement rate within 3 days which has been impacted by staff absence.

Number of new PHSO investigations received during month	Primary investigations currently open	Detailed investigations currently open	Number of PHSO investigations closed during month
1	4	0	1

	2021/22												2022/23								
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	93.88%	94.87%	94.44%	100.00%	96.0%	95.31%	94.12%	96.55%	89.66%	94.59%	95.83%	88.00%	84.78%	69.57%	67.27%	86.99%	97.01%	70.00%	74.00%	86.67%	80.58%
45 Day (Percentage overdue)	70.21%	74.19%	54.55%	82.76%	80.00%	80.00%	80.49%	76.47%	66.67%	74.29%	85.71%	75.00%	80.00%	81.82%	75.00%	83.67%	85.37%	77.27%	73.91%	77.46%	77.19%
Over 6 months	2	2	0	4	1	1	4	3	3	6	3	5	11	8	4	12	10	10	16	6	1

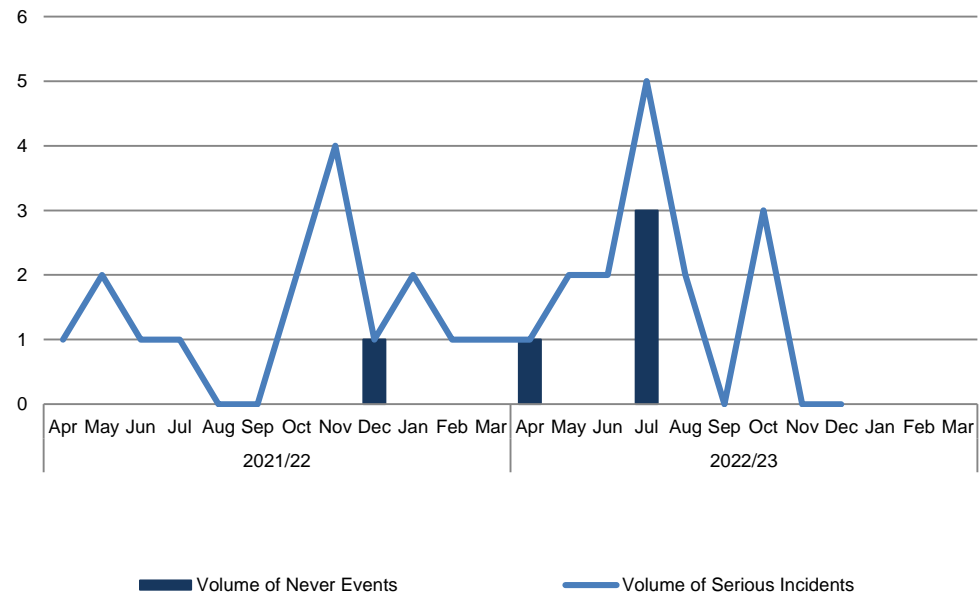
Northern Services Incidents

Medication Incidents - Moderate Harm & Above



In November 2022 there was a medication incident which is being investigated.
There were none in December 2022.

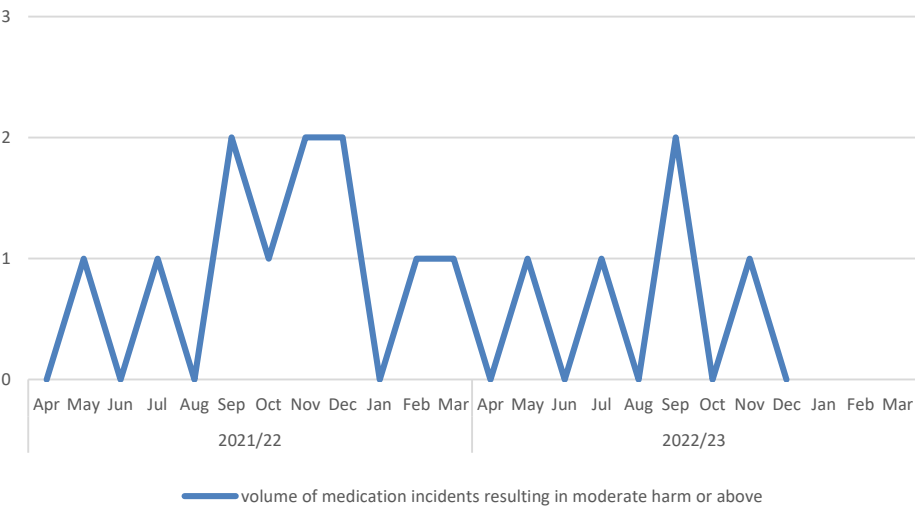
Serious Incidents & Never Events



There were no serious incidents or never events in November or December 2022.

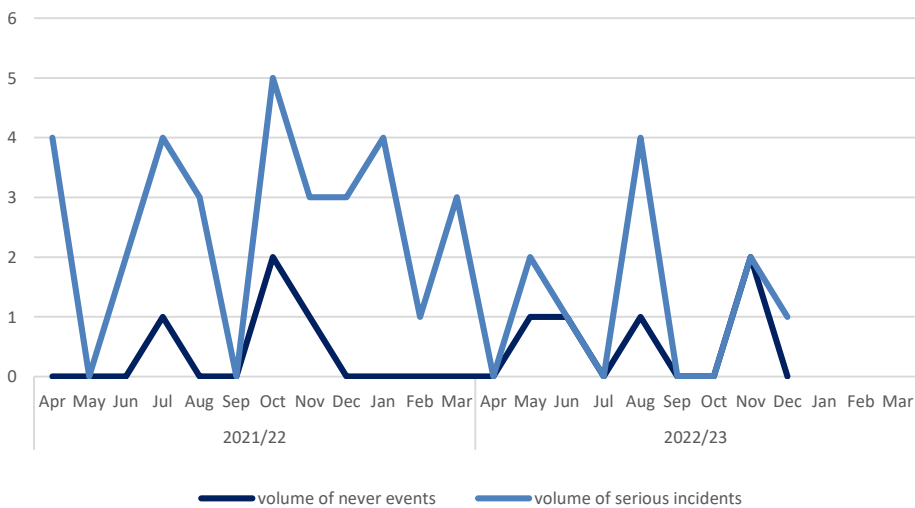
Eastern Services Incidents

Medication Incidents - Moderate harm and above

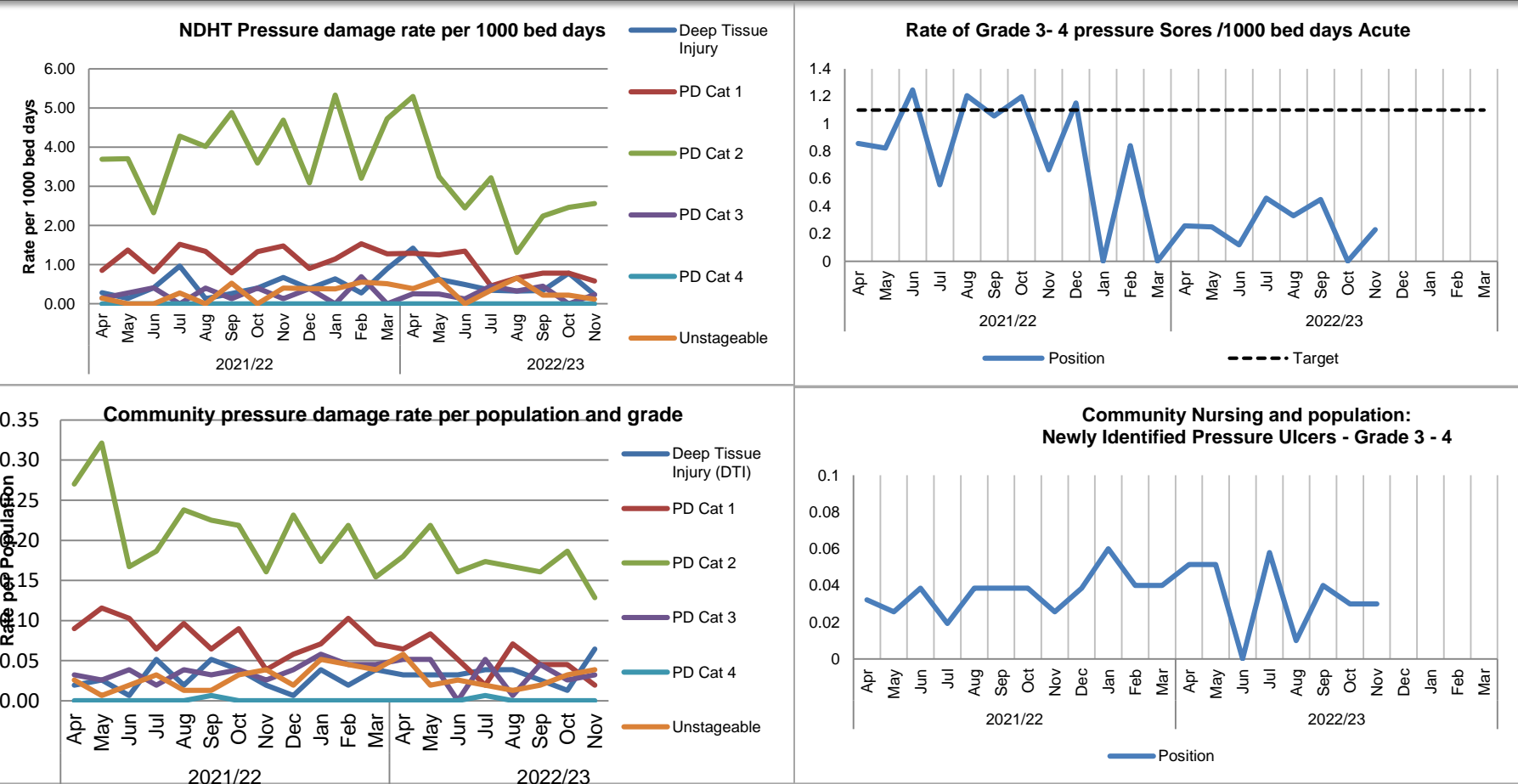


Eastern Services reported one Serious Incident in December 2022. This was a Cardiology incident. A patient, awaiting an urgent outpatient Left Heart Catheterisation had a emergency admission to hospital with chest pains and died. This incident is currently under active investigation.

Serious Incidents and Never Events



Northern Services Pressure Ulcers – Rate of pressure ulceration experienced whilst in Trust care



- Work continues to enable the identification of pressure damage early to allow for prompt intervention and further deterioration.
- Targeted support is provided by the Tissue Viability Team to individual clinical areas as required.
- Extensive work is also underway to unify the tissue viability processes and reporting across Northern and Eastern Services.

Eastern Services Pressure Ulcers

Rate of pressure ulceration experienced whilst in Trust care

Activity & Flow

Operational Performance

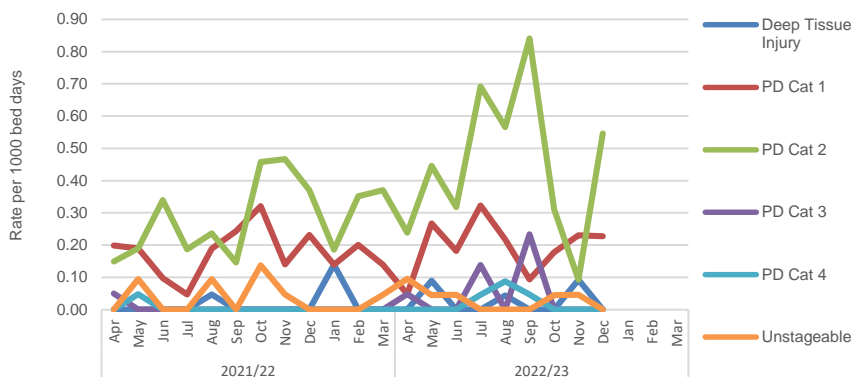
Patient Experience

Quality & Safety

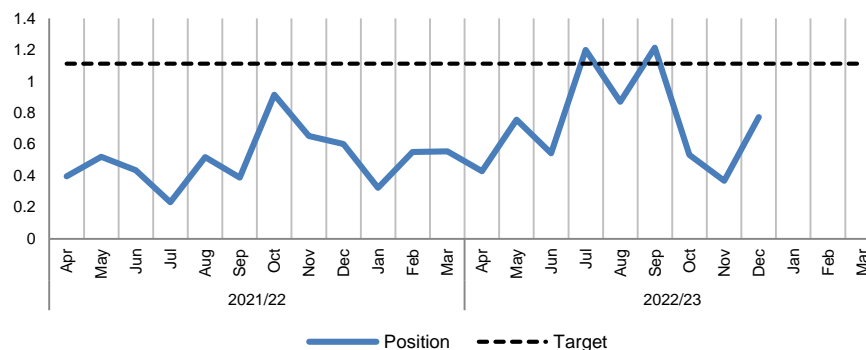
Our People

Finance

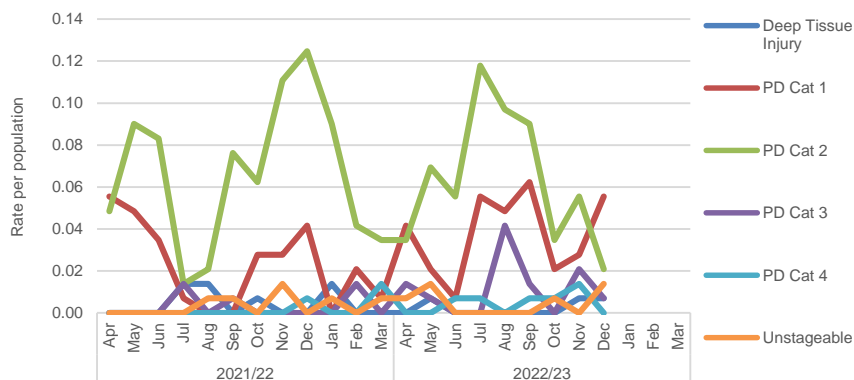
Acute Pressure damage rate per 1000 bed days



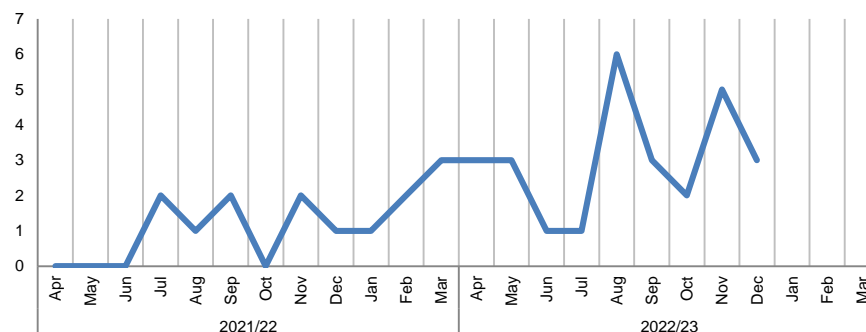
Rate of Grade 1- 4 pressure Sores /1000 bed days



Community pressure damage rate per population and grade



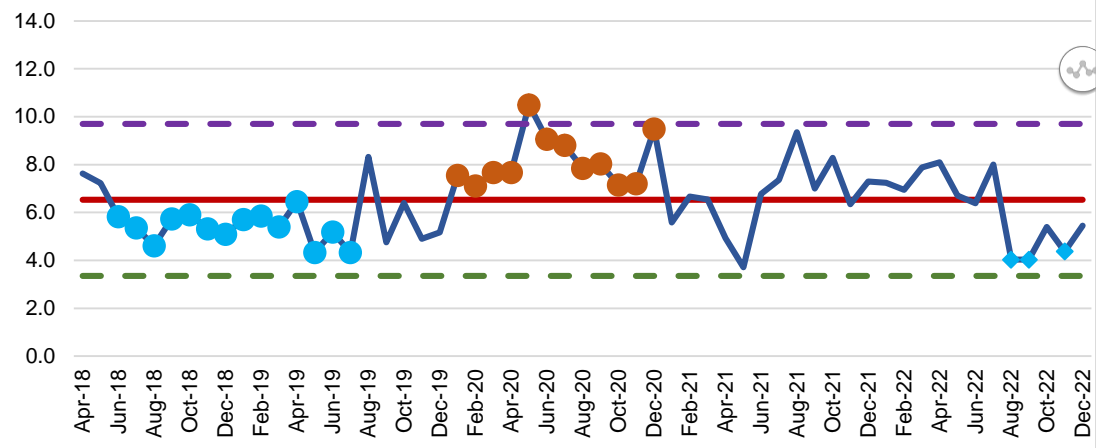
Community Caseload:
Newly Identified Pressure Ulcers - Grade 3 - 4



- Some of the targeted ward training sessions arranged for December were cancelled due to winter/staff pressures. The Tissue Viability team has a planned training programme for acute and community settings which involves targeted education to staff, as well as other educational events.
- Two suspected deep tissue injuries from November have been validated as a category 2 pressure ulcers.
- There is a category 3 in the community which has not been escalated as following moderate investigation there were no identified lapses of care and all nursing interventions were appropriate.
- We have also re-instated the TV link nurses role with the first meeting taking place in January/February.
- Extensive work is also underway to unify the tissue viability processes and reporting across Northern and Eastern Services.

