NHS Devon

# Annual report and accounts

## 1 April 2024 – 31 March 2025

One Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

# Contents

# Foreword from the Chair

Thank you for your interest in this year's annual report, which provides an opportunity to reflect on the work of NHS Devon Integrated Care Board (NHS Devon) over the last 12-months and our plans to address the major challenges that lie ahead.

2024/25 marked our second year, and we continue to respond to our changing responsibilities and the increasing pressures on services, including an unsustainable underlying financial deficit.

Whilst it is encouraging to see progress, there remain areas such as access to urgent and emergency care and reducing waiting times for patients, where we need to keep working together in the One Devon health and care system to significantly improve our performance.

Our organisation, and system, remain in the highest tier of oversight and scrutiny by NHS England (segment four of the NHS Oversight Framework (NOF4)), which sets out a number of priority areas for improvement. While we work hard to address those priorities, we will not lose sight of the importance of prevention of ill-health and reducing health inequalities.

We are indebted to our workforce across the county, who have worked with great skill and determination under ever increasing pressures and have once again shown unwavering commitment to innovation and improvements over the past year.

I would also like to pay tribute to the extraordinary work of our partners in the NHS, local authorities, social care, Healthwatch Devon, Plymouth and Torbay and our voluntary, community and social enterprise (VCSE) sector for their integral support for our people and communities in Devon.

I am delighted to welcome our new board members Phill Mantay (Partner Member for Mental Health and Chief Executive Officer of Devon Partnership NHS Trust), Sam Higginson (Partner Member for NHS Trusts and Foundation Trusts, and Chief Executive Officer of Royal Devon University Healthcare NHS Foundation Trust) and Lincoln Sargeant (Partner Member for Local Authorities and Director of Public Health at Torbay Council), alongside three new Independent Non-Executive Members (INEM), Salma Ali, Kaye Bentley and Lopa Patel who joined the organisation this year, and who all bring with them a wealth of experience across health and care.

I also want to welcome the new members of the executive team this year, namely Libby Ryan-Davies (Chief Strategic Commissioning and Planning Officer and Deputy Chief Executive Officer), Peter Collins (Chief Medical Officer), Piers Tetley (Chief People Officer), Philippa Harding (Interim Chief Communications and Corporate Affairs Officer) and Kirsty Denwood (Interim Chief Financial Officer).

I'd also like to extend our huge thanks to those who have left our organisation this year, Bill Shields (Chief Finance Officer) Nigel Acheson (Chief Medical Officer), Judy Hargadon (INEM), Sheena Asthana (INEM), Martin Sykes (Interim INEM), Ruth Harrell (Partner Member for Local Authorities), each making a significant contribution to health and care services across One Devon.

It is an honour to have been formally appointed as the Chair of NHS Devon in December 2024. This is a pivotal time for the healthcare system, and I look forward to continuing to work collaboratively with our partners, staff, and communities to drive forward improvements in care for all.

There have been several significant programmes of work this year that have shown how working as One Devon can have tangible benefits for the population of Devon.

We took an inclusive and collaborative One Devon approach to engagement on the NHS 10 Year Plan during which we worked across the NHS, the VCSE sector and Healthwatch. This enabled us to reach into some of our most vulnerable communities, so that overall more than 3,400 people engaged with us. This feedback will directly inform our new strategic commissioning plans and will help shape local services.

In March, our NHS Devon Board approved a new People and Communities Framework, which sets the blueprint for how we will work with our population to drive better decision making, develop and improve health and care services, and ensure the voice of local people is at the heart of everything we do. It includes closer working with our partners to share information and the creation of a repository to store the information that we have collected from our engagement of the public in one place. This represents a significant improvement in the way we and our partners conduct our business.

People in Torbay and South Devon will have greater access to a range of scans and treatment following the opening of a new community diagnostic centre (CDC) in Torquay. The expansion of services to the new CDC will help speed up treatment, reduce waiting lists and provide care closer to home for people. More than 40,000 diagnostic tests are expected to be carried out over the next 12 months.

The Healthy Lives Partnership (Livewell Southwest and University Hospitals Plymouth NHS Trust) are working together to implement a new Community Frailty Virtual Ward model across Plymouth and West Devon to help manage more patients with complex needs in the community. The first locality team 'Plymouth North' is now live, with five other teams set to launch in 2025.

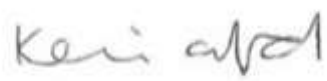
Working together, the NHS and our local authorities have been able to expand supervised toothbrushing to all nursery, pre-school and receptions settings to improve oral health, and schools in all districts in Devon can now access specialised mental health support.

In March, we completed our organisational change process after meeting the significant challenge to reduce our running costs by 30% by 2025/26. The Board remains committed to supporting all our colleagues as we face further changes and national reform.

As part of the NHS Future Operating Model work, we have been working closely with our colleagues in NHS Cornwall and Isles of Scilly to submit our proposed cluster arrangement with the possibility of a full merger in the future, with the aim of setting out how we will deliver services under the new national ICB blueprint, and within the reduced funding targets.

We and our system colleagues remain focused on working for the best interests of the people we serve, continuing work and collaboration with our neighbouring ICBs, and drawing on as much of the local expertise and knowledge as possible as we move towards more neighbourhood heath delivery and becoming a more strategic organisation than ever before.

As well as developing our system operational plan, and refreshing our Joint Forward Plan in 2025, against the backdrop of significant change for the whole NHS, we remain committed to our vision of improving access to all health and care services and giving equal chances for everyone in Devon to lead long, happy and healthy lives.



**Kevin Orford**

Chair, NHS Devon Integrated Care Board

# Performance report

The performance report sets out the activities of NHS Devon Integrated Care Board and demonstrates how effective it has been in meeting both national standards and its local objectives.

As of 1 July 2022, health services have been commissioned by the NHS Devon Integrated Care Board, the organisational form and functions of which are set out below. NHS Devon operates within the Devon Integrated Care System which is known as One Devon.

The report covers the period from 1 April 2024 to 31 March 2025

**Steve Moore**
Accountable Officer and Chief Executive Officer
NHS Devon Integrated Care Board

**19 JUNE 2025**

# Performance overview

## Summary from the Accountable Officer

2024/25 has been a challenging year for the NHS in Devon, with significant pressures on many services, largely due to increased demands of an ageing population as well as service backlogs. This can be seen most notably in the urgent care system where key metrics are below national targets including four-hour waits in A&E and ambulance handover delays. We have seen progress in handover delays in the percentage greater than 3hrs having improved from April 2024 (14.45%) to March 2025 (7.91%); however, this has fluctuated throughout the year.

Elective care waiting times were also challenged, with some patients waiting for more than two-years (104-weeks) for their treatment; however, this had been reduced to 0 by 31 March 2025.

Progress against cancer metrics remains in line or above the national average and improvements have been seen in a reduction in the number of inappropriate out-of-area placements for patients with severe mental illness.

Devon's service and financial pressures are well-documented and have resulted in the system continuing to be in the highest tier (segment four) of the NHS Oversight Framework (NOF4). Exit criteria have been agreed with NHS England that cover leadership, strategy, urgent and emergency care, elective care, and financial performance with the expectation exit from NOF4 is targeted for the end of Q1 in 2025/26. The NHS Performance Assessment Framework will replace the NOF in 2025/26 and NHS Devon awaits confirmation of its assessment under that new framework.

## Our purpose

NHS Devon is responsible for the majority of the NHS budget in Devon and develops plans to improve people's health, deliver high quality care and better value for money.

It is led by a diverse board, which includes representatives from local councils, primary medical service providers (GP and other services) acute hospitals, mental health and learning disability and neurodiversity services.

NHS Devon plans and buys hospital and community NHS services in Devon, including:

- Most planned hospital care
- Rehabilitative care
- Urgent and emergency care (including out of hours)
- GP and primary care services
- Dental, optometry and pharmacy services (under powers delegated by NHS England)
- Most community health services such as community nursing and physiotherapy
- Maternity services
- Services for children's and young people's health and wellbeing
- Mental health, learning disability and neurodiversity services
- Continuing healthcare for people with ongoing health needs such as nursing care

In planning and developing these services, NHS Devon involves local patients, carers and the public. It also works closely with organisations such as Healthwatch in Devon, Plymouth and Torbay to better understand local need.

To better meet the needs of local communities, Devon has established five Local Care Partnerships which involve a range of partners across health and care in the following geographical areas:

- Northern Devon
- Eastern Devon
- South Devon
- Western Devon
- Plymouth

# Working as One Devon

The Integrated Care System, known as One Devon, is a collaboration of the NHS, local councils and a wide range of other organisations, including the voluntary and community sector, who are working together to improve the lives of people in Devon.

It includes the following health and care organisations:

- Royal Devon University Healthcare NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- Torbay and South Devon NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Livewell Southwest
- Devon Partnership NHS Trust
- NHS Devon Integrated Care Board
- All GP practices in Devon, Plymouth and Torbay
- Devon County Council
- Torbay Council
- Plymouth City Council
- Devon, Plymouth and Torbay Health and Wellbeing Boards
- Voluntary, community and social enterprise (VCSE) sector

Through One Devon, NHS Devon aims to effect the changes to health and care set out in the NHS Long Term Plan. This is intended to meet the growing challenges of providing community and hospital care and social care when demand is dramatically increasing. Through the One Devon Integrated Care Strategy and our Five-Year Joint Forward Plan we set out how we will meet the needs of the local population.

The vision for One Devon is: equal chances for everyone in Devon to lead long, happy, and healthy lives.

To deliver its vision, One Devon set out six ambitions that will help transform services and redesign the way care is provided:

1. **Effective and efficient care:** Collaborate across the system to address quality (safety, effectiveness, experience) and productivity.
2. **Integrated Care Model:** Systematic delivery of integrated – or joined up – care across Devon.
3. **The Devon deal:** A citizen-led approach to health and care. We will adopt a new approach to reduce differences in care across the county and will work with communities to identify priorities and tackle the root causes of problems.
4. **Children and young people:** Working together with children, young people and their families. We want all children and young people in Devon to have the best start in life, grow up in loving and supportive families, and be happy, healthy and safe.

5. **Digital Devon:** Invest in a digital Devon: people will only tell their story once, first contact will be digital, and more advice and help will be available online. We want to make the most of advances in digital technology to help people stay well, prevent ill-health, and provide care.
6. **Equally well in Devon:** Work together to tackle the physical health inequalities for people with mental illness, learning disabilities and/or autism.

# Integrated Care Strategy and Joint Forward Plan

Every Integrated Care System is required to produce an Integrated Care Strategy, setting out how NHS commissioners, local authorities, providers and other partners will deliver more joined-up, preventive and person-centred care for the whole of their local population across the course of their life.

Devon's Integrated Care Strategy sets out the key challenges for One Devon and a series of strategic goals to tackle them. In May 2023, NHS Devon published its initial response to the strategy; the Joint Forward Plan, a single overarching plan for the county which is aligned to the strategy.

The Joint Forward Plan is delivered through various parts of the system, including Primary Care Networks, Local Care Partnerships and provider collaboratives

The Joint Forward Plan reflects significant input from people and communities throughout Devon, based on an analysis of extensive public feedback about health and care between, as well as views gathered at a joint Health and Wellbeing Boards event and a joint Overview and Scrutiny Committees event. It benefits from substantial input from health and care partners across Devon, drawn from our Local Care Partnerships, Voluntary Care and Social Enterprise Assembly, and system partners. It has also been informed by a partners' survey and a 'Change Leaders Event', attended by more than 50 system leaders.

The Joint Forward Plan is reviewed on an annual basis on consultation with One Devon's Health and Wellbeing Boards. It was most recently updated in March 2025.

The Integrated Care Strategy and Joint Forward Plan are available on the One Devon website – https://onedevon.org.uk/about-us/our-vision-and-ambitions/our-devon-plan/

# NHS Oversight Framework

The NHS Oversight Framework describes NHS England's (NHSE) approach to its oversight of NHS organisations, and its monitoring of their performance. It is expected to be revised in 2025.

NHS Devon is currently in Segment 4 of the NHS Oversight Framework (NOF4) and in receipt of mandated support from NHSE as set out in the national Recovery Support Programme. This means the highest level of oversight.

The criteria to move from Segment 4 to Segment 3 have been agreed and require robust recovery and improvement plans to be in place with clear oversight via NHS Devon's governance framework.

The scope of the NOF covers six domains with NHS Devon's NOF4 categorisation based on three key areas for improvement:

**NHS Oversight Framework Domains**

1. Quality of care, access and outcomes
2. Preventing ill health and reducing inequalities
3. Finance and use of resources
4. People
5. Leadership and capability
6. Local strategic priorities

**Devon Improvement Areas (2024/25)**

1. Financial performance, including delivery of an agreed short term financial plan.
2. Joint ownership and delivery of a coherent strategy that secures sustainable clinical services and improved performance
3. Urgent and Emergency Care and Elective Care improvements against targets.

The current segmentation for the NHS organisations within One Devon is as follows:

| Organisation | NOF segment |
|---|---|
| NHS Devon Integrated Care Board | NOF4 |
| University Hospitals Plymouth NHS Trust | NOF4 |
| Royal Devon University Healthcare NHS Foundation Trust | NOF4 |
| Torbay and South Devon NHS Foundation Trust | NOF4 |
| Devon Partnership NHS Trust | NOF2 |

The NOF includes an oversight process which follows an ongoing cycle of monitoring performance against the six NOF domains. As the Integrated Care Board, NHS Devon has a key role alongside NHSE in assessment of local trusts.

The monitoring process set out in the NOF includes a requirement to hold monthly reviews of progress against key performance indicators and exit criteria which are provided in the form of flash reports. The reviews take place at the System Improvement and Assurance Group (SIAG) on a monthly basis, which is chaired by NHSE.

NHS Devon undertook a self-assessment informed by all NHS system partners with regard to the One Devon ICS position and achievements against the agreed NOF4 exit criteria. The outcomes were presented to NHS Devon Board in May 2025, recognising that there are some significant challenges within its 2025/26 Operational Plan, the One Devon Financial plans, and the impact of the forthcoming, and significant organisational change process in 2025.

The self-assessment reflected that One Devon and NHS Devon has seen a significant amount of change in terms of the individuals leading organisations within it over the past two years and this, in turn, has resulted in a tangible shift in leadership behaviours and culture.

Ways of working have improved significantly, supported by refreshed system oversight and assurance structures, and that One Devon has improved strategic clarity both in the medium and long-term meaning that the system is well placed to ensure that its Integrated Care Strategy and the next iteration of its Joint Forward Plan (JFP) (to be known as the Health and Care Strategy) respond to the NHS 10 Year Plan when it is published in 2025.

# Highlights and achievements

## Social prescribing pilot in the emergency department

An innovative pilot project in the emergency department (ED) at the Royal Devon and Exeter Hospital (Wonford) is connecting patients with practical, social and emotional needs that affect their health and wellbeing to activities, groups and services in their own community.

Social prescribing is well-established in primary care and there is emerging evidence that connecting people to their community can lead to a range of positive health and wellbeing outcomes, such as improved quality of life and emotional wellbeing.

Despite this, there are only a handful of EDs in England that have integrated a social prescriber link worker into their team.

## Partnership pilots revolutionary lung cancer blood test

A ground-breaking blood test for lung cancer, which has been piloted in the Royal Devon since January 2023, is now available across the South West, made possible by advances in genomic medicine.

Thousands of patients in England with suspected lung cancer are being offered the cutting-edge blood test to show if they can get early access to targeted therapies.

## Trust and telehealth firm team up on digital 'prehab'

University Hospitals Plymouth NHS Trust (UHP) is working with a telehealth company to deliver digital prehabilitaiton (‘prehab’) services to liver patients across Devon, Cornwall and Somerset.

The year-long trial with the South West Liver Unit at UHP and QuestPrehab will see 50 patients undergoing assessment and listing for liver transplant. If successful, the service may be expanded to patients living with other liver diseases and who currently are not on the list.

Patients who complete a prehab course prior to planned surgery are less likely to be readmitted to hospital, enjoy improved health-related quality of life, return to work earlier and need less involvement with social and primary care providers.

## Working with communities to improve general practice

A patients champion from Devon has played a key role in developing a new national training course that highlights how GP practice staff and patient participation groups (PPGs) can work effectively with local people and communities.

The Chair of Healthwatch in Devon, Plymouth and Torbay, Dr Kevin Dixon, was part of the Primary Care Community Engagement Steering Group which designed this new way of looking at primary care and community.

The NHS England (NHSE) course - *Working with people and communities to improve general practice in primary care* – will see participants learn about the reasons for working with people and communities in primary care, the principles involved as well as legal and contractual responsibilities. The course also explores why diversity and inclusion is important and considers the different ways of improving engagement.

## STaR partners helping people with complex lives

Partners in Exeter are delivering an innovative alternative treatment approach to people who often find it impossible to access standard treatment for their substance dependency, physical and mental health needs, past trauma and housing.

The Exeter System Treatment and Recovery (STaR) project was set up to work with people who have experienced difficulties engaging with traditional models of care who need specialist interventions for their complex health and social care needs.

CoLab, host for the STaR project, serves as a cross-sector multi-agency wellbeing hub in Exeter and is a unique collaborative community and social laboratory hosting 25+ different organisations, including the Clock Tower Surgery. CoLab actively explores diverse collaborative approaches to support people facing multiple disadvantages, emphasising innovation, system change, and community engagement to create a fairer, more inclusive, and healthier city.

## School mental health service rolled out across Devon

Schools in all districts in Devon can now access specialised mental health support after a Children and Family Health Devon (CFHD) service was rolled out across the county.

The Mental Health Support Team in Schools (MHST), which supports children and young people with their mental health and emotional well-being, is now available to nearly 70% of children attending schools within Devon and Torbay.

The MHST's initiative represents a significant investment in the future of children and young people across Devon and Torbay, bringing specialised mental health support to the classroom.

## New Community Diagnostic Centre opens in Torbay

People in Torbay and South Devon will have greater access to a range of scans and treatment following the opening of a new community diagnostic centre (CDC) in Torquay.

The centre opened on 9 September to provide ultrasound, echocardiography, cardiac monitoring tapes and phlebotomy. MRI, CT and x-ray services will be available from November and will increase the range of services in addition to those provided at other hospitals and community settings.

The CDC is one of five procured by the NHS in the South West under a partnership deal with InHealth, which will deliver 200,000-plus scans a year at an annual cost of around £30m. Two other CDCs are already operational, at Weston-super-Mare and Bristol, with the final two under construction at Yeovil and Redruth. Mobile units have been used to provide scans during construction of the permanent buildings.

More than 1,400 patients have already been seen at the centre and more than 40,000 diagnostic tests are expected to be carried out during the next 12 months.

## New partnership formed for GP homeless service

A new community interest company – Inclusion Health Devon (IncluDe) has been awarded the contract to provide primary medical care GP services to the homeless and vulnerably housed in Exeter and Barnstaple following a competitive procurement process.


Inclusion Health Devon took over the running of the Clock Tower Surgery in Exeter and has now established a permanent service at the Freedom Centre in Barnstaple, following the success of the previous pilot project. They are a newly formed Community Interest Company (CIC) set up by clinicians (GPs and nurses) from both the Clock Tower Surgery in Exeter and Freedom Centre service in Barnstaple, who have many years of experience in delivering care to inclusion health groups.

The aims of the partnership include; increasing the uptake of vaccination and screening offers, and reducing incidence of infectious diseases and Reduce ED attendances and emergency admissions.

## Devon staff honoured in Parliamentary Awards

The NHS in the South West is celebrating the remarkable achievements of staff and teams who have won regional categories in the 2024 Parliamentary Awards, after being nominated by their local MPs.

The 2024 Devon winners, selected by NHS leaders in the South West, are:

- **The Excellence in Mental Health Care Award:** Bristol Dementia Wellbeing Service, Devon Partnership NHS Trust
- **The Future NHS Award:** Northern Devon Heart Failure Remote Monitoring Project, led by Angela Tithecott, Royal Devon University Healthcare NHS Foundation Trust – Northern Services (Royal Devon)
- **The Nursing and Midwifery Award:** Louise Barraclough, NHS Devon
- **The Excellence in Primary Care and Community Award:** Belle's Place Primary Care project, Combe Coastal Practice/Royal Devon University Healthcare Trus
- **The Excellence in Education and Training Award:** Dr Yvonne Neubauer, MSI Reproductive Choices UK
- **The Volunteer Award:** Lyndsey Withers, Plymouth

## Big Brush Club expands to all Devon primary schools

**A scheme to support three- to five-year-olds with cleaning their teeth, known as the Big Brush Club, has now been expanded to all primary schools in Devon.**

**Funded by NHS Devon, in partnership with Devon County Council, Plymouth City Council and Torbay Council, the project is delivered by dental provider At Home Dental.**

**Devon is the first area in the south west to expand supervised toothbrushing to all nursery, pre-school and reception settings at primary school.**

## Plymouth teams complete UK-first procedure

**Teams from University Hospitals Plymouth NHS Trust (UHP) performed the first electromagnetic navigational bronchoscopy (ENB) biopsy case in Devon and Cornwall, and the first case in the UK which incorporated digital fluoroscopic navigation.**

The thoracic surgery and respiratory medicine teams at UHP came together in July to perform an ENB procedure for first the time in Devon and Cornwall.

UHP was able to undertake this new procedure, thanks to NHS England funding, which provided the necessary equipment last year to help with diagnosing lung cancers more accurately.

## Team helping people to turn their lives around

A new health team is supporting frequent attendees of Derriford's Emergency Department to help them address concerns driving them to attend regularly.

The Frequent Users Support and Empowerment (FUSE) service helps people who have gone to the emergency department five or more times in a year.

Practitioners work with them to look holistically at their lives and establish where they can get better help and support in the community. This could be organising treatment for substance abuse, attending a GP appointment with them so that their medication can be better managed or engaging in talking therapies to build their resilience and improve their mental health.

## Queen Camilla opens Sexual Assault Referral Centre

**Her Majesty The Queen officially opened the new Exeter Sexual Assault Referral Centre (SARC) on Thursday 6 February, with the unveiling of a plaque.**

**SARCs support people who have been raped, sexually assaulted or abused at any time in their life.**

**SARCs are available 24 hours, 365 days a year and are open to anyone, regardless of age, sexual orientation or gender identity who may need their services.**

**The creation of the new Exeter centre was made possible with funding from NHS England with support from the Royal Devon University Healthcare NHS Foundation Trust through which the SARC services are provided. There are also SARCs in Plymouth and Truro, providing support throughout the region.**

# Performance analysis

## Overview

The priorities and objectives set out in NHSE 2024/25 planning guidance identified key targets for ICBs to enable development of plans including targets for urgent and elective care (UEC), elective, cancer, mental health and primary care.

The key requirements were set for systems to maintain the increase in core UEC capacity established in 2023/24, complete the agreed investment plans to increase diagnostic and elective activity, reduce waiting times for patients, and maximise the gain from the investment in primary care in improving access for patients, including the new pharmacy first service.

Systems were required to continue to focus on recovering core service delivery and productivity. NHS Devon will continue to target a reduction in the cost of temporary staffing. It is expected that in 2025/26 a new standard set of metrics will be agreed for all executive teams and boards to use as a minimum to track productivity alongside service delivery.

The below table identifies the key performance requirements set out within the 2024/25 operating guidance, the performance committed to by the NHS Devon Board and an assessment of whether actual performance met the required position in the year to date. Further detail is provided in relation to UEC and elective recovery as these are the focussed areas for NOF4.

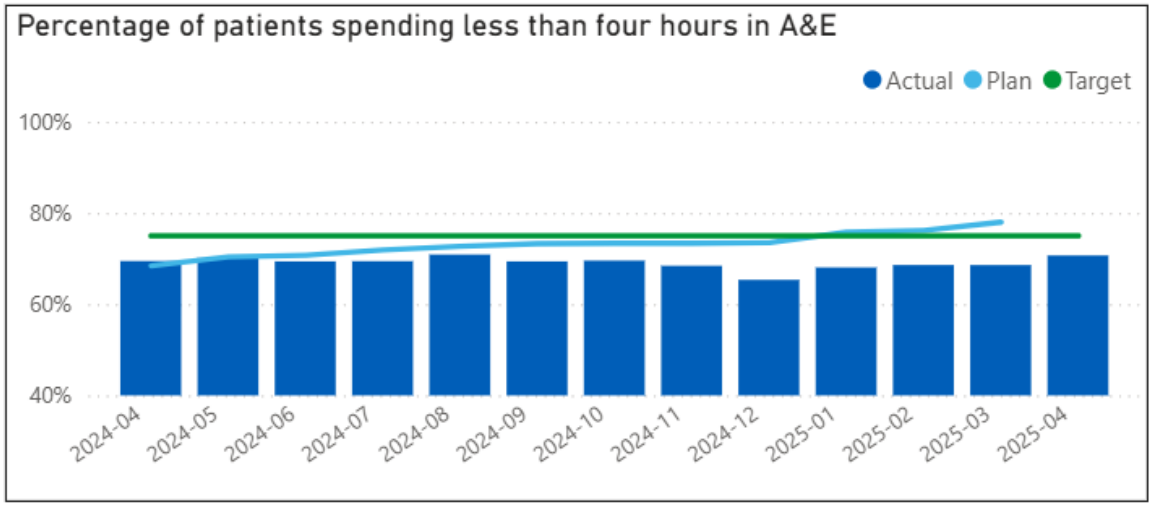
| Performance Area | Metric | Submission | Standard Met |
|---|---|---|---|
| Urgent and Emergency Care | Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 | 78.00% March 2025 | **(green)** |
| | Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25 | 2024/25 average: 49.17minutes | **(red)** |
| Primary and Community Services | Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 week and those who contact their practice urgently are assessed the some or next day according to clinical need | 82.61% within 2 weeks | **(green)** |
| Elective Care | Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialities) | 789 by September 2024 (provider position)<br><br>0 65 weeks' wait by March 2025 | **(red)** |

| Performance Area | Metric | Submission | Standard Met |
|---|---|---|---|
| | Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107% | 110.90% | **(green)** |
| | Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25 | 46.70% | **(green)** |
| Cancer | Improve performance against the headline 62-day standard to 70% by March 2025 | 71.20 | **(green)** |
| | Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025, toward the 80% ambition by March 2026 | 78.20% | **(green)** |
| Diagnostics | Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% | 88.70% | **(red)** |
| Mental Health | Improve patient flow and work towards eliminating inappropriate out of area placements (OAP) | 2 active inappropriate OAP by the end of the year | **(red)** |
| | Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people (CYP) services (345,000 additional CYP aged 0-25 compared to 2019) | ACMH 8700 throughout 2024/25<br><br>PNMH 1115<br><br>CYP 15754 throughout 2024/25 | **(green)** |
| | Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000 with at least 67% achieving reliable improvement and 48% reliable recovery | 67% achieving reliable improvement<br><br>48% reliable recovery | **(green)** |
| | Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025 | 64.00% | **(green)** |
| | Improve quality of life, effectiveness of treatment, and care for people with | 65.00% | **(red)** |

| Performance Area | Metric | Submission | Standard Met |
|---|---|---|---|
| | dementia by increasing the dementia diagnosis rate to 66.7% by March 2025 | | |
| People with a learning disability and autistic people | Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025 | 75.10% | (green) |
| | Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12-15 under 18s for every 1 million population | Adults: 20.25<br><br>Children: 28.08 | (green)<br><br>Adults<br><br>(red)<br><br>Children |

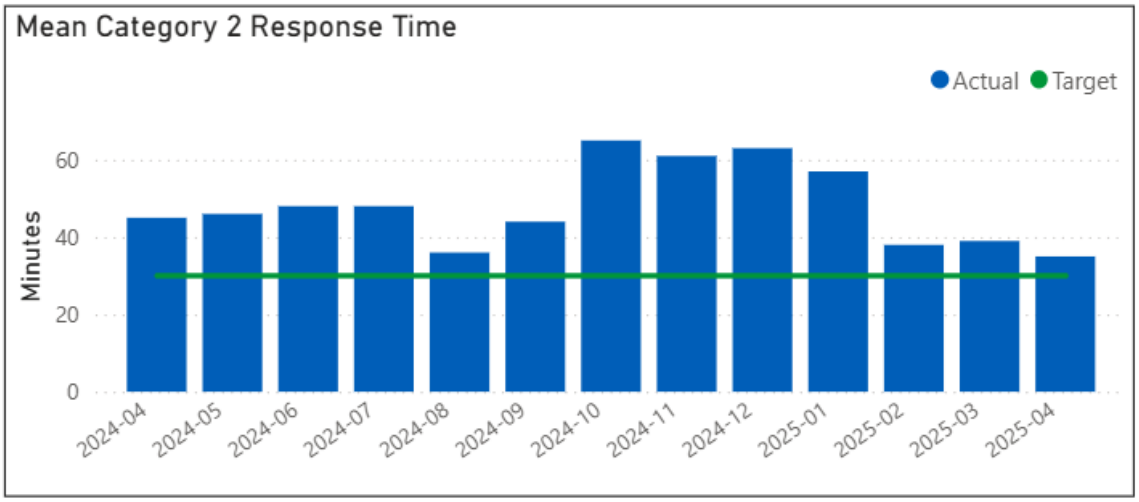
# Urgent and emergency care (UEC)

Although not currently meeting the national standard or the improvement trajectories detailed within the operating plan, the One Devon position for urgent care has improved from its 2023/24 position in most performance areas through the year.




| Percentage of patients spending less than 4 hours in A&E | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| Actual | 69.5% | 70.1% | 69.4% | 69.4% | 70.9% | 69.4% | 69.6% | 68.4% | 65.4% | 68.1% | 68.7% | 68.6% |
| Plan | 68.4% | 70.4% | 70.2% | 71.9% | 72.7% | 73.3% | 73.3% | 73.4% | 73.5% | 75.8% | 76.2% | 78.0% |
| Target | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% | 75.0% |

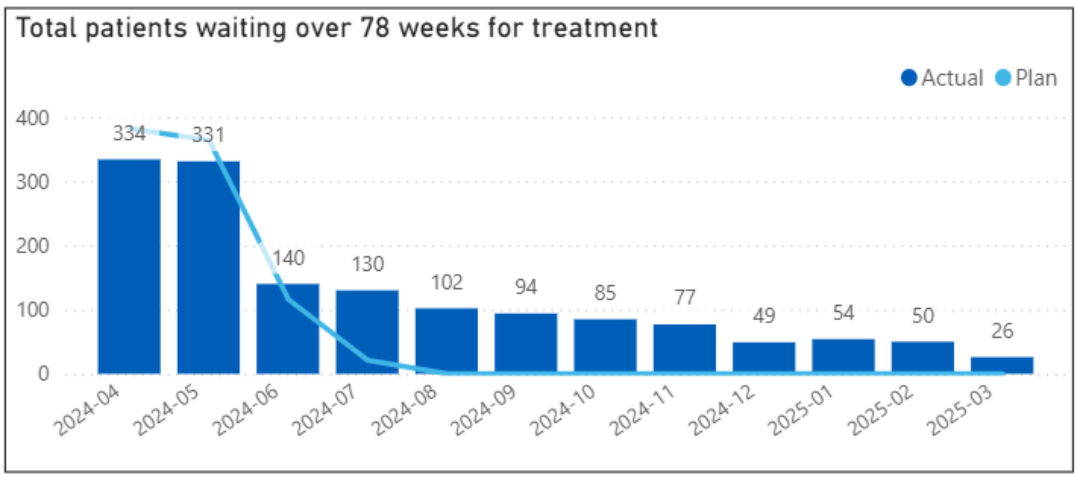
All Devon providers missed trajectory for 4-hour performance; however, performance in January 2025 was an improvement on both the position in January 2024 (62.42%) and the average position across 2023/24 (64.10%). The system all-type year to date position is currently in excess of 69%, maintaining a 5% improvement from the 2023/24 position. As of January 2025, University Hospitals Plymouth NHS Trust had demonstrated a 9.92% improvement from its 2023/24 position, making it the most improved provider nationally at that point.



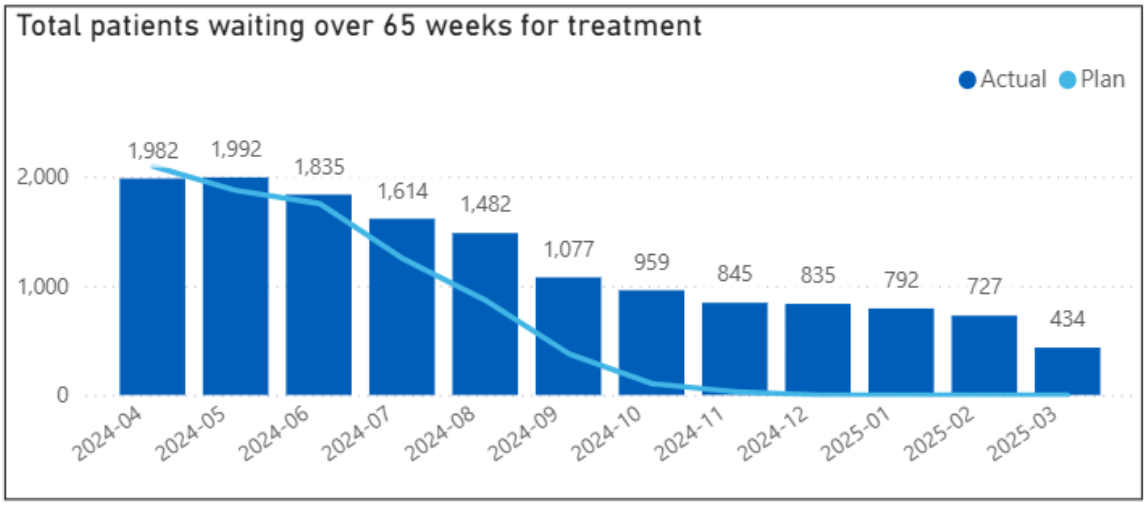

| Mean Category 2 Response Time (in minutes) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| Actual | 45 | 46 | 48 | 48 | 36 | 44 | 65 | 61 | 63 | 57 | 38 | 39 |
| Target | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 | 30 |

Despite the improvement in ambulance handover performance compared to 2023/24, the category 2 position has worsened through the year and remains approximately 11 minutes worse than the 2023/24 average position. However, One Devon's performance in this area has improved in relation to national performance. In 2023/24 NHS Devon was ranked 40 of 42 Integrated Care Boards nationally against this standard and has improved to 38 out of 42 in 2024/25.

# Elective

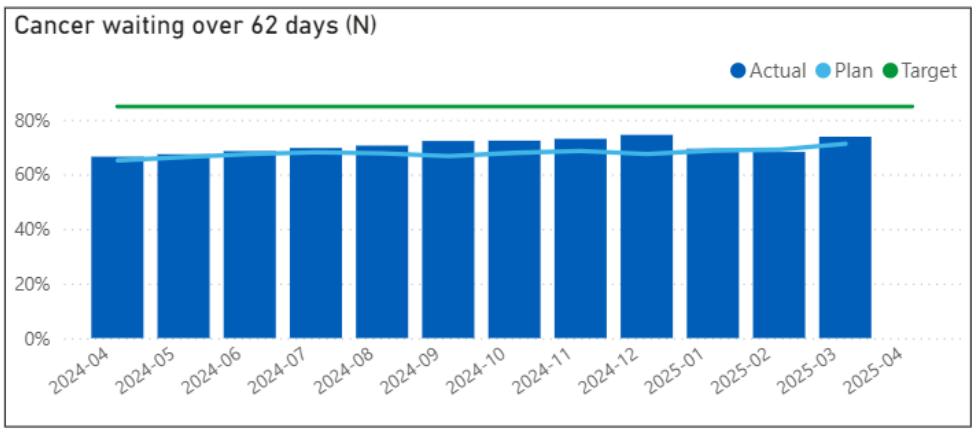



| Total patients waiting over 78 weeks for treatment | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| Actual | 334 | 331 | 140 | 130 | 102 | 94 | 85 | 77 | 49 | 54 | 50 | 26 |
| Plan | 382 | 364 | 116 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

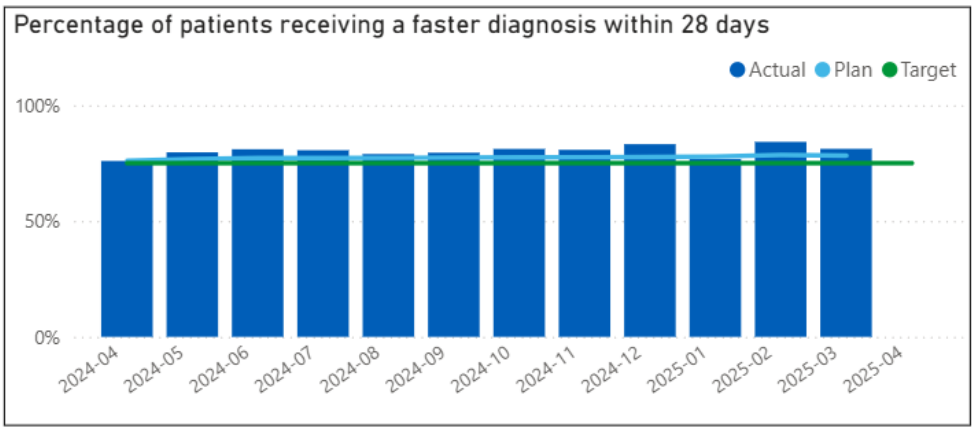



| Total patients waiting over 65 weeks for treatment | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| Actual | 1982 | 1992 | 1835 | 1614 | 1482 | 1077 | 959 | 845 | 835 | 792 | 727 | 434 |
| Plan | 2093 | 1874 | 1753 | 1251 | 867 | 378 | 104 | 29 | 0 | 0 | 0 | 0 |

The numbers of patients wating beyond 78 weeks and 65 weeks for elective treatment reduced month on month during 2024/25. However, it will not meet the national standards or targets agreed in the One Devon Operational Plan. All providers were given the opportunity to re-forecast trajectories in Q2 and each One Devon provider committed to an elimination of 78 week waiters by the end of December 2024, and 65 week waiters by the end of March 2025. Only Torbay and South Devon NHS Foundation Trust met the target of eliminating 78-week waiters by end of December 2024 and all providers are currently forecasting a risk to meeting the clearance of 65-week waiters by March 2025.




| Cancer waiting over 62 days | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| Actual | 66.5% | 67.4% | 68.5% | 69.7% | 70.5% | 72.2% | 72.4% | 73.0% | 74.5% | 69.4% | 68.2% | 74.3% |
| Plan | 65.1% | 66.3% | 67.4% | 68.1% | 67.7% | 66.7% | 67.9% | 68.6% | 67.4% | 68.8% | 69.1% | 71.2% |
| Target | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% |




| Percentage of patients receiving a faster diagnosis within 28 days | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 | Sep 24 | Oct 24 | Nov 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| Actual | 76% | 80% | 81% | 81% | 79% | 80% | 81% | 81% | 83% | 77% | 84% | 79% |
| Plan | 76% | 77% | 77% | 77% | 77% | 77% | 78% | 78% | 78% | 78% | 79% | 78% |
| Target | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% | 75% |

One Devon met its trajectories for both 62-day time to treatment and 28 day faster diagnosis for suspected cancer referrals throughout 2024/25 and this represents an improvement on the 2023/24 position. In the case of faster diagnosis standard, the national standard of 75% has been exceeded in addition to the system trajectory in each month bar month one.

# Key issues and risks to future performance

Whilst One Devon has made significant progress in 2024/25, it continues to face many challenges.

As a whole, the 2025/26 Operational Plan, while materially compliant with NHSE requirements, is high risk and challenging to deliver. A new approach to performance management and oversight will be need to be enacted to ensure the plan's delivery. In order to enact this, NHS Devon is creating a "ring fenced" delivery unit, bringing together expertise from across teams to maintain a system focus on delivery.

Operational planning activity took place in the context of NHS Devon receiving an allocation in 2025/26 that is £163.3m (4.81%) above that level which it should receive according to need, also known as its 'fair share' target. This target is based on a national formula that uses population demographics and needs factors, such as age, sex, and deprivation, to identify what a fair share of the NHS resource should be.

In line with our financial plan agreed with NHS England, NHS Devon delivered a financial surplus of £28.4m for the year ending 31 March 2025; however, this surplus forms part of a wider system position, which resulted in an overall deficit of £19.8m. Current modelling suggests that delivery of the 2025/26 plan will reduce the Underlying Position (ULP) of the system by approximately £30.0m going into 2026/27. There will need to be significant further action to close the level of overfunding received by NHS Devon

Given the scale of the challenge over the coming years it is apparent that sustainability can only come from taking a more transformational long term approach, therefore in order to inform planning for 2026/27 (and beyond) NHS Devon has commenced the development of a Health and Care Strategy (Joint Forward Plan) that will describe the strategic change required alongside a refreshed Medium Term Financial Plan (MTFP) that will be presented to the NHS Devon Board by

September 2025. This will also enable both documents to address the NHS 10 Year Plan which is due to be published in 2025.

These significant challenges are compounded by the risk associated with organisational change arising from the recently announced requirement that Integrated Care Boards reduce their running costs by 50% on average. As NHS Devon works through the implication of this and moves to a potential cluster arrangement with NHS Cornwall and Isles of Scilly, there is a very real risk that the focus needed to deliver the required savings will result in a lessening on the focus needed to deliver an already high risk Operational Plan.

## Mental Health

The Mental Health Investment Standard (MHIS), set by NHS England (NHSE), requires all ICBs in England to increase their planned spending on Mental Health services by a greater proportion than their overall increase in budget allocation each year.

Based on the above expectations, NHSE sets an annual MHIS uplift target for each Integrated Care Board which is used to calculate the total expenditure to be achieved. This target is calculated using the prior year's spend and applies a percentage uplift. In 2024/25 NHS Devon had a 7.09% MHIS uplift target to achieve.

Per the below table, the 2024/25 annual spend on Mental Health services totalled £300.6m) equating to a MHIS uplift of 7.09% (£20.7m) which is in line with the MHIS target.

| Financial Years | 2023/24 | 2024/25 (Unaudited) |
|---|---|---|
| Mental Health Spend | £279.9m | £300.6m |
| NHS Devon Programme Allocation | £2,547.4m | £2,791.3m |
| Mental Health Spend as a proportion of NHS Devon's Programme Allocation | 11.0% | 10.08% |

The total spend on Mental Health services in 2024/25 equated to an 10.08% proportion of the overall NHS Devon programme allocation. In comparison to the prior year this proportion has remained the same.

The overall NHS Devon programme allocation has increased by 9.6%

The majority of Mental Health Investments in 2024/25 were placed in core Mental Health provider contracts for adults and children and young peoples' services aligning with the priorities of the NHS Long Term Plan. In addition, expenditure was incurred with voluntary sector organisations, Individual Patient Placements and Continuing Healthcare.

Regionally, NHS Devon is a participant in the Southwest Mental Health Programme Board led by NHS England Southwest. In 2024/25, this programme continued to evolve supporting the development of peer leadership groups and developments of regional communities of practice in challenging areas such as S117 aftercare and operational and planning developments.

The Urgent Care system for mental health services remains an area of focus in Devon. High occupancy of mental health beds, in a low-bedded mental health system, is a feature of current provision. Devon providers continue to work closely with NHS Devon to find solutions to one of our most significant challenges. The new financial year will see a continued focus and system

energy on actions to improve flow, understanding the demand for mental health bedded care and reduce the waits for admission.

2024/25 saw the implementation of a Mental Health Vehicle (MHV). The premise of the MHV is to avoid inappropriate attendance at the emergency department by people who are experiencing Mental health crisis, so that they can access the support they need at an earlier point.

A review of the Crisis Café provision was undertaken in 2024/25, which included robust engagement with service users, resulting in a redesign of the offer and a procurement is currently underway for 2025/26.

A core responsibility and accountability of NHS Devon in 2024/25 was continued progress against the Mental Health Long Term Plan (LTP) and the Operating Plan priorities in the NHS. During 2024/25 the LTP targets aligned to Perinatal Access, reliable recovery and improvement in Talking Therapies were achieved. There has been a steady increase in those who experience serious mental illness receiving annual health checks, as well as steady growth in dementia diagnosis rates.

As a system, One Devon continues to achieve national standards aligned to talking therapies and providers have continued to work to improve access so that those who would benefit from Talking Therapies can be directed to the provision. The decision to reduce some counselling provision has enabled the provision to be available to those whose needs cannot be appropriately supported by talking therapies.

Collaborative work continues across Devon with children and young people and their families, communities, providers and local authorities, including partners in social care, public health and education to deliver our vision to improve emotional wellbeing and mental health so that more children and young people can live happier and healthier lives with mental health problems prevented, recovered from and/or better managed.

Children and young people's emotional wellbeing and mental health is a key priority, nationally rates of probable mental disorders doubled between 2017 and 2023, and following COVID, it is widely identified that the average acuity of need had increased. Building access to help which meets emotional wellbeing and mental health needs earlier in their development has been a focus for NHS Devon in 2024/25, over the course of the year:

- three additional Mental Health Support Teams in schools were mobilised expanding our school-based support offer to a further 22,500 children and young people in Devon
- a procurement was undertaken to expand, develop and ensure sustainability of a Children and Young People's Emotional Wellbeing and Mental Health Service which will offer advice, guidance and help to children and young people across Devon both digitally and face to face in communities. This service will be mobilised in 2025/26 by the successful bidder, Young Devon, working in partnership with Kooth and local voluntary, community and social enterprise (VCSE) partners.

The Community Mental Health Framework (CMHF) set out how the vision for a new place-based community mental health model could be realised, and how community mental health services were to be modernised to shift to whole person, whole population health approaches.

The first post implementation review informs the system of the following:

- 2024 data shows 13,725 people in Devon Partnership NHS Trust (DPT) and 3,415 people in Livewell South West (LSW) (115 recorded by Mind/DMHA) totalling 17,125 people have accessed transformed community services against a target of 8,700. Total access figures are reducing slightly from a peak in December 2023, but this is not a significant variation.

- Across NHS Devon there is a target of 5,979 people with serious mental illness (SMI) receiving a full annual physical health check. March 2025 data shows NHS Devon is currently above target with 6,305 checks completed.

- March 2025 data showed that 950 people (100 in LSW and 850 in DPT) have accessed Individual Placement and Support (IPS) services, which is above the Devon target of 881.

Over the past year, recovery practitioners have supported 906 people with 644 new entrants – on average this means supporting 410 people per month.

There has been positive feedback received on the role of recovery practitioners with people feeling that they were “listened to and heard” for the first time and that staff have been “understanding and supportive and able to deal with complexities”.

## Mental Health, Learning Disability, and Neurodiversity (MHLDN) Collaborative

In 2024/25, the MHLDN Collaborative (a partnership of mental health care providers across Devon, Plymouth and Torbay) embraced a strategic refocus to better meet population needs and drive impactful transformation.

This new direction reflects the Collaborative's commitment to delivering innovative solutions and improving health outcomes across the region.

This approach represents a move away from a strategic commissioning delivery model towards a more focused effort on transforming how care is delivered. By prioritising these three core programmes, the MHLDN Collaborative has sought to ensure a more integrated and effective system that meets the needs of individuals and families.

The MHLDN Collaborative’s focus will be aimed at the following areas:

1. Dementia care transformation: Creating coordinated care pathways to improve the quality of dementia care and reduce avoidable hospital admissions, ensuring a more supportive and compassionate experience for individuals and their families.
2. 24/7 community mental health support: Expanding round-the-clock mental health services to provide timely support, reduce emergency department visits, and offer continuous care for those in crisis.
3. Closing the treatment gap for complex mental health needs: Addressing unmet needs among individuals with complex mental health conditions, ensuring access to specialised care and better long-term outcomes.

## Safeguarding

### Children and Young People

NHS Devon has a statutory duty under Section 11 of the Children Act 2004 to ensure that in discharging its functions as a commissioner of services, due regard is given to the need to safeguard and promote the welfare of children and young people.

The NHS Devon safeguarding team further delivers the statutory functions as directed within the Care Act 2014; the Health of Children in Care 2015; the Domestic Abuse Act 2012; the Police, Crime, Sentencing and Courts Act 2022; the Counter Terrorism Act 2015; the Counter Terrorism and Border Security Act 2019 and the Mental Capacity Act 2005.

Consideration is also given to other statutory legislation linked to safeguarding which includes child sexual exploitation, female genital mutilation and modern slavery. NHS Devon works to the Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2024. Safeguarding is a high priority for the organisation.

NHS Devon is committed to creating the culture, capabilities and partnerships required to enable the improvement needed to deliver the statutory requirements of NHS Devon's Joint Forward Plan:

- Addressing the particular needs of children and young people
- Addressing the particular needs of victims of abuse

This will ensure that safeguarding and promoting the welfare of children and young people remains core business and everyone's responsibility.

The NHSE Safeguarding Accountability and Assurance Framework states that designated professionals "must be consulted and able to influence at all points in the commissioning cycle from procurement to quality assurance". This ensures that all services commissioned meet the statutory requirement to safeguard and promote the welfare of children, looked after children and adults requiring health services in Devon.

NHS Devon has a quarterly Safeguarding Steering Group, which provides scrutiny and challenge in relation to compliance with all aspects of safeguarding duties and responsibilities. Assurance to the NHS Devon Board is provided through regular safeguarding reports to the Quality and Patient Experience Committee. The Safeguarding Steering Group is chaired by the Director of Nursing and Quality.

System safeguarding issues and concerns are raised at the One Devon System Quality Group. This enables One Devon members to be sighted on safeguarding issues, learning from statutory reviews, and initiatives being undertaken by the safeguarding partnerships to improve the safety and wellbeing of children and adults at risk of abuse.

NHS Devon has secured the expertise of designated professionals for safeguarding children, adults and children in care and care leavers, in addition to a Trauma and Serious Violence Lead, and a Mental Capacity Act lead. Furthermore, individual designated professionals assume lead roles around Prevent and Exploitation. There are Designated Doctors for Children in Care and a Designated Doctor for Safeguarding Children in post. There is named GP and safeguarding nurse capacity to support NHS Devon in its role as delegated commissioner for primary care medical services, pharmacy, optometry, and dentistry.

The National Safeguarding Steering Group has recently updated a suite of protocols that outline Integrated Care Board responsibilities in relation to:

- Child Protection – Information System
- Female Genital Mutilation
- Child Death Review Process
- Domestic Abuse and Sexual Violence
- Modern Slavery and Human Trafficking
- Domestic Homicide Reviews

NHS Devon has undertaken a mapping exercise and will develop action plans related to the above protocols.

Safeguarding training compliance of NHS Devon staff is monitored by the Safeguarding Steering Group to ensure that staff maintain the safeguarding skills and competencies required to undertake their roles. Staff also receive updates of learning from local and national statutory

reviews that impact on the commissioning and quality of services. The Designated Nurses deliver bespoke training to NHS Devon staff to enhance their safeguarding skills and notify them of relevant external training opportunities.

The Designated Nurses work collaboratively with commissioning colleagues through attendance at, and contribution to, a range of commissioning meetings including Women and Children, Children and Young People, and Mental Health Commissioning meetings. This ensures the voice of children and young people who experience abuse and neglect is heard and influences commissioning decisions. There is a co-production approach with the local authorities to ensure children's voices are heard and influence service design and delivery with some good examples such as the Plymouth Young Safeguarders. The Patient Experience team are developing a child focussed pathway that will enable children and young people to access the NHS Devon Patient Experience and Complaints process.

NHS Devon, as one of the three statutory safeguarding partners, works with local authority and police partners to safeguard and promote the welfare of children across the three safeguarding children's partnerships within the NHS Devon footprint.

The Chief Executive is the Lead Safeguarding Partner, and the Chief Nursing Officer, the Delegated Safeguarding Partner as outlined in Working Together to Safeguard Children 2023.

Each safeguarding children partnership executive meeting is attended by the Chief Nursing Officer and the Deputy Director of Safeguarding and Patient Safety. Designated Nurses for Safeguarding Children further support the local arrangements through attendance at NHS Devon Board meetings, and attendance at and chairing of relevant subgroups.

They play a key role in the identification of learning through Rapid Reviews and Child Safeguarding Practice Reviews, the oversight of action plans and the dissemination of learning across the health system. Themes from child safeguarding practice reviews, rapid reviews and child death overview panel have included safe sleeping, neglect, adolescent mental health and suicide, and non-accidental injury in babies. Learning briefs following each review are shared widely with staff and can be found on the One Devon Partnership websites.

NHS Devon and NHS Cornwall and the Isles of Scilly Integrated Care Boards have worked together to roll out ICON. ICON is a programme was developed with the purpose of helping prevent abusive head trauma by offering support to parents through a series of interventions, aiming to help them cope with a crying baby. It is hoped that the programme will reduce the number of injuries inflicted on babies. The designated nurses for safeguarding children work collaboratively with NHS Cornwall and the Isles of Scilly, facilitating an ICON Steering Group which monitors the rollout of the ICON programme, training and shares good practice.

Throughout 2024/25 NHS Devon has provided increased levels of leadership at both executive and chief executive level, particularly with regard to local safeguarding partnership arrangements, as stated in *Working Together to Safeguard Children* 2023.

Details of the local safeguarding children partnership arrangements are published on the partnership websites as below:

- Torbay Safeguarding Children Partnership
- Plymouth Safeguarding Children Partnership
- Devon Safeguarding Children Partnership

Each partnership publishes an annual report, which details how the NHS Devon executive safeguarding lead and designated professionals have supported progression of the safeguarding arrangements and identified priorities. They can be found here:

- Torbay – annual report
- Plymouth – annual report
- Devon – annual report

There is regular Designated Nurse contribution to the Child Death Overview Panel (CDOP) meetings, and a process has been embedded that supports sharing of themes and recommendations between CDOP and the safeguarding children's partnerships. The Designated Nurses for Safeguarding Children attend the CDOP Steering Group to enable triangulation of learning, impact upon practice and oversight of the progress against system actions.

Assurance of provider safeguarding practices is gained through Designated Nurse attendance at provider organisations' internal safeguarding committees. This enables robust monitoring of action plans and recommendations for health providers, in addition to the quality assurance of safeguarding processes through contractual arrangements. Any concerns are escalated to the NHS Devon Quality and Patient Experience Committee.

Provider Named Nurses receive regular safeguarding supervision from the designated team, and peer supervision is facilitated through the regular Safeguarding Leads meetings. These meetings also enable the sharing of learning, issues, legislative changes and best practice.

Significant work has previously been undertaken by the designated professionals to support the health and safeguarding arrangements for asylum seekers and refugees across the NHS Devon footprint. Work with commissioners and the local authority will continue where safeguarding concerns are identified.

NHS Devon launched its commissioned primary care Interpersonal Trauma Response Service (ITRS) in 2023. This service is providing training to General Practice to enable them to recognise trauma from domestic abuse and sexual violence and then to refer to a specialist attached to the practice who can work with the individual to increase safety and reduce trauma symptoms. The service is open for children affected by domestic abuse and has received 181 referrals for children since it launched.

The NHS Devon Children in Care and Care Leavers Team (CIC) supports NHS Devon to meet its statutory functions to promote the health of the care experienced population and provide expertise and strategic leadership across the Devon integrated care system. The designated professionals are active members of the local Corporate Parenting Boards and subgroups. The CIC team attend both regional and national meetings, and one of the designated nurses is a member of the Coram BAAF Health Advisory Committee. NHS Devon has a CIC policy and staff complete level one and two CIC training, as per the Intercollegiate document.

The designated professionals work collaboratively with all three local authorities within Devon and report to their respective Corporate Parenting Boards. The designated nurses have established a multidisciplinary Rapid Improvement Task and Finish Group to improve performance and health outcomes for CIC within each of the three local authorities.

The team provide expertise to strategic planning processes including the Children's Transformation Plan, Core20Plus5, the Joint Forward Plan and the SEND agenda to address inequalities and ensure that commissioned services incorporate the voice of our care-experienced population.

NHS Devon works with local providers and NHSE to ensure accurate data is shared for the NHS Safeguarding Integrated Data Dashboard (SIDD). There is work in progress to ensure robust reporting, monitoring and analysis of performance data and health outcomes for our CIC and to develop a local CIC dashboard and contribute to the NHS Devon Children and Young People Dashboard.

There is also joint work to address mental health needs through working with the mental health commissioning team, providers, local authorities and the mental health collaborative.

The NHS Devon designated professionals for CIC and Care Leavers transferred from the Safeguarding team into the Women and Children's team in Autumn 2024, as part of the transformation restructure and their focus on improvement.

### Adults

The NHS Devon safeguarding adult team delivers the statutory functions by providing expertise and strategic leadership across the integrated care system and the two Safeguarding Adult Boards in Devon. They take an active strategic leadership role, supporting and engaging others; and implementing local and national learning from Safeguarding Adult Reviews (SAR) and domestic homicide reviews to improve the safety and welfare of adults in Devon.

The safeguarding adult team are continuing to strengthen links across NHS Devon, by working closely with the commissioning and patient safety team to meet recommendations arising from both published and unpublished SARs and in relation to safeguarding enquiries.

The Counter Terrorism Act (2015) places a statutory duty on the NHS to have due regard to the need to prevent people from being drawn into terrorism. The team are active participants in the Devon & Cornwall CONTEST Board and Prevent Partnership across Devon.

The NHS Devon safeguarding team have supported the introduction of the national police led initiative Right Care, Right Person. Closer working between Devon and Cornwall Police, mental health trusts and the local emergency department teams, will reduce inappropriate police involvement in care and support better access to mental health specialists.

### Primary care

NHS Devon primary care safeguarding team support the primary care workforce across the One Devon footprint to safeguard adults and children. The team works closely with primary care safeguarding leads in practice to ensure there are robust safeguarding processes in place. A safeguarding assurance tool is provided to all practices for their self-assessment. This provides NHS Devon with assurance and for the NHS Devon team to support areas for practice development.

The team work collaboratively with NHS Devon primary care commissioning colleagues around complex cases including the Special Allocation System (SAS).

The team deliver quarterly safeguarding forums and bitesize sessions to support the training requirements and learning needs of practice safeguarding leads. These meetings provide a speaker on a safeguarding topic, an opportunity for peer supervision, anonymised case discussion and safeguarding updates.

The team work alongside the designate professionals to support the adults, children’s and community safety partnership work across Devon. They support GPs to contribute to statutory reviews and support learning from reviews being embedded into practice.

# Environmental matters

NHS Devon discharges its general duties by hosting a centralised sustainability function and by complying with NHS England mandatory requirements to produce and submit Green Plan documents and to undertake frequent sustainability data submissions.

ICB has undertaken NHSE mandatory requirements and produced green plan documents for submission in addition to quarterly submissions to the NHSE regional team. The annual and refresh documents are approved by the ICB board. The Board's oversight at the ICB includes approval of the ICS green plan which encompasses all provider sustainability activity. The ICB manages this through arrangements with UHP to host the system sustainability management group. Any key approvals or activity by the providers which requires ICB sign off is undertaken by the ICB Director of Estates, or where outside of delegation progressed to either its Finance and Performance Committee or Executive Board accordingly.

The Department of Health and Social Care General Accounting Manual has adopted a phased approach to incorporating the recommended Taskforce on Climate-related Financial Disclosures (TCFD), as part of sustainability annual reporting requirements for NHS bodies, stemming from HM Treasury's TCFD aligned disclosure guidance for public sector annual reports.

Local NHS bodies are not required to disclose scope 1, 2 and 3 greenhouse gas emissions under TCFD requirements as these are computed nationally, by NHS England. However, NHS bodies in Devon are voluntary committing to publish their scope 1,2 and 3 emissions within their green plan reports which shall be publicly available.

TCFD recommended disclosures, as interpreted and adapted for the public sector by the HM Treasury TCFD aligned disclosure application guidance, will be implemented in sustainability reporting requirements on a phased basis up to the 2025/26 financial year.

For 2024/25, the phased approach incorporates the disclosure requirements of the following pillars: Governance, Risk management, and Metrics and targets. The ICB's direct carbon footprint activity is minimal, however its wider emissions impact extends to the commissioning of provider services of which amongst this activity, has a significant carbon footprint. It is the management's role to coordinate and manage the ICS green plan work that is due to be submitted and published during 2025. Under the current structure of the ICB, the management has a role in tracking, monitoring and to be aware whilst influencing the providers energy and sustainability agenda's and supporting with initiatives where possible.  The ICB's own scope 1 and 2 emissions are however limited to the running of its leased HQ and staff travel, of which both activities are low impact due to the energy efficiency rating of the HQ offices, all salary sacrifice vehicles are either fully electric or hybrid, and staff travel has significantly decreased due to the consolidation of its offices to one single HQ and a hybrid working from home position.

## Governance

The ICB informs the board of climate change issues through its sustainability reporting, of which to date has been an annual report and in July 2025 the board will be asked to approve the submission of the ICS Green Plan to NHSE. Performance of the ICS organisations shall be reflected within the green plan document due for submission in July 2025 which articulates its plans, achievements and new activities. In regard to the ICB specifically, the organisation has consolidated its office estate and the profile of staff travel has now significantly reduced, the ICB is using 2024/25 as the new baseline to now monitor its performance. However, its emission reduction from prior to 2024/5 is significant given the ICB used to operate from four substantial offices and staff travel was much greater. The board shall be able to monitor progress through the annual ICB update reports, in addition the NHS SW Greener dashboard is available to access which contains data from the ICB's quarterly submissions.

The ICB has one member of staff who is the designated lead for sustainability as a part of their portfolio, and reports to the ICS Director of Estates who has overall responsibility for system infrastructure. All activity undertaken within this portfolio does consider climate change impact as a part of all their work as a matter of course, and carbon reduction is naturally undertaken within

programmes such as estates consolidation or investment into renewing assets. The ICB in turn relies on an informal sustainability group chaired by UHP to help drive forward plans on behalf of the system. Each respective Trust board has a process in place for climate-related activities to be reported accordingly, with the process via the system sustainability group to report and where necessary seek approval via the ICB. Where out of delegation, matters shall be escalated to the ICB board accordingly.

## Risk Management

The ICB has a risk management process where risks such as climate change related activity can be raised as appropriate. Risks are currently managed through the system sustainability group which also extends to wider partner organisations in Cornwall as a part of the collaboration. Where risks need to be managed by the respective provider, they shall add to their risk register and be managed by their board accordingly. Where the matter sites outside of the provider's control, the ICB Director of Estates shall raise it within the ICB risk management process and if necessary, raise it at the ICB board, however no such risk has reached this tier of escalation to date.

Our providers identify their risks through their respective energy and sustainability management team, they decide how to manage and control the risk internally, typically via their EFM departments. Where its outside of its delegated cost and control it shall raise the risk on both the finance and corporate risk registers. Risks outside of 12 / 25 shall be considered by their respective risk management committees and if needed board accordingly. Any high risks, or risks which require system support to manage are discussed and managed as best as possible through the system sustainability group and where required, on to the ICB corporate risk register to be considered by the ICB board accordingly. A standard risk matrix is typically used, however judgements over likelihood, impacts and resolutions are used based on individual staff experience, group knowledge on geographical factors and where required, the NHSE SW team has a designated individual that can discuss the risks and mitigations with the system and this role typically attends the system sustainability group. External risk frameworks are not routinely used, however they have been specifically in Devon due to coastal factors and the providers are aware of what resources are available to them in order to assist in managing such risks.

## Metrics and Targets

One Devon has continued to actively support the co-ordination of carbon reduction across the system through the actions to reach net-zero outlined in the Devon Greener NHS plans and the Devon Carbon Plan.

One Devon has a Green Plan which outlines the initiatives, projects and activities that partners will deliver towards the collective focus in the Southwest to reach our target of Net Zero. This plan ensures that all Devon NHS organisations have increased awareness, knowledge of, and understanding of our objectives and responsibilities, sharing our impact in reducing carbon emissions produced by our activity. New statutory green plan guidance has been published (4th February 2025) to support NHS organisations in developing robust plans to improve health outcomes, reduce costs, minimise waste and continuing the journey to achieving net zero in the NHS. The NHS Devon green plan will need to be approved by board and published in an accessible location on the organisation's website and shared with NHS England by 31 July 2025.

Key system highlights for 2024/25, broken down by each NHS organisation for the year are as follows:

- Carbon emissions associated with the use of volatile anaesthetic gasses decreased by 73% since 2019/20 due to the reduced usage of desflurane and isoflurane, which are less environmentally friendly to comparable alternatives

- 79% of fleet vehicles of acute Trusts are low emission vehicles
- Approximately 59% of the acute hospital estate has had LED lighting installed ensuring the most efficient type of lighting reducing energy consumption

## Royal Devon University Healthcare NHS Foundation Trust (Royal Devon)

- NHS Energy Efficiency Fund (NEEF) - £500k funding received to improve lighting, Building Management Systems and metering
- Secured a £6m grant from UKRI for a research hub in collaboration with the Health Economics and Health Policy team at the University of Exeter
- Significantly progressed appraisals for decarbonisation and efficiency studies on several buildings
- Installed 80kW solar PV at Royal Devon Exeter
- Participated in a specialist grant funding bid for solar PV and utility scale battery electricity storage
- Enhanced the ecology programme and developed parcels of wildflower areas
- Trust Urology Team, supported by NHS England GIRFT and University of Exeter researchers, developed a model to assess the carbon footprint of bladder surgery and published strategies for reducing pathway carbon costs
- Facilitating a Greener pilot to encourage/improve Sustainability at work and home as a part of our workforce development and staff benefits:
    - Green Champions Net Zero
    - Carbon Literacy Training
    - Sustainability section in new job descriptions
    - Sustainability objective in appraisals promoted
    - Devon Climate Emergency Tactical Group
- One Northern Devon Active Travel Group
    - An enhancement in clinical transformation sustainability:
    - Progression of virtual wards
    - PSA home finger prick test pilot
    - Diabetes and Urology projects
    - Green Wards, Green Theatres, My Green Lab (Pathology)
    - LEAF (Genomics)
    - NOAH (Neonatal antibiotics).
- Sustainability in medicines:
    - Desflurane removed from Trust
    - Nitrous Oxide manifolds decommissioned apart from maternity
    - Promoting dry powered inhalers instead of metered-dose inhaler (MDI)
    - Ward waste reduction of medication project
- Travel and transport:
    - 6 fleet electric vehicles and infrastructure installed
    - 17 charging points for fleet and 4 for clinicians installed
    - 10 e-bikes for staff to trial, e-bike charging installed
    - Introduced five more foldable electric bikes for staff to ‘try before you buy’ and encourage sustainable travel practices
    - Salary sacrifice promoted on fully electric vehicles.
- Procurement
    - Introduced requirements for suppliers to provide information about their social value impact, including environmental credentials, in public procurement tenders

## Devon Partnership NHS Trust (DPT)

- Over £3million has been awarded from Great British Energy for the installation of a ground solar array at Langdon in Dawlish along with roof top arrays at six other sites.

- Salix announced a £2.1 million award to connect Wonford House in the centre of Exeter to the Exeter Energy Network (EEN).
- Salaried sacrifice EV/ULEVS offered to staff of which 80% of cars ordered are fully EV to date
- Green prescribing at Langdon Hospital expanding with trees planted donated by NHS forest and charitable trust donation to install habitat homes crafted at New Leaf in Exminster
- Utilising patients own medication upon admission to reduce waste. Supplying new medication in papers bags
- Improved monitoring of travel and transport to inform annual data collection
- To date 6% reduction in electric consumption trust wide. Energy campaign running trustwide. Energy campaign running from Jan 2024
- Tenders awarded with the 10% sustainability scoring
- Local ingredients procured where possible and prepared on site at Langdon Hospital
- Working with partnership organisations across Devon.

### University Hospitals Plymouth NHS Trust (UHP)

- Awarded £1.2million towards energy efficiency projects and renewable energy from the Department for Energy Security and Net Zero
- Awarded £637K for LED lighting and solar projects from the NHS National Energy Efficiency fund and £24K from the Heat Network Efficiency Scheme
- Further roll out of Carbon Literacy Training
- Development of Sustainability QI framework
- Green ED received RCEM Bronze accreditation
- Launch of Green Theatres programme
- Sustainability in medicines:
    - Nitrous oxide project underway to reduce consumption switch to cannisters in some areas
    - Reduced spending on drugs – Pharmacy projects / Green ED
- 91% of Trust Fleet are ZEV and ULEV
- NEEF funding received for LED lighting and Solar PV
- Phase 1 funding awarded for new Emergency Department
- Incinerator modifications now functional and able to begin heating the Trust's water for circulation around the site
- Installation of metering at building level audit complete.
- Single use items reviewed and swapped to reusable such as kidney dishes, jugs, gallipots, bowls and patient belonging bags in theatres
- Food waste working group established
- Catering Transformation Project underway
- Climate change has been embedded in the risk register.

### Torbay and South Devon NHS Foundation Trust (TSD)

- The Trust has a programme to reduce reliance on Nitrous Oxide by changing to mobile cylinders with regulators which will enable decommissioning of our piped manifold. Estimate that this change will save around 244 tonnes of CO2 a year and reduce harmful gas releases by up to a factor of 300 times
- Desflurane anaesthetics gas has been fully removed from use at the Trust.
- The Trust continues to promote its biodiversity programme and has driven initiatives to build on its hedgerow and tree planting landscaping.

## NHS Devon Integrated Care Board

- NHS Devon has reduced its offices from five to two, and is progressing its final disposal to fully consolidate to one location which has had a significant impact on the reduction of emissions from its estate activities
- The new NHS Devon headquarters are located within a building which has high sustainability credentials, including on-site EV chargers, a PV roof scheme and low carbon outputs
- A staff hybrid working arrangement is agreed to enable staff to utilise some of their working time at home which helps reduce emissions produced from staff travel
- All staff can use a salary sacrifice scheme to benefit from a fully electric vehicle of which can be charged at the NHS Devon headquarters
- To promote a reduction in paper, NHS Devon has reduced its printing hub to one location within the building which has naturally discouraged paper use
- The estates team has driven an initiative with the landlord to promote multiple waste streams to ensure effective segregation and continues to work on further such initiatives

One Devon acknowledges the ongoing necessity to pinpoint and address the principal risks posed by climate change. In response, we are formulating strategies to both adapt to and lessen these risks.

We recognise that tackling the climate and ecological crises presents a chance to build a society that is more equitable, healthier, resilient, and prosperous. Promoting increased physical activity through walking and cycling, enhancing air quality via vehicle electrification, insulating buildings, and advocating for sustainable and balanced diets are all steps that will not only boost public health but also alleviate strain on the NHS and social care systems.

Metrics used within our reports and submissions are in line with NHSE requirements of assessing emission scopes 1-3 against baseline targets, typically using tonnes of carbon emissions and specifics on water reduction (m3) and kg of anaesthetic gases. Each NHS organisation uses different baselines for the purposes of internal reporting and to monitor against specific schemes of investments, however all use the standard 1990 base line with targets of 80% reduction by 2028-2032 and 100% Net Zero by 2040. Each respective Trust green plan report provides significant detail of the methods used for employing the appropriate metrics and how they have been applied. The entities within the system do not employ internal carbon pricing but trade-offs are used in investment projects where fossil fuels are relied upon to use the least impactful fuel, for example districting heating schemes or CHP.

As part of our green plan delivery, we track key metrics including greenhouse gas emissions, energy consumption and waste management and we routinely use ERIC to manage the monitoring process in relation to incidents of wards overheating, weather related fire incidents, flooding and impacts on the patient whilst in hospital care. We continue to improve our ability to measure emissions at system and organisational levels. However, as emissions data is calculated centrally by NHS England, we focus locally on delivering carbon reduction initiatives and improving reporting quality. The areas that we routinely discuss and monitor outside of specific weather-related incidents are as follows:

- Energy consumption, fleet data and waste management returns across our partner organisations.

- Implementation of Heat Decarbonisation Plans across our partner NHS Trusts.

- Monitoring carbon literacy uptake and sustainability training across staff groups.

- Implementation of measurable interventions, such as; inhaler waste reduction and patient education; and reduction in single-use plastics and digitisation of services.

We also benchmark our system's overall performance against NHS England's Greener NHS metrics. We are committed to improving the quality and availability of emissions data, including through the development of a System Carbon Footprint Dashboard currently provided through SW NHSE Green Team, this shall feature in our 2025-30 ICS Green Plan.

# Improving quality

## NHS Devon functions

In accordance with the "Health and Care Act 2022: Duty as to improvement in quality of services (14Z34)", NHS Devon continues to exercise its functions, including securing continuous improvement in the quality of services and patient outcomes.

NHS Devon is fully aligned to the principles and directions of the National Quality Board in its commitment to quality and NHSE's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England.

In doing so, NHS Devon continues to undertake statutory and non-statutory functions. Quality Systems and Assurance processes that enable this include:

- Statutory safeguarding, quality and equality assurance
- Ongoing implementation of Better Births through the Local Maternity and Neonatal System including the recommendations from the Ockenden Report
- Continued provision of continuing healthcare services for those with ongoing needs, ensuring that people can access the care that they need in a timely way
- Monitoring of patient safety serious incidents through the implementation of the 'National Patient Safety Strategy' – patient safety incident response framework and plan
- Learning from deaths
- Medical examiners
- Infection prevention and control (IPC); antimicrobial resistance (AMR), healthcare associated infections (HCAI)
- Independent investigations (including mental health homicides)
- Regulation 28 reports
- Judicial reviews
- Controlled drugs assurance and oversight
- Complaints
- Whistleblowing and Freedom to Speak Up
- Review of provider quality accounts

In line with 14Z37 of the National Health Service Act 2006, NHS Devon continues to make strides to enable patients to make choices with respect to aspects of health services provided to them. Examples include choice of provider at referral stage and also options available during waiting; the Netcall system is now being fully embedded as well as additional validation administrators being employed across providers.

This improves not only the quality of the waiting lists but also provides a touchpoint for patients waiting to discuss if they still need to have their procedure. Another example is Patient Initiated Follow up (PIFU)in Devon, focused work, within the identified priority specialties, is on-going to maximise the numbers of patients discharged to a PIFU pathway.

Patients are now able to choose and access high quality diagnostic services closer to home in Devon. As part of national diagnostics improvement programme, Devon is developing and implementing 3 community diagnostic centres (CDCs). Exeter CDC (opened 2021) is a centre of excellence, Torbay CDC (opened Sept 2024) in partnership with InHealth and Plymouth CDC is set to open in March 2026. By 2026 CDCs in Devon aim to provide over 100,000 additional tests in the community in state of the art centres with new and innovative equipment.

## Quality Governance

NHS Devon's Quality and Patient Experience Committee and the One Devon Integrated Care System Quality Group each work to the National Quality Board (NQB) definition of quality. This is a shared single view of quality, that there is "high-quality, personalised and equitable care for all, now and into the future". Systems that support the delivery of care are expected to be:

- Safe – care delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur
- Effective – care informed by consistent and up to date high quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit
- A positive experience – care which is responsive and personalised, shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable
- Caring – care delivered with compassion, dignity and mutual respect
- Well-led – care driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame
- Sustainably-resourced – care focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment
- Quality care is also equitable – everybody should have equitable access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities

The National Quality Board guidance on quality risk response and escalation in Integrated Care Systems, sets out how quality risks should be managed. The guidance is in place to ensure explicit agreement that quality concerns and risks are managed as close to the point of care as possible.

In addition, assurance is provided to the NHS Devon Board around the arrangements for discharging, and implications of, the NHS Devon responsibilities in respect of the themes under NHSE's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England.

- **Strategic management of quality -** National Quality Board and NHS England guidance
- **Operational management of quality –** Independent Investigations (including Mental Health Homicides); Regulation 28 reports; Professional Standards; Controlled Drugs Accountable Officer Function; Whistleblowing and Freedom to Speak Up; Quality Accounts; Medicines Optimisation; Infection Prevention and Control and Antimicrobial Resistance

- **Patient safety -** Insight, involvement and improvement (including medical examiners, patient safety improvement priorities, Patient Safety Incident Response Framework (PSIRF), Learning from Patient Safety Events (LFPSE)
- **Experience** – Improving patient, service user and unpaid carer experience of care; insight and feedback
- **Effectiveness** – National Clinical Audits; NICE technologies appraisals and guidance
- **Safeguarding** – Safeguarding Assurance & Accountability Framework (SAAF), including Child Protection information System (CPIS) which includes all children on a protection plan (CPP) and looked after children (LAC); child death overview process (CDOP); Child Safeguarding Practice Reviews (CSPRs); Domestic Homicide Reviews (DHRs); Female Genital Mutilation (FGM); Prevent & Counter Terrorism and Modern Slavery & Human Trafficking; Serious Violence Duty.
- **Mental health, learning disabilities and autism**

## NHS Devon's Quality and Patient Experience Committee

The Quality and Patient Experience Committee was established by NHS Devon to provide oversight of the overall delivery of the NHS Devon objectives to create opportunities for the benefit of local residents, to support health and wellbeing, to bring care closer to home and to improve and transform services. It provides the NHS Devon Board with assurance that the organisation is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022.

The Quality and Patient Experience Committee scrutinises the robustness of,gains and provides assurance to the NHS Devon Board that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

It continues to support a single framework of governance that enables NHS Devon and its Local Care Partnerships to collaboratively to drive improvement to quality, delivery, and outcomes against each of the dimensions of quality set out in the 'Shared Commitment to Quality' and enshrined in the Health and Care Act 2022.

In line with the "Health and Care Act 2022 (14Z49) 'duty to keep experience of members under review'", NHS Devon's nursing and quality directorate facilitates quality training, including safeguarding.

## One Devon Integrated Care System Quality Group

The System's Quality Group (SQG) is required to meet the 'core' arrangements expected in each system as outlined in the NHS England ICS Design Framework and is aligned to the National Quality Board publications for Integrated Care Systems and NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England.

The SQG provides a single framework of governance that enables and supports Local Care Partnerships collaboratively to drive improvement to quality, delivery and outcomes and provides clear line of sight on performance and risk at system level. To do this, it systematically brings together different parts of the health and care system in Devon to work cohesively as a system. Examples of work that has come through SQG include;

- The System's approach to equality and quality impact assessments (EQIAs) across Devon.

- The Systems response to national cascades, including ‘Principles for providing safe and good quality care in temporary escalation spaces (PRN1560)’ (NHSE September 24).
- Reducing harm in relation to urgent care, including ambulance delays.
- The plan to implement the guidance ‘Principles for assessing and managing risks across integrated care systems’ (NHSE December 24).
- An increased focus on Allied Health Professional (AHP) standards.

## One Devon Integrated Care System’s Morbidity and Mortality Group

The remit of the System Morbidity and Mortality Group is to facilitate the coordination of work of the key organisations to identify, analyse and explain changes and variation in population mortality in Devon and share best practice in improving mortality outcomes. It monitors the effectiveness of mortality review processes across health providers in Devon, by bringing together representations from provider organisations and those with specific area of interest to share best practice, with the ultimate outcome to reduce avoidable deaths.

The System Morbidity and Mortality Group is now increasing its focus on deprivation as described using the Index of Multiple Deprivation (IMD) that can be built up using geographic areas called Lower-layer Super Output Areas (LSOAs). The next step is for the group to include data at Primary Care Network (PCN) level and different causes of death.

## Quality Metrics

During 2024/25, NHS Devon built on its role as one of four pilot sites for the testing of the National Quality Board Early Warning Score (QEWS). This work enabled Devon to feedback on the final iteration. QEWS can alert system leaders, NHSE and wider partners (e.g. regulators) when there are early warning signs, signals and insights relating to deteriorating care quality.

The development of a quality dashboard has commenced as a Quality Improvement (QI) project and incorporates QEWS, Model Health, Learning from Patient Safety Events (LfPSE) and other national data sources.

## Equality Quality Impact Assessments (EQIAs)

One of the main ways NHS Devon complies with the Public Sector Equality Duty is by undertaking Equality Quality Impact Assessments (EQIAs). EQIAs help to demonstrate that the impact of policies, services and practices on the population and workforce have been considered, particularly those people with protected characteristics or those who experience health inequalities. They also have regard to services being appropriate, equitable and accessible for everyone.

NHS Devon’s EQIA process and panel has been operating successfully for over eight years, pausing briefly during the COVID-19 pandemic. When NHS Devon introduces any new policy, service, strategy or makes changes to any existing service, it reviews the impact on patient safety, patient experiences, clinical effectiveness, staff, population, and those with protected characteristics.

Following a self-assessment gap analysis completed by NHS Devon and providers, a new policy, process and tool is in place for EQIA. Authors engage with specialist teams, such as patient safety, patient experience, Equality, Diversity and Inclusion (EDI) and communications to receive feedback and expertise prior to submitting the EQIA.

In line with the self-assessment findings, EQIA training has become mandatory for all NHS Devon staff to ensure that decisions are informed by a clear understanding of potential impacts on quality, equality and health inequalities.

EQIAs are completed for:

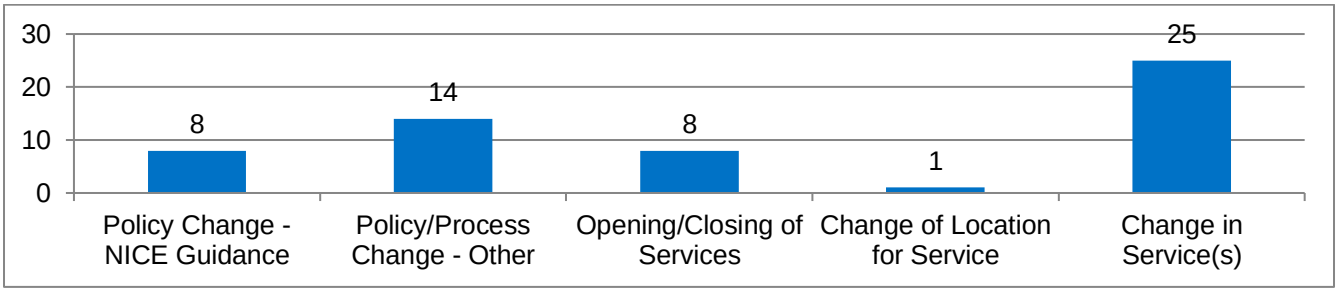
- Changes to services, functions or activities
- Newly commissioned or decommissioned services
- Commissioning reviews
- Financial decisions affecting staff, functions, or services
- Policies (including workplace)
- Strategies.

The EQIA provides a framework for undertaking impact assessments. This enables NHS Devon to show due regard to the Public Sector Equality Duty prior to any decisions being made by the NHS Devon Board or NHS Devon Executive that may impact on equality.

From 01/04/2024-31/03/2025 NHS Devon received 73 EQIAs for review, an increase from 40 in 2023/24.

Chart below illustrates all EQIAs received categorised by type.

### Type of EQIA received (as recorded)




The Public Sector Equality Duty (PSED) | EHRC (equalityhumanrights.com)

Public sector equality duty - GOV.UK (www.gov.uk)

# Patient Experience

In line with the Health and Care Act 2022 (14Z45), NHS Devon continually finds new, innovative ways to ensure individuals to whom the services are being provided (or may be provided) and that carers and representatives are involved. The focus remains on engagement with patients, family and carers through feedback and aims to place the experience of care at the centre of improvement and transformation programmes, which includes co-production with people with lived experience.

NHS Devon data from 1 April 2023 – 31 March 2024 show an overall increase in patient experience reporting. The number of formal complaints continue to increase year on year to 35 compared to 33 last year. We also managed 178 primary care formal complaints during this period, supported by the Primary Care Hub. The delegation to Integrated Care Boards of commissioning of pharmacy, optometry and dentistry services has led to an increase in the volume of contacts with the patient experience team. An NHSE regional hub for formal complaints of pharmacy, optometry and dentistry is in place to assist.

Every patient experience communication receives an immediate response which, in many cases, can resolve the issue with further information and signposting to services. Complex cases are often multi-agency and take longer to resolve. Matters relating to Continuing Healthcare remain the subject of many of our complaints. Learning from these complaints is used to improve processes in these services.

A patient experience network for professionals across the One Devon Integrated Care System is being developed. The aim is for learning from patient experience issues to be shared across providers.

A local system was replaced by the new national 'Learning from Patient Safety Events' reporting system, which is compulsory for all NHS providers. It enables providers to report directly to each other about concerns, identify risks to patient care and will enable greater scale learning. Direct contact between providers enables faster resolution of issues related to referral and discharges for patients.

# Patient Safety

## Incidents and the Patient Safety Incident Response Framework

NHS Devon continues to collaborate with its providers to promote shared learning and align with the principles of the Patient Safety Incident Response Framework (PSIRF). Providers are in the process of reviewing their PSIRF plans, which will include their new locally defined priorities for managing adverse patient safety events.

NHS Devon will maintain oversight and approval of all serious incident investigations from providers until the completion of all serious incidents.

NHS Devon has a PSIRF policy, which outlines how it will support providers, including when cross-learning responses from patient safety investigations are needed. The policy also details how NHS Devon will foster shared learning among providers, engage compassionately with those involved in incidents, and offer a proportionate learning response to such incidents.

The plan for involving patient safety partners within NHS Devon is currently under review to ensure that the patient's voice is effectively incorporated into the decision-making process of patient safety commissioning. The aim is to create a more inclusive and transparent approach, where the perspectives and experiences of patients are not only heard but actively influence decisions related to patient safety initiatives.

All our providers have adopted the Learn from Patient Safety Events (LfPSE), which replaces the National Reporting and