



Integrated Quality, Performance and Finance Report (IQPR)

Table of contents

Acronyms.....	3
Key to Variance & Assurance Icons.....	4
Executive Summary	5
Urgent and Emergency Care – System Overview	8
Urgent and Emergency Care – Royal Devon University Healthcare.....	9
Urgent and Emergency Care – Torbay & South Devon	11
Urgent and Emergency Care – University Hospitals Plymouth.....	13
Ambulance response times (Cat 1 and Cat 2)	15
Winter Demand and Capacity Programme (D&C)	17
Hospital Discharge.....	18
Planned Care: System Overview.....	23
Planned Care: System 104 Week Wait.....	24
Planned Care: Trusts 104 Week Wait.....	25
Cancer 28-day faster diagnosis: System	27
Cancer 31-day first treatment and 62-day urgent treatment: System	28
Diagnostics	30
Primary Care Performance	32
Integrated Urgent Care Service: NHS 111/Out Of Hours.....	35
Mental Health: System Overview.....	36
Mental Health: Severe Mental Illness – Physical Health Checks.....	37
Mental Health: CYP Eating Disorders Routine	38
Children & Young People (CYP): Autism Diagnosis waiting times	41
Children & Young People (CYP): Speech & Language waiting times.....	42

Quality	44
Quality Metrics	45
Serious Incidents	46
Peer Improvement Tips for Care and Health (PITCH)	47
Patient Experience (NHS Devon): Patient Contacts	48
Safeguarding: Adult Enquiries	49
Safeguarding: Children in Care (CIC)	50
Infection Prevention and Control	52
Covid Update	53
Covid Update: Vaccinations.....	54
Flu: Vaccinations	55
Workforce	56
Workforce: Metrics.....	57
Workforce: Workforce Strategy.....	60
Workforce: Learning, Education and Strategy	60
Workforce: Best Place to Work (BPTW)	60
Workforce: Workforce Capacity	60

Acronyms

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
AAU	Acute Assessment Unit	IAPT	Improving Access to Psychological Therapies	PHSO	Parliamentary and Health Service Ombudsman
ADHD	Attention Deficit Hyperactivity Disorder	ICA	Integrated Care Area	PITCH	Peer Improvement Tips for Care and Health
AHP	Allied Healthcare Professional	ICB	Integrated Care Board	PPG	Practice Plus Group
ARI	Acute Respiratory Infection	ICS	Integrated Care System	RDUH/N/E	Royal Devon University Hospitals/North/East
ARRS	Additional Roles Reimbursement Scheme	ICU	Intensive Care Unit	RHA	Review Health Assessment
ASD	Autism Spectrum Disorder	IHA	Initial Health Assessment	RSV	Respiratory Syncytial Virus
BAU	Business As Usual	IPC	Infection Prevention Control	RTT	Referral To Treatment
BPTW	Best Place To Work	IS	Independent Sector	SDEC	Same Day Emergency Care
CFHD	Children and Family Health Devon	IUCS	Integrated Urgent Care Service	SEND	Special Educational Needs and Disability
CIC	Community Integrated Care	KPI	Key Performance Indicator	SI	Serious Incident
CIC	Children In Care	LCP	Local Care Partnership	SLCN	Speech, Language and Communication Needs
CLD	Criteria Led Discharge	LD	Learning Disability	SLT	Speech and Language Therapist/Therapy
CQC	Care Quality Commission	LOD	Length Of Delay	SMI	Severe Mental Illness
CYP	Children and Young People	LOS	Length Of Stay	SOF3/4	System Oversight Framework (Level 4)
D&C	Demand & Capacity	LSW	Livewell South West	SPC	Statistical Process Control
DCC	Devon County Council	MAU	Medical Assessment Unit	SRO	Senior Responsible Officer
DEXA	Dual Energy X-ray Absorptiometry	MH	Mental Health	SW	South West
DfE	Department for Education	MHLDN	Mental Health Learning Disability and Neurodiversity	SWASFT	South West Ambulance Service Foundation Trust
DPT	Devon Partnership Trust	MHSDS	Mental Health Services Data Set	TCI	To Come In
DTA	Decision To Admit	MIU	Minor Injuries Unit	TSDFT	Torbay and South Devon Foundation Trust
ED	Emergency Department	MRSA	Methicillin-Resistant Staphylococcus Aureus	TDSAP	Torbay and Devon Safeguarding Adult Partnership
EIA	Equality Impact Assessment	MSW	Maternity Support Workers	TP	Trans-Perineal
EMD	Emergency Medical Dispatcher	MTU	Medical Triage Unit	UEC	Urgent and Emergency Care
ENT	Ears Nose and Throat	NCTR	No Criteria To Reside	UHP	University Hospitals Plymouth
FDS	Faster Diagnosis Standard	NDDH	North Devon District Hospital	VCSE	Voluntary Community Social Enterprise
FY	Financial Year	NHSE	NHS England	WIC	Walk In Centre
G&A	General & Acute	NICE	National Institute for health and Care Excellence	WSOA	Written Statement of Action
GI	Gastro-Intestinal	OOH	Out Of Hours	WTE	Whole Time Equivalent
GP	General Practice	OPEL	Operational Pressures Escalation Levels	WW	Week Wait
GPAS	GP Alert State	PCN	Primary Care Network	YTD	Year To Date

Key to Variance & Assurance Icons

Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable . If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER .	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER .	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER .	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER .	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
Assurance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Executive Summary

This report provides a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the ICS, at both place and system level that issues are being identified and addressed.

Operationally in January the ICS remained under extreme pressure although not at the extremis level seen in late December and the first few days of January. Industrial action in nursing and ambulance services has continued to compound delays in urgent care, ambulance conveyancing and waiting times, with a resultant impact to patient care. A loss of 7,047 ambulance hours due to handovers was seen in January down from a height of 13,743 seen in December.

Patients with NCTR decreased in January as urgent care pressures eased slightly, IPC outbreaks and staff sickness reduced and, bedded escalation areas reduced releasing staff to focus on discharge. Average length of stay remained significantly high in January compared to previous years. Mitigations have been implemented to reduce risk and improve performance and these will be reviewed within the context of the revised operating framework.

The numbers of patients waiting beyond 104 weeks at the end of December fell to 340 which is an improvement on the November position of 408. The system has seen a worsening in performance in RTT at 51% compared to a target of 92% and in diagnostic pathways at 64% versus a target of 99%. Providers are now sharing their information on harm, including lower-level incidents and complaints. This was reported in January to the ICB Quality & Performance Committee, and an audit of serious incidents will be completed in February 2023.

As at the end of January 2023 the reported financial forecast is a deficit of £49.2m which is £31m adverse to the planned deficit of £18.2m. (December £31.3m variance) The improvement from December relates to a change in how a profit on disposal of an asset contributes towards the system financial position.

The initial draft submission of the NHS Devon Operating Plan for 2023/24 will be made on 23rd February 2023. The final submission will be at the end of March 2023. The detail within the Operating Plan will be used to formulate recovery plans in key areas linked to SOF 4 exit, with improvement trajectories to monitor progress. These trajectories and associated actions will be incorporated from May 2024 report.

Statistical Process Control (SPC) charts have been introduced into the IQPR to demonstrate the system performance alongside the NHSE accepted standard reporting format. The use of this reporting has been expanded in January for primary care workforce. The table in the page above explains how to use the icons in the SPC charts to understand performance against the metrics displayed.

Quality	Operational Performance	
• Planned Care: risk to patients, due to long waits. Harm profiles received from providers • Urgent & Emergency Care: delays to handover and risk to patients across pathway, including at home due to ambulance conveyancing times • IPC: COVID-19 positive cases, flu and Norovirus impacting on communities, hospitals, and workforce. • Primary Care: IPC impact on primary care workforce and workload due to increased community infections and staff sickness	Planned Care  	RTT, Diagnostic and most Cancer metrics continue to fail the national targets. The system has seen a continued improvement in the total number of patients waiting over 104 weeks from referral to treatment falling from 408 to 340, since last month. However. the number of patients waiting over 52 weeks for treatment continues to increase.
	UEC  	All metrics remain under extreme pressure. Emergency Department 4-hour performance 47.5%. Loss of 7,047 ambulance hours due to handovers compared to 13,743 in December 2022. Average Cat.1 handovers at 10 mins. and Cat 2 at 42.5 mins.
	Discharge  	Further significant improvement in the number of beds occupied by patients with “no criteria to reside”, continued during early February, but bed availability remains under pressure from historically high non-elective length of stay across the system.
	Primary Care  	Impacted by community infections. Access targets are delivering required performance with exception of 2-week access metric which is slightly below target. However, primary care remains under pressure and performance is fluctuating around required targets.
	Children  	Referrals for both SLT and ASD remain within expected levels and average waiting times are significantly higher than the 18-week targets. Both services are impacted by staff vacancies and recruitment challenges. Pathway redesign and additional funding are being implemented to improve service position.
	Mental Health  	No significant variation across most metrics, although improvements have been made in perinatal access and physical health checks for patients with SMI. CYP eating disorder services continue to be challenged by staff vacancies which impacts on timely access to services.
Finance		
As at end of January 2023 the Devon ICS is reporting a year to date £37.0m deficit against a planned deficit of £19.5m – an adverse variance of £17.6m (M9 £11.9m variance))		↓
The reported forecast is a deficit of £49.2m which is £31.0m adverse to the planned deficit of £18.2m. (M9 £31.3 variance)		↑
As at month 10 the Devon ICS had made efficiency savings of £82.4m (M9 £73.1m) This is £28.9m adverse to plan. (M9 £24.5m).		↓
Forecast savings are adverse to plan by £32.3m (M9 £35.1m).		↑
At the planning stage net risks of £95.9m were identified to delivery of a break-even plan. At the end of month 10, this has improved by £46.7m and stands at £49.2m (M9 £49.5m) is against an expectation of break-even (£31.0m against plan) and £0 risk to the current forecast.		↑

Operational Performance

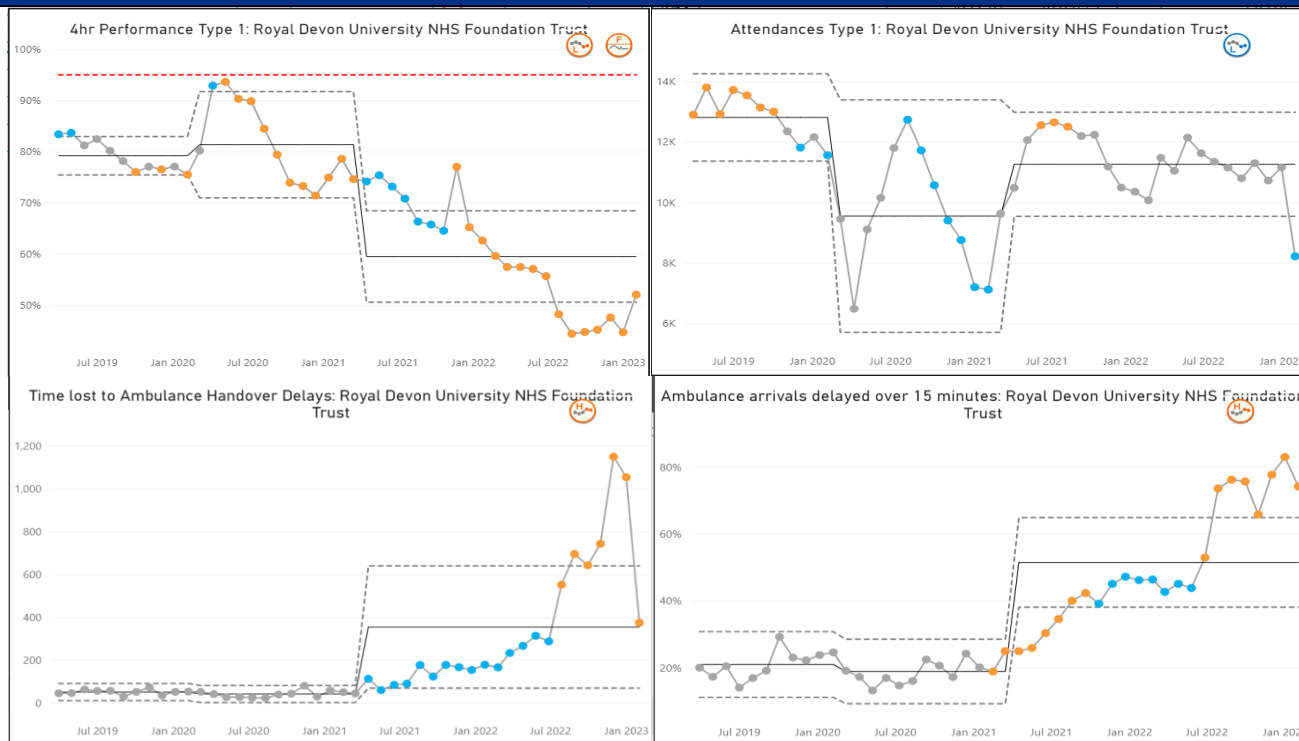
Urgent and Emergency Care – System Overview

	Metric	Target	Latest Date	System			Royal Devon University NHS Foundation Trust			Torbay and South Devon NHS Foundation Trust			University Hospitals Plymouth NHS Trust		
				Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance
UEC	A&E Type 1 Attendance		2023-01-01	19217			11687			7530					
	A&E Type 1 seen within 4 hours	95%	2023-01-01	47.5%			52.3%			38.1%					
	A&E all types seen within 4 hours	95%	2023-01-01	61.3%			61.9%			60.3%					
	12 hr trolley waits		2023-01-01	538			345			193					
	Type 1 Admissions (conversion rate)		2023-01	30.1%			33.0%			22.9%			31.5%		
	Emergency Admissions via A&E		2023-01	5779			2712			1021			2046		
	Ambulance arrivals delayed over 15 minutes		2023-01	75.5%			74.1%			68.6%			83.7%		
	Time lost to Ambulance Handover Delays		2023-01	7,047			374			2,384			3,437		
	Mean ambulance response times cat 1	7	2023-01	9.82											
	Mean ambulance response times cat 2	18	2023-01	42.5											

Metrics relating to urgent care have seen no significant improvement in January 2023 with ambulance handover delays significantly above the 15-minute target with delays totalling 7,047 hours, although this is down on a peak of 13,743 hours seen in December 2022. Type 1 four-hour performance improved from 38.6% in December to 47.5% in January 2023. Nursing and ambulance industrial action has continued to contribute to pressures and despite attendances stabilising and admission numbers falling in January, ambulance handover times and four-hour performance is not yet on target or showing sustained improvement.

Urgent and Emergency Care – Royal Devon University Healthcare

Data



Analytical Summary

- All analytical charts show that RDUH continued to struggle in January to meet the challenges presented via the ED front door directly impacting on SWASFT and their service provision.
- There continues to be a statistically significant upward trend in the number of ambulance arrivals delayed for over 15 minutes and total time lost to handover delays
- There is a statistically significant downward trend 4-hour performance below the target.
- ED attendance numbers decreased significantly in January as expected due to industrial action.
- Type performance against the 4-hour wait target improved from 44.7% to 52% in January.
- 12-hour trolley wait for a bed following a decision to admit fell to 345 in January.

Operational Summary

Northern

Causes:

- SDEC opened on 27th December, enabling an increase in urgent care bed base.
- Lower volumes of flu and COVID infections enabled relaxation of some IPC measures, supporting patient flow, and swifter ambulance handover times demonstrating a reduction in hours lost to previous month.
- Patients awaiting community assessment/referral/beds continue to be high. A peak of 79 NCTR patients on the 27th January has put pressure on patient flow and impacted on bed capacity across the Trust which led to the declaration of OPEL 4 on the 29th January. This number has since reduced. There has been targeted support through Devon share of the £200m discharge monies to support flow.
- Flow of patients from Cornwall continues to be a challenge and is being supported by discussions with Cornwall ICB and Cornwall County Council to ensure robust processes are in place.

Actions:

- A Patient Flow Improvement Programme has been put into place and meetings are being held on a regular basis.
- During January, NDDH provided support to colleagues in the region with regards to an ambulance divert due to a network outage at UHP.
- Discussions ongoing regarding potential extension of MIU provision in Ilfracombe and Bideford beyond the end of the current financial year.

Eastern

Causes:

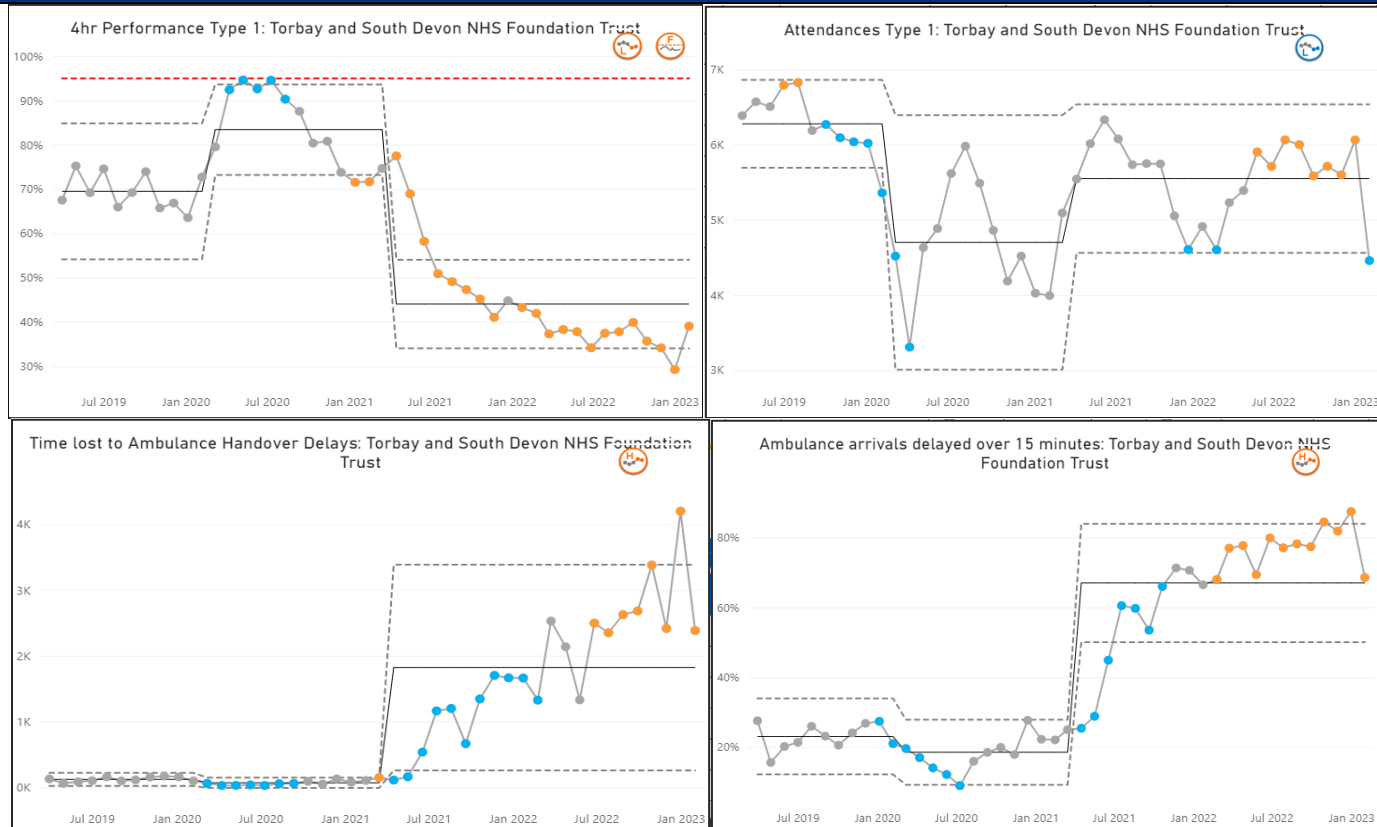
- Bed capacity pressure and restricted flow to beds in the hospital.
- Current vacancies and sickness in Medical and Nursing teams.
- Reduced capacity at Sidwell Street WIC – closed on Mondays and Thursdays.
- Increase in IPC occurrences complicating flow out of the department.
- ED Reconfiguration works.

Actions:

- Sidwell Street WIC planned to reopen on Mondays in February.
- ED reconfiguration of Majors completed 19th December. 6 new Resus bays now in use.
- Admitted out of area patients continue to cause additional pressure for Eastern, this figure fluctuates between 17 – 10 (on average in the last month) patients each day who should be at a different provider.
- From 13th February minors will run out of the old resus bays and the see and treat rooms adjacent to the new reception area
- Ongoing recruitment to fill nursing and medical staffing vacancies.
- Development of further pathways in the Virtual Ward
- Continued focus on Pathway 0 discharges and early utilisation of the discharge lounge to enable flow.
- Current minors due to undergo refurbishment from mid-February 2023.
- SDEC activity increasing from 537 in December to 625 in January (a record month).
- Virtual Ward activity growing as pathways are developed, with 56 admissions in the first 2 weeks of January.
- New ED reception and waiting room due to open 13th February.
- Ongoing work to improve pathways for specialty expected patients.
- Focus on improving the 15 min to triage performance in ED

Urgent and Emergency Care – Torbay & South Devon

Data



Analytical Summary

- TSDFT continued to struggle to meet the challenges presented via the ED front door directly impacting on SWASFT and their service provision.
- Although for most of January ambulance arrivals delayed for over 15 minutes remained high there was a downward trend towards the end of the month. This has continued into February.
- The downward trend in the 4-hour performance target continues to be statistically significant.
- ED attendance numbers decreased significantly in January as expected due to industrial action.

Operational Summary

Causes:

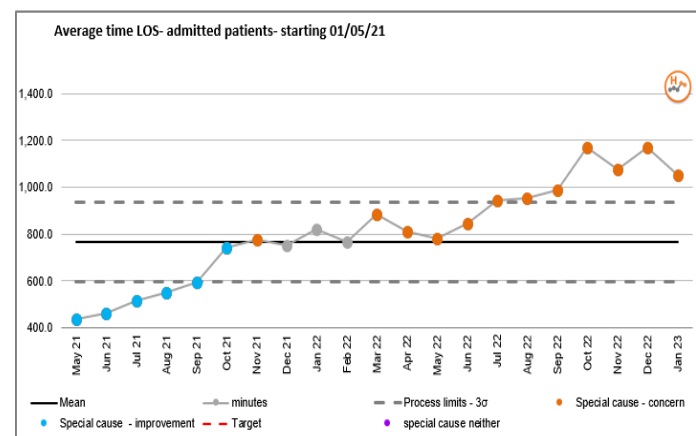
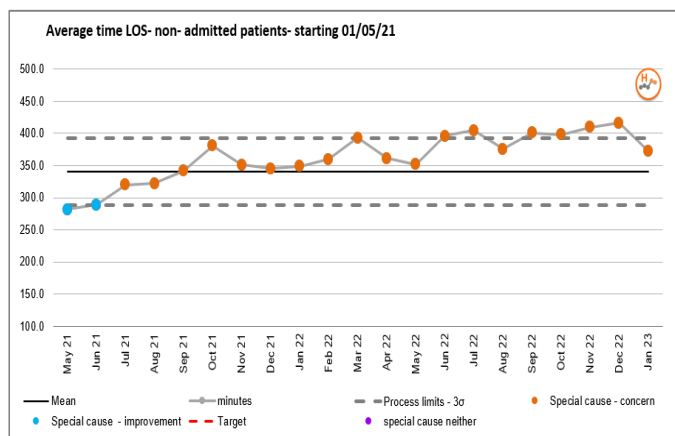
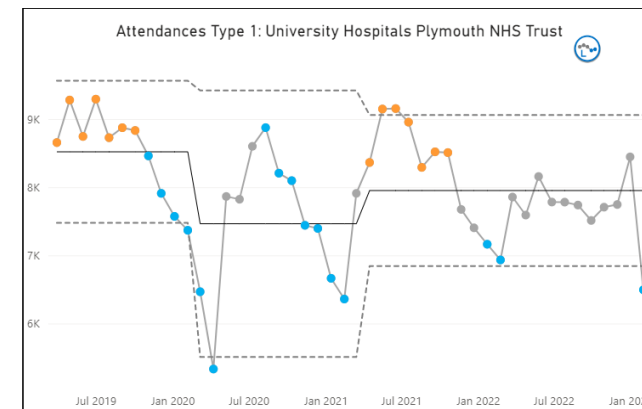
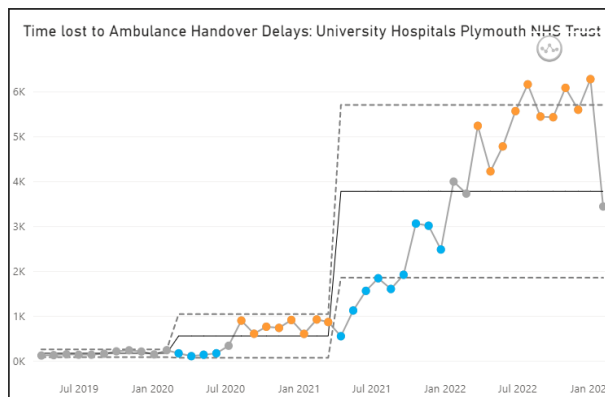
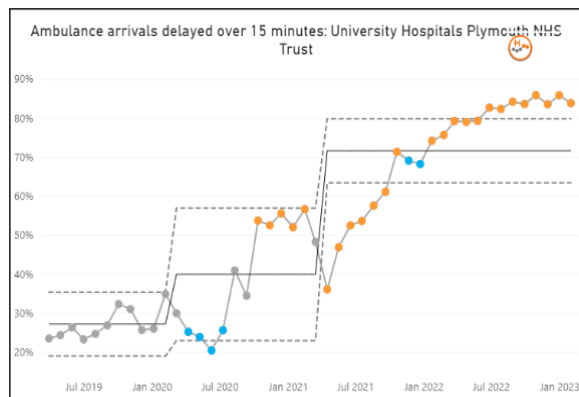
- Multifactorial issues created a scenario that hampered flow and the Trust was in OPEL 4/4+/Critical Incident for the first few weeks of January.
- IPC outbreaks affected up to 9 wards of the acute Trust and Community hospitals for most of the month. This was further mirrored in the care environments outside of the hospital settings. It also directly impacted the staff internal and external of the organisation due to their own sickness due to the pathogens affecting the in-patient spaces and impacted the ability to move pathways of care in a dynamic way.
- Industrial action affected the Community teams who were supporting Primary Care in hospital avoidance.
- Crowded ED making it difficult to see, assess and treat in a timely manner, directly impacting on Decision to Admit times and bed holds, this included increased walk-ins due to much of the above.

Actions:

- Incident Control measures in place, and with constant senior to executive support to provide the check and challenge needed to be as dynamic as possible. The consistent senior support across all meetings was a new support to enable real time challenge.
- Changes to the Trust internal reporting via the bed management team to ensure the data, actions and outcomes were being captured in a real time and quality way. Key focus via the bed management team on discharges prior to midday and weekends.
- Creation of IPC reporting channels and reporting to enable dynamic and transparent management of all in-patient environments and pathogens to enable full capacity usage of beds and cohorting as able. This has been adopted as BAU from December.
- Senior clinical and operational review of all P1-3 patients, with full patient level detail to re-triage and add assurance that all appropriate usage of the multidisciplinary and collaborative teams being utilised effectively, and to down pathway as able. Active and real time feedback to the ward/unit to aid learning and insight in decisions being made at ward level as to timely referral to the Discharge Hub, utilisation of pathways and tighter Estimated Discharge Dates and discharge preparations.
- Assurance of dynamic use of all short-term Services/Community Nursing/external bed usage to aid the work above, building on the relational work with the private providers via the Trusted Assessors to take clients rapidly including those with infection and through the holiday period and utilising flexible care hours to support as needed.

Urgent and Emergency Care – University Hospitals Plymouth NHS Trust

Data



Analytical Summary

- The number of ED attendances is variable but is within the expected range with a drop in January due to industrial action.
- For admitted and non-admitted patients there has been a sustained upward shift in the length of stay in ED.
- There is a continuing statistically significant upward shift in the number of ambulance arrivals delayed over 15 minutes.
- There was an improvement in the total hours lost to ambulance handover delays in January, although still at 3400 hours.

Operational Summary

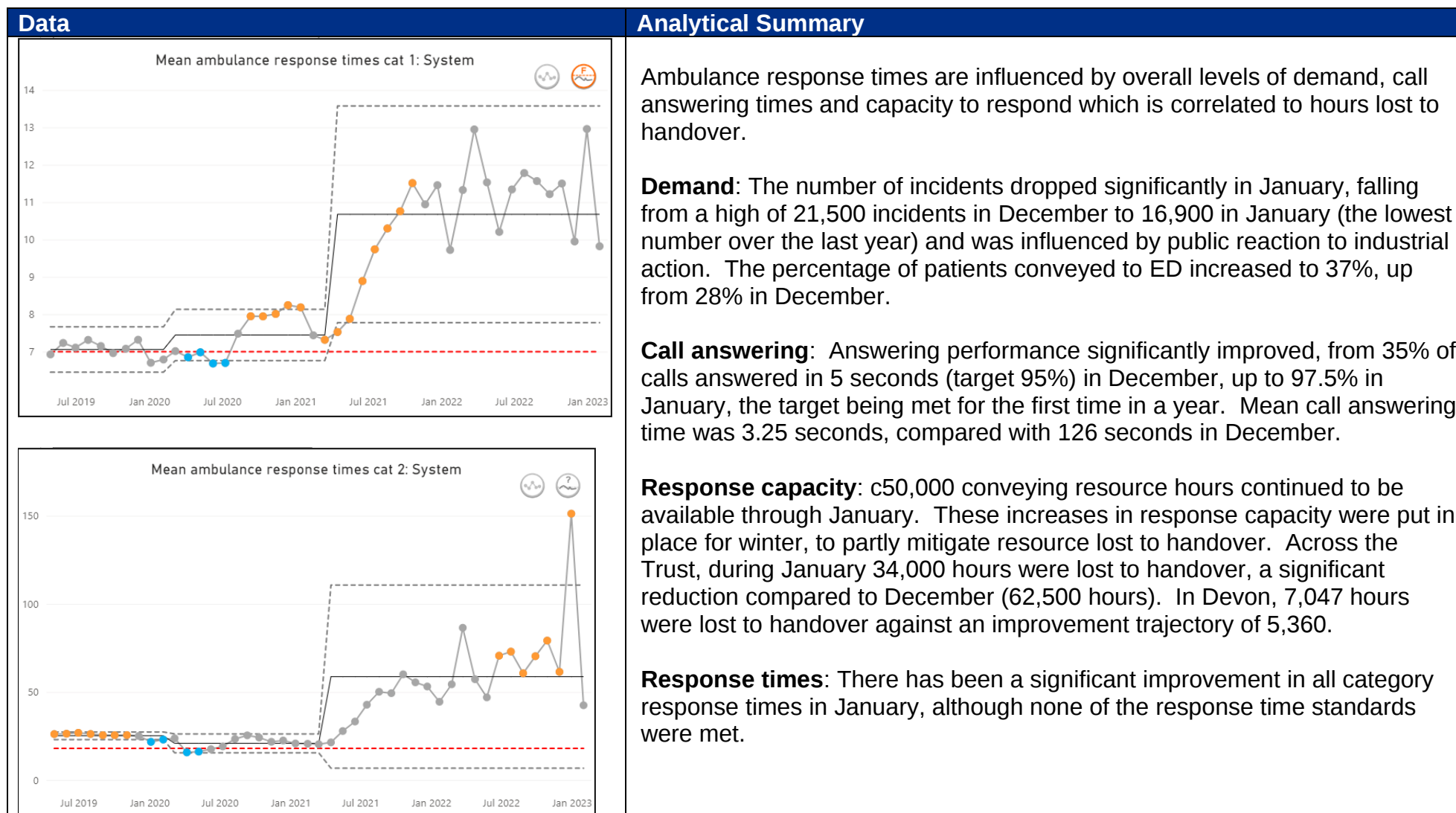
Causes:

- Decrease since December in the number of patients with NCTR for Plymouth and Devon but Cornwall position remains challenged with an average length of delay of 25 days for Cornwall with 40 patients. The improvements in January were seen despite industrial action by Ambulance staff and nurses, which does have a negative impact on flow into and from the acute Trust. Discharge delays longer than 21 days have returned to pre-Christmas levels. Pathway 2 is the most challenged across the Cornwall and Devon footprint.
- Ambulance handover delays have improved, and this has meant more resources available to attend on scene and convey, leading to an overall increase in conveyances in the latter part of January and a corresponding reduction in walk-ins.
- 50 to 60 walk-in type 4 and 5 attendances (lower acuity presentations) per day that have not chosen or been able to access alternative pathways.
- Crowded ED, space constraints, resulting in delays in reviewing DTA patients.
- SDEC constraints due to ability to provide senior cover, process & capacity limiting activity due to recruitment and sickness issues.
- Limited capacity within front door frailty assessment service limiting full impact of admission prevention.

Actions:

- Increased SDEC capacity and a restart of GP take through Medical Admissions Unit/Acute Ambulatory Unit. Use of temporary staffing where available to increase opening hours with plans for recruitment. MTU model in place in AAU and MAU. Data collected and reviewed weekly to determine if this is assisting SDEC improvements. Frailty and SDEC aim for 50 episodes per day, currently averaging 35 per day. Access to Frailty Unit via ED currently running at 4 per day, additional staffing in place end aiming for 6 patients per day.
- Increased resource for the Hospital to Home P1 service to reduce waits for access to service. Offering 26 slots per day, working towards 40 per day target after recruitment. Majority of patients have no care needs at the end of the service.
- Enhanced clinical support using Immedicare nurse-led remote technology to care homes with high admission rates. 33 homes live at 11/01/22, increasing to 15 by end of January and working towards total of 57. In December 119 consultations were received in hours and 82 out of hours. 92% of residents remained in place.
- Independence at Home bridging service, 10 additional staff to support P1 patients at home following their discharge from hospital resulting in 28 additional slots per week
- Additional block booked care home capacity increased from 20 to 30 beds due to go live by w/c 20th February
- A business plan has been approved to improve the bed bureau function with funding to provide additional capacity and improved skill mix.
- Continued targeted work with Cornwall ICA to challenge LOD position including support with joint commissioning arrangements and shared improvement approaches in place with weekly review meetings.

Ambulance response times (Cat 1 and Cat 2)



Operational Summary

Causes:

- January industrial action continued for ambulance services; however, this minimally impacted performance primarily due to public behaviour requesting ambulances. There were impacts on the operational service delivery and concerns that patients may have delayed accessing care.
- Call answering times are influenced by duplicate/subsequent calls, which accounted for around 20% of calls in January, a drop from December when they accounted for around 30% of all calls. These call rates increase when handover delays are higher, as callers ring back to escalate cases, get an update on response time, etc.
- Ambulance response times have a positive correlation with hospital handover delays. A reduction in handover delays through January corresponded with an improvement in response times. However, in comparison with other ambulance services SWASFT category 1 mean response times remained the highest in England in January at 9.82 minutes mean, against a target of 7 minutes. The range of response times nationally was 6.30-9.82 minutes. Category 2 response times did improve in comparison to other areas; the SWASFT mean response time was 42.5 minutes against a target of 18 minutes. The range of response times nationally was 17 to 42.5 minutes.

Actions:

- SWASFT continue to increase EMD roles to improve call answering. They are advertising a “pathway to paramedic”, role with significant interest. All EMD adverts have been reviewed and refreshed, online “open evenings” held, and recruiters used as a new recruitment platform. Videos for key roles are in place. Retention payments are also offered to EMDs. To mid-January, there were 205WTE emergency call takers; this rate is stable. As part of SOF 3 exit arrangements, SWASFT have agreed to aim towards 232WTE EMDs by Q1 23/24.
- All systems have submitted trajectories to reduce hours lost to handover. Although there has been a significant improvement, the trajectory is still not being met. Handover improvement plans are in place for UHP and TSD, monitored fortnightly through the Devon Ambulance Cell.
- To mitigate the effect of handover delays on response times, SWASFT are continuing to provide additional conveying resource each week (double crewed ambulance and patient support vehicles). This includes the provision of third-party ambulance response. During winter, a “risk-share” has been agreed across all the south-west systems. If hours lost to handover across the south-west increase above 3900 hours per week, additional payments are made to SWASFT against the system trajectory and SW position. The funding will purchase additional response resource, including overtime and third-party providers. Since October, the full risk share has been payable (£800k per month); the Devon payments amounted to £219k in October, £250k in November, £201k in December and £211k in January.
- A SW transformation sub-committee is overseeing the delivery of the 2022-23 transformation plan. There are three system priorities:
- Availability of alternative response models and electronic referral (for example, Urgent Community Response). From 11th January, an electronic link from SWASFT to the IUCS provider was put in place to allow low acuity calls to be transferred from the 999 call stack. Alternative response may include SDEC, mental health crisis response, falls response, etc. Initial data suggests about 10 cases per day are being sent.
- Access to clinical information (summary care record) - in lieu of electronic shared records, all systems have been asked as of 17th January 2023 to make paper copies of personalised care plans available in patient's homes for ambulance crews – these include end of life care plans and treatment escalation plans. This request has been cascaded through the GP bulletin.
- Simplified pathways to support 999 with appropriate redirection of the patient - the Simplified Pathway Group agreed three priority acute pathways in November: paediatric advice for under 1s (and ideally under 5s), low risk chest pain and abdominal pain. Localities and Trusts have been asked to prioritise these pathways in their local ambulance improvement plans, with oversight of progress at the ambulance cell. The ambulance cell discussed the SWASFT paediatric data at their meeting on 2nd February to inform paediatric pathway plans.

Winter Demand and Capacity Programme (D&C)

As part of winter planning Devon ICS was awarded £24m of non-recurring funding to support extra capacity equivalent to 377 beds by March 2023. This funding has been split across the following schemes to support flow and discharges and as at the end of January 316 beds had been opened which is 39 below target and primarily relates to the mobilisation of virtual wards and decommissioned P2 beds in the south.

Scheme	Total Planned Beds	Planned beds at 31/01/23	Achieved Beds at 31/01/23	Total Scheme Cost £'000	RAG Rating
Western LCP	92	80	81	8,636	G
Southern LCP	89	89	64	4,130	A
Northern & Eastern LCP	93	93	88	7,153	G
Mental Health	7	7	7	1,000	G
Virtual Wards	96	86	76	2,000	A
IUC Service	0	0	0	1,000	G
Total	377	355	316	23,919	

Virtual Wards:

RDUH have 50 beds live although occupancy remains variable daily.

UHP 25 beds went live in December, however there is phasing of utilisation according to Consultant capacity.

There have been delays in the southern LCP regarding data flowing from internal provider IT systems and recruitment, they are now predicted to come online in April 2023 with an intended 20 beds.

Southern LCP:

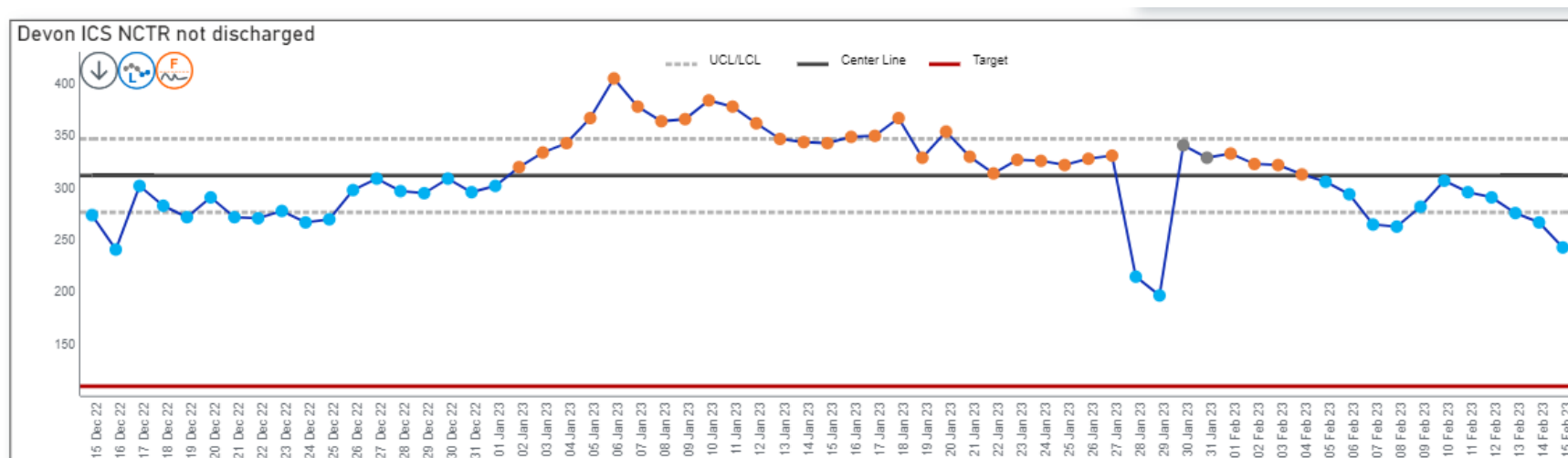
Repurpose of 20 decommissioned delayed. Plans to mitigate 6 beds underway late January.

Further detail on other schemes is provided in the narrative below on discharges.

Hospital Discharge

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
No Criteria to Reside (NCTR)	5%	12/02/23	13%		

Devon – Percentage of beds occupied by patients with no criteria to reside



Analytical Commentary:

The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. As an ICS there has been a continued downward trend towards the target following the critical incident period at the end of December 2022. As of 12th February 2023, 13% (reduction of 3% since Jan report) (276) of beds were occupied with patients who had NCTR.

The improvement is due to multiple contributing factors including lower demand, deescalating of bedded areas allowing staff to be refocussed on discharge, opening and full use of discharge lounges, the reduction of infection outbreaks within the community have allowed more capacity to open to support discharges and the use of additional discharge funding to block purchase beds, packages of care and wraparound support services.

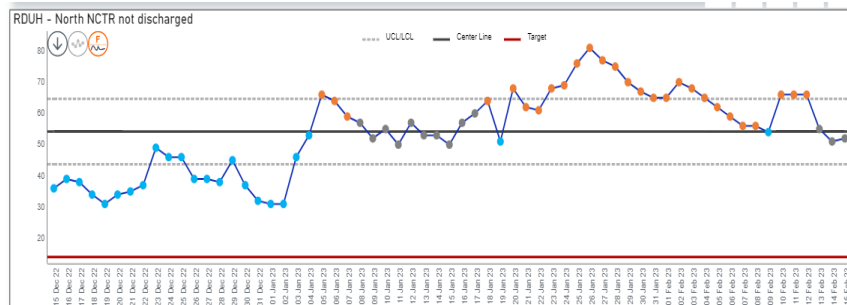
Operational Summary:

Actions to address reducing the NCTR position are managed through System Flow Group. Trusts and locality leads are required to provide assurance on the 80% of PO planned discharges by 5pm. All acute providers are improving in this area and trialling various initiatives to ensure consistency. These are detailed below.

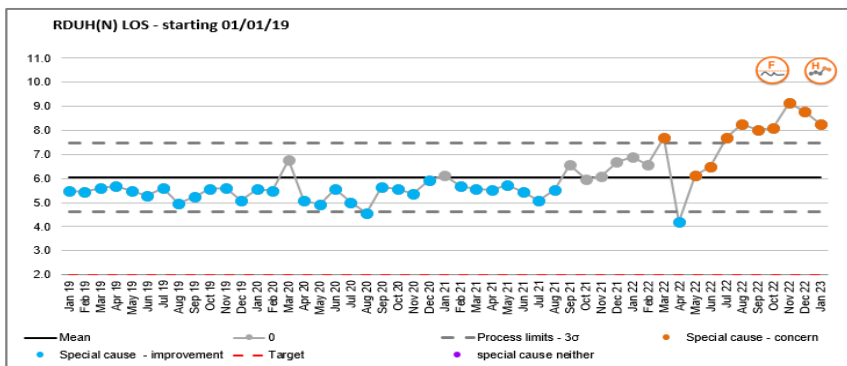
- Home for Lunch initiative through use of board rounds and identifying patients the day before.

- Target of 60% of weekday discharges to be achieved at weekends by embedding CLD and recruitment of 7 day working Discharge Co-ordinators and ward clerks.
- Reducing Length of Delay on Pathways 1 to 3 using discharge funding available up until end of March 23 for block booking care home beds to support P2 discharges, 1:1 care to support complex dementia placements into Care Homes, 1:1 support within step down care from MH in-patient settings, packages of care to support discharges via P1, agency Social worker capacity to support assessments, peer Support workers within MH placements to enable transition to the community and wraparound therapy and medical cover for P2 beds to support people home within 4 weeks.

RDUH North NCTR



Average Non-elective Length of Stay – RDUH North



Analytical Commentary: As of 12th February 2023, RDUH Northern reported 11% (30) of G&A were occupied by patients with NCTR. P0 and weekend discharges have recently improved with admission demand falling and staff availability improving.

Operational Summary:

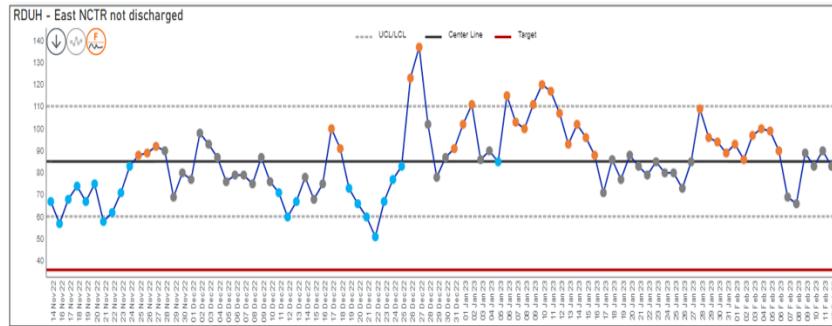
Actions to address are in place with Winter Demand and Capacity plans continuing to progress and additional discharge funding also available. The LOD performance breakdown by pathway is described below:

- P0 – Increased performance in achieving expected number of P0 discharges in order to maintain flow. The average target since mid-November is 33 P0 discharges per weekday the trust has achieved on average 32 P0 discharges per weekday (97%). Discharge lounge remains open and CLD continues to be embedded, but availability of staff has impacted on progress.
- P1 - Following the increased workforce capacity to support reduction in LOD since the mid-November average LOD is 14 days. Due to contract agreements for additional capacity ending delays had increased, however further funding is now available, and the contract has restarted.
- P2 - 14 beds are now live. A further 5 expected at the end of February. Since mid-November average LOD on P2, is approx. 11 days with additional funding and wraparound support available and further beds due to go live this and will impact during February.
- P3 - Since mid-November average LOD on P3 has dropped to approx. 14 days. This has remained static between January and February.

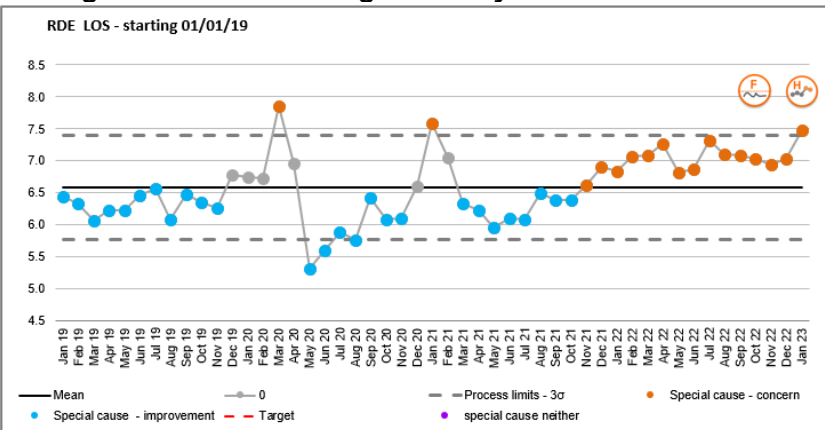
The average non-elective length of stay at RDUH North has remained above the four year mean of 6 days since May 2022 and has yet to show sustained reduction or return to pre-COVID levels.

Due to relatively small volumes at this site, small numbers of patients with very long LOS can cause spikes in the graphs.

RDUH East NCTR



Average Non-elective Length of Stay – RDUH East



Analytical Commentary: As of 12th February 2023, RDUH Eastern reported 12% (83) of G&A beds were occupied by patients with NCTR. The position within the Trust has stabilised. Continuing focus on early preparation for weekend discharges and reviews if weekend discharges have failed. CLD continues to be embedded whilst promoting the use of discharge lounge.

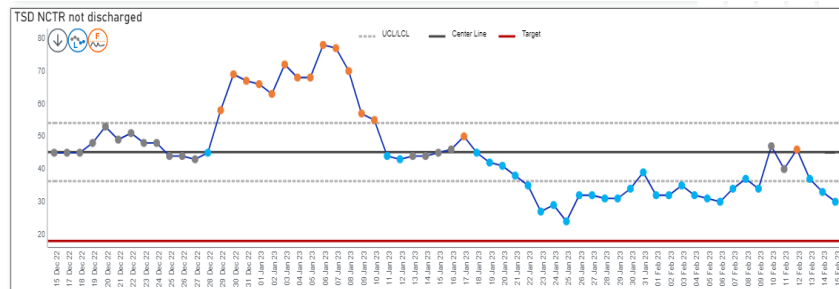
Operational Summary:

Actions to address are in place with Winter Demand and Capacity plans continuing to progress and with additional discharge funding also available. The following describes the Length of Delay performance breakdown by Pathway:

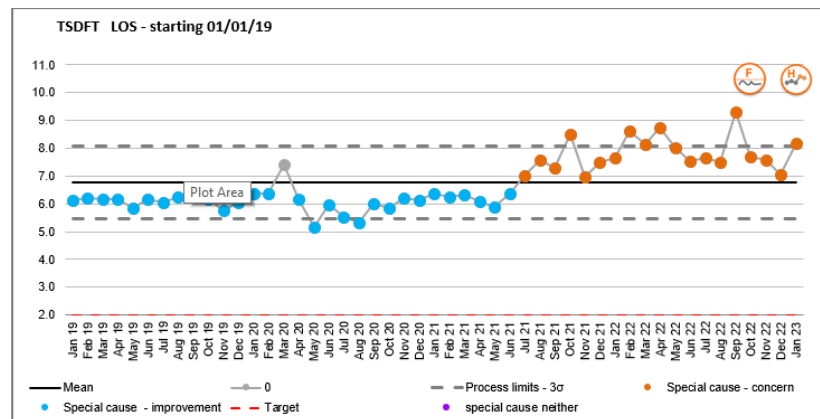
- P0 – Discharge lounge is open and CLD is being embedded. Initiative launched with set target for all wards to discharge 1 patient to discharge lounge by 10.30am each day. Virtual ward capacity and utilisation is on track.
- P1 - There has been an increase Live in Carer resource and UCR Support utilisation additional discharge funding capacity to support reduction in LOD. Since mid-November average LOD is just under 4 days.
- P2/P3 - 10 out 15 beds are now live with the remainder to be reviewed due to provider readiness. Schemes include additional 1:1 support to support complex placements and additional reablement beds. Since mid-November average LOD for P2 is 5 days and P3 7 days.

The average non-elective length of stay at RDUH East is above the 4 year mean of 6.58 and is showing no sign of a return to pre-COVID levels.

TSDFT NCTR



Average Non-elective Length of Stay TSDFT



Analytical Commentary: As of 12th February, TSDFT reported 10% (37) of G&A beds were occupied by patients with NCTR. The Trust had made progress in weeks prior to this, but there has been an increase in the number of referrals from wards. An audit is in progress regarding P0 progress and findings will be available for next month's report. Improvements to market capacity has supported a reduction in the number of patients waiting on P2 and P3.

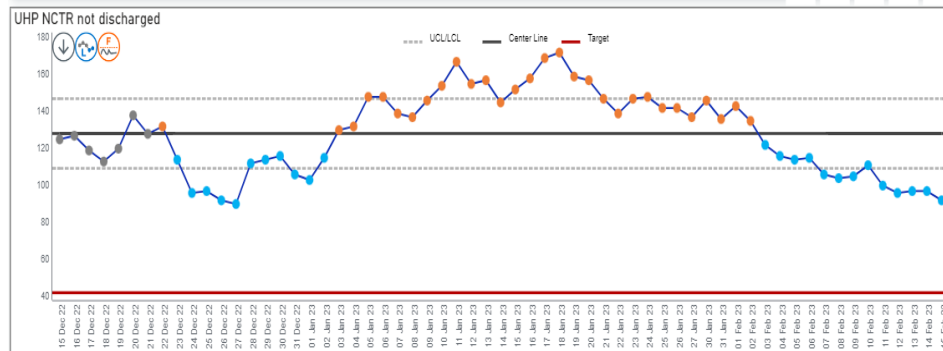
Operational Summary:

Actions to address are in place with Winter Demand and Capacity plans continuing to progress and with additional discharge funding also available. Below describes the Length of Delay performance breakdown by Pathway:

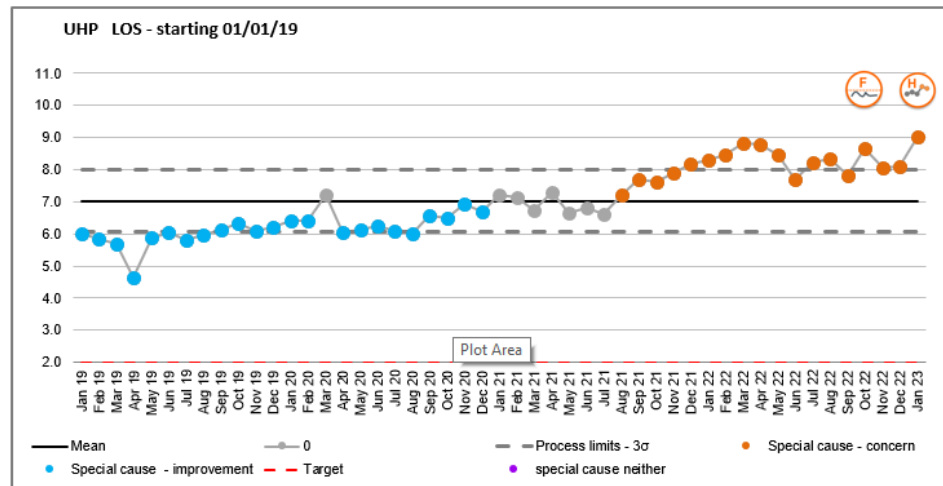
- P0 – Discharge Lounge has now reverted to a discharge lounge during the day and is used for escalation beds if needed for evenings and weekends. Audit to be completed with findings to be available next month.
- P1 - No funding has been used for additional P1 capacity since mid-November the average LOD on P1 is 5 days.
- P2 - 27 out of 30 new capacity beds are now live with the remainder expected by April 2023. Plans to increase block beds using additional discharge funds are in planning and expected to provide a further 17 beds. Since mid-November the average LOD on P2 is 5 days.
- P3 - 20 new beds to support P3 discharges are expected in the coming months. Since the mid-November the average LOD for P3 is 13 days.

The average non-elective length of stay at TSDFT remains above the long-term mean of 6.77 over the last four years, above pre-COVID levels. This is in line with other providers in the system.

UHP NCTR



Average Non-elective Length of Stay – UHP



Analytical Commentary: As of 12th February 2023, UHP reported 11% (97) of G&A beds were occupied by patients with NCTR. There has been a significant improvement the NCTR position during January. Consistently hitting Saturday discharge targets with further work to do on Sundays. UHP are working on to improve consistency across the week. Continued use of VCSE services to support discharges is working well.

Operational Summary:

Actions to address are in place with Demand and Capacity plans continuing to progress and with additional discharge funding also available. Below describes the LOD performance breakdown by Pathway:

- P0 – Night teams are reviewing P0 ready for discharge to get patients discharged to the discharge lounge early in the morning ensure afternoon huddles in place to check off transport and TTA's. Standardising this process across all wards. Home for Lunch promotion comms provided across all wards.
- P1 - Full utilisation of the Care Hotel, increase use of VCSE capacity and implementation of bridging service has supported reduction in LOD for those on P1. Since mid-November average LOD on P1, is 3 days.
- P2/P3 - 6 beds providing 1:1 support for those awaiting a dementia care home placement is still in place. A further 20 block beds are now available supporting P2 discharges utilising the additional discharge fund with a further 10 expected later in February. Since the mid-November average LOD for P2 is 13 days and P3 18 days.

The average non-elective length of stay at UHP remains above the long term mean of 7.01days (over the last four years), This is above pre-COVID levels. It has been routinely above 7.8 days since November 2021.

Planned Care: System Overview

Data				Summary		
	Metric	Target	Latest Date	Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		2022-12	159800		
	RTT 18 weeks	92%	2022-12	51.0%		
	RTT over 104 weeks	0	2022-12	340		
	RTT over 78 weeks		2022-12	3103		
	RTT over 52 weeks		2022-12	16967		
Diagnostics	Diagnostics within 6 weeks	99%	2022-12	59.9%		
	Diagnostic Total activity		2022-12	31404		
Cancer	Cancer 2 week wait	93%	2022-12	76.0%		
	Breast Symptomatic 2 week wait	93%	2022-12	77.5%		
	Cancer 31 day First	96%	2022-12	93.1%		
	Cancer 31 day follow-up drug	98%	2022-12	98.5%		
	Cancer 31 day follow-up surgery	94%	2022-12	86.5%		
	Cancer 31 day follow-up radiotherapy	94%	2022-12	99.2%		
	Cancer 62 day urgent	85%	2022-12	67.1%		
	Cancer 62 day screening	90%	2022-12	78.6%		
	Cancer 62 day Upgrade	85%	2022-12	76%		
	Cancer Faster diagnosis	75%	2022-12	74.0%		

System performance for December has remained within normal common cause variation indicating no significant change. However, most metrics are failing to achieve national targets and will continue to do so without intervention.

The total number of patients in the system waiting over 104 weeks from referral to treatment has fallen for the ninth consecutive month, however a worsening in performance has been seen in all other RTT metrics.

The re launched Harm Group will meet 1st March. The aim of the group is to focus on actions that mitigate the System risk of patients experiencing long waits.

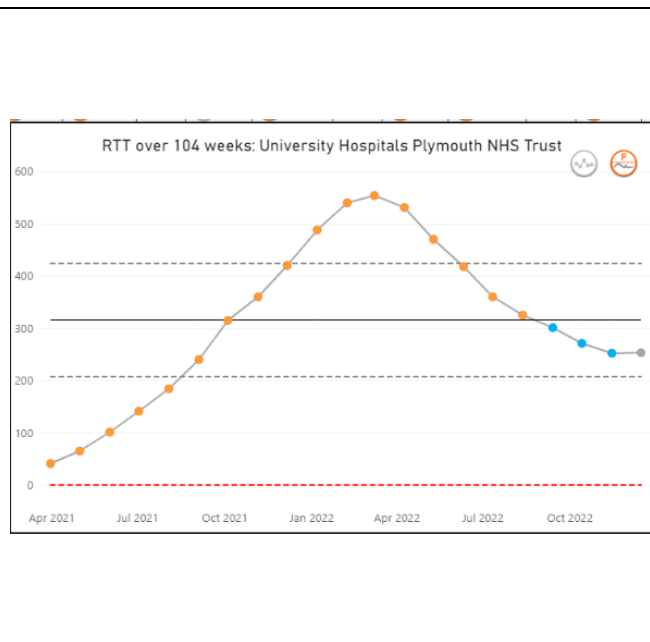
The recent audit of incidents undertaken by the ICB will be presented within a planned care paper to the ICB Quality & Performance Committee in April 2023.

Planned Care: System 104 Week Wait

Data	Analytical Summary
 RTT over 104 weeks: Devon This line chart shows the number of patients waiting over 104 weeks from April 2021 to October 2022. The y-axis ranges from 0 to 1,400. The data points show a peak in early 2022, reaching approximately 1,350, followed by a decline to around 350 by October 2022. A dashed horizontal line is at 800, and a red dashed line is at 0. >104 week RTT Incomplete Pathway Performance (incl. Independent Sector) This stacked bar chart shows the number of patients waiting over 104 weeks by month from April 2021 to March 2022. The y-axis ranges from 0 to 1,600. The bars are stacked with yellow (bottom), orange, and green (top). A note indicates 'Jan-Mar values draft based on weekly forecasts'. RTT over 78 weeks: Devon This line chart shows the number of patients waiting over 78 weeks from April 2021 to October 2022. The y-axis ranges from 0K to 4K. The data points show a peak in early 2022, reaching approximately 4,200, followed by a decline to around 3,000 by October 2022. A dashed horizontal line is at 3,500.	Analytical Summary The 104 week waits measure is currently failing the target, there is special cause variation of an improving nature, however this has yet to achieve the target. Operational Summary Despite ongoing industrial action, all Devon provider organisations are continuing to show steady improvement in clearance of long waiters both at 104 and 78 weeks. Extensive efforts are being made to expedite the treatment of long waiting individual patients with detailed pathway management being carried out on a daily basis at patient level for all long waiters. Ongoing support for NHS organisations in clearing long waiters has been provided by NHSE in the form of senior operational experts seconded into acute provider organisations as well as additional support and oversight at system level. This includes implementation of additional governance structures in addition to the existing NHSE/ICB/Provider weekly Tier 1 and 78 week waiter meetings. The ICB continues to work with local IS providers forecasting delivery of zero 104 waiters within these organisations at financial year end and only 15 patients waiting >78 weeks. All 15 of these patients were offered earlier treatment at an alternative Devon provider which they declined. The ICB will continue working with the IS to ensure that this position is maintained and additional capacity, where available is utilised to support acute NHS providers.

Planned Care: Trusts 104 Week Wait

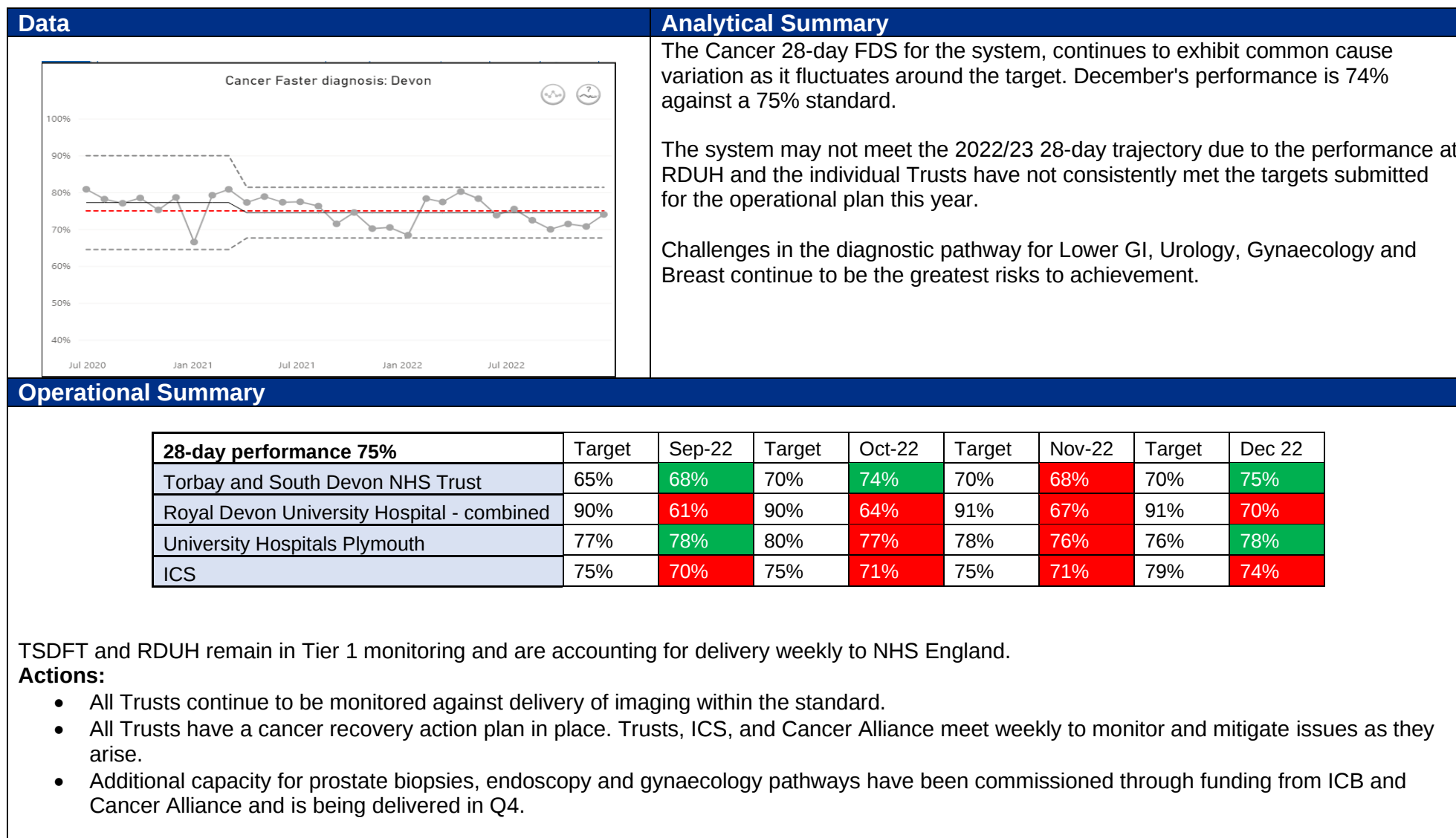
RTT over 104 weeks: Royal Devon University NHS Foundation Trust <table border="1"> <caption>RTT over 104 weeks: Royal Devon University NHS Foundation Trust</caption> <thead> <tr> <th>Month</th> <th>RTT over 104 weeks</th> </tr> </thead> <tbody> <tr><td>Apr 2021</td><td>50</td></tr> <tr><td>Jul 2021</td><td>100</td></tr> <tr><td>Oct 2021</td><td>250</td></tr> <tr><td>Jan 2022</td><td>550</td></tr> <tr><td>Apr 2022</td><td>700</td></tr> <tr><td>Jul 2022</td><td>350</td></tr> <tr><td>Oct 2022</td><td>150</td></tr> </tbody> </table>	Month	RTT over 104 weeks	Apr 2021	50	Jul 2021	100	Oct 2021	250	Jan 2022	550	Apr 2022	700	Jul 2022	350	Oct 2022	150	RDUH Operational Summary - The financial year end forecast of 54 patients waiting over 104 weeks has been sustained despite the UEC/workforce pressures and ongoing industrial action. The long waiters are contained within the two most challenged specialties of Trauma and Orthopaedics and General Surgery. Further improvement in this forecast is unlikely due to a 45% Consultant absence rate across General, Complex Abdominal and Spinal Surgery (a variety of reasons - primarily injury). - Other risks to the position include UEC/workforce pressures, industrial action, cancer demand and delays in delivery of insourced additional capacity. Potential mitigations of this are ongoing work to expand the range of service provided at the Nightingale, national mutual aid and insourced general surgery capacity. - With the national target of zero patients waiting over 78 weeks by April 2023 there has been increased focus on this cohort. The RDUH is currently forecasting to end the financial year with 1088, of which 65 are on a non-admitted pathway. This is an improvement on the June 2022 operating plan submission trajectory which forecast 1477.
Month	RTT over 104 weeks																
Apr 2021	50																
Jul 2021	100																
Oct 2021	250																
Jan 2022	550																
Apr 2022	700																
Jul 2022	350																
Oct 2022	150																
RTT over 104 weeks: Torbay and South Devon NHS Foundation Trust <table border="1"> <caption>RTT over 104 weeks: Torbay and South Devon NHS Foundation Trust</caption> <thead> <tr> <th>Month</th> <th>RTT over 104 weeks</th> </tr> </thead> <tbody> <tr><td>Apr 2021</td><td>10</td></tr> <tr><td>Jul 2021</td><td>40</td></tr> <tr><td>Oct 2021</td><td>100</td></tr> <tr><td>Jan 2022</td><td>150</td></tr> <tr><td>Apr 2022</td><td>250</td></tr> <tr><td>Jul 2022</td><td>100</td></tr> <tr><td>Oct 2022</td><td>30</td></tr> </tbody> </table>	Month	RTT over 104 weeks	Apr 2021	10	Jul 2021	40	Oct 2021	100	Jan 2022	150	Apr 2022	250	Jul 2022	100	Oct 2022	30	TSDFT Operational Summary - Low volumes (less than 10 per speciality) of patients waiting over 104 weeks persist across the following specialties: Colorectal Surgery, Gastroenterology, Paediatrics, Neurology, Upper GI Surgery, Gynaecology and Trauma and Orthopaedics. The organisation is continuing to forecast full clearance by financial year end. - Risks to the position are primarily industrial action and UEC pressures. The organisation is however only forecasting 16 patients waiting over 104 weeks heading into the start of March, so the low volumes should not be a challenge to resolve. - TSDFT have improved their trajectory for number of patients waiting more than 78 weeks by April 2023. It now stands at 176, made up of 56 non-admitted ENT patients and 120 admitted patients across Urology and Colorectal Surgery. This is an improvement on the June 2022 operating plan submission trajectory which forecast 305. - With Torbay forecasting zero 104 week waits at financial year end, attention has been refocused on reducing the volume of patients waiting over 78 weeks for treatment. A key intervention for the Trust is the use of insourcing, with Torbay working with three companies to procure additional local capacity, particularly in Neurology which is their most challenged Specialty for patients waiting over 78 weeks.
Month	RTT over 104 weeks																
Apr 2021	10																
Jul 2021	40																
Oct 2021	100																
Jan 2022	150																
Apr 2022	250																
Jul 2022	100																
Oct 2022	30																



UHP Operational Summary

- UHP was the sole Devon organisation that submitted a 2022/23 operating plan trajectory showing patients waiting >104 weeks persisting into 2023/24. UHP are ahead of this financial year end forecast of 336, with a current assessment of 185 patients remaining, concentrated (177) in the most challenged specialties of Neurosurgery and Orthopaedics.
- Risk to the position is primarily industrial action which the Trust has noted as being increasingly disruptive to business as usual. The other key risk being dependence on high volume super clinics in Neurosurgery to see and treat long waiting patients.
- The latest forecast of 615 patients >78ww at financial year end is significantly better than the June operating plan submission which predicted 1628. 98% of these patients are contained within the key pressured specialties of Neurosurgery, Orthopaedics and Urology.
- The two most challenged specialties for long waiters are Neurosurgery and Orthopaedics. To increase outpatient capacity to progress Neurosurgery patients the Trust has successfully trialled additional high volume super-clinics run at weekends with a Consultant overseeing a multi-disciplinary team. The Orthopaedics position has also seen positive movement through use of local Independent Sector providers (facilitated by the ICB) to treat suitable patients willing to move provider.

Cancer 28-day faster diagnosis: System



Cancer 31-day first treatment and 62-day urgent treatment: System

Data	Analytical Summary																									
Cancer 31day First: Devon Jan 2019 Jul 2019 Jan 2020 Jul 2020 Jan 2021 Jul 2021 Jan 2022 Jul 2022	The Cancer 31-day metric is currently failing to achieve the standard, there is no significant change or indication of improvement in this across the system. For December, performance was 93.1% against a 96% standard.																									
Cancer 62day urgent: Devon Jan 2019 Jul 2019 Jan 2020 Jul 2020 Jan 2021 Jul 2021 Jan 2022 Jul 2022	The Cancer 62-day metric is consistently failing the target, it displays common cause variation. As the target is above the higher control limit, the system will currently not achieve this objective. For December, the Devon system performance was 67.15% against an 85% standard. Individual Trust performance is shown below. TSDFT is the only provider who have confirmed they will achieve their set breach target for 2022/23. <table><tr><th>62-day performance - 85%</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th></tr><tr><td>Torbay and South Devon NHS Trust</td><td>58%</td><td>53%</td><td>57%</td><td>63%</td></tr><tr><td>Royal Devon University Hospital - combined</td><td>59%</td><td>55%</td><td>57%</td><td>63%</td></tr><tr><td>University Hospitals Plymouth</td><td>63%</td><td>57%</td><td>72%</td><td>71%</td></tr><tr><td>ICS</td><td>60%</td><td>59.2%</td><td>63.3%</td><td>67.15%</td></tr></table>	62-day performance - 85%	Sep-22	Oct-22	Nov-22	Dec-22	Torbay and South Devon NHS Trust	58%	53%	57%	63%	Royal Devon University Hospital - combined	59%	55%	57%	63%	University Hospitals Plymouth	63%	57%	72%	71%	ICS	60%	59.2%	63.3%	67.15%
62-day performance - 85%	Sep-22	Oct-22	Nov-22	Dec-22																						
Torbay and South Devon NHS Trust	58%	53%	57%	63%																						
Royal Devon University Hospital - combined	59%	55%	57%	63%																						
University Hospitals Plymouth	63%	57%	72%	71%																						
ICS	60%	59.2%	63.3%	67.15%																						

Operational Summary

The recovery work described for diagnostic elements of cancer pathways will temporarily worsen the 62-day position as more patients receive diagnoses and patients move along the pathway to treatment. This will appear as a bulge in demand. Planning is underway for 2023/24 to establish the diagnostic capacity that has been demonstrated as a shortfall this year. This process forms part of the 2023/24 operational planning work.

The two most challenged tumour sites in the system for this standard are Urology and Lower GI. Staff vacancy rates and service capacity, particularly within diagnostic elements of pathways are the primary causes of pathways not meeting the standard.

Actions:

RDUHE - following an NHSE visit in November 2022 an action recovery plan is in development that addresses the recommendations from the report. Weekly meetings will be put in place to support the implementation of the recommendations.

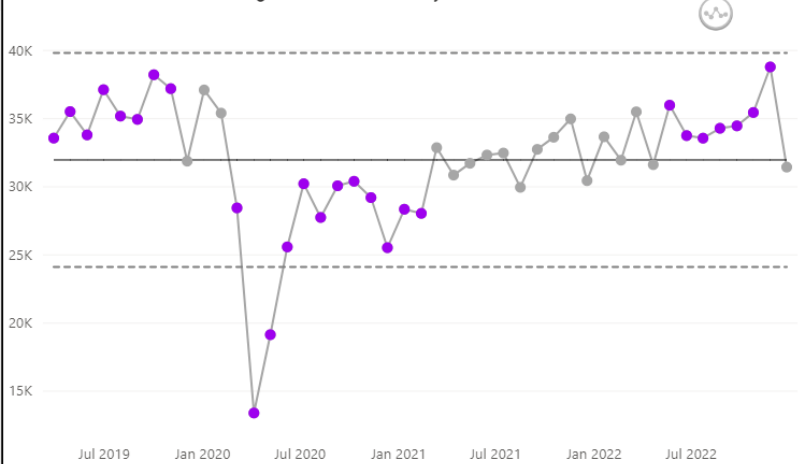
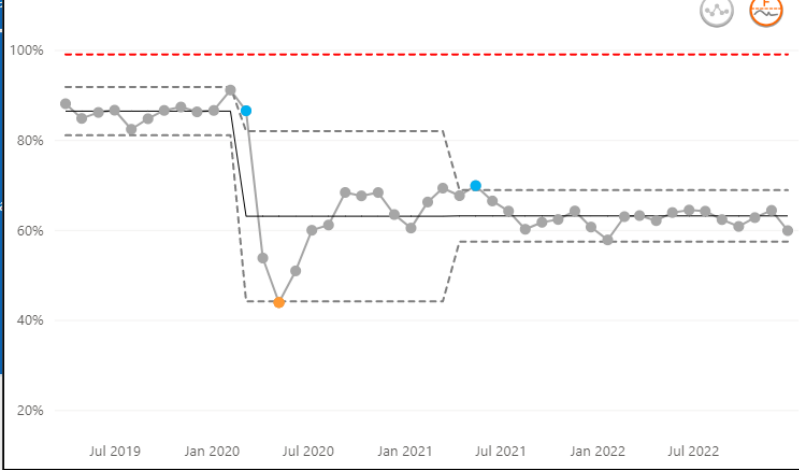
RDUHN - Waiting list clearance continues for urology with additional-trans perineal biopsy capacity and cystoscopy activity through the independent sector. Ongoing support to clear dermatology and gynaecology waiting lists will be in place until 31st March 2023.

TSDFT - Dermatology weekend sessions due to commence In January 2023 have not started as planned due to contractual issues. It is unlikely they will commence in 2022/23. Weekly clearance of hysteroscopy and colposcopy waiting lists will continue to the 31st of March 2023. This has supported provision of outpatient capacity for their longest waiting patients and achieving their screening targets. The Trust has a confirmed plan to address the capacity deficit for these.

A mobile unit for TP biopsies and cystoscopies has completed its visit to TSDFT clearing the biopsy waiting list and reducing the cystoscopy waiting list by 75 patients. Capacity to meet demand is in place for 2023/24 with the launch of a nurse led service.

Improvements in Endoscopy performance are described in the diagnostics section of this document.

Diagnostics

Data	Analytical Summary
Diagnostic Total activity: Devon, TOTAL  Jul 2019 Jan 2020 Jul 2020 Jan 2021 Jul 2021 Jan 2022 Jul 2022	Activity The total diagnostic activity had begun to show significant improvement but dropped back in December. Seasonal factors of sickness and capacity contributed to a fall in activity, compounded by industrial action in December, this is expected to be recovered in January.
Diagnostics within 6 weeks: Devon  Jul 2019 Jan 2020 Jul 2020 Jan 2021 Jul 2021 Jan 2022 Jul 2022	Performance The system wide performance against the 6-week diagnostic standard continues to show common cause variation and is consistently failing the target. December performance is 60% against a 75% operating plan target for patients to be seen within 6 weeks. The reduction in activity has impacted UHP and RDUH ability to see patients within the 6-week standard.

Operational Summary

The most challenged modalities are DEXA scanning, audiology, and endoscopy. Recovery planning for endoscopy is contained within the cancer update. Audiology compliance is not achievable in year due to issues with contract delivery for RDUH East.

Actions

Ultrasound - Additional capacity has started to reduce the waiting lists. With the weekly number of scans significantly exceeding the number of referrals at RDUH and UHP with the waiting list falling as a result.

TSDFT have specific targeted interventions to increase capacity across specialties as detailed below:

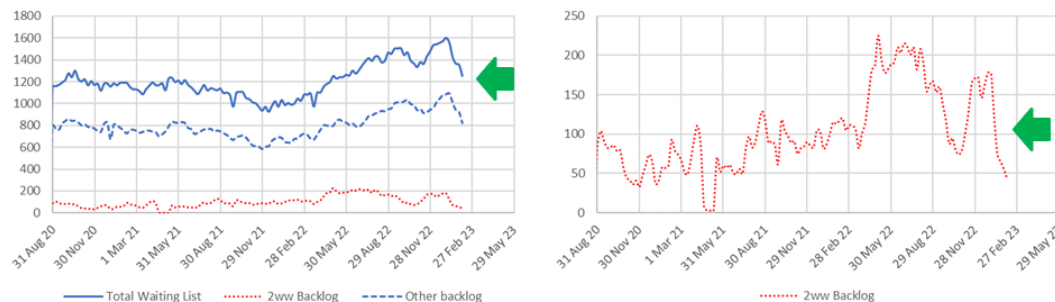
Gynaecology - is benefitting from additional support from 28th January to 31st March providing additional capacity on alternate weekends for hysteroscopy and colposcopy. This is projected to reduce the colposcopy active waiting list from 200 to a sustainable level of 50 patients at the end of the financial year (approximately 6 months earlier than would be possible without the intervention) and the backlog of patients waiting over 6 weeks will reduce from 200 to zero over the same timeframe.

Dermatology weekend sessions commence from 21 January until 31 March 2023, this will reduce the Dermatology L1-3 active waiting list by approx. 150 patients and remove a similar volume of patients from the backlog.

Cystoscopies will benefit from an initiative entitled “TSDFT Super Cystoscopy week” which will perform 80 cystoscopies impacting positively on the waiting list 159 patients without TCI on 15/1/23.

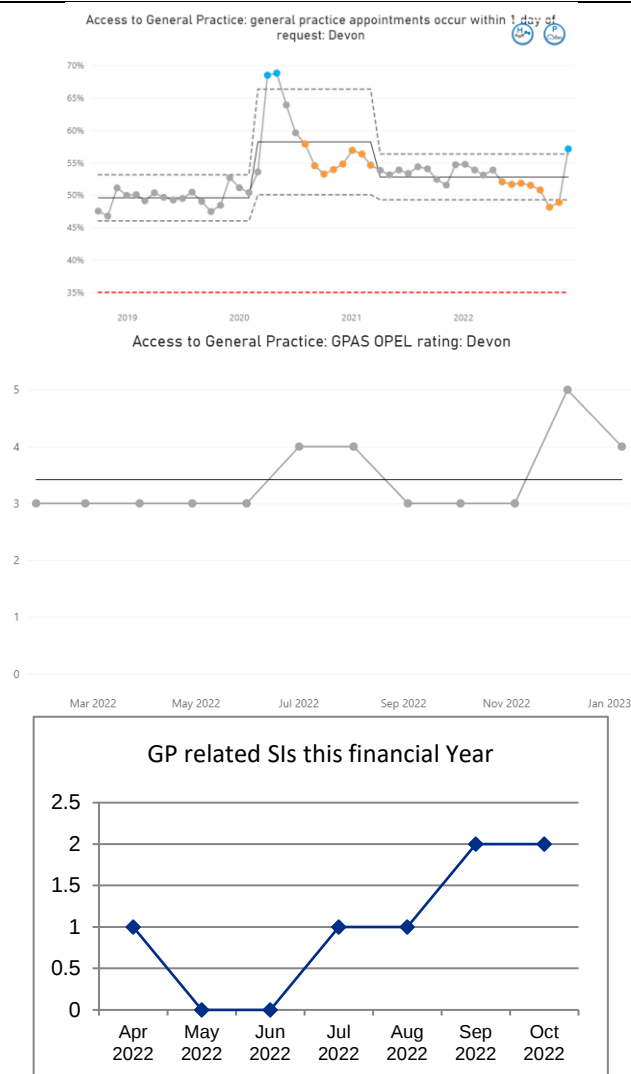
The TP biopsies (for prostate cancer) waiting list is predicted to fall to zero as a result of the mobile unit that began on 21 January 2023 and is expected to clear the waiting list of 100 patients in the subsequent 5 months.

Endoscopy - The impact of additional activity in Endoscopy is shown on the graphs below, the green arrow highlighting the change in total wait list and backlogs, the second graph shows the 2ww backlog in isolation.



Primary Care Performance

Metrics										
	Metric	Target	Latest Date	System	Devon	East	North	Plymouth	South	West
Primary care	Access to General Practice: general practice appointments occur within 1 day of request	35%	2022-12		57.1%	52.5%	50.6%	58.0%	59.6%	58.6%
	Access to General Practice: appointments occur within 2 weeks of being booked	85%	2022-12		85.5%	81.6%	83.1%	86.9%	87.9%	85.5%
	General Practice: % Practices Latest Overall CQC Rating Good or Outstanding	100%	2023-01			95.3%	100%	95.2%	96.6%	100%
	Technology enabling access: Number of online/video consultations against target	50000	2022-12		52158					
	Access to General Practice: clinical team appointments on pre-pandemic levels (per working day)	4%	2022-12	9.47%						
Data				Analytical summary						
Access to General Practice: appointments occur within 2 weeks of being booked: Devon				Analytical Commentary: The target to increase appointments on pre-pandemic levels of 4% shows special cause variation of an improving nature and is achieving. The target of 85% of appointments in 2 weeks is showing special cause variation of a concerning nature and is not consistently achieving target. The target of achieving 35% of appointments within 1 working day of request is showing special cause variation, however, is above target and consistently passing. Operational Summary: Increase in clinical team appointments of 4% on pre-pandemic levels carries a risk of not maintaining current performance. However, December achievement of 9.5% remains well above target. Average appointments per working day during December at 34,483 is 15% higher than last year. GP team access has been positively impacted through ICB investment in additional GP team capacity through winter, including ringfenced funding to provide dedicated ARI management. During this period, Devon ICS saw the second highest level of GP team appointments per 1,000 patients of all ICSs.						



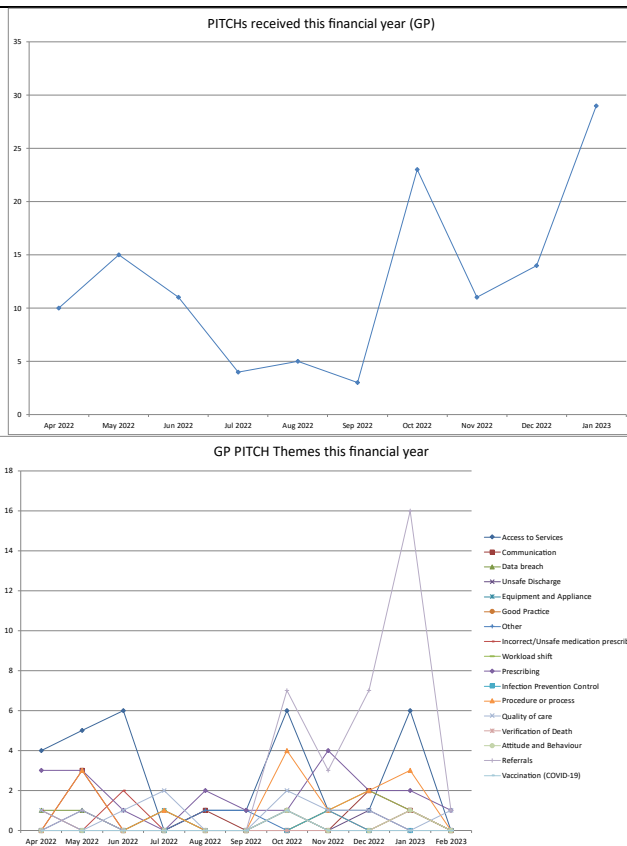
The target of 85% appointments within 2 weeks was achieved during December, with 85.5% being seen within this timeframe.

System GPAS/OPEL rating following a record number of 'black' returns from practices reporting severe pressure during December, the number of 'black' returns reduced during January and this maintained through early February. However, the volume of practices declaring a 'red' alert state remains high with significant levels of demand continuing to be reported.

The target of 35% of appointments occurring within 1 working day of request is achieving and the position has further improved since last month, at 57.1% seen within 1 working day during December 2022 (48.1% in November 2022). This change corresponding with ICB support to Devon practices to enable increased focus on urgent/unplanned need.

Number of online/video consultations against target: In December 2022 52,158 consultations were carried out. During the first 9 months of the financial year 2022/23, 480,646 online/video consultations have taken place and the ICS is on trajectory to meet the required target of 600,000 a year.

Workforce metrics	December 2022
General Practice able to offer improved multi-disciplinary care through employment of 12 WTE additional roles (ARRS) per PCN by March 2023	24/31 PCNs continue to have above 12 WTE of ARRS staff. Overall, Devon is ranked fourth in the Southwest for direct patient care staffing at 7.0 per 10,000 weighted population. The Southwest region is ranked the highest region with 6.7 overall per 10,000 weighted population. December 2022 total WTE = 424.5, number of roles = 515).



Achieve upper quartile performance in terms of WTE GP per 1,000 population	Devon is now joint highest in the Southwest with Gloucester at 6.6 rate per 10,000 weighted population. The Southwest is the second highest region with 6.2 and the Midlands is leading with 6.4. Devon continues to be in the upper quartile of ICS'.
--	--

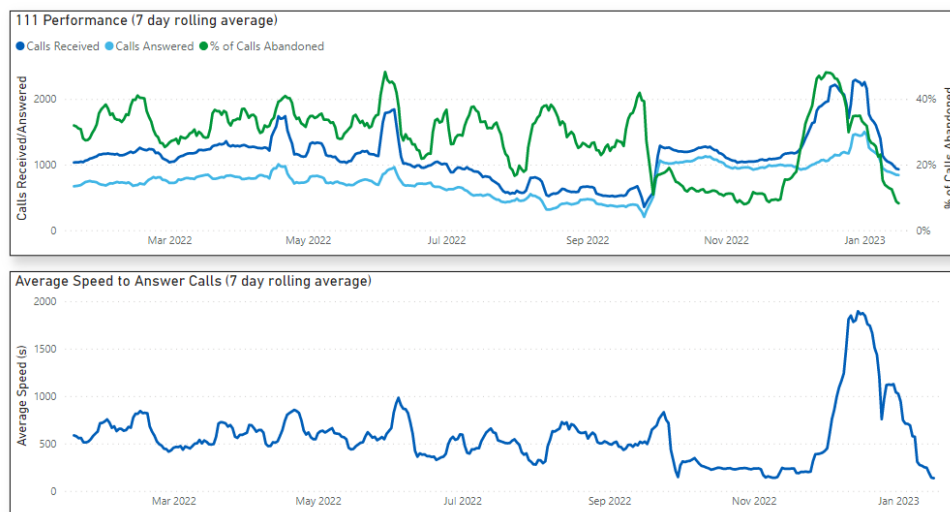
As mid-February 98% of practices in Devon have a CQC rating of 'Good' or 'Outstanding'. 3 are rated 'Requires Improvement' and the ICS Primary Care and Quality Teams continue to work closely with these practices.

General Practice related Serious Incidents (SIs) – SIs relating to primary care this year so far are themed around 2 types: medication incidents and treatment delays. Of the 7 reported this financial year, 6 are medication related where moderate or above harm was caused owing to lapse in care. Process of SIs is reviewing and sharing for learning.

GP related PITCHs – There has been an increase in PITCHs submitted post-Covid likely owing to greater awareness by practices. There has been an increase in PITCH reports during December 2022 and January 2023 relating to onward referrals, transfer of work to GPs from other providers. *Note: “GP” will also include PPG and Devon Doctors OOH GP services, however, the majority are related to general practices.*

Integrated Urgent Care Service: NHS 111/Out Of Hours

Data – NHS 111



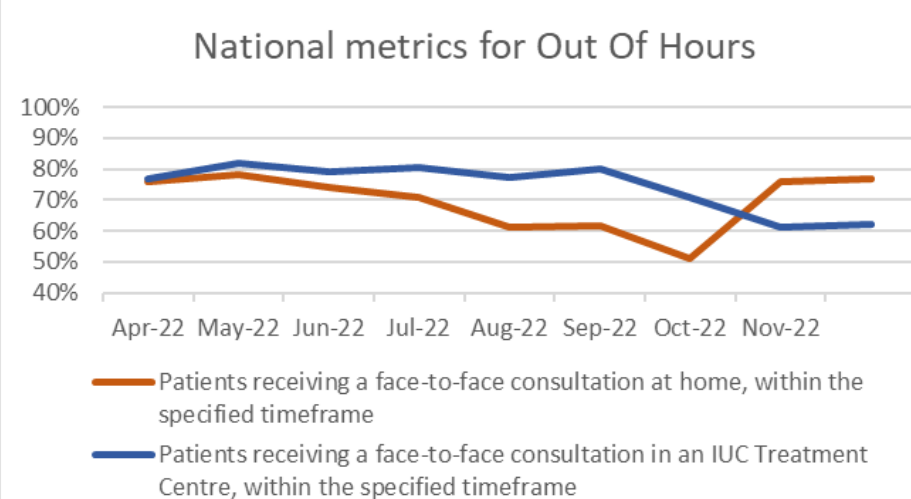
Analytical summary

Following the unprecedented levels seen for the 111 service in December, demand has reduced in recent weeks to expected levels.

The percentage of calls abandoned by PPG in January was 14%. Whilst this is below the target of $\leq 3\%$, it is in line with national average and an improvement from January 2022 which was 35%.

The average speed to answer calls in January was 225 seconds. Again, this is below the target of ≤ 20 seconds but is in line with national average and an improvement from the previous month and the same month last year.

Data – Out Of Hours



Analytical summary

Key performance standards for the OOH service include patients who receive telephone advice or have their call triaged within a clinically defined timeframe and patients who receive a 'face to face' appointment, either within their home or at a treatment centre within a clinically defined timeframe.

Securing clinical resource remains challenging and directly impacts on performance. PPG are working hard to encourage local clinicians to work shifts in the IUCS with many new clinicians starting each month. However, low pick-up rates continue and are due to several reasons including competing demand on a limited workforce and higher rates of pay in other areas.

PPG continue to work on establishing the right level of capacity in the out of hours service.

Mental Health: System Overview

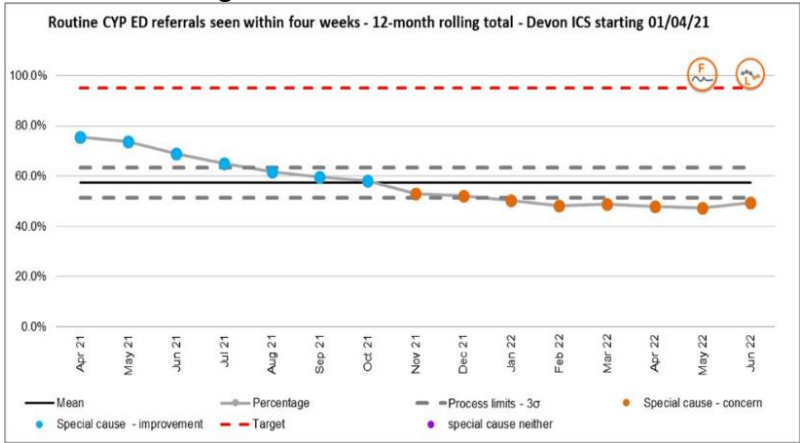
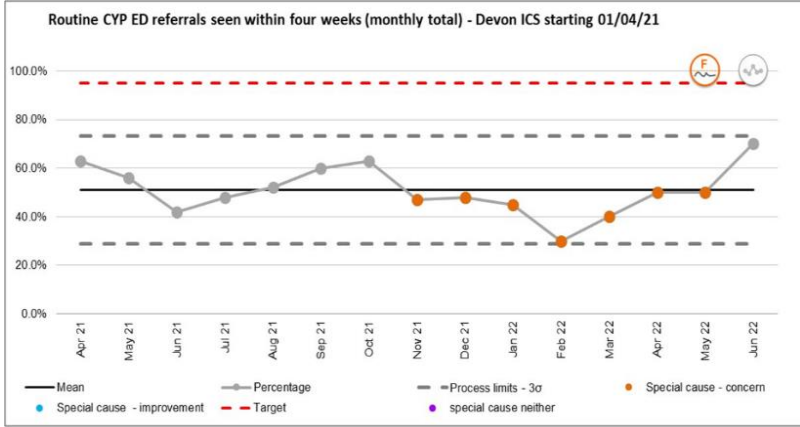
Metrics						System Summaries
Scorecard <i>(*Not updated since July 2022 due to CareNotes outage)</i>						The metrics not impacted by the Carenotes outage relate to IAPT, dementia diagnosis rate, health checks for people with SMI and LD, the number of people with LD in inpatient care, and workforce. Carenotes is now operational, a detailed incident update is to be provided by DPT on the 23rd February 2023 to enable a full understanding of the impact and next steps to system reporting recovery. IAPT appointments offered within 6 and 18 weeks continue to perform consistently well and exceed the targets despite a slight decline in performance. However, IAPT Access has shown a continued decline in performance and is experiencing special cause concern. Physical health checks for people with severe mental illness (SMI) has seen a continued improvement in performance over the last six months. The dementia diagnosis rate continues to experience special cause variation of a concerning nature.
Key Performance Indicator	National Target	System Target	Actual	Variation	Assurance	
*Discharges followed up within 72 hours	80%	80%	81.19%			
*Community Mental Health access (2+ contacts)	18,942 Q4	17,452 Q4	16,360			
*Children & Young People's Access (1+ contacts)	14,037 Q4	13,477 Q4	12,200			
*Children & Young People Eating Disorders routine cases	95% Q1	95% Q4	49.5%			
*Children & Young People Eating Disorders urgent cases	95% Q1	95% Q3	85%			
Dementia Diagnosis Rate	66.7% Q4	60% Q4	55.31%			
*Early Intervention in psychosis (EIP): % entering treatment within two weeks	60%	60%	72.3%			
IAPT Access	9,383 Q4	7,716 Q3	5,778			
IAPT – first appointment within 6 weeks	75%	75%	94.24%			
IAPT – first appointment within 18 weeks	95%	95%	100%			
IAPT Recovery	50%	50%	49.3%			
*Individual Placement and Support (IPS) access	300 Q1 954 Q4	642 Q4	397	N/A	N/A	
*Perinatal Access Rate	1,115 Q4	1,028 Q4	953			
Physical health checks for people with severe mental illness (SMI)	7,448 60%	7,448 60% Q3	4,633			
*Inappropriate out of area bed days (monthly)	0 Q4	0 Q4	479			
Annual health checks for people with a learning disability	75%	-	27%	N/A	N/A	
Reducing adults and CYP with LD in specialist inpatient beds	31	-	40			
Workforce Vacancy Rate %			5.85%		N/A	
Workforce Sickness Absence %		5.29%	6.65%	N/A	N/A	

Mental Health: Severe Mental Illness – Physical Health Checks

Data	Summary
KPI Description NHS England Long Term Plan deliverable that 60% (n= 7,748) of people on the General Practice list of patients with severe mental illness would have a complete physical health check in the last 12 months. Physical Health Checks completed for people with Severe Mental Illness - Devon ICS - starting 01/04/21 Legend: Mean, Number of completed checks, Process limits - 3σ, Special cause - improvement, Special cause - concern, Target, special cause neither	Analytical Commentary The measure is showing special cause of an improving nature but is consistently failing the target. Operational Summary Uptake of health checks completed continues to increase with December 2022 at 44.92% (4,633/10,314). Due to data upload issues, the additional VCSE sector commissioned capacity is not reflected in the chart for the December 2022 position. This will be retrospectively updated next month. Devon has set a trajectory to achieve the deliverable of 60% by the end of March 2023 which would require 15.08% improvement in performance in the next 3 months. The mitigations in place have improved performance, however, it is unlikely that this target will be recovered and achieved in 2022/23. Actions and Assurance - NHS Devon continues working to fully mobilise the additional VCSE sector capacity which has been commissioned to help more people with severe mental illness access physical health checks. - Workstream developing a delivery model that will support physical health checks, with coproduction at its core. - Working with primary care through Webinars and other communications to promote uptake of additional capacity.

Data Source: GDPPR dataset, NHS Digital

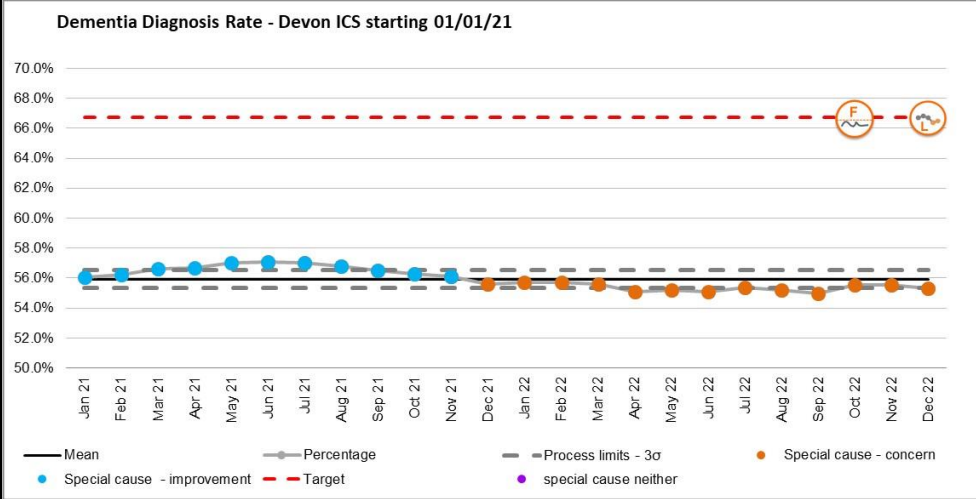
Mental Health: CYP Eating Disorders Routine

Data	Summary
KPI Description: The proportion of CYP with routine eating disorders that wait 4 weeks or less from referral to start of NICE approved treatment. Rolling 12-month target. 12-month rolling  Routine CYP ED referrals seen within four weeks - 12-month rolling total - Devon ICS starting 01/04/21 Monthly  Routine CYP ED referrals seen within four weeks (monthly total) - Devon ICS starting 01/04/21 *** Data unavailable at system level after June-22 due to national patient records outage. ***	Analytical Commentary This KPI was experiencing special cause variation of a concerning nature and will consistently fail the target without further intervention. Data is unavailable at system level after June 2022 due to national Carenotes outage. Operational Summary NHS Devon identified a trajectory in its operating plan to achieve the national target by the end of quarter 4. As of the last available system data (June 2022) NHS Devon achieved 49.5% which is below the regional and national average performance. Across ICS Devon, planned actions relating to workforce and investment identified in the 2022/23 Operating Plan have been implemented. Validated performance at provider level indicates that in Plymouth the trajectory is continuing to progress towards the agreed recovery position. Due to the Carenotes outage there is no validated provider performance data for Devon and Torbay. Actions and Assurance The actions set out in the Operating Plan were identified as being delivered 'on track' at the end of quarter 2. Across Devon the planned actions identified in the 2022/23 Operating Plan for Q3 have been delivered as planned. For Devon and Torbay planned recruitment for recovery against the planned trajectory is underway.

Mental Health: IAPT Access

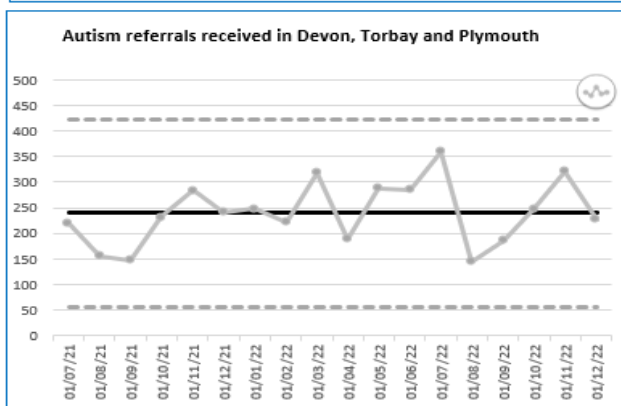
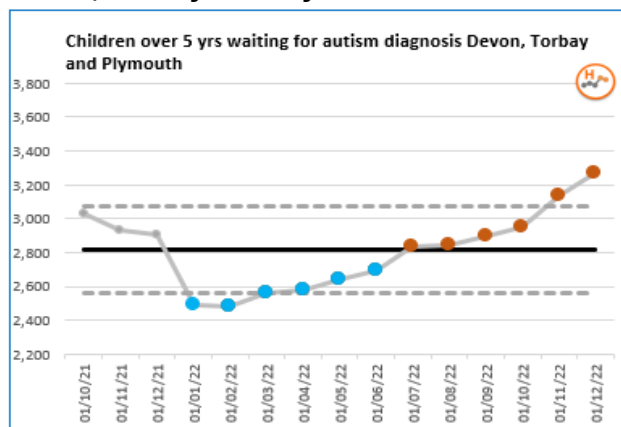
Data	Summary
KPI Description The number of people who enter NHS funded treatment with IAPT services in the reporting period. Total is by rolling quarter. Statistical Process Chart IAPT Access - Devon ICS starting 01/04/21 Legend: Mean (solid line), Rolling Quarter (grey line with dots), Process limits - 3σ (dashed grey lines), Special cause - improvement (blue dot), Target (red dashed line), Special cause - concern (orange dot), special cause neither (purple dot). Data Source: Local data	Analytical Commentary The KPI is within common cause variation but there are three data points close to the lower process limit suggesting a decline in performance. Data shows this process is not capable of meeting the target and will fail without further intervention. The KPI is falling short of the Q3 target (7,716). Operational Summary NHS England identified a target of 9,383 people accessing IAPT in a quarter in ICS Devon in 2022/23. ICS Devon submitted a trajectory to reach 7,518 by the end of quarter 4. As of November 2022, performance against planned monthly access is 87.0% nationally, 74% regionally, 84% in Devon (Source: MHSDS core data pack). Across Devon the planned actions identified in the 2022/23 Operating Plan for Q3 have been delivered, including: - promoting IAPT to the public and referrers. - developing IAPT Long Term Conditions offer in Plymouth. - enabling access through the Devon Staff Wellbeing Hub. - supporting access to help via the long-Covid pathway. Despite not meeting required access numbers, IAPT continues to achieve national access times. Actions and Assurance In Q3 a review of psychological therapy offers in Devon was completed and recommendations have been finalised. An agreed timeline for implementation has been developed aligned to the recommendations.

Mental Health: Dementia Diagnosis Rate

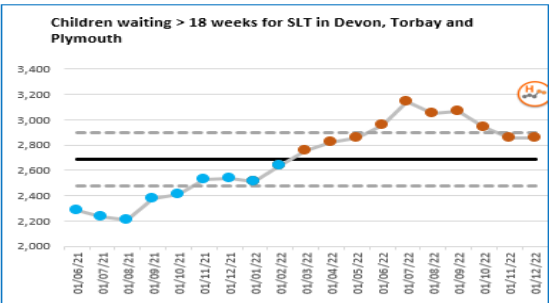
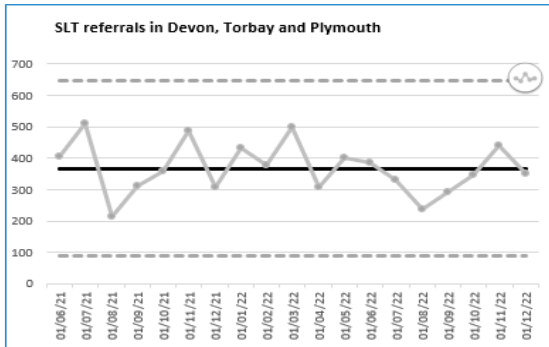
Data	Summary
KPI Description: The proportion of estimated over 65s in the population with dementia that have been diagnosed. Statistical Process Chart  Dementia Diagnosis Rate - Devon ICS starting 01/01/21 70.0% 68.0% 66.0% 64.0% 62.0% 60.0% 58.0% 56.0% 54.0% 52.0% 50.0% Jan 21 Feb 21 Mar 21 Apr 21 May 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 — Mean — Percentage — Process limits - 3σ — Special cause - concern ● Special cause - improvement — Target ● special cause neither Data Source: Dementia Dashboard, NHS Digital	Analytical Commentary The mean rate is approximately 56% and the KPI is expected to consistently fail. There are several data points indicating a slight decline in performance since December 2021. Operational Summary Diagnosis rate has been at this level for most of the year and in line with national experience, the cause is not fully determined and variations in demand are being examined alongside triangulation of practice rates with other relevant health needs. Additional actions are being explored with Region based on learning elsewhere. Additional focus on Care Homes may be possible and is being explored as part of preparing for 2023/24 planning. Continued uncertainty regarding funding of post-diagnostic support is very likely to adversely influence diagnosis rate in primary care. Actions and Assurance System work with Primary Care actions focus on actions within the practices to integrate dementia diagnosis more clearly into practice, actions when coding diagnoses, support in Care Home settings and relationships with organisations (e.g. pharmacies) which may be able to flag possible need for dementia diagnosis. ICS Devon has submitted a draft trajectory as part of the 2022/23 Operating Plan to improve performance to 60% by the end of Q4 2022/23 but is unlikely to be achieved. A mandate for Older People's Mental Health/ Dementia was drafted for the MHLDN Provider Collaborative Senate in February 2022, including dementia diagnosis but with a broader scope.

Children & Young People (CYP): Autism Diagnosis waiting times

Key Performance Indicator	Target/Plan	Latest Period	Actual (system average)	Variation	Assurance
Autism Diagnosis (Waiting)	<18 weeks.	Dec 2022	87 weeks (Devon & Torbay 85.2 / Plymouth 88.8 weeks)		
KPI Description NICE guidance for CYP to be seen within 18 weeks from referral to start of assessment. Devon, Torbay and Plymouth			Operational Summary – Devon (CFHD), Torbay (CFHD) & Plymouth (UHP/LSW) This report is not yet able to deliver a complete view of autism diagnosis rates as CYP data is not easily extracted from all acute Trusts for Community Paediatrics. Work is being undertaken to improve data reporting within CYP. Benchmarking between systems and regions is unavailable and is recognised as being an issue nationally. Where available, national and regional CYP networks confirm autism waits to be challenging across the country. What are the causes? <u>Demand:</u> High levels of children waiting across community ASD and Community Paediatrics within the Devon system (pre-covid). Waits have been impacted by an increase in number of referrals when schools returned after lockdown. A deficit in early needs based support drives families to seek a formal diagnosis, further increasing referral numbers. <u>Capacity:</u> Staffing vacancies across community teams Providers report current budgeted capacity is insufficient to meet demand. Provider recruitment pause due to staff consultation (due to conclude March 2023). Potential inefficiencies within multi-organisational pathways Actions Conclude the children's community contract review including demand and capacity, and service gaps analysis (March 2023)- deliver recommendations in line with assessment of risk and EIA Joint clinics being trialled between CFHD and community paediatrics. Development of integrated, holistic pathway for neurodivergent diagnosis. Increase numbers of Key workers- focussed on early help, new pilot to commence June 2023 New approach to community waiting list recovery and assessment of harm being worked up for adult and childrens teams When is improvement expected? Trajectories have been submitted for Devon SEND WSOA and separately the Torbay SEND WSOA, with current resource these do not demonstrate improvement. Impact from enhanced recruitment may demonstrate improvement from June, if successful. Outcome of children's review will be dependent on system's decisions. Impact of key worker scheme to be evaluated from December 2023.		



Children & Young People (CYP): Speech & Language waiting times

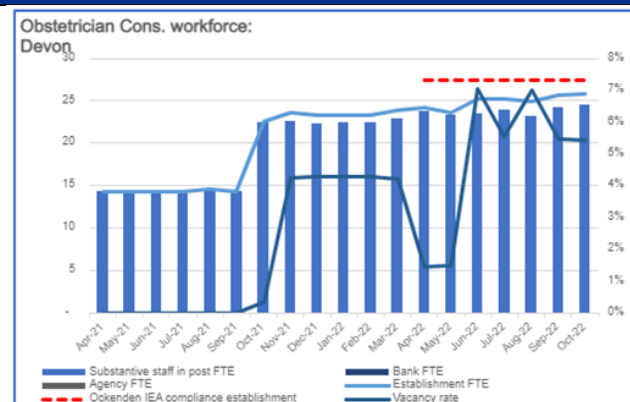
Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
Speech and Language waiting times	< 18 weeks	Dec 2022	32.4 weeks (average). 113.65 weeks (longest wait).		
KPI Description: NICE guidance for CYP to be seen within 18 weeks from referral. Devon, Torbay and Plymouth   Analytical Summary Referrals are within expected common cause variance and are lower than the same period last year. The number of children waiting is reducing, however the metric is still in a concerning position. What are the causes? <u>Demand:</u> Highest percentage of children referred to CFHD speech and language are in the 2-4 year age group which is a knock on impact from COVID. LSW waits have continued to decrease reducing both longest and average waits. <u>Capacity:</u> Continued workforce vacancies reduces clinical capacity and applicants for posts have reduced. Recruitment remains a challenge. Actions DCC funded focused work has seen a continued reduction in the number of children waiting in the Devon County Council area. To date (1st October 2022 – 21st December 2022) the programme has contacted over 540 families and reduced the longest waiting time from 204 weeks to 84 weeks and the number of families waiting over 52 weeks has decreased from 25.8 % to 22.6% Conclude the children's community contract review including demand and capacity, and service gaps analysis (March 2023)- deliver recommendations in line with assessment of risk and EIA Monthly meetings with LSW to review databook and service pressures and developments. Wider pathway redesign within Devon and Torbay is dependent on provider staff consultation (due to conclude March 2023). A comprehensive needs assessment is being undertaken to understand, plan and evaluate services to support children and young people SLCN. Better Communication CIC have been commissioned to support this work using the evidenced based framework called The Balanced System®. This framework is recognised by DfE, NHS England and Public Health England. When is improvement expected? LSW have agreed to over-recruit by 4WTE therapists to support the recovery of the service to pre pandemic levels, this will take 24 months once appointed. DCC funding agreed with CFHD, additional staff recruited (focusing on longest waiters) and 12 month action plan to monitor performance. Trajectory to reach RTT <18 weeks for Devon by March 2024.					

Local Maternity & Neonatal System: Workforce Update

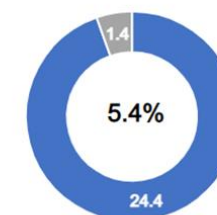
Key Headlines

- Midwifery workforce levels have improved, however remain below recommended levels.
- The number of midwives leaving the NHS has reduced in both over 55 and under 55 cohorts.
- MSW vacancy rates are high, and compare poorly to the national and regional average
- Obstetric workforce levels have improved but remain below recommended levels.

Obstetric Consultant Workforce



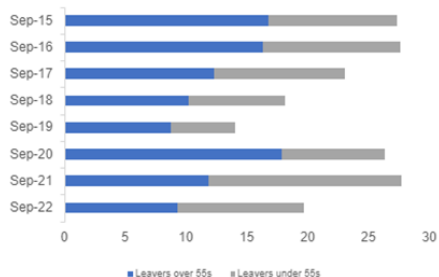
Obstetrician Cons. vacancies: Devon



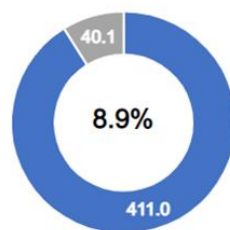
The number of Obstetric consultants in Devon has improved since the same period last year, though remain below Ockenden compliance levels (n=27).

Midwifery Workforce

Midwives leaving the NHS (12 month total)



Total Midwifery vacancies: Devon

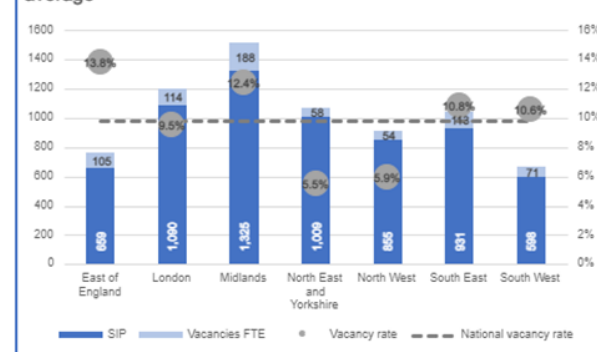


The midwifery vacancy rate has declined significantly between August 2022 at approximately 14% to around 8.9% in October 2022. The number of midwives leaving the NHS is at its lowest since 2019.

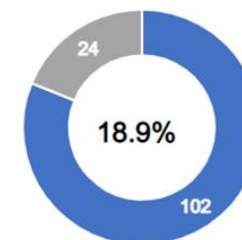
Midwifery workforce in Devon still remains below the Birth Rate+ recommended establishment of just under 500 midwives. Substantive midwifery staffing sits at 411 midwives.

Maternity Support Workers

MSSW latest regional vacancies vs. national average



MSSW vacancies: Devon



Maternity support worker workforce has declined since the last period. The vacancy rate for MSW's has increased significantly from around 11% in October 2021 to 18.9% in October 2022. The Devon MSW vacancy rate is higher than the national average (~10%) and higher than the south west average (10.6%).

Quality

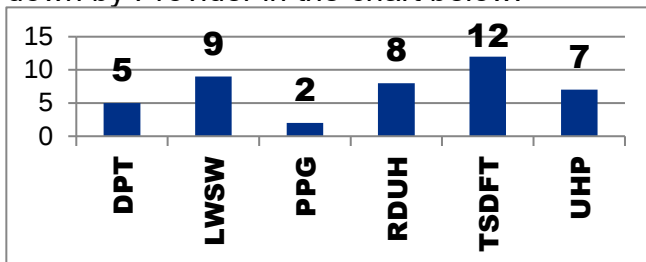
Quality Metrics

	Metric	Latest Date	System	Devon Partnership NHS Trust	Livewell Southwest	Other providers	Royal Devon University NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Quality	C-Diff	2023-01	32				7	8	5
	MRSA	2023-01	2				0	0	1
	MSSA	2023-01	31				5	1	3
	E. coli	2023-01	77				14	4	12
	Klebsiella	2023-01	24				7	4	4
	Pseudomonas spp	2023-01	11				4	1	1
	SAFETY SYSTEMS: Number of serious incidents received that month	2023-01	43	5	9	2	8	12	7
	SAFETY SYSTEMS: Total number of Open Serious Incidents	2023-01	318	79	51	42	42	50	54
	SAFETY SYSTEMS: Total number of Open Serious Incidents. Severity = DEATH ONLY	2023-01	129	39	24	19	20	13	14
	SAFETY SYSTEMS: Number of Serious Incidents that are overdue	2023-01	183	59	21	24	29	25	25
	SAFETY SYSTEMS: Number of Never events received that month	2023-01	1	0	0	0		0	1
	Patient Experience: Number of informal concerns received that month	2023-01	73						
	Patient Experience: Number of formal complaints received that month	2023-01	1						
	Patient Experience: Number of open informal concerns	2023-01	43						
	Patient Experience: Number of open formal complaints	2023-01	12						
	Safeguarding Adults: S42.2 enquiries relating to care provided by services commissioned by NHS Devon	2023-01	8						

Serious Incidents

Serious Incidents received by Provider

During January 2023 there have been **43 serious incidents** reports, these are broken down by Provider in the chart below:



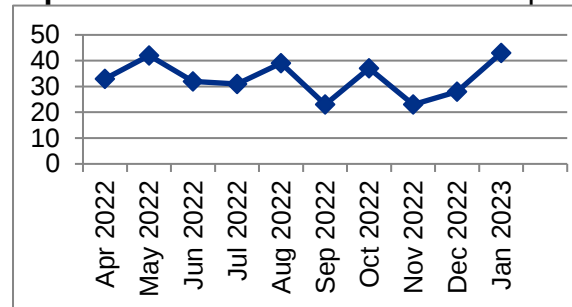
There was **1 Never Event** reported in January 2023. Since April 2022 there have been **17 never events reported**, which is an increase compared to the same period last year (10).

The **top five Serious incident** types reported in January 2023 were:

(N.B. the arrow indicates change from previous month)

- Maternity/Obstetric (7) ↑
- Slips/trips/falls (7) ↑
- Surgical/Invasive (4) ↑
- Apparent/actual/suspected self-inflicted harm (10) ↑
- Treatment delay (5) ↑

The below chart shows the total number of **reported serious incidents** since April:



Total number of **open incidents** for the system in January 2023 is **318**.

Overdue Investigations

The total number of **overdue investigation reports** that have not yet been completed and submitted to the ICB remains a concern. The numbers remain stable across all providers. The safety systems team are continuing to provide support to all providers in reducing overdue incidents.

The **total number of overdue** incidents for the system in January was **183**.

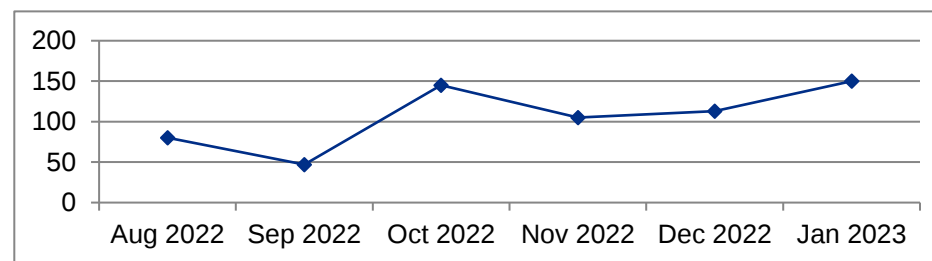
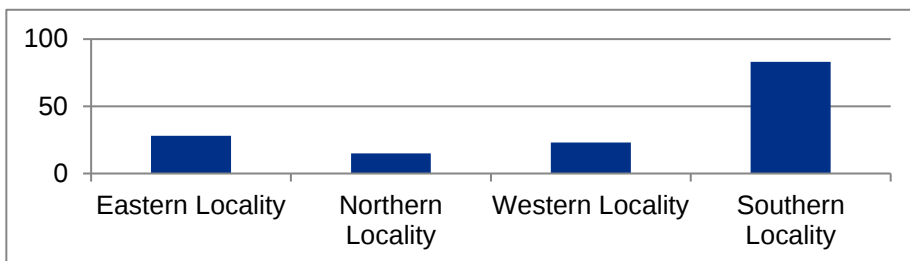
There are currently **14 open serious incidents** that have been identified as **multi-agency**. These are being investigated jointly to help improve identify what went wrong throughout the patient's care leading up to the incident. This also enables joint learning across Providers. The SI reviewers within NHS Devon are also monitored with a 10-day KPI. There are currently **21 incidents being reviewed** which are currently being monitored by the SST to meet the deadline.

During December **19 incidents** were reviewed and assurance received for **closure**.

Peer Improvement Tips for Care and Health (PITCH)

Data

During January **150 PITCHs** were reported, these are broken down by locality in the chart below together with the number of PITCHs reported since August 2022:



The **top three PITCH concerns received in January** were:

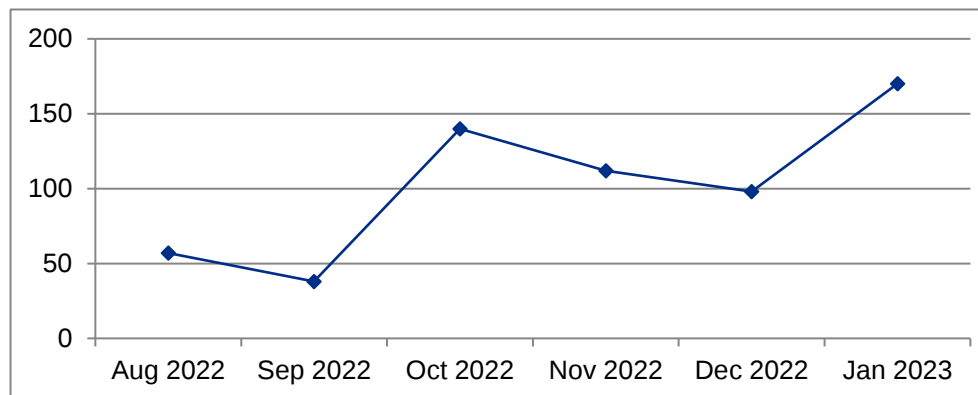
- Referrals (55)
- Procedure or process (24)
- Access to Services (23)

There has been continued high reporting from the Southern locality relating to inappropriate referrals from primary care and 111 to MIUs and UTCs. Work is ongoing with the PSQ team, locality colleagues, primary care and PPG to address this issue. There has also been reporting across all localities relating to poor discharges from hospitals, this is being reviewed with the PSQ team.

Closed PITCHs

During January 170 PITCHs were closed, compared to 97 last month. The chart to the right illustrates the number of closed PITCHs per month since August 2022.

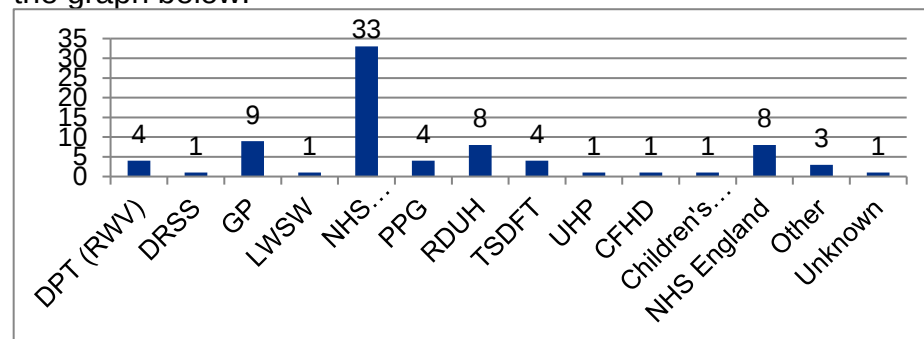
There is a total of 77 PITCHs which remain open.



Patient Experience (NHS Devon): Patient Contacts

Patient Experience: Received cases

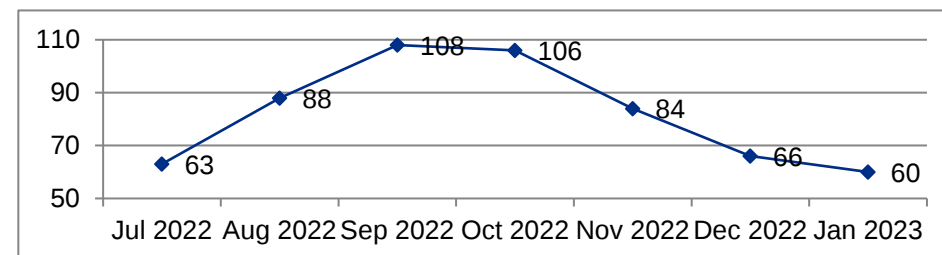
During January there were **79 new patient experience** feedback and concerns to manage, these are broken down by Provider in the graph below:



Majority of contacts relate to commissioned services or continuing healthcare concerns. Little change in the contact relating to children's ADHD/Autism services in North Devon, along with continues contact relating to Adult ADHD/Autism services. Continuous Glucose Monitoring concerns have slowed considerably.

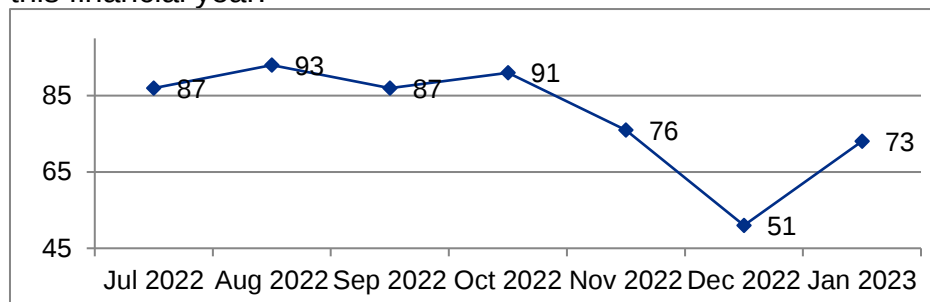
Patient Experience: Closed cases

The **closing** of patient experience concerns has reduced however this is reflected in the volume of new contacts demonstrated above.



Patient Experience: Informal Concerns

Patient experience informal concerns saw an increase in January to **73** compared to December, but overall, there has been a reduction in the past few months compared to earlier months of this financial year.



The **top three patient experience concerns received** in in October were:

- Procedure and Process (**25**)
- Quality of Care (**22**)
- Could not be categorised with standard themes (**10**)

Patient Experience: Summary

- There was **1 formal complaint** raised during January for NHS Devon, with a total of **12 that remain open**.
- There are **4 open contractual reviews**, which are required and form part of Primary Care complaints which are managed by NHS England.
- There are **5 open requests for information** from the **Parliamentary Health Care Ombudsman (PHSO)**

Safeguarding: Adult Enquiries

Safeguarding Adult Enquiries (Section 42.2) are undertaken when concerns about abuse and neglect within health care settings are raised. The statistics below are in relation to the S42.2 caused out by the 3 local authorities in Devon in January 2023 and the primary themes of the concerns.

Primary themes of the concerns		Underlying cause																					
Data Safeguarding Adults: S42.2 enquiries relating to care provided by services commissioned by NHS Devon: System <table><caption>Safeguarding Adults: S42.2 enquiries (Estimated Data)</caption><thead><tr><th>Month</th><th>Enquiries</th></tr></thead><tbody><tr><td>May 2022</td><td>6</td></tr><tr><td>Jun 2022</td><td>8</td></tr><tr><td>Jul 2022</td><td>19</td></tr><tr><td>Aug 2022</td><td>5</td></tr><tr><td>Sep 2022</td><td>6</td></tr><tr><td>Oct 2022</td><td>10</td></tr><tr><td>Nov 2022</td><td>10</td></tr><tr><td>Dec 2022</td><td>5</td></tr><tr><td>Jan 2023</td><td>8</td></tr></tbody></table>		Month	Enquiries	May 2022	6	Jun 2022	8	Jul 2022	19	Aug 2022	5	Sep 2022	6	Oct 2022	10	Nov 2022	10	Dec 2022	5	Jan 2023	8	Themes: The issues identified within S42.2 enquiries started in January 2023 relate to: • poor quality of care (5) • medications (2) • person in position of trust, allegation against a member of staff (1) • 3 of the above featured poor communication	
Month	Enquiries																						
May 2022	6																						
Jun 2022	8																						
Jul 2022	19																						
Aug 2022	5																						
Sep 2022	6																						
Oct 2022	10																						
Nov 2022	10																						
Dec 2022	5																						
Jan 2023	8																						
Initial learning from new safeguarding enquiries, closed safeguarding enquiries and safeguarding adult reviews: • Initial learning from poor quality of care highlighted the need for better training for staff in the use of manual handling equipment, use of the mental capacity act and understanding of deprivation of liberty safeguards.		Assurance • The provider is assessing the training needs of the staff involved in each case • There is close liaison between the ICB safeguarding adult team, the patient safety and quality team, and the commissioning team to work with the providers to improve the quality of care delivered and monitor the impact of improvement plans																					
Actions for next month/s Torbay and Devon Safeguarding Adult Partnership (TDSAP) are publishing the review undertaken into 6 cases of self-neglect mid-February. Learning identified will be shared with providers and used for training purposes.		Intended impact Recommendations and associated actions for providers to improve care are being developed	Date impact will be realised The action plan is currently being developed by TDSAP and dates will be identified																				

Safeguarding: Children in Care (CIC)

Issue: Children entering care should receive an IHA within 20 working days of coming into care, and a RHA should be undertaken 6 monthly for the under 5s and annually for over 5s.

Underlying cause

Provider reporting has improved across the system, but late notifications and requests for health assessments by the local authorities is still an issue.

	TSDFT	RDUH - Eastern	RDUH - Northern	UHP	LIVEWELL	CFHD
Percentage of CIC receiving RHAs within statutory timescales for December 2022					64% 10/17	60% 29/48
Percentage of CIC receiving IHAs within statutory timeframe of 20 working days of coming into care for January 2023	31% 5/16	47% 8/17	50 % 1/2	3 % 1/29		

Actions undertaken in last month

- Revised Outcome Framework developed to improve consistent reporting of RHA activity.
- Recruitment of additional medical resources has been successful and two additional part time doctors will start in March 2023.
- Partnership working across health and social care to ensure that the health needs of unaccompanied young people are met.
- Data cleanse of notifications to ensure ICB data is up to date and accurate.

Impact

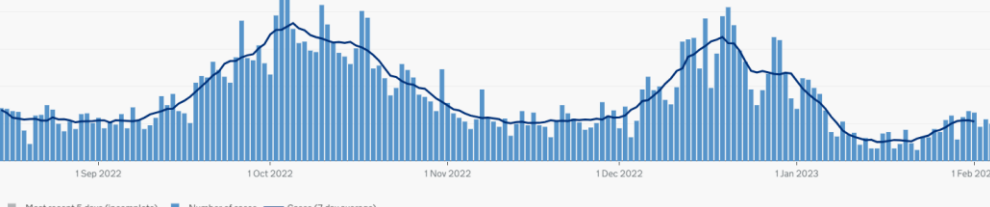
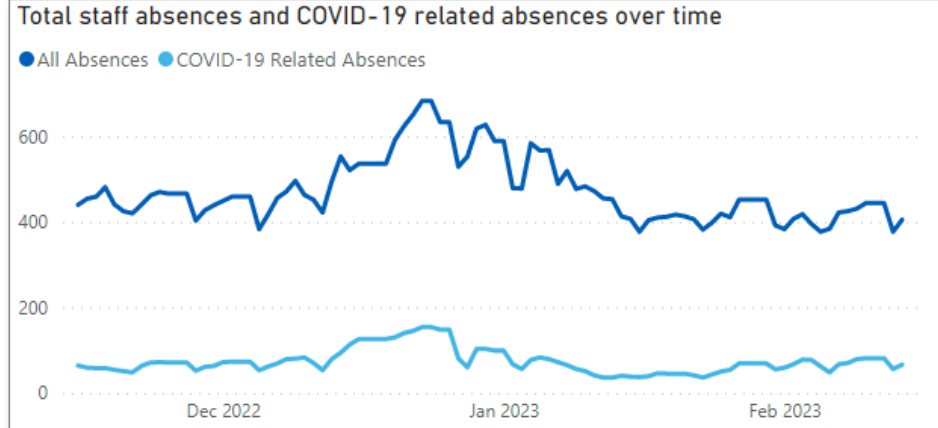
Consistent reporting will enable improvements to be made in the timeliness of health assessments.

NHS England have launched a pilot to measure the number of children in care placed in and out of NHS Devon footprint.		All young people will have the required screening in a timely way and health needs identified and met.
Actions for next month/s	Intended impact	Date impact will be realised
Named Doctors to use agreed spreadsheet to report IHA activity.	Consistent accurate data across Devon.	March 2023
Recruit to CIC Registrar post completed, awaiting start date	Increased medical capacity across the system	March 2023
Finalisation of Outcomes Framework	Implementation of more accurate KPIs across the provider teams in Devon	March 2023

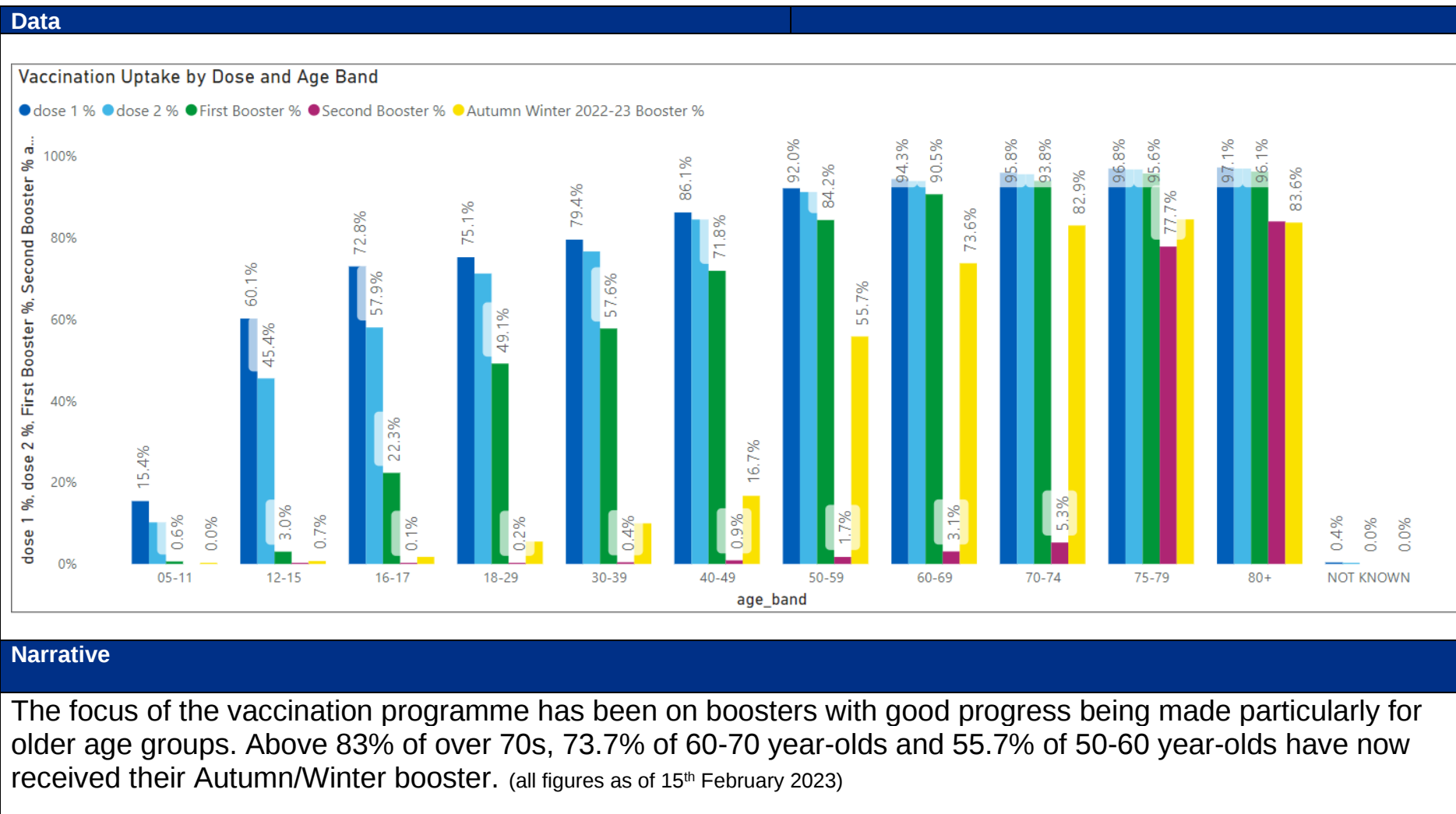
Infection Prevention and Control

Data	Infection Highlights																																																																																																		
Healthcare associated infection trends in Devon, to end January 2023 <table><thead><tr><th></th><th>Jan-22</th><th>Feb-22</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th><th>Aug-22</th><th>Sep-22</th><th>Oct-22</th><th>Nov-22</th><th>Dec-22</th><th>Jan-23</th></tr></thead><tbody><tr><td>C. difficile</td><td>27</td><td>20</td><td>29</td><td>27</td><td>30</td><td>39</td><td>38</td><td>43</td><td>36</td><td>37</td><td>23</td><td>18</td><td>32</td></tr><tr><td>E. coli</td><td>66</td><td>44</td><td>71</td><td>64</td><td>63</td><td>53</td><td>94</td><td>85</td><td>97</td><td>82</td><td>78</td><td>65</td><td>77</td></tr><tr><td>Klebsiella spp</td><td>19</td><td>12</td><td>24</td><td>16</td><td>9</td><td>19</td><td>22</td><td>31</td><td>18</td><td>12</td><td>27</td><td>19</td><td>24</td></tr><tr><td>MRSA</td><td>0</td><td>1</td><td>0</td><td>0</td><td>2</td><td>1</td><td>0</td><td>1</td><td>1</td><td>0</td><td>3</td><td>5</td><td>2</td></tr><tr><td>MSSA</td><td>17</td><td>16</td><td>23</td><td>25</td><td>28</td><td>22</td><td>29</td><td>23</td><td>36</td><td>29</td><td>24</td><td>29</td><td>31</td></tr><tr><td>Pseudomonas aeruginosa</td><td>7</td><td>4</td><td>1</td><td>3</td><td>7</td><td>5</td><td>5</td><td>9</td><td>4</td><td>7</td><td>7</td><td>3</td><td>11</td></tr></tbody></table>		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	C. difficile	27	20	29	27	30	39	38	43	36	37	23	18	32	E. coli	66	44	71	64	63	53	94	85	97	82	78	65	77	Klebsiella spp	19	12	24	16	9	19	22	31	18	12	27	19	24	MRSA	0	1	0	0	2	1	0	1	1	0	3	5	2	MSSA	17	16	23	25	28	22	29	23	36	29	24	29	31	Pseudomonas aeruginosa	7	4	1	3	7	5	5	9	4	7	7	3	11	There has been system pressure over the holiday period, with all four acute trusts affected. A component of this pressure has been infection control, with trusts experiencing high volumes of seasonal influenza, COVID-19 and RSV. Additional measures were required to improve hospital flow, and these were individually risk assessed as necessary. There has been a rise in MRSA cases over November 2022 (3) and December 2022 (4), with the majority of these being community-associated.
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23																																																																																						
C. difficile	27	20	29	27	30	39	38	43	36	37	23	18	32																																																																																						
E. coli	66	44	71	64	63	53	94	85	97	82	78	65	77																																																																																						
Klebsiella spp	19	12	24	16	9	19	22	31	18	12	27	19	24																																																																																						
MRSA	0	1	0	0	2	1	0	1	1	0	3	5	2																																																																																						
MSSA	17	16	23	25	28	22	29	23	36	29	24	29	31																																																																																						
Pseudomonas aeruginosa	7	4	1	3	7	5	5	9	4	7	7	3	11																																																																																						
Influenza (seasonal and avian)																																																																																																			
The vaccination programme for seasonal flu is continuing, as the season draws to its closes. Communications continue focussing on specific cohorts while uptakes are at lower levels than pre-pandemic levels Devon continues to be one of the best performers across the region. With the change in provider now in place, discussions around continuing with this provider will begin in April 2023. This will include specific responsibility regarding swabbing of patients in cases of Avian Flu.																																																																																																			
Actions undertaken in last month	Impact																																																																																																		
Tuberculosis latent screening operational pathway	Operational guidance for tuberculosis professionals regarding latent screening in the context of asylum seeker and refugee need. This involves a temporary pause to latent screening, with active testing and contact tracing to remain in place.																																																																																																		
Support to asylum seeker & refugee hotels	Improved health outcomes and reduced outbreaks in these settings.																																																																																																		
Actions for next month/s	Intended impact	Date impact will be realised																																																																																																	
Infection control and antimicrobial resistance system meetings.	Sharing of good practice, dissemination of national requests and information, system assurance. Closer linking with Cornwall.	February 2023																																																																																																	
Tuberculosis commissioning pathway evaluation.	Consistent provisioned service for tuberculosis, including video observed therapy and directly observed therapy.	February 2023																																																																																																	
Gap Analysis/Action Plan tool completion and action plans in place to address identified gaps.	Regional and local assurance of outbreak systems in place.	February 2023																																																																																																	

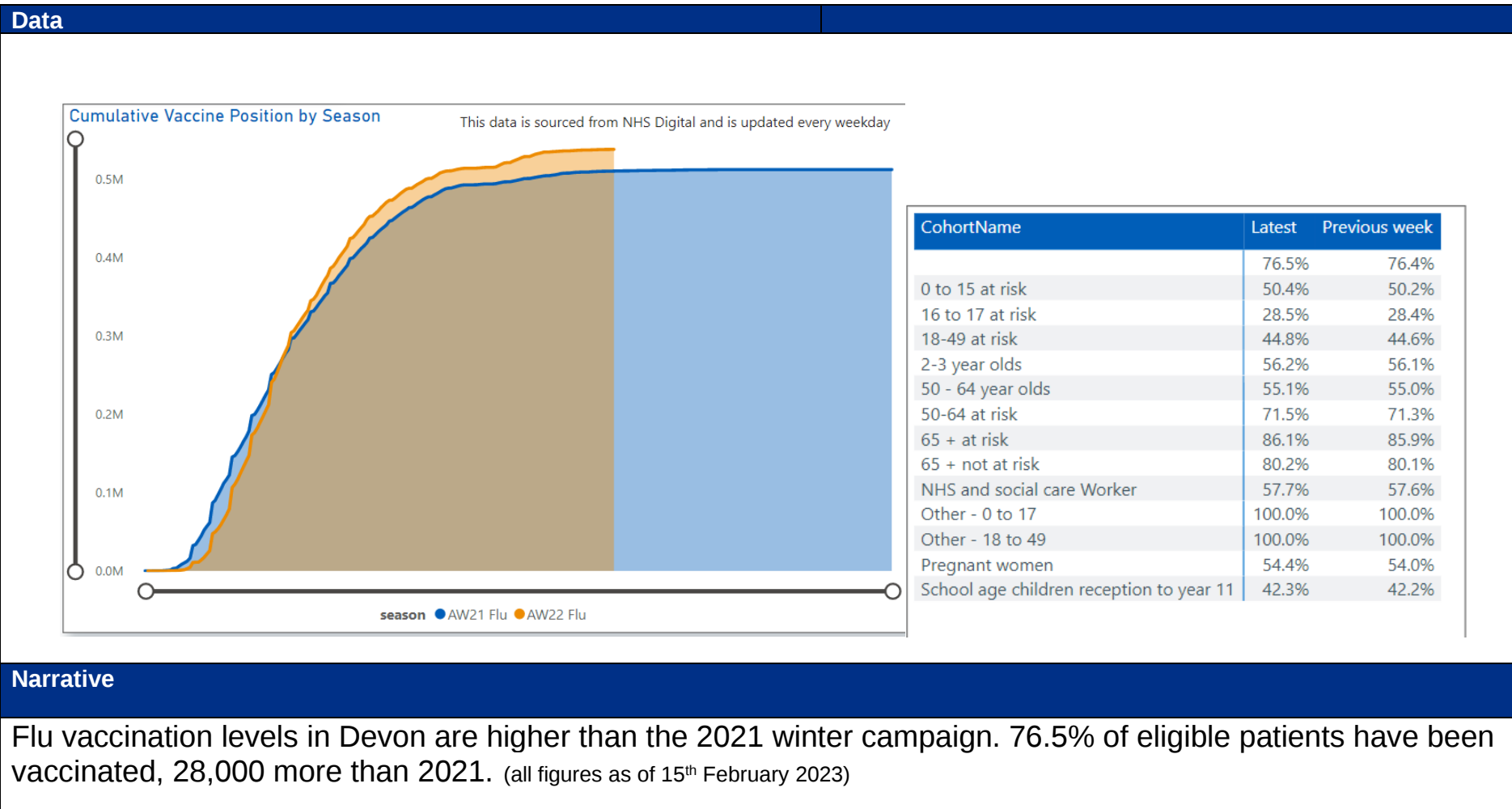
Covid Update

Data	Narrative
 ■ Most recent 5 days (incomplete) ■ Number of cases — Cases (7-day average)	Covid infections peaked in mid-December, fell in January 2023 and then has seen small significant rises since mid-January.
ICS Devon - Number of beds occupied by confirmed COVID-19 cases  Latest day: 192 Previous day: 193	The number of Covid patients in hospital beds has more than doubled since mid-January 2023 to 192 on the 14th February 2023 following the trend of peaks and troughs over the last 8 months. Covid patients in ICU continue to remain low. As of 14th February, there were 2 patients with Covid occupying an ICU bed in Devon.
Total staff absences and COVID-19 related absences over time  ● All Absences ● COVID-19 Related Absences	Total Covid-related absences have decreased since a peak at Christmas across all providers, reducing from 154 on 24th December 2022 to 36 on the 24th January 2023, rising to 66 on the 14th February. This is much lower than the 3%+ Covid absences seen during October and previous Covid peaks. Latest figures show 4.8% of staff are absent in total across Devon's providers on 14th February, similar to January's figure and a reduction on 7% seen in December 2022

Covid Update: Vaccinations



Flu: Vaccinations



Workforce

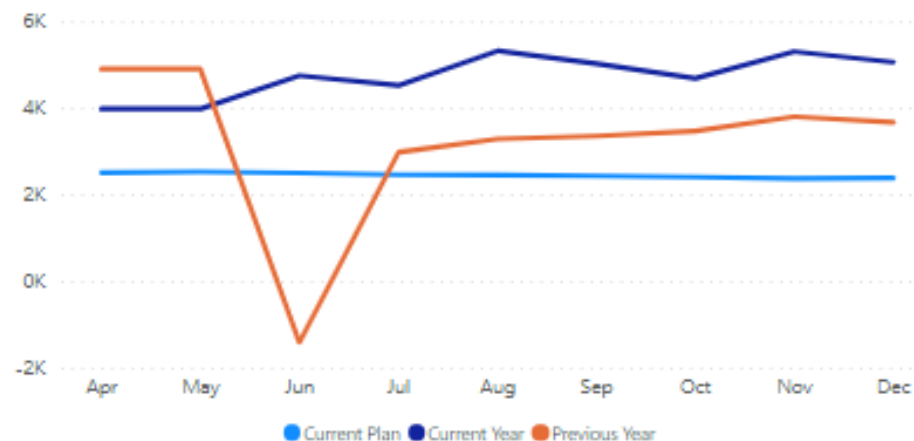
Workforce: Metrics

	Metric	Latest Date	System	Devon Partnership NHS Trust	Royal Devon University NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Workforce	Whole time equivalent staff numbers (Current Year)	2022-12	29,896	3,326	11,429	6,146	8,995
	Whole time equivalent staff numbers (Current Plan)	2022-12	30,234	3,457	11,603	6,278	8,896
	Whole time equivalent staff numbers (Previous Year)	2021-12	28,494	3,235	11,094	5,849	8,317
	Vacancies (Medical/Dental Consultant)	2022-12	79.6	20.7	18.6		40.2
	Vacancies (Registered nursing)	2022-12	407	179	225		3.36
	Vacancies (AHP)	2022-12	214	8.2	129		76.4
	Vacancies (HCAs)	2022-12	267	-41.6	195		113
	Agency spend (Current Year)	2022-12	4450	791	2032	1014	613
	Agency spend (Current Plan)	2022-12	2305	473	1135	613	84
	Agency spend (Previous Year)	2021-12	3559	705	1493	1247	114
	Agency spend as percentage of total spend	2022-12	3.34%	5.51%	3.97%	3.81%	1.49%

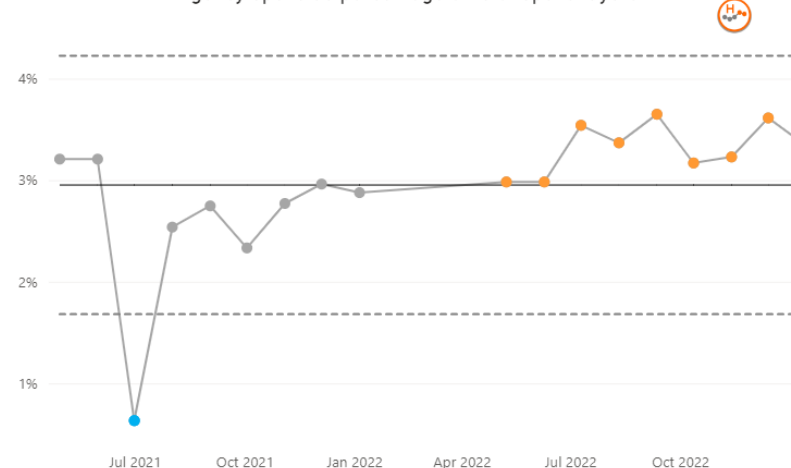
- There remains an issue with TSDFT vacancy data, awaiting update from the Trust.
- Small drop in Devon leaver rate (8.4%) and Devon turnover rates (18.4%) remaining lower than the SW average leaver rate (9.5%) turnover (20.2%).
- Absence dropped by 0.3% this month to 5.7% (small decline in rolling 12mths), however higher than other SW systems (5.3%). Nationally the rolling average is 5.7%.
- Support to clinical staff tend to have the highest leaver rate and sickness rate.
- DPT remains with a high percentage of Consultant vacancies (MH) at 20% DPT has the highest Nursing vacancy rate at 18.8%UHP has the highest AHP vacancy rate at 11.96%
- Overall agency spend 3.32% of total pay bill, YTD £72.9M above planned costs. In total, forecast M12 £107.8M overspend against plan.

WTE and Agency Data and Summaries

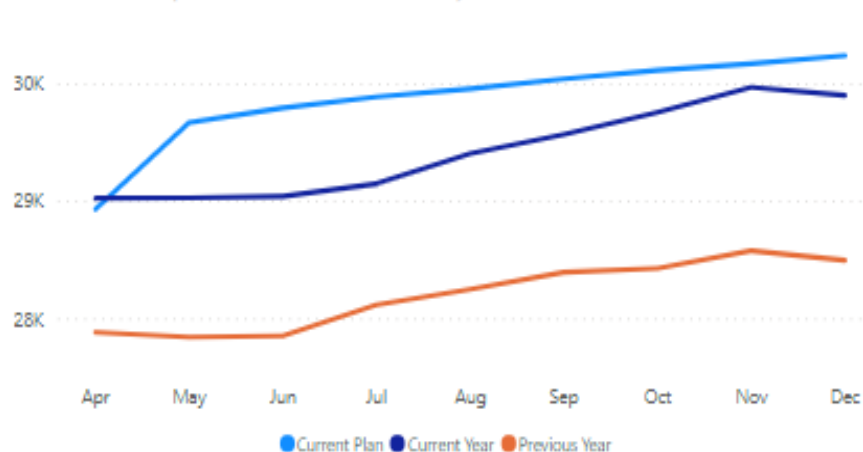
Agency Spend (System level)



Agency spend as percentage of total spend: System



Whole Time Equivalent staff numbers (System level)



Bank and agency spend: Providers have now implemented new agency rate cards which is starting to positively impact agency expenditure with further reductions in agency spend.

Work is underway to tender for new rate cards for medical and AHP staff. Proposal being developed to migrate all NHS providers to an outsourced Bank solution for nursing and midwifery staff (registered & unregistered). This is being presented to providers in April and if approved will secure significant savings (circa £3m full year saving).

Agency spend continues to be higher than plan and higher than the comparable period last year as providers continue to have gaps whilst recruiting to substantive vacancies and manage absence caused by ongoing pandemic and seasonal flu pressures.

Vacancy Data and Summaries



Resourcing: Engaging with colleagues at UHP to further understand and share learning of their recent successful nursing recruitment activity, so a System level collaborative approach can be incorporated into our new attraction and recruitment solutions being developed for 2023/24.

Workforce: Workforce Strategy

- **Strategic Workforce Planning:** Business case approved in January 2023 and mini-procurement exercise will be undertaken throughout March. Still on track for the pilot phase to commence in Q1 2023/24.
- **Workforce Strategy:** Strategy narrative written and shared with key stakeholders prior to submission to Board for approval in April. Work on track to deliver a detailed numerical workforce plan by end of Q1 FY 2023/24. Self-assessment tool launched 13th February for providers to complete submissions to inform the workforce plan.

Workforce: Learning, Education and Strategy

- **Placement Expansion:** Data collation ongoing – provider input is challenged (due to heightened placement activity) and heavily reliant on university data, impacting movement to the data analysis and interpretation phase due to start March 2023.
- **Apprenticeships** – Levy Sharing Agreement progressing well with first phase of trainees and host employers being identified with view to start programme within 2023. Roadshow workshops to continue system engagement around Devon planned for March 2023.
- **Workstream development:** 3 new workstreams forming within the Learning and Education Pillar in response to system and regional priorities, these are: Social Care, Learner Experience and Upskilling.

Workforce: Best Place to Work (BPTW)

- **Wellbeing Hub:** Proposal outlining the future funding and delivery model for the Wellbeing Hub being presented to this month's Executive Workforce Group and People & Culture Committee for approval. Funding has been secured from System partners to enable continued service delivery of the Hub for 2023/24 (national funding that was available for 2022/23 has been withdrawn).

Workforce: Workforce Capacity

- **2023/24 Priority Setting:** Meeting held with Pillar SRO and team to agree 2023/24 priorities for Workforce Capacity. 4 key deliverables identified aligned to reducing agency expenditure, retaining talent in Devon, improving candidate attraction into health & care in Devon and enabling the mobility of our workforce across sector boundaries. Full program of work for 2023/24 all pillars will be formally approved in April via the Executive Workforce Group.