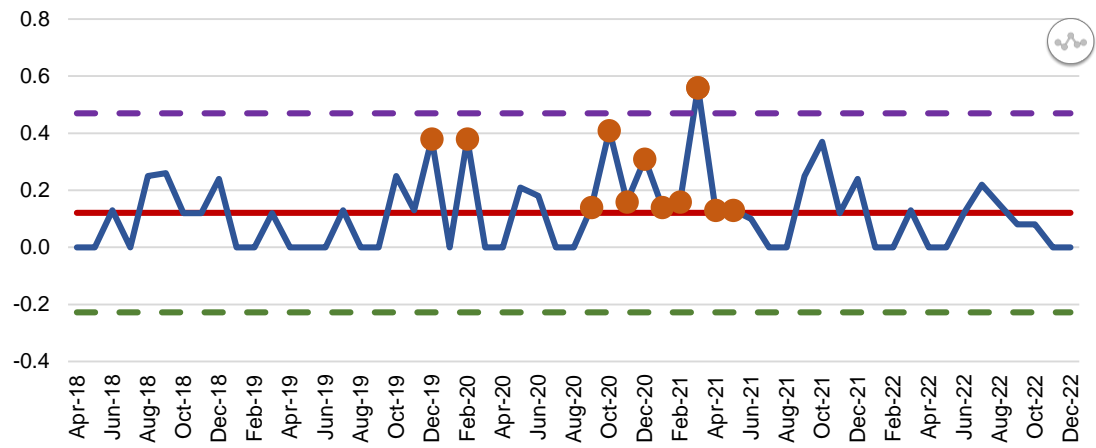
Northern Services Falls – Rate of incidence of falls amongst inpatients and categorisations of patient impact

NDHT - Fall rate per 1000 bed days - 01/04/18 - 01/12/22



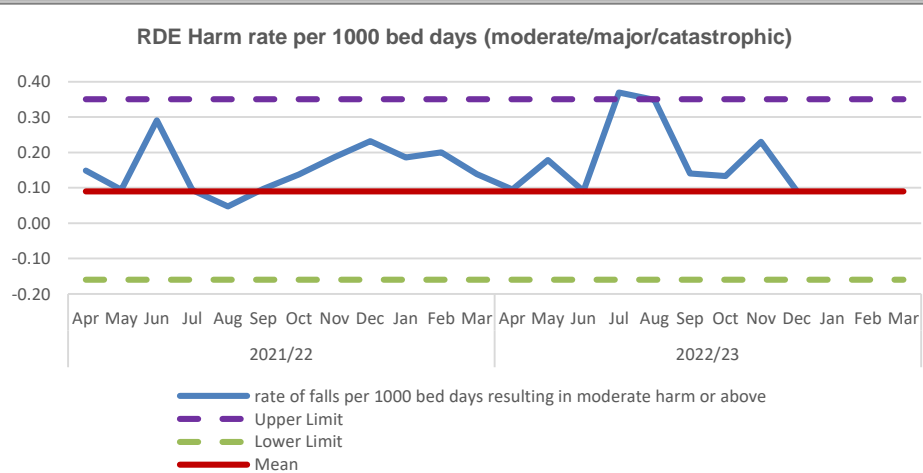
There were no harmful falls in November or December and our overall falls rate remains stable.

NDHT - Harm rate per 1000 bed days (moderate/severe/catastrophic) - 01/04/18 - 01/12/22



Eastern Services Slip, Trips & Falls

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



Month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Admissions																					
Falls	116	112	120	110	129	132	162	160	179	143	152	206	167	141	167	269	222	190	225	227	199
Moderate & Severe Falls	3	2	6	2	1	2	3	4	5	4	4	3	2	4	3	8	8	3	2	5	2

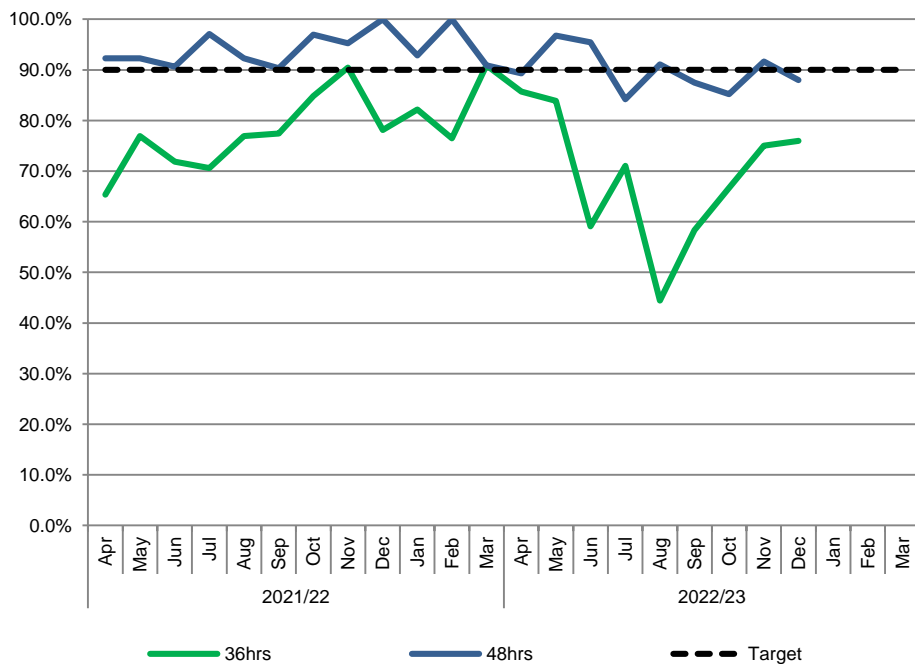
In December Eastern Services reported two falls which resulted in moderate harm. These falls were both unobserved, and involved patients attempting to mobilise independently. Both patient falls resulted in fractured neck of femur requiring surgical repair. The initial Datix reports did not identify any suboptimal care issues.

Medical Services Division are currently testing out a SWARM learning approach to falls, ensuring a multidisciplinary review within 72 hrs. This is supporting earlier identification of learning and improved timescales for the investigatory review process. Of the two incidents in December one report has been finalised and approved, and the second is currently out for approval.

Northern Services	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23
NDDH	73%	60%	65%	81%	76%

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

Surgery within 36hrs - Fractured Neck of Femur



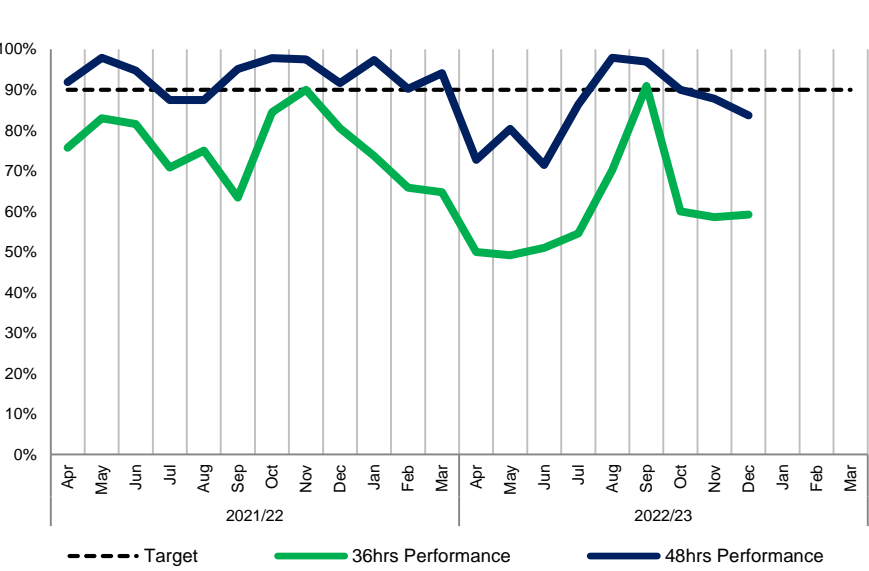
- In December 2022, 76% of medically fit patients with a fractured neck of femur (NOF) received surgery within 36 hours. The Trust admitted a total of 25 patients with a fractured neck of femur in that month who were medically fit for surgery from the outset and of these 19 patients received surgery within 36 hours.
- The six patients in total that breached 36 hours were due to lack of theatre time and awaiting space on theatre lists. There is an increasing volume of Trauma admissions being seen impacting on capacity. Three patients waited longer than 48 hours; therefore 88% 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

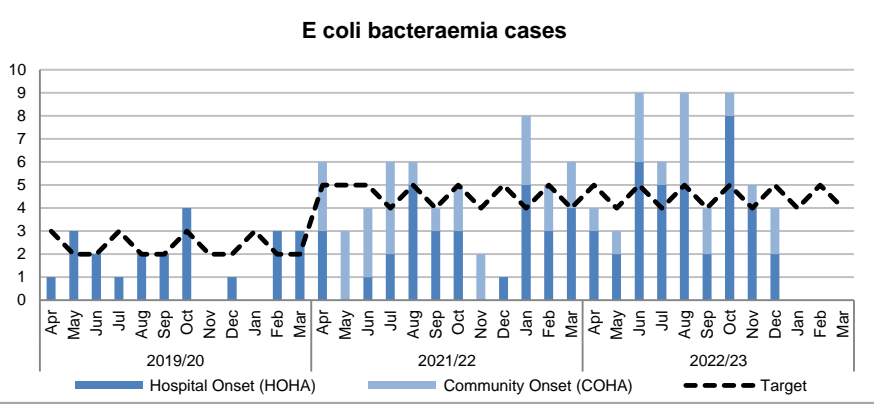
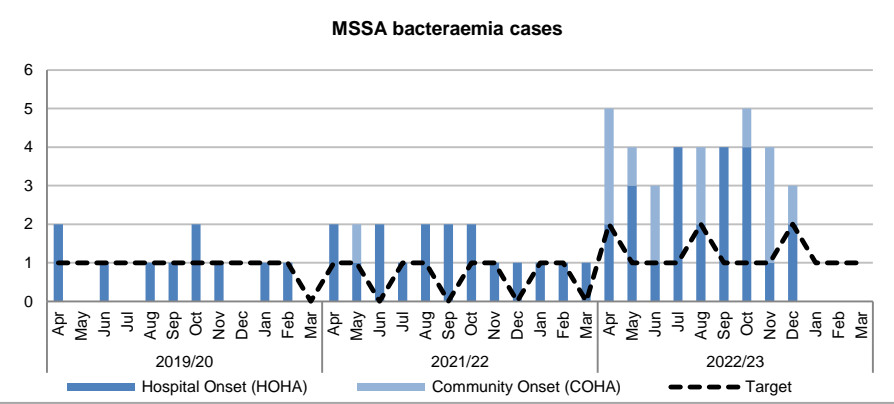
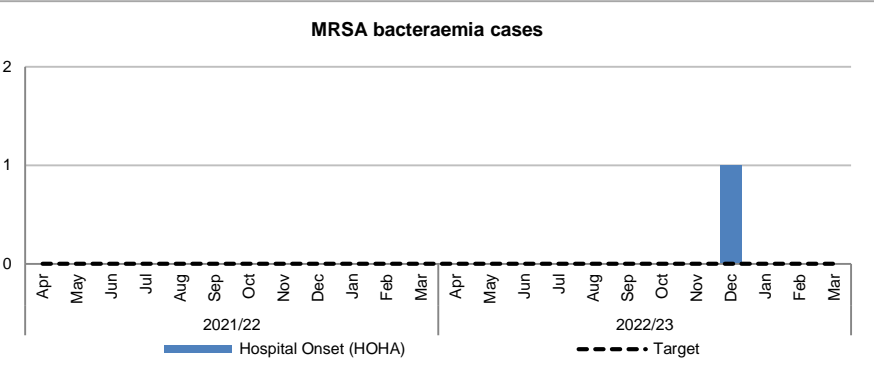
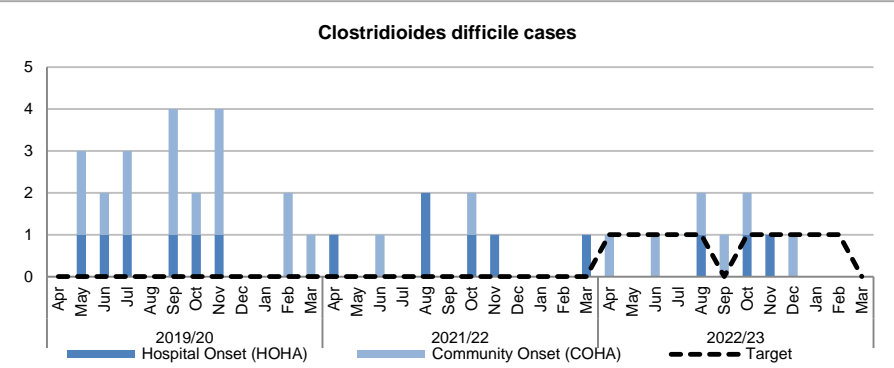
Eastern Services	Aug-22	Sep-22	Oct-22	Nov-22	Jan-23
RDE Wonford	76%	75%	73%	72%	81%

Surgery within 36hrs - Fractured Neck of Femur



- The snapshot position taken from the Epic system in relation to the % of patients risk assessed for VTE on admission, demonstrates a stable position.
- In December 22, 59% of medically fit patients with a fractured neck of femur (FNOF) received surgery within 36 hours. There were a total of 60 patients admitted, 49 of these patients were medically fit for surgery from the outset and 29 patients received surgery within 36 hours.
- Trauma numbers were particularly high during this month, with 151 Trauma Patients being admitted.
- Where clinically appropriate all FNOF cases are given priority in theatres over elective patients. 61 Trauma Patients had their surgery during December in PEOC Theatres, which was to the detriment of elective activity.
- 8 medically fit patients had to wait over 48 hours for their surgery, longest wait was 67 hours (3 patients).
- 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 harm due to a slightly longer wait for surgery.
- Work is being actively progressed to increase the volume of Orthopaedic and Spinal activity that can be redistributed to the Nightingale Hospital, to free up theatre capacity on the Wonford site - it is anticipated this could be enacted over the coming months.

Northern Services Healthcare Associated Infection –Volume of patients with Trust apportioned laboratory confirmed infection



Escherichia coli (E coli): There were 9 cases of Trust attributed *E coli* bacteraemias across November and December 2022 and the Northern Services remains above the target trajectory. 5 of the cases were related to the urinary tract with 3 of these catheter related. No lapses in care were identified during IP&C review of the cases. Since April 22 there has been a normal distribution of cases both by cause (the majority are urinary) and by location.

Methicillin sensitive *Staphylococcus aureus* (MSSA): Trust attributed MSSA bacteraemia remain above the self-imposed target. No common cause has been found to explain these higher numbers and there is no obvious link in location or cause of infection. No lapses in care were identified during IP&C review of the cases.

Methicillin resistant *Staphylococcus aureus* (MRSA): There was one trust attributed MRSA bacteraemia in December 2022. This was a relapse of a community acquired case. No lapses in care were identified.

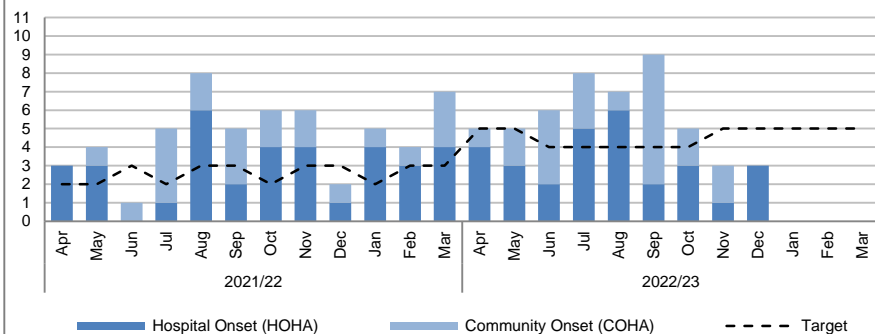
These healthcare associated infections remain within normal variation:

Clostridioides difficile (C dif):
Bacteraemia and C difficile cases are reviewed and discussed at the Infection Prevention and Decontamination Assurance Group (IPDAG).

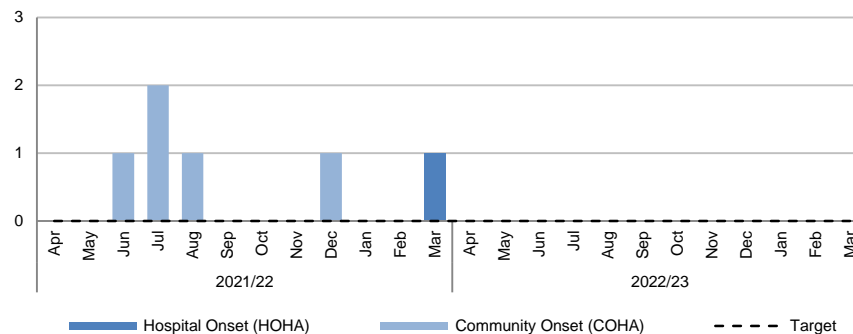
Eastern Services Healthcare Associated Infection

Volume of patients with Trust apportioned laboratory confirmed infection

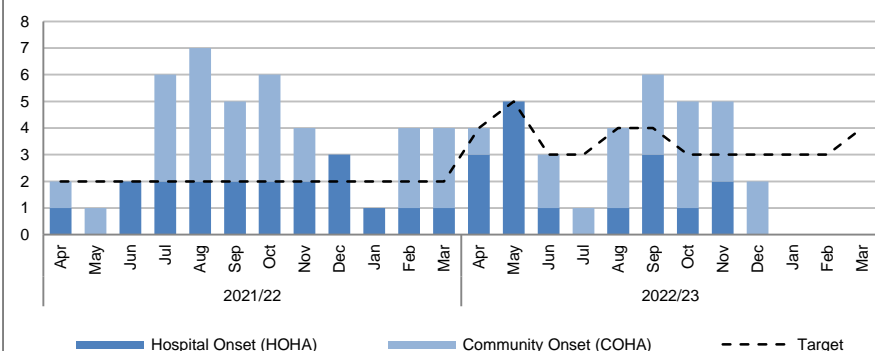
Clostridioides difficile cases



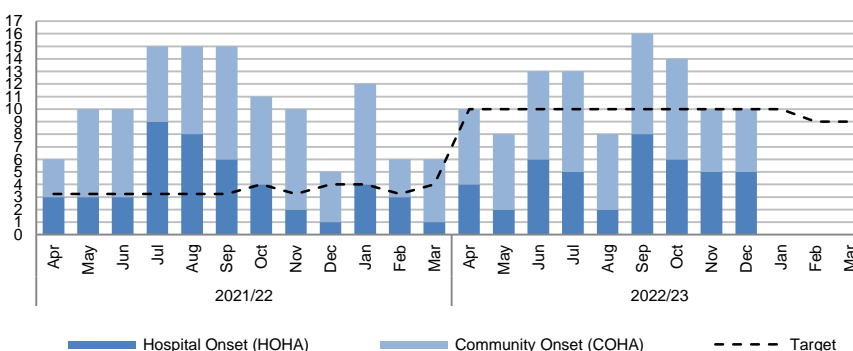
MRSA bacteraemia Cases



MSSA bacteraemia cases



E-coli bacteraemias Cases



C. difficile - All cases for Q3 have been investigated and any feedback provided to the divisions via Datix and RCAs. The number of cases has fallen in Q3 and is back below the monthly trajectory, but the 51 cases year to date is above the 12 month threshold of 39 for Eastern services. All cases in Q3 were associated with antimicrobial use but all prescribing was in line with guidelines. There is no evidence of cross infection from other known positive patients. The Trust rate (Northern and Eastern combined) per 100,000 occ. bed days is below the regional and national rate.

MSSA bacteraemia - HOHA Practice issues have been shared with the relevant clinical nurse managers. Suboptimal documentation continues to be prevalent in all of the line associated cases.

E.Coli bacteraemia - The number of cases in December has reduced and is within the trajectory. Over Q3 11 of the 12 cases have been associated the urinary tract and 6 of these patients were catheterised (two HOHA cases and 4 COHA cases). The Trust rate (Eastern and Northern combined) of E.coli bacteraemias per 100,000 bed days is above the regional and national rate and has been raised through Infection Prevention and Decontamination Assurance Group (IPDAG) to determine a improvement plan.

Other issues: Eastern Services have experienced considerable pressure in December due to Influenza admissions which has resulted in a remarkably small number of hospital outbreaks, COVID 19, again resulting in a number of small outbreaks and Norovirus infection which has resulted in multiple outbreaks and whole ward closures.

Activity & Flow

Operational Performance

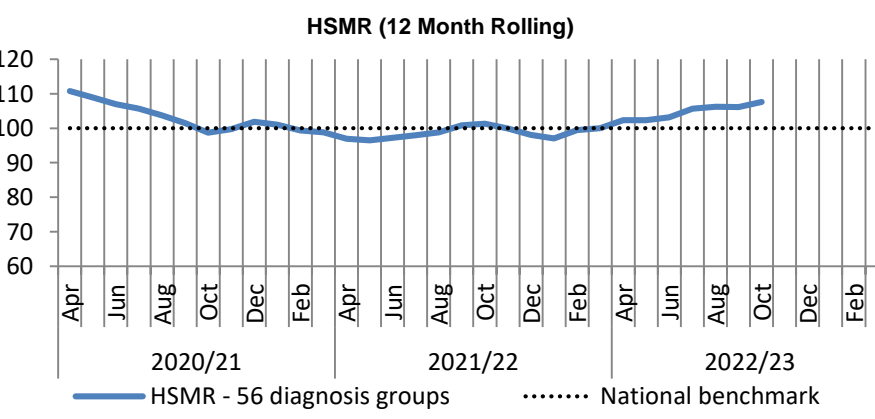
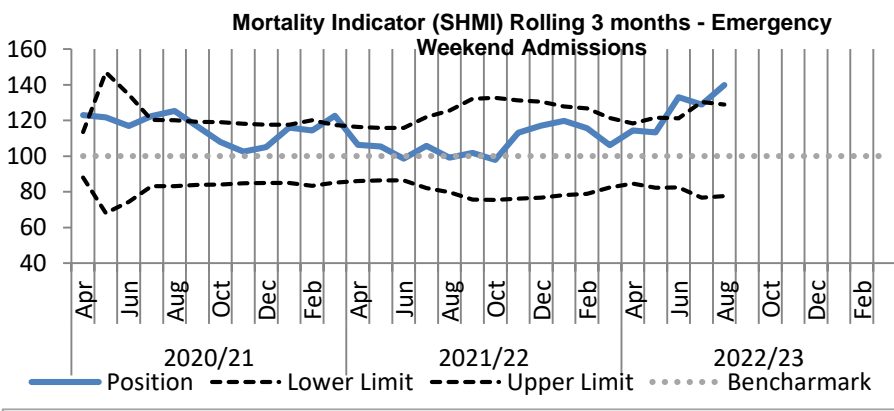
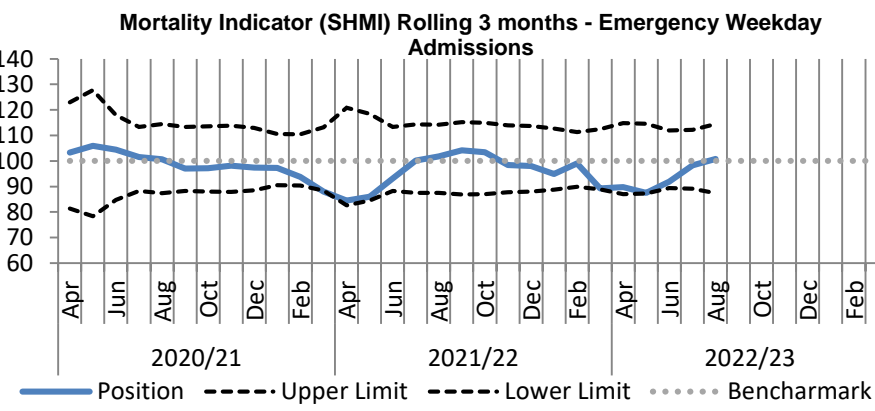
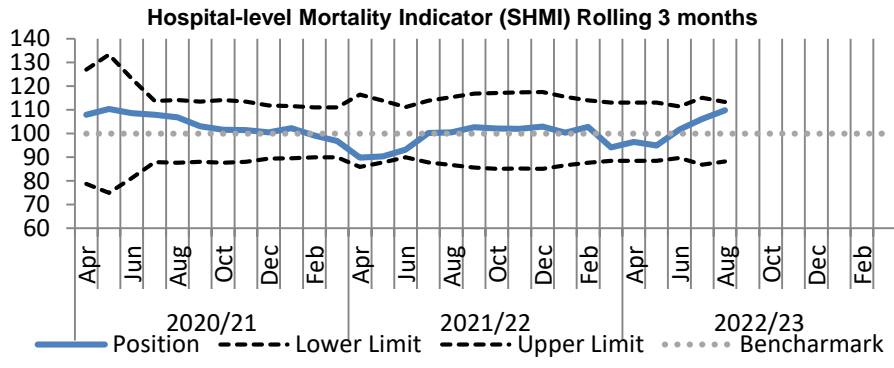
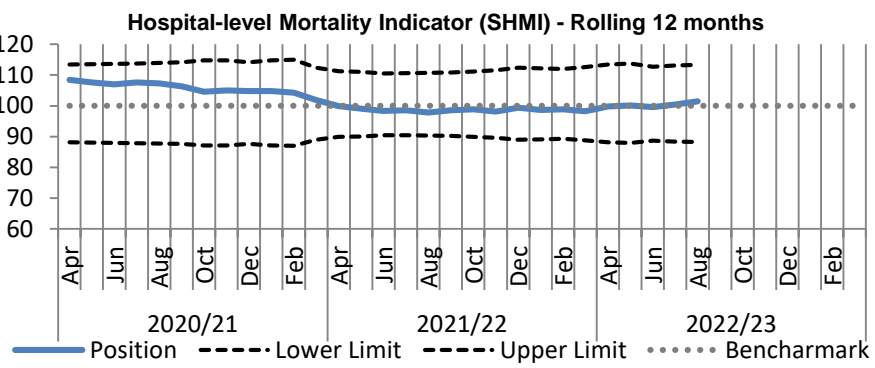
Patient Experience

Quality & Safety

Our People

Finance

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

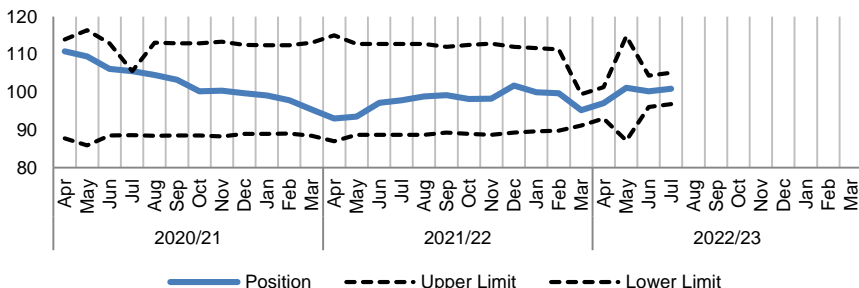


- Trust data has been merged since integration and the charts show the combined positions within the RDU (Northern and Eastern Services) from April 2022.
- The 12 month SHMI position overall remains within the expected range, however the short range 3 month view of the emergency weekend admission SHMI for the Trust as a whole has remained higher than expected.
- A review of the coding for the deaths recorded in June and the overall figures showed no issues with the data behind the alert. A review of a sample of the deaths is being undertaken and will report back with any findings to the Mortality Review Group.
- 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 being identified through this process.

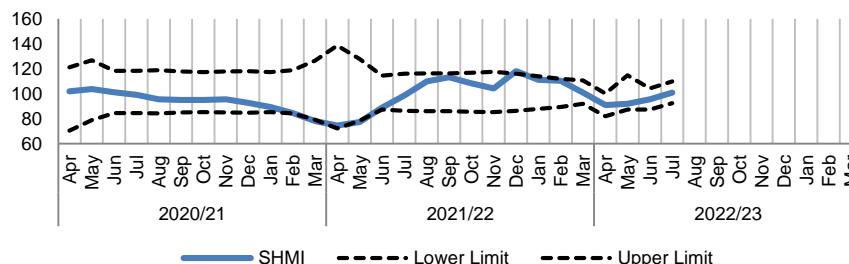
Eastern Services Mortality Rates – SHMI & HSMR

Rate of mortality adjusted for case mix and patient demographics

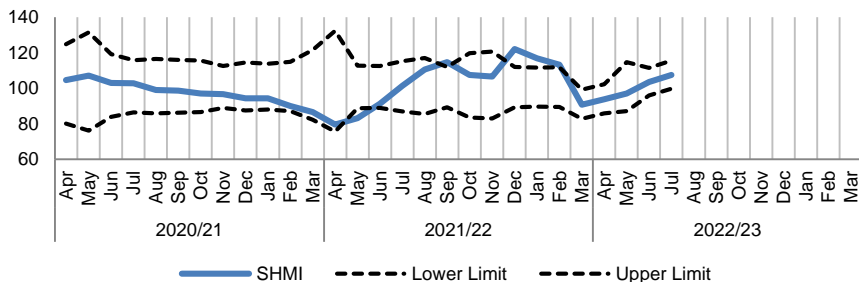
Hospital-level Mortality Indicator (SHMI) - Rolling 12 months



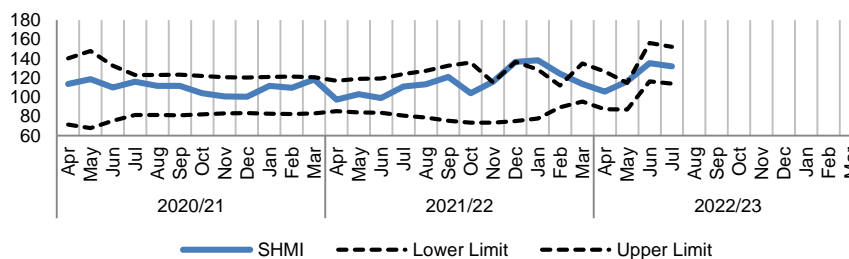
Mortality Indicator (SHMI) Rolling 3 months - Weekday Admissions



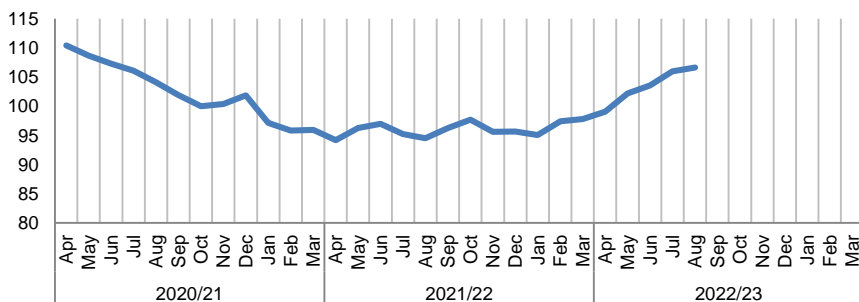
Hospital-level Mortality Indicator (SHMI) Rolling 3 months



Mortality Indicator (SHMI) Rolling 3 months - Weekend Admissions



HSMR (12 Month Rolling)



- Trust data has been merged since integration and the charts show the combined positions within the RDU (Northern and Eastern Services) from April 2022.
- The SHMI Position remains within the 'as expected' levels for all measures included within the IPR.
- The rise in HSMR is driven principally by the aggregation of Northern Services data since April 2022.
- A review of the coding for the deaths recorded in June and the overall figures showed no issues with the data behind the alert. A review of a sample of the deaths is being undertaken and will report back with any findings to the Mortality Review Group.
- 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 being identified through this process.

Activity & Flow

Operational Performance

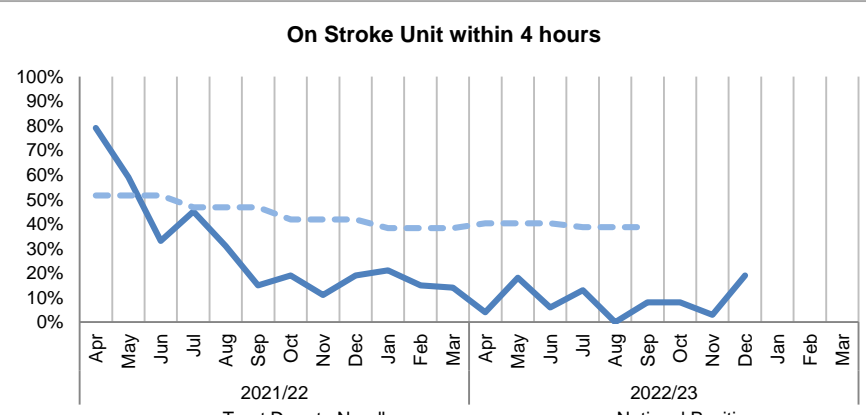
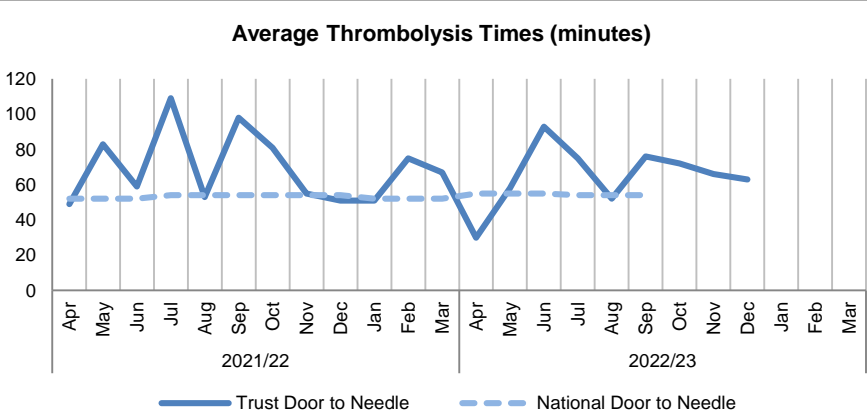
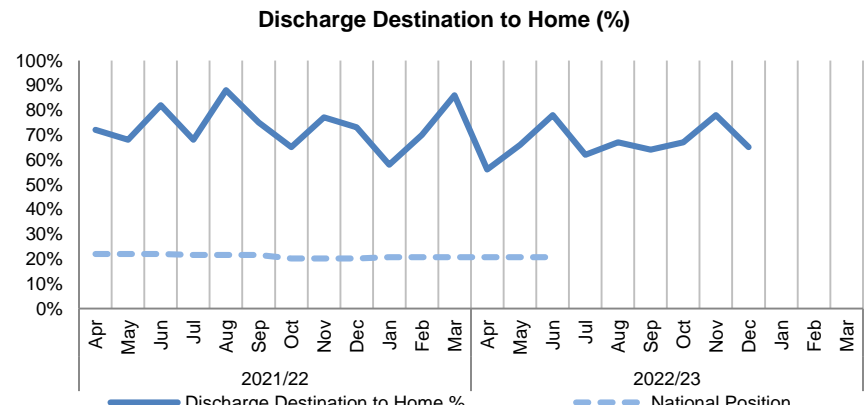
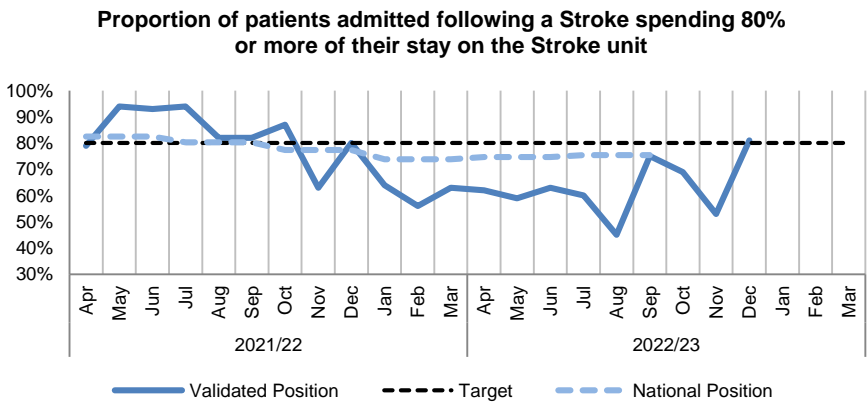
Patient Experience

Quality & Safety

Our People

Finance

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



90% stay: Performance against this indicator has improved in December, despite ongoing challenges with patient flow. The Stroke clinical teams provide outreach to outlying wards to ensure stroke patients are receiving appropriate stroke care. The Patient Flow Improvement Group are reviewing the ringfencing processes with the site management team.

Discharge destination: This metric is relatively stable and is above the national average.

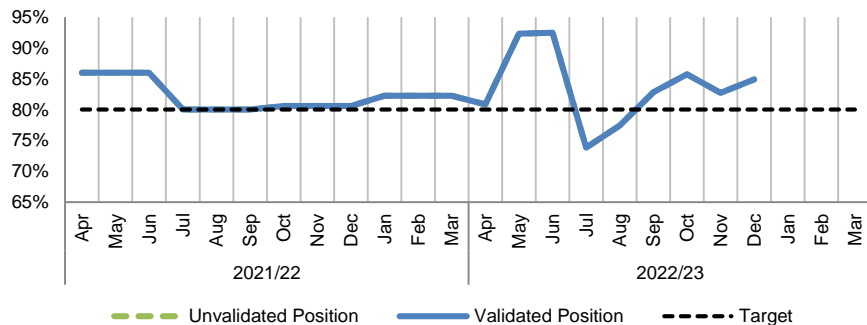
ASU in 4 hours: This target remains challenging due to the high level of occupancy and but has improved in December, correlating with the improvement in 80% stay indicator.

Thrombolysis times: Thrombolysis time is broadly stable over time. Overall the number of eligible stroke patients for thrombolysis is low.

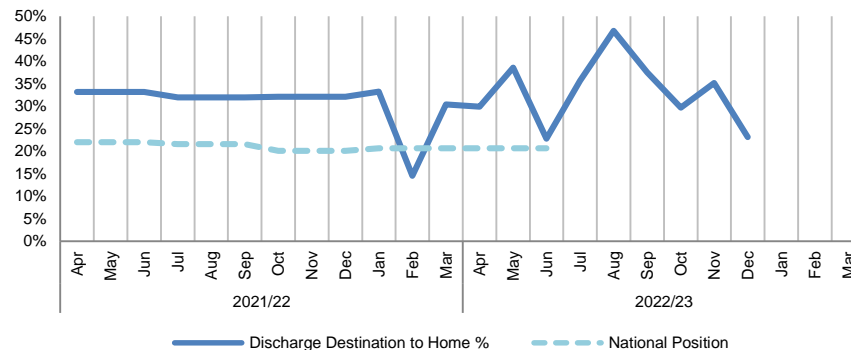
Eastern Services Stroke Performance

Quality of care metrics for patients admitted following a stroke

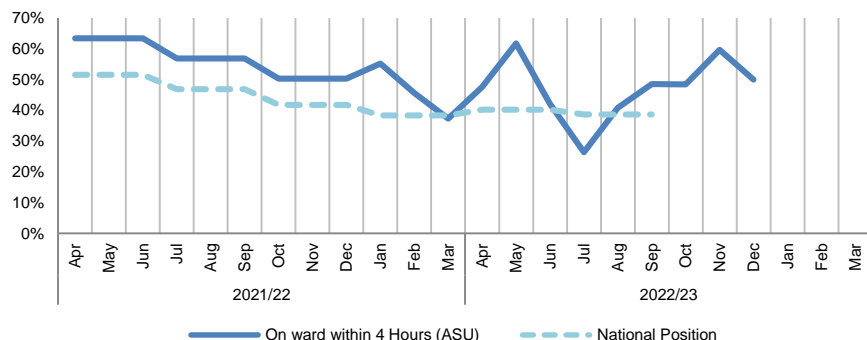
Proportion of patients admitted following a Stroke spending 90% or more of their stay on the Stroke unit



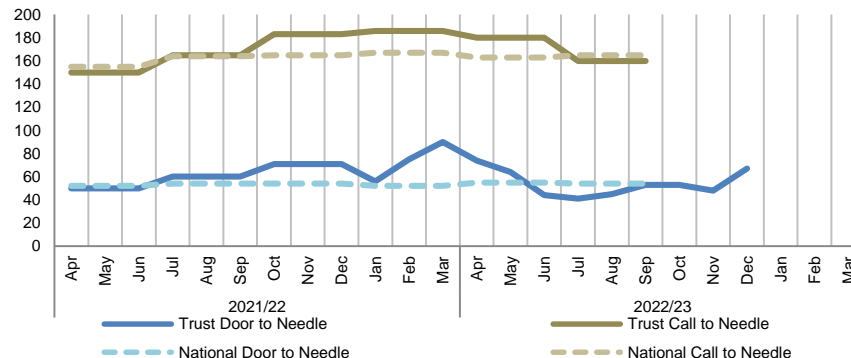
Discharge Destination to Home (%)



On ward within 4 Hours (ASU)



Average Thrombolysis Times (minutes)



- 90% stay - The proportion of patients admitted spending 90% of their stay on the stroke unit has increased and is above target. This has been due to the continued concerted effort to try and transfer patients more quickly to the ward. In December 84.9% was achieved against the 90% stay indicator and 50% of stroke patients were transferred to the unit within 4 hours, which is above the national position.
- Other indicators remain positive and are either above, or in-line with the national position.

Activity & Flow

Operational Performance

Patient Experience

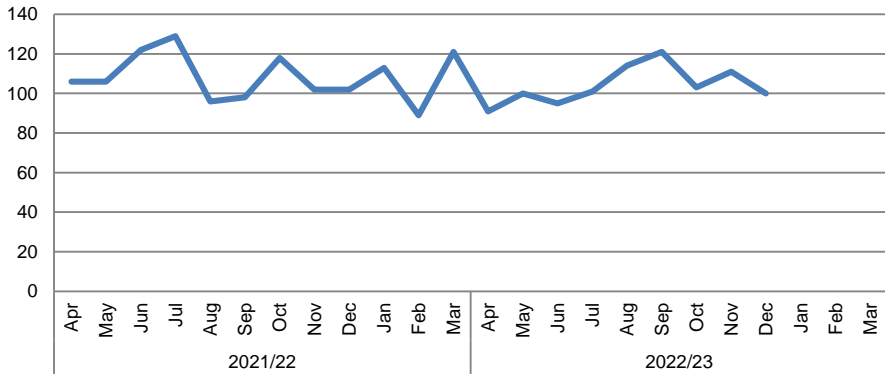
Quality & Safety

Our People

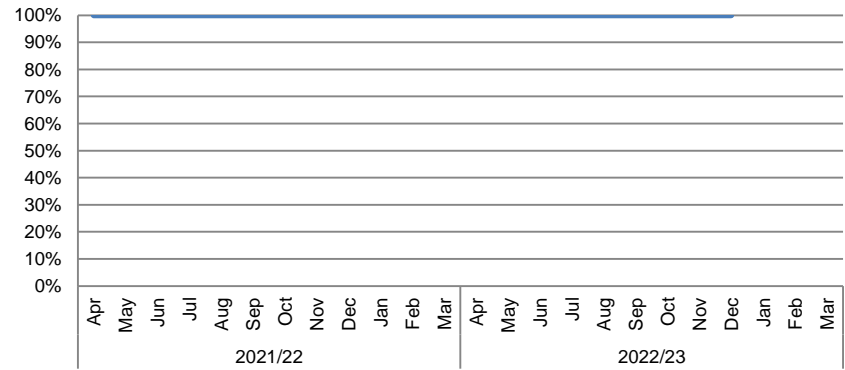
Finance

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

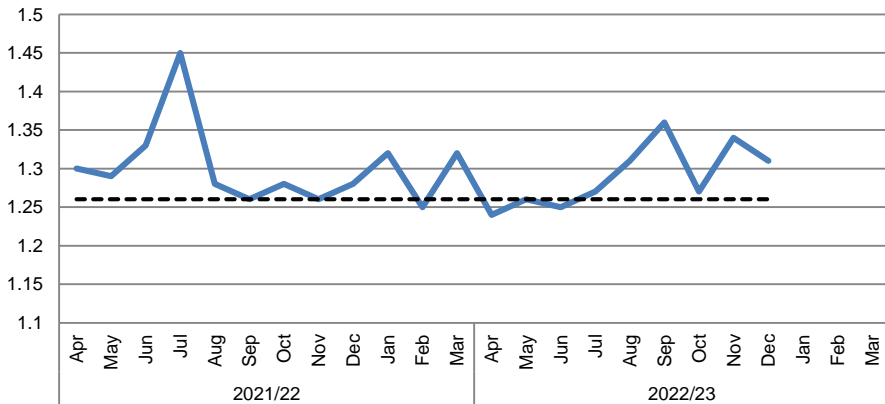
Birth Rate (Number of babies born)



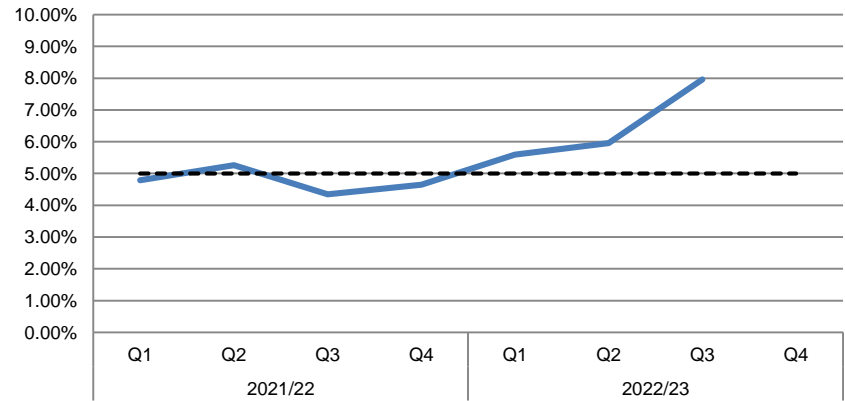
1:1 Care in Labour



Midwife to delivery ratio



Admissions of (term babies) to NNU



- The number of births remains within normal variation
- Admissions of term babies to NNU has increased further in Q3 in line with high acuity (national target 5%) . ATAIN reviews have taken place to identify any avoidable admissions to ensure learning.
- All avoidable cases could have been cared for in a Transitional care facility – the team are undertaking a TC review and plan for development of a dedicated provision proposal by March 23

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

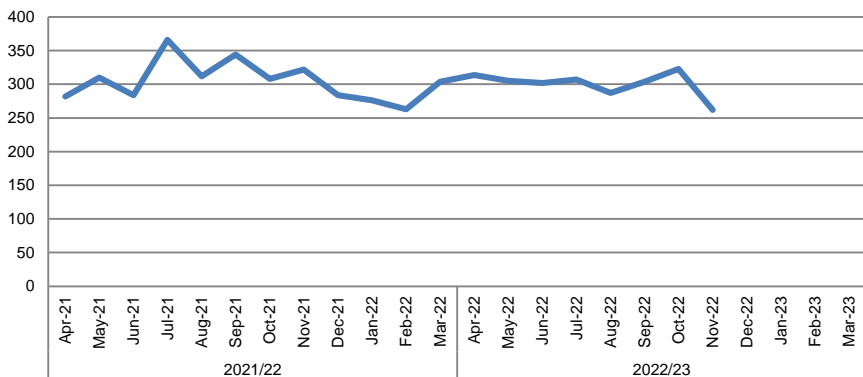
Our People

Finance

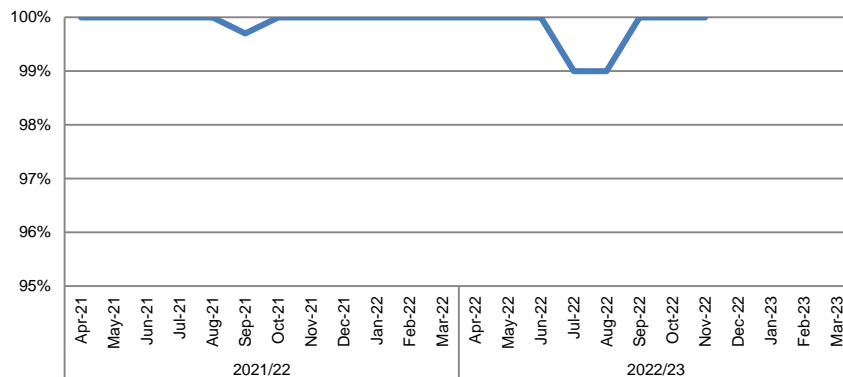
Eastern Services Maternity

Metrics relating to the provision of quality maternity care

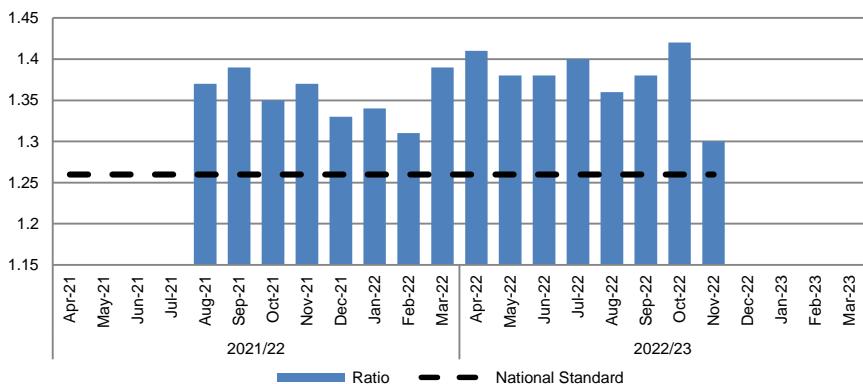
Birth Rate (Number of babies born)



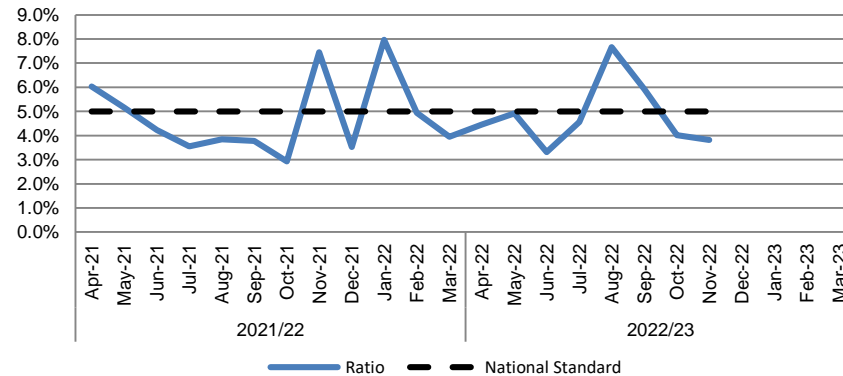
1:1 Care in Labour



Midwife to delivery ratio



Admissions of (term babies) to NNU



The step change in the Midwife to Delivery ratio in November 2022 has improved due to successful recruitment into midwifery vacancies.

Activity & Flow

Operational Performance

Patient Experience

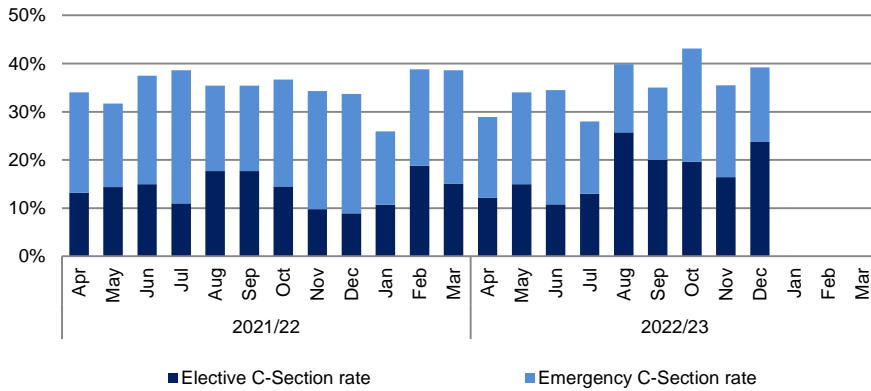
Quality & Safety

Our People

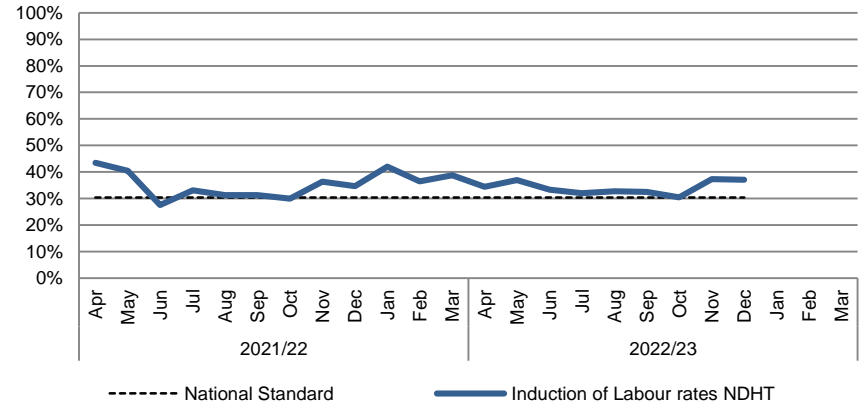
Finance

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

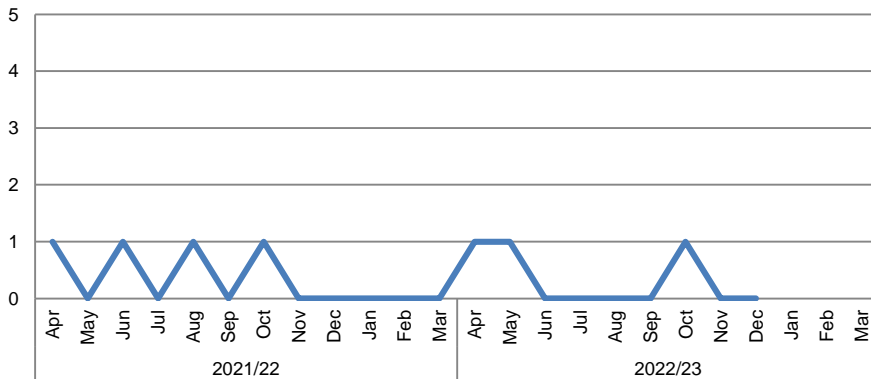
C-Section Rates - Elective & Emergency



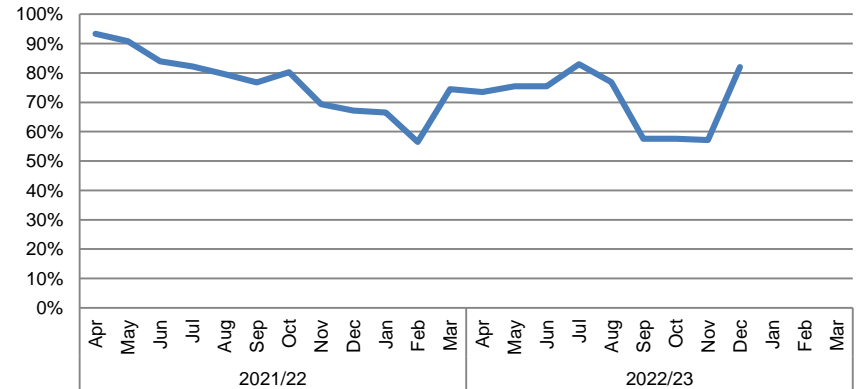
Induction of Labour rates



Still births (includes term & pre-term)



PROMPT Training % (whole team)



- Induction of labour rates increased for Nov/Dec in line with a noted increase in complex cases accessing care
- PROMPT training compliance has seen an increased trajectory due to targeted recovery plan efforts to achieve compliance for CNST compliance however, has fallen slightly short at 82% of the 90% target. The service is continuing plans to support a minimum 90% baseline of compliance in preparation for CNST Year 5

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

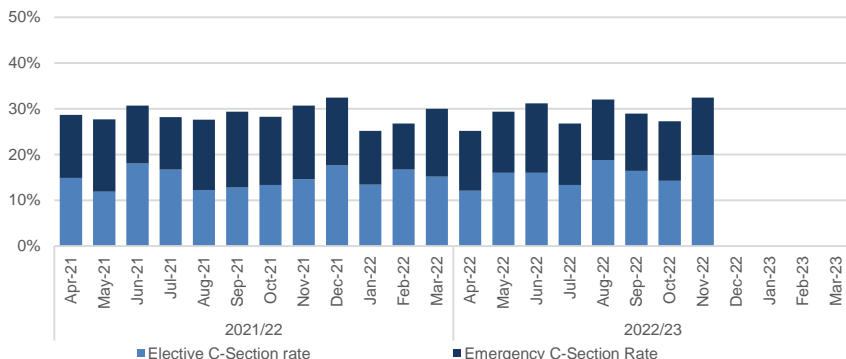
Our People

Finance

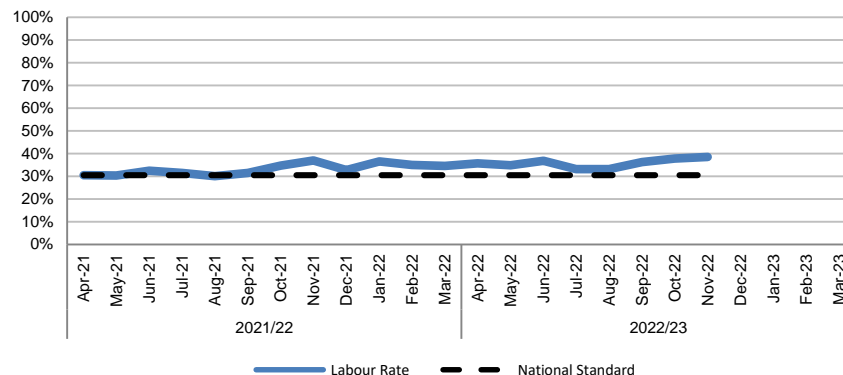
Eastern Services Maternity

Metrics relating to the provision of quality maternity care

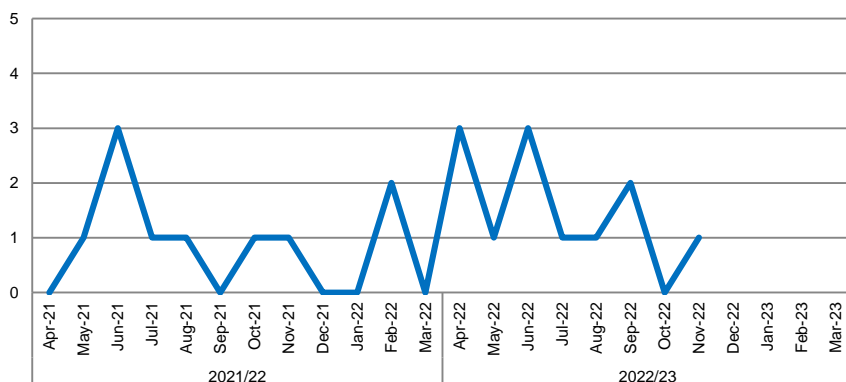
C-Section rates - Elective & Emergency



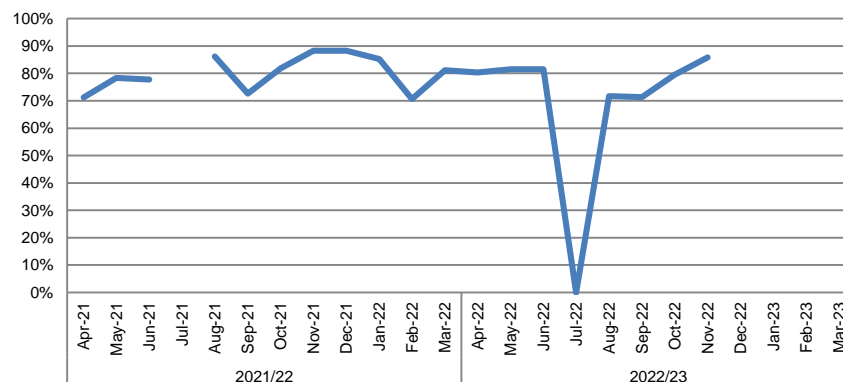
Induction of Labour rates



Still births (includes term & pre-term)



PROMPT Training % (whole team)



PROMPT (Practical Obstetric Multi-Professional Training) continues to improve.

Activity & Flow

Operational Performance

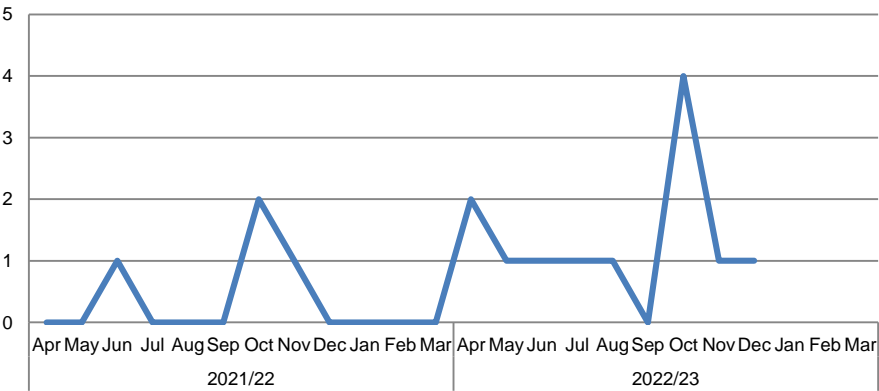
Patient Experience

Quality & Safety

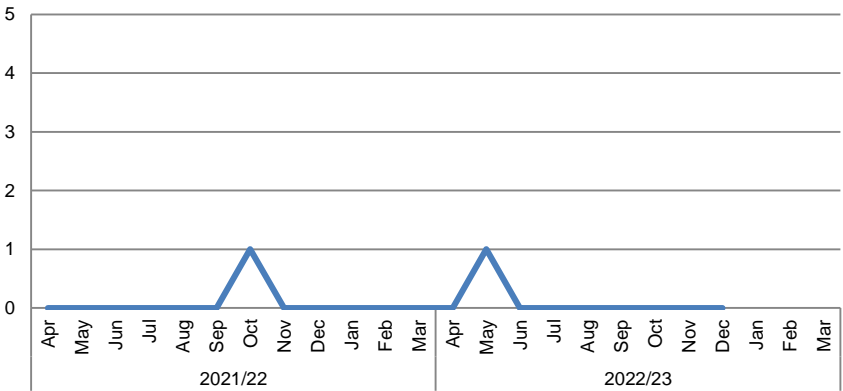
Our People

Finance

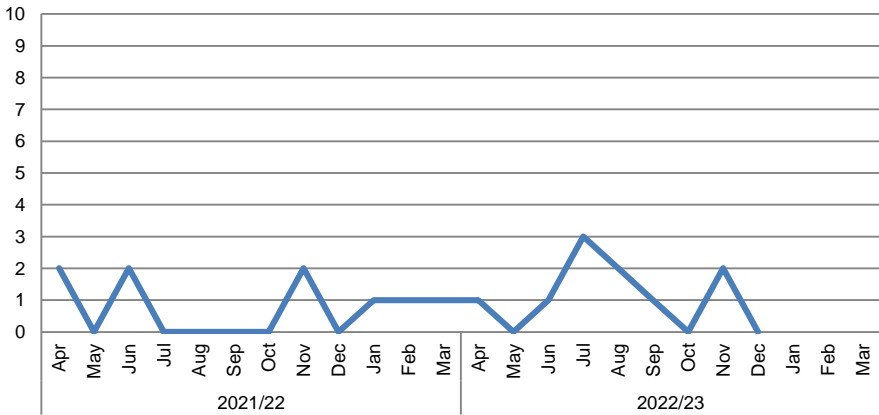
Incidents in current month (moderate and above) (run chart)



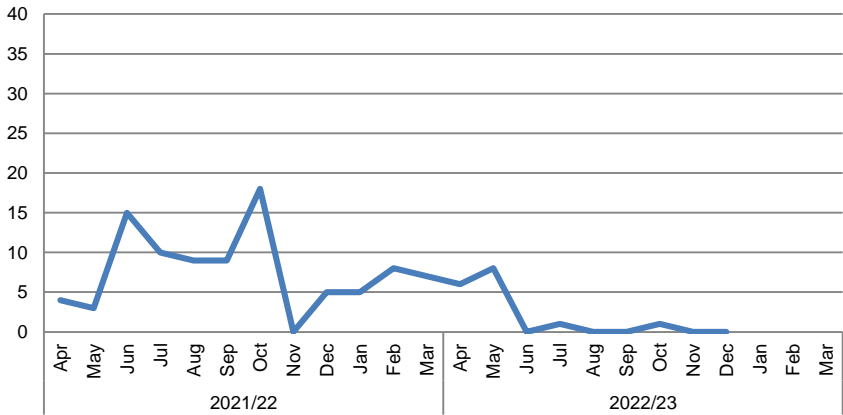
Serious Incidents (run chart)



Complaints Maternity



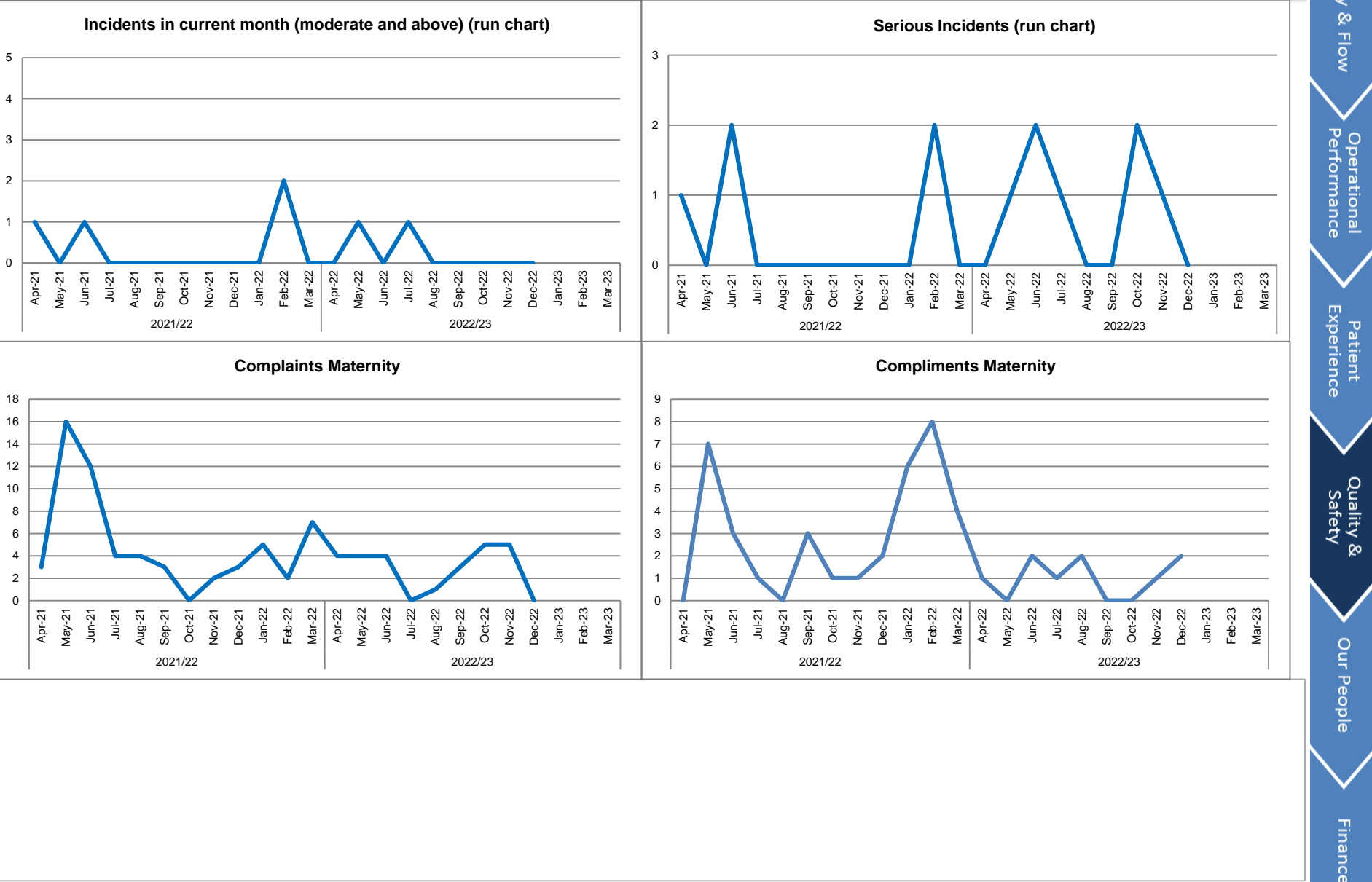
Compliments Maternity



- There was 1 moderate incident reported in December which is subject to formal review

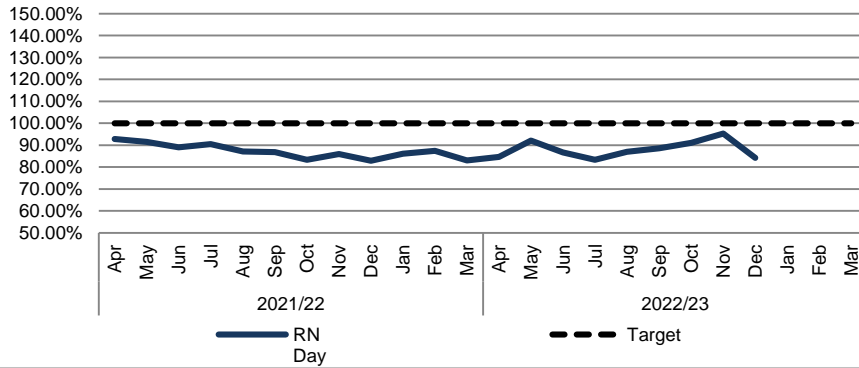
Eastern Services Maternity

Metrics relating to the provision of quality maternity care

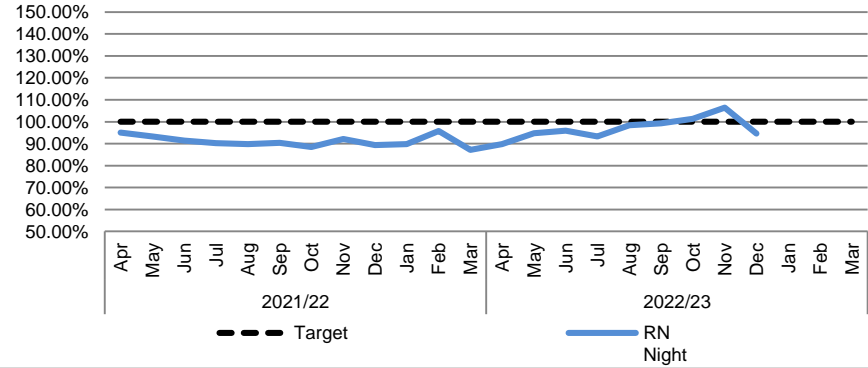


Northern Services Safe Clinical Staffing Fill Rates

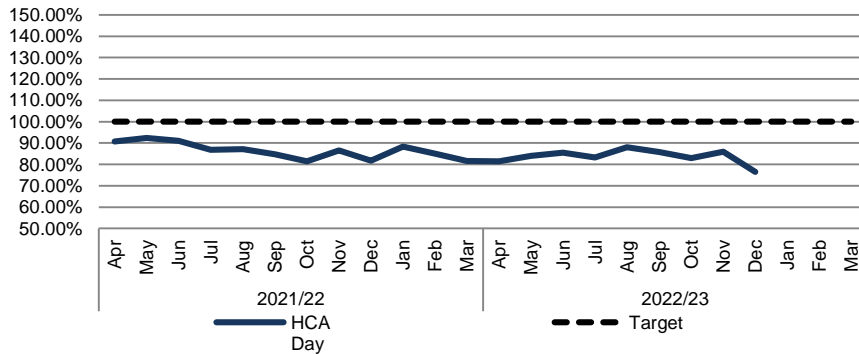
Registered Nurses & Midwives Fill Rate (Day)
Inc. ED & South Molton



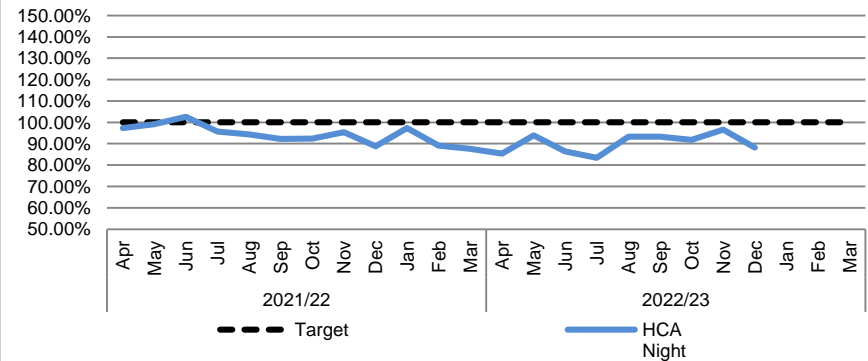
Registered Nurses & Midwives Fill Rate (Night)
Inc. ED & South Molton



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



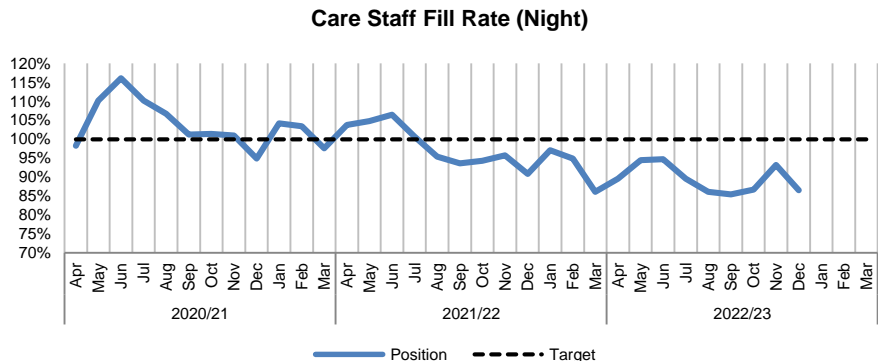
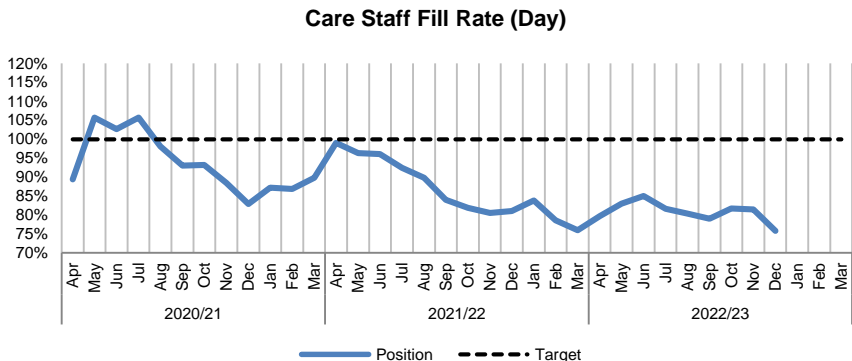
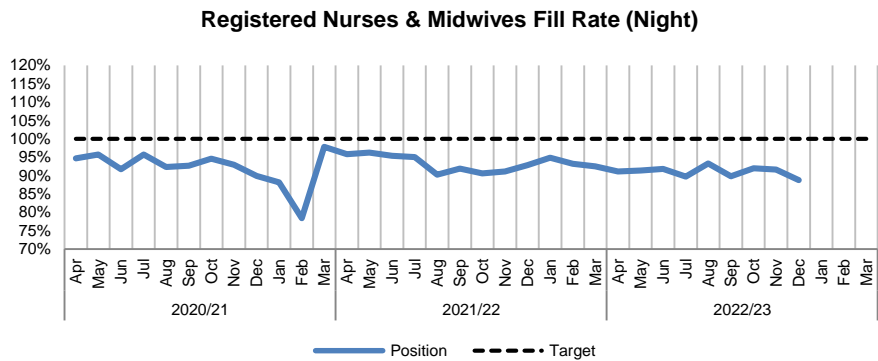
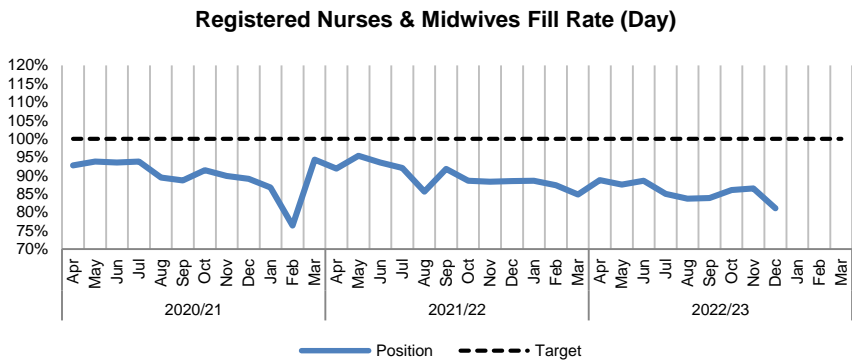
HCA Fill Rate (Night)
Inc. ED & South Molton



- There has been an overall reduction in fill rate in December 2022. This is attributed to increased sickness and reduced temporary staffing fill in December. There were no reported incidents relating to staffing (staffing shortages) at moderate or above.
- Staffing risks are assessed and mitigated through a number of established processes and strong professional oversight by members of the Senior Nursing Team on a daily basis.

Eastern Services Safe Clinical Staffing – Fill Rate

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

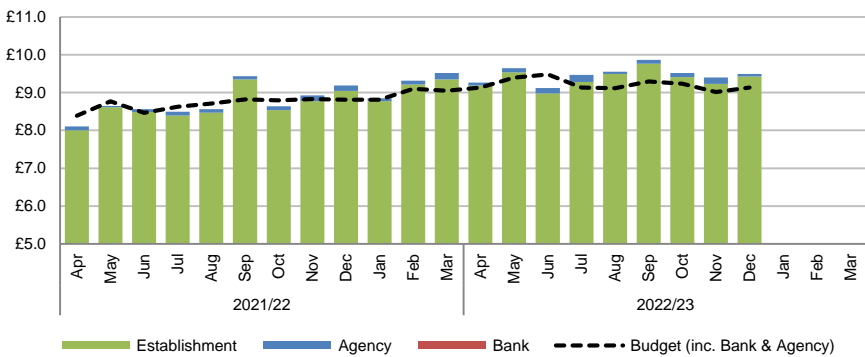


- The overall fill rate for December 2022 was 83%
- There were 17 patient incidents reported related to staffing. 12 were no harm and 5 were minimal harm. 88% (15) of these incidents occurred in Medical Services Division.
- All patient safety incidents which resulted in moderate or greater harm have been reviewed. Staff shortages were not identified as causative or contributory factors in any of these incidents.

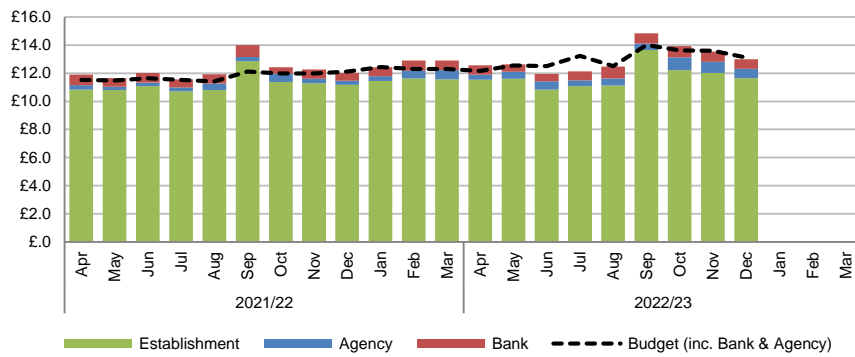
Eastern Services Safe Clinical Staffing

Cost of Medical & Nursing Staffing by month against Budget & reasons for temporary staff

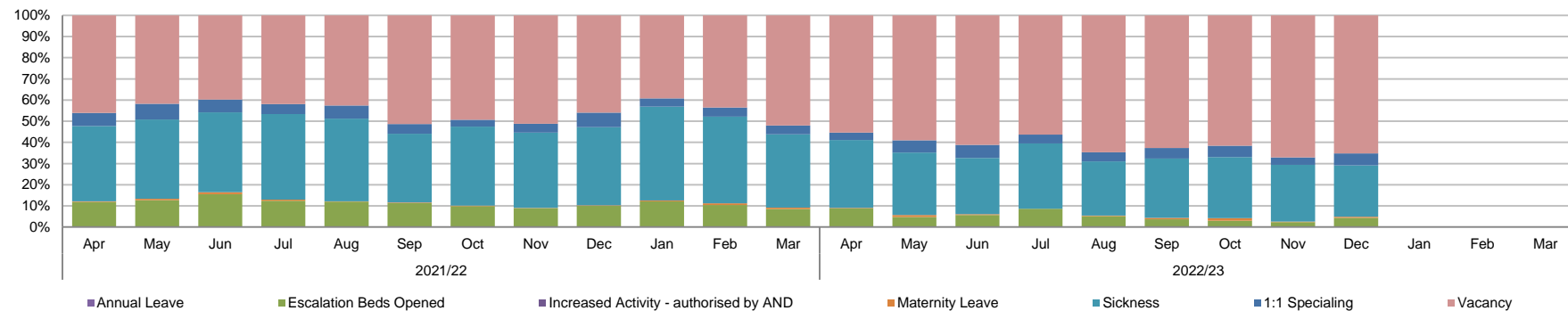
Medical - Staff FTE (£Million)



Nursing - Staff FTE (£Million)

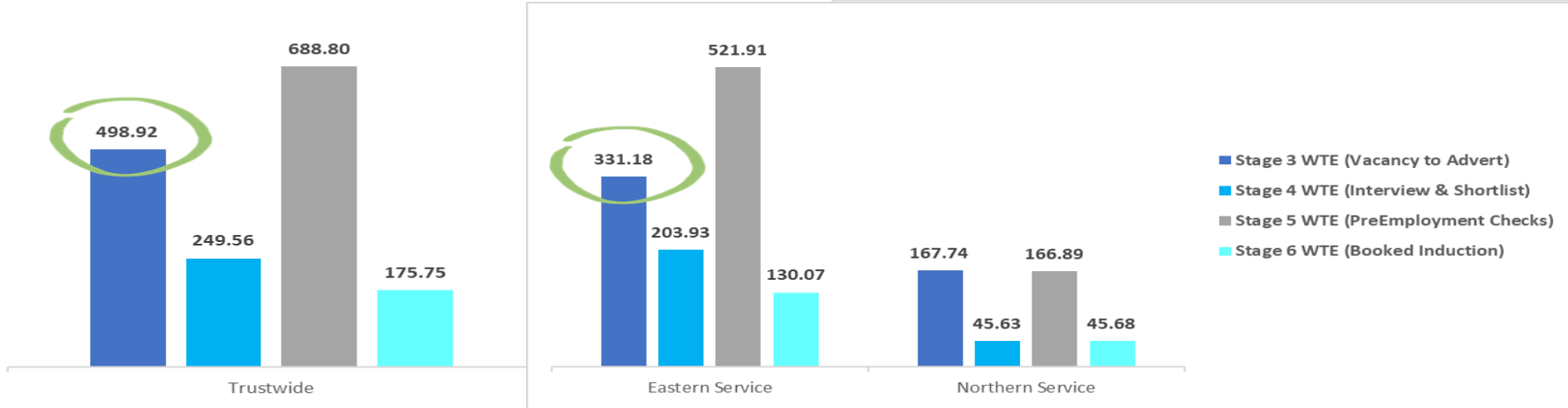


Nursing Reasons for Bank/Agency Usage

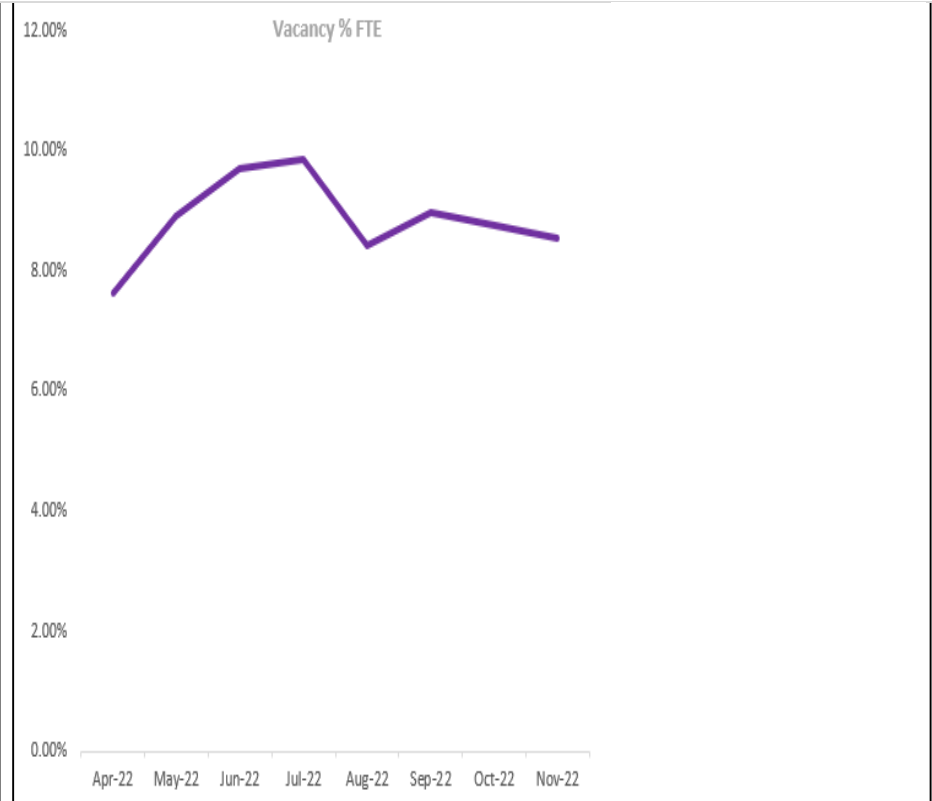


- Continued escalation has continued to create demand for temporary nursing staffing to cover escalation beds.
- Nursing has seen an increase in demand due to highly complex vulnerable patients who require 1:1

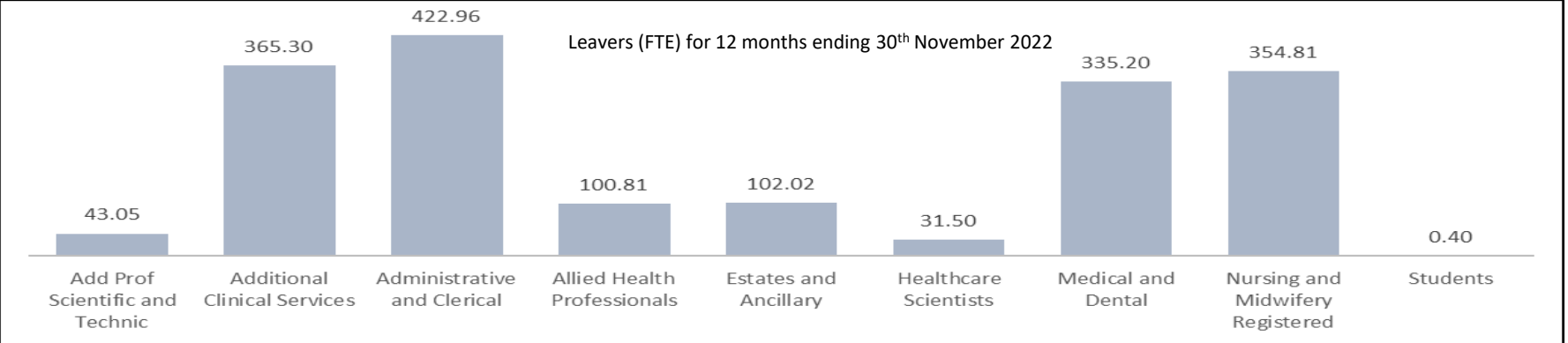
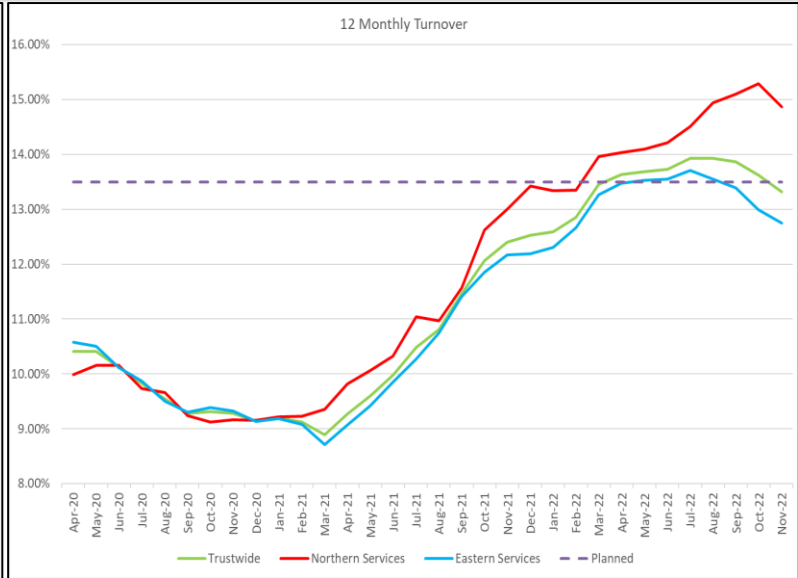
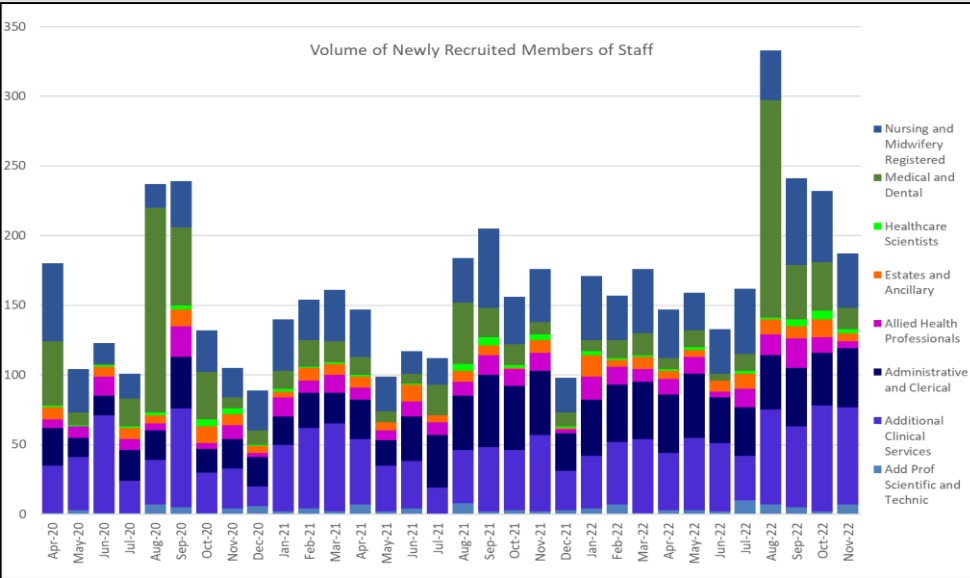
Trust Recruitment Update



- The overall vacancy rate is 8.55% with the North reporting 11.37% and the East 7.41%. (Critical/Medium/Positive forecasting is based on historic trends and likelihood using pre-pandemic and pandemic data) (Medium being most likely)
- Overall our pipeline shows whilst North is high – there is a nursing and midwifery recruitment event for both newly qualified and HCSWs being held in January.
- Eastern services also have the same event planned along with placed based community recruitment events. Offers made will be reflected in next month's IPR. There is also a need for a further event in HCSW.
- 662 People are in Stage 5 (Pre-Employment Checks) which is a significant decrease on previous months (down from 1000+ due to increase in productivity rather than vacancy level). This trend is likely to continue and targets are 500 by end of fiscal year.
- 314 (175.75 WTE) people are currently scheduled for an upcoming Induction and new start (226 being from Jan 9 through to Feb 6)
- We are now able to report our average time to hire (Advert Approved to Contract Accepted) – This is currently at 62.9 Calendar days (62.5 East, 64.1 North). With the new induction due for release at the start of March we expect that this should reduce this time by 10 Calendar days.
- We are highlighting in green in the above graphs that we are not seeing the “wave” as high in Stage 3 – therefore we are expecting manageable levels corresponding through to stage 5. This is a positive sign in workload, time to hire but the numbers also reflect the vacancy level we currently have. This is a positive position to be in.
- 24 IR Nurses arrived in Dec, with the revised number for Jan-Mar is 53.
- 1 IR (North) Radiographer – 1 IR (North) Occ Therapist due by Mar



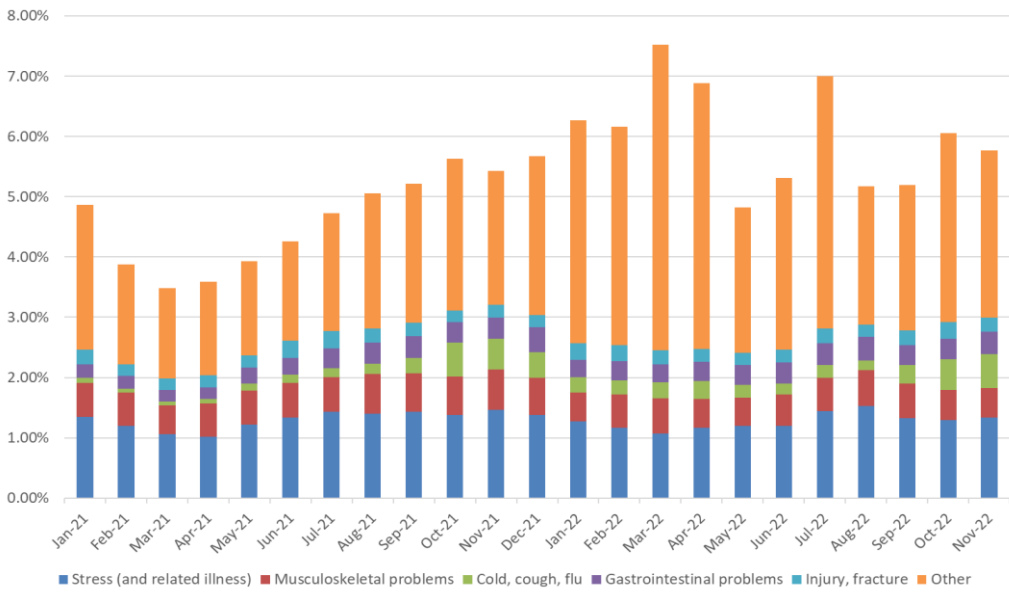
Trust Turnover



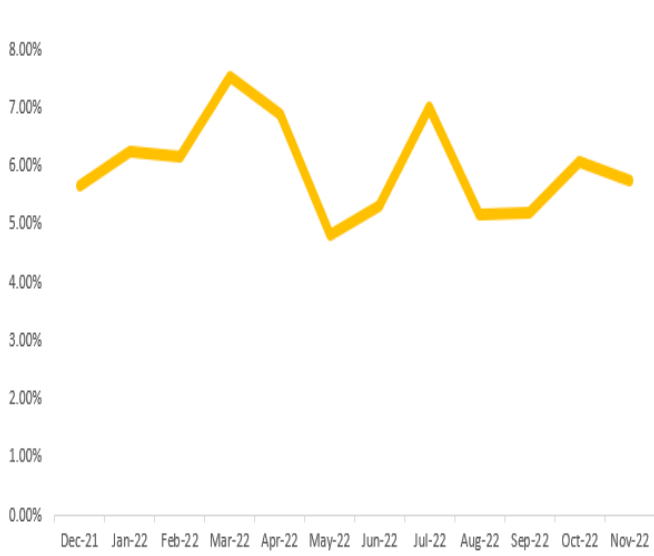
Turnover

- The overall turnover rate continues to reduce and is now 13.0%, 12.6% in the East and 14.2% in the North. Within staff groups there are differences between the service areas. Overall Nursing and Midwifery turnover is 11.9% but the North has a significantly higher rate of 14% compared with the Eastern rate 11.1%.
- It should be noted that Medical and Dental includes Junior Doctors on rotation, and this will be broken down further in future months.
- Other staff groups reporting differences between service areas include Admin and Clerical – 13.1% in the East – 14.6% in the North and Allied Health Professionals – 11.6% in the East and 9.7% in the North. All other staff groups have comparable rates of turnover
- Over the last 12 months 19.2% of employees have left in the first year of employment – a further 12.6% have left in the second year of service. This is particularly acute within the Additional Clinical Services group where the rate is 33.4% in year 1 and 14.3% in year 2.

Sickness Absence by top 5 (inc. Other)



Historic Trend Actuals - Sickness %



Critical Linear Sickness Forecast



Medium Linear Sickness Forecast



Positive Linear Sickness Forecast

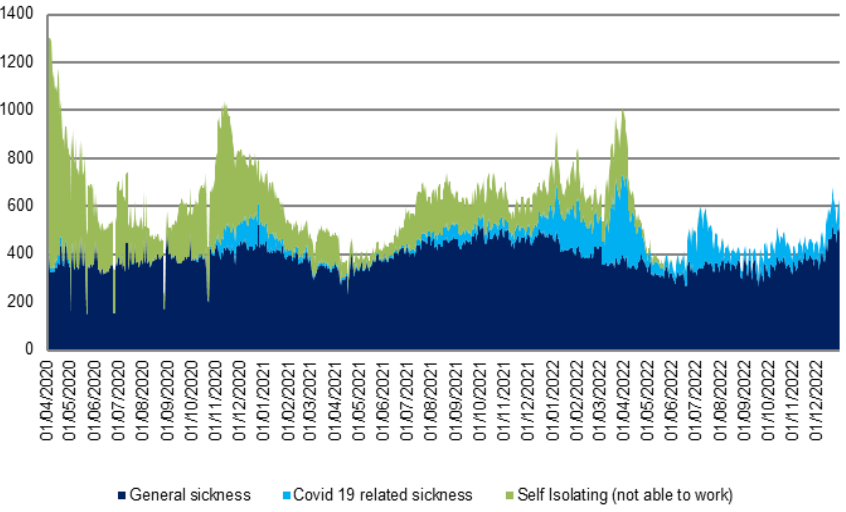


Sickness Absence

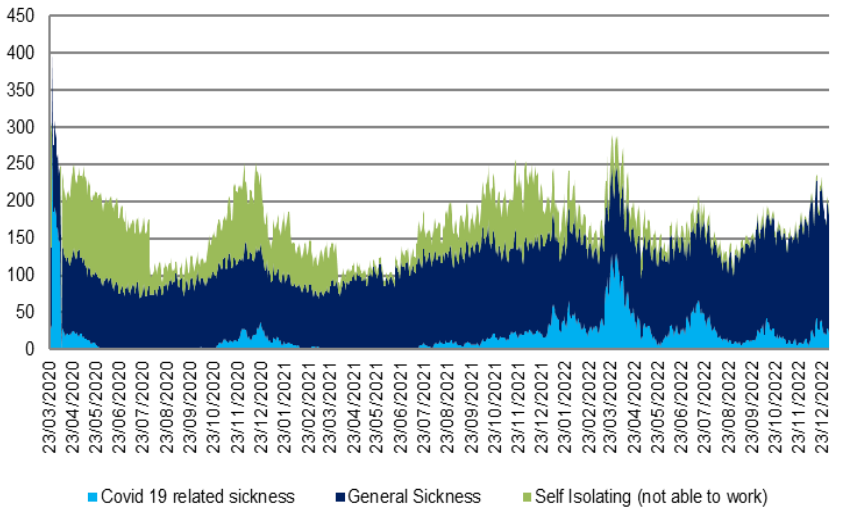
- Trust Position:
 - Overall sickness rates have improved for both Northern and Eastern services with both areas reporting less than 6%
- Based on the previous 12 months the forecasted December 2022 sickness rate is 6.0%. With an error rate of 20% the actual rate is predicted to be between 4.8% and 7.2%
- The forecast for January predicts a worsening sickness rate based on historical data and the increases being reported in the category of colds, coughs and flu
- As expected for the winter months absence due to colds, coughs and flu continues to increase and is likely to worsen given the increased prevalence of flu.
- Days lost to stress related sickness absence (and other related illnesses) remain stable this month .
- When looking at the rolling 12 month trend, the Nursing workforce groups have decreased with Registered Nurses and Midwives dropping to under 6% and Support to Nursing (i.e. HealthCare Support Workers) to less than 9%
- Northern Site Position
 - Nursing and Midwifery sickness has reduced by almost 1% in the last month to 5.9%
 - Allied Health Professionals have improved by 1.8% in November to 4.6% and is the lowest rate for six months
 - Although Additional Clinical Services have recorded a small increase to 7.7% the rate is lower than the rates of 10.7% experienced in March and April 2022
- Eastern Site Position
 - 18.88% of Bank requests were identified as sickness cover
 - Most staff groups have remained stable this month with the exception of Additional Clinical Services who improved by 0.9% to 8.7% and Nursing and Midwifery who reduced by 0.6% to 5.8%

Trust Workforce – Covid related absence

Staff Sickness and Self Isolating – Eastern Services



Staff Sickness and Self Isolating – Northern Services



Staff Absence and Self Isolation

As at 9th January, the total number of staff in Eastern services with Covid related absence has decreased from 80 one month ago to 56. However despite these relatively low numbers the number of staff with Covid related absence exceeded 150 in the week before Christmas and this is a reminder of the unpredictability of this pandemic. Data from the North follows the same pattern with a reduction over the last month.

Eastern services currently have 16 members of staff with an open sickness episode attributed to Long Covid.

Northern Services currently stands at 1 Member of staff with open episode attributed to Long Covid.

The programme of flu and Covid autumn booster vaccinations continues with sessions for both being offered across trust sites. The NHS Digital Foundry system collects vaccination data for our workforce and includes attendances at non trust sites such as primary care/pharmacy settings. The percentage of staff receiving the Covid booster stands at 49% with 37% recorded as having the flu vaccination. These rates are for the RDUH as a whole and cannot be split by north/east. The table below shows 2022 rates for RDUH but 2021 rates for eastern services only.

Using these comparisons based on the monthly ImmForm submission made to NHSE the overall rate for Covid vaccine uptake is significantly lower this year. This higher levels attained last year will be partly attributable to staff being mandated in early 2022 to receive Covid vaccines unless medically exempt. This requirement was subsequently removed

Flu vaccinations are lower this year by 7% and this is attributable in part by the campaign starting later this year in the North. The Trust continues to encourage uptake through a range of comms messages.

	2022 FLU RDUH Total	2021 FLU RDE only	2022 Flu Variance	2022 Covid RDUH Total	2021 Covid RDE only	2022 Covid Variance
Medical and Dental	62%	100%	-38%	67%	88%	-21%
Nursing and Midwifery Registered	60%	74%	-14%	56%	81%	-24%
All other prof qual clinical staff	60%	85%	-24%	63%	84%	-21%
Support to Clinical Staff	58%	56%	2%	56%	76%	-21%
No direct patient care	56%	46%	11%	64%	82%	-17%
TOTAL	59%	66%	-7%	59%	80%	-21%

RDUH Finance Overview

Financial Performance - key performance indicators

Consolidated Metrics						
Domain	Measure / Metric	Unit of Measure	Last Month Nov-22	This Month Dec-22	Year End Mar-23	
Income and Expenditure	I&E Surplus / (Deficit) - Total	£'000	-10,802	-12,835	-18,260	
	I&E Surplus / (Deficit) v budget	£'000	3	3	3	
	Income variance to budget - Total	£'000	407	405	-7	Mostly related to commercial income(see below).
	Income variance to budget - Total	%	0.06%	0.06%	0.00%	
	Income variance to budget - Patient Care	£'000	479	477	470	
	Income variance to budget - Commercial income	£'000	-72	-72	-477	Commercial activities are under-recovered mostly due to car parking, nursery, fertility and catering.
	Pay variance to budget - Total	£'000	-212	-226	577	Pay budgets are reduced to reflect undelivered savings and productivity against plan and off-set by allocating reserves for developments that have not yet commenced.
	Pay variance to budget - Total	%	-0.05%	-0.05%	0.10%	
	Agency expenditure (Inc. COVID expenditure) variance to Plan	£'000	-6,193	-7,044	-9,955	Usage particularly in nursing and medical workforce reflecting vacancies, sickness, Covid impact and ESRF delivery.
	Non Pay variance to budget	£'000	-195	-179	-570	Month 8 FOT was understated by £0.4m expenditure (off-set by overstated PDC/Depreciation below). Whilst neutral to the overall position the FOT variance restated would have been £418k adverse. Non pay continues to reflect increased drugs expenditure YTD and FOT not recoverable above block contract income off set by slippage on investments and non-recurrent underspends.
	Non Pay variance to budget	%	-0.09%	-0.07%	-0.18%	
	PDC, Depreciation, Interest Paid / Received variance to budget	£'000	3	3	3	Month 8 FOT was overstated by £0.4m expenditure (off-set by understated Non Pay expenditure above). Whilst neutral to the overall position the FOT variance restated would have been £3k favourable.
	PDC, Depreciation, Interest Paid / Received variance to budget	%	0.01%	0.01%	0.01%	
Cost Improvement Programme - Total Current Year achievement	£'000	18,415	13,161	17,567		
Cost Improvement Programme - Year to date/ Current Year variance to budget	£'000	-10,095	-11,180	-16,368	See report narrative. FOT improvement following review of delivery previously assumed in underspends.	
Capital & Cash	Cash balance	£'000	54,382	54,735	48,754	YTD: Timing of settlement of net working capital, particularly payments to suppliers, capital programme slippage and the impact of late changes to the June plan that was not reflected in the Balance Sheet (£11.4m) FOT: The balance sheet was not updated for the late revenue changes made to the final Annual Plan.
	Cash variance to budget - above / (below)	£'000	15,831	19,136	19,198	
	Better Payment Practice v 95% target - volume	%	91%	92%	95%	
	Better Payment Practice v 95% target - value	%	93%	93%	95%	
	Capital Expenditure variance to plan - Total above / (below)	£'000	-6,718	-8,963	0	See report narrative. There is confidence the programme will recover based on the value of open orders and oversight by the Capital Steering Groups.
	Capital Expenditure variance to plan - CDEL above / (below)	£'000	-5,215	-6,658	0	As above.
	Capital Expenditure variance to plan - PDC above / (below)	£'000	-1,503	-2,305	0	Whilst there is slippage on planned commencement of Diagnostics CDC in East due to delayed approval, capital planning will ensure PDC allocations are fully utilised by year end.

Key

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

Activity & Flow

Operational Performance

Patient Experience

Quality & Safety

Our People

Finance

RDUH Summary Finance position

Trust Commentary

Month 9 Summary Finance Position - YTD

- The Board has approved a deficit plan of £18.3m
- Cumulative deficit of £12.8m achieves plan predominantly by Delivering Best Value slippage being off-set by non-recurrent expenditure underspends.

Month 9 Summary Finance Position - FOT

- The planned deficit of £18.3m is forecast to be achieved.

Risks and Mitigations

- The table opposite sets out the current assessment of gross risk and mitigation opportunities that have been consolidated and assessed on likelihood of materialising.
- Residual risk of £4.0m has been quantified and will be delivered through further non recurrent balance sheet mitigations by year end.

Delivering Best Value (DBV) Programme

- The DBV programme for the year is £33.9m
- £13.2m has been achieved YTD against £24.3m target being £11.1m adverse to plan. The shortfall was covered through other NR slippage and under spends as set out above.
- Current assessment is of delivering £17.6m of the total programme being £16.3m adverse to plan and is reflected in the risks and mitigations table for months 10-12 (with month 1-9 being mitigated within the YTD overall position). Of the forecast shortfall £14.6m for the year relates to productivity opportunity that is affected by current pressures in Urgent and Emergency Care impacting the ability to deliver the elective activity plan. £8.2m is forecast to be delivered non recurrently.

Delivering Best Value Programme £'m	Full Year Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	Actual Forecast	Forecast Variance
Divisional CIP	5.5	3.7	3.7	0.0	5.5	0.0
Mycare benefits	1.9	1.3	0.6	-0.7	0.9	-1.0
Productivity	14.6	10.2	0.0	-10.2	0.0	-14.6
Covid Cost Reduction	6.5	5.0	4.3	-0.7	5.6	-0.9
Further Stretch	5.4	4.1	4.6	0.5	5.6	0.2
Total	33.9	24.3	13.2	-11.1	17.6	-16.3

Consistency with reporting to NHSEI and the Integrated Care System for Devon

- The Trust Board has been receiving a reconciliation of the IPR SOCI to NHSEI reporting returns; due to enhanced NHS reporting requirements for month 9 in preparation for year end reporting, national finance submissions are not due until 24 January 2023 being 1 day before the Board meeting. **Whilst the overall SOCI deficit position is not expected to change, the finalisation of the SOFP and SOCF are impacted and are not reported as appendices for Month 9 only.**

Data

Month 9 2022/23

Summary Income & Expenditure

	Year to Date			Year End Forecast		
	Budget £,000	Actual £,000	Variance Fav / (Adv) £,000	Budget £,000	Actual Fav / (Adv) £,000	Variance £,000
Patient Income	632,930	633,407	477	845,521	845,991	470
Commercial Income	83,660	83,588	(72)	112,949	112,472	(477)
Total Income	716,590	716,995	405	958,470	958,463	(7)
Pay	(452,706)	(452,932)	(226)	(606,563)	(605,986)	577
Non Pay	(239,460)	(239,639)	(179)	(318,895)	(319,465)	(570)
Total Expenditure	(692,166)	(692,571)	(405)	(925,458)	(925,451)	7
EBITDA	24,424	24,424	0	33,012	33,012	0
PDC, Depreciation, Interest & gain from absorption	75,782	75,785	3	59,235	59,238	3
Net Surplus / (Deficit)	100,206	100,209	3	92,247	92,250	3
Removal of exceptional items	(113,044)	(113,044)	0	(110,510)	(110,510)	0
Net Surplus / (Deficit) after exceptional items	(12,838)	(12,835)	3	(18,263)	(18,260)	3

Delivery Risk	Most Likely £m	Best Case £m
Deficit plan	-18.3	-18.3
Risks		
Overall DBV shortfall	-16.7	-16.7
ERF cost risk - additional 104wk schemes	-1.5	-1.5
Additional costs of energy not funded	-1.7	-1.7
Overspend issues	-5.2	-5.2
Contractual risk	-1.0	-1.0
Other issues	-0.8	-0.8
Gross Risk	-26.8	-26.8
Mitigations		
Underspending areas	8.2	8.2
Balance Sheet mitigations	9.9	9.9
Slippage	4.1	4.1
Funding / contractual negotiations	4.5	4.5
Unidentified mitigations	0.0	0.0
Total Mitigations	26.8	26.8
Net delivery risk on top of planned deficit	0.0	0.0
Deficit Forecast	-18.3	-18.3

Consolidated - Commentary

Capital

- The capital programme for the year is £50.4m and is forecast to be £1.0m lower than plan due to reductions in assumed PDC schemes off-set by an increase in forecast donations.
- Confirmation has been received that the 2021/22 and 2022/23 IFRS16 impact of leases meeting the criteria will be covered by a central allocation. Whilst minimising the risk to Trust CDEL there remains detail to work through with NHSEI.
- Capital expenditure to M9 was £25.7m; whilst the programme is behind plan there is confidence the programme will recover based on the value of open orders. The respective Capital Programme Groups are monitoring risks and mitigations to ensure delivery.

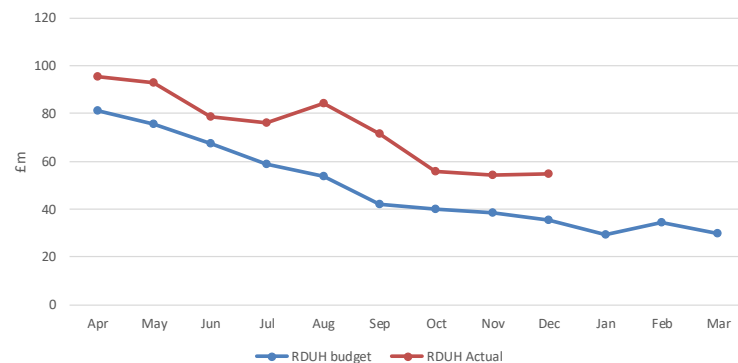
Cash

- Closing cash as at the end of November is £54.7m and is £19.1m higher than plan due to timing of settlement of net working capital, slippage in the capital programme and the impact of late changes to the June plan that was not reflected in the Balance Sheet (£11.4m).
- Forecast cash balance of £48.8m at the end of the year.
- Better Payment Practice of paying 92.4% YTD, of Non-NHS invoices paid within 30 days (target 95%) - this remains challenging due to the level of invoicing within pharmacy and the resourcing needed to reconcile and approve within the pharmacy team. Plans are progressing.

Data

	Year to Date			Full Year Forecast		
	Plan £'000	Actual £'000	Variance Fav/(Adv)	Plan £'000	Actual £'000	Variance Fav/(Adv)
Capital Funding Sources:						
CDEL	22,342	22,342	0	33,306	33,306	0
Donated	892	892	0	892	1,351	459
Leases	1,542	1,542	0	2,303	2,376	73
PDC	9,921	9,921	0	14,953	13,389	(1,564)
Total Capital Income	34,697	34,697	0	51,454	50,422	(1,032)
Expenditure:						
Developments	9,896	7,754	2,142	14,707	12,735	1,972
Equipment	7,231	3,649	1,799	14,919	14,912	6
Estates projects	4,283	2,193	3,582	6,050	5,055	995
Digital	13,287	12,138	1,440	15,221	17,063	(1,842)
Unallocated	0	0	0	558	657	(99)
Total Capital Expenditure	34,697	25,734	8,963	51,454	50,422	1,032
Under / (Over) Spend	0	8,963	8,963	0	(0)	0

Cash balance and Budget



Royal Devon University Healthcare NHS Foundation Trust

Income Statement - Consolidated

Period ending 31/12/2022

Month 9

Income

Patient Care Income

Operating Income

Total Income

Employee Benefits Expenses

Drugs

Clinical Supplies

Non-Clinical Supplies

Misc Other Operating Expenses

Services Received

Total Costs

EBITDA

Profit / (Loss) on asset disposals

Total Depreciation

Total Operating Surplus / (Deficit)

Interest Receivable

Interest Payable

PDC

Gain from Transfer by Absorption

Net Surplus / (Deficit)

Remove donated asset income & depreciation, AME impairment and gain from transfer by absorption

Net Surplus/(Deficit) after donated asset & PSF/MRET Income

Year to Date

Budget	Actual	Actual Variance to Budget Fav / (Adv) £'000
£'000	£'000	£'000
632,930	633,407	477
83,660	83,588	(72)
716,590	716,995	405
(452,706)	(452,932)	(226)
(72,994)	(74,291)	(1,297)
(60,391)	(60,688)	(297)
(12,406)	(12,307)	99
(67,670)	(65,650)	2,020
(25,999)	(26,703)	(704)
(692,166)	(692,571)	(405)
24,424	24,424	0
0	3	3
(28,109)	(28,109)	0
(3,685)	(3,682)	3
980	980	0
(2,162)	(2,162)	0
(7,960)	(7,960)	0
113,033	113,033	0
100,206	100,209	3
(113,044)	(113,044)	0
(12,838)	(12,835)	3

Outturn

Budget	Actual	Actual Variance to Budget Fav / (Adv) £'000
£'000	£'000	£'000
845,521	845,991	470
112,949	112,472	(477)
958,470	958,463	(7)
(606,563)	(605,986)	577
(93,478)	(96,662)	(3,184)
(80,765)	(82,504)	(439)
(17,379)	(16,849)	530
(64,975)	(60,916)	4,059
(62,298)	(62,534)	(236)
(925,458)	(925,451)	7
33,012	33,012	0
0	3	3
(41,492)	(41,492)	0
(8,480)	(8,477)	3
1,320	1,320	0
(2,804)	(2,804)	0
(10,815)	(10,815)	0
113,026	113,026	0
92,247	92,250	3
(110,510)	(110,510)	0
(18,263)	(18,260)	3

KEY MOVEMENTS AGAINST BUDGET

Overall achievement against plan

1. NR pay underspends off-set by slippage on Delivering Best Value and reserves.
2. Drugs expenditure not recoverable above block contract income.
3. Under spends linked to lower levels of elective activity and classification within non-pay categories.

Royal Devon University Healthcare NHS Foundation Trust
Capital Expenditure - Consolidated
Period ending 31/12/2022
Month 9

Scheme		Source of Funding	Actual expenditure to date			Total expenditure forecast for the year				Expected Completion Date
			Plan £'000	Actual £'000	Variance slippage / (higher) £'000	Forecast future £'000	Plan £'000	Forecast £'000	Variance slippage / (higher) £'000	
Schemes >= £500k										
MYCARE (Northern)	N	CDEL/PDC	10,061	10,061	0	400	10,061	10,461	(400)	22/23
ED Reconfiguration	E	CDEL	5,159	4,989	170	112	6,871	5,101	1,770	23/24
Estates Infrastructure 22/23	E	CDEL	2,371	1,936	435	2,306	4,520	4,242	277	22/23
Diagnostics CDC	E	PDC	2,699	0	2,699	1,977	4,110	1,977	2,133	24/25
Cardiology Day Case Unit	E	PDC/DON	0	22	(22)	1,577	2,500	1,599	901	24/25
Operating leases renewed in 2022/23	N&E	CDEL	1,542	731	811	954	2,303	1,685	618	22/23
Backlog Maintenance	N	CDEL	935	454	481	1,078	1,840	1,532	308	22/23
Aseptic Unit	N	CDEL	950	0	950	55	1,700	55	1,645	23/24
Ophthalmology Hub	N	CDEL/DON	964	509	455	904	1,249	1,413	(164)	22/23
Equipment	N	CDEL	655	334	321	1,749	1,105	2,083	(978)	22/23
NHP - OBC Funding	N	PDC	795	794	1	508	1,060	1,302	(242)	22/23
R14 Genetics NovaSeq 6000	E	PDC	0	795	(795)	168	0	963	(963)	22/23
Digital Histopathology (Eastern)	E	CDEL/PDC	226	0	226	905	905	905	0	22/23
LINAC Replacement	E	CDEL	703	512	191	25	836	537	299	22/23
Mortuary	N	CDEL	550	45	505	955	800	1,000	(200)	22/23
Nightingale Hospital Accelerator Programme	E	CDEL	765	814	(49)	0	765	814	(49)	22/23
MYCARE (Eastern)	E	CDEL	362	1,046	(685)	2	714	1,048	(334)	22/23
Replacement of Fluoroscopy Room 2 Siemens Artis Zee	E	CDEL	236	223	13	376	598	598	(0)	22/23
Room 9 - Xray Replacement	E	CDEL	0	0	0	540	0	540	(540)	22/23
General Space Moves	N	CDEL	0	38	(38)	20	689	58	631	22/23
Staff facilities (creating the environment)	E	PDC	103	67	36	394	283	461	(178)	24/25
Endoscopy Expansion	E	PDC	0	5	(5)	497	0	502	(502)	23/24
Wi-Fi Refresh	N	CDEL	0	0	0	450	500	450	50	22/23
Total Schemes >= £500k			29,076	23,376	5,700	15,951	43,410	39,327	4,083	
Schemes <= £500k	N&E	CDEL	5,321	2,358	2,962	8,282	7,539	10,640	(3,101)	22/23
Schemes <= £500k	N&E	PDC	200	0	200	456	406	456	(50)	22/23
Schemes <= £500k	N&E	DON	100	0	100	0	100	0	100	22/23
Total Capital Expenditure			34,697	25,734	8,963	24,688	51,454	50,422	1,032	

Year to date slippage planned to recover by year end ensuring CDEL and PDC allocations are fully utilised.
£1.0m reduced expenditure relates to £1.5m reduction in forecast PDC allocations off-set by £0.5m additional donations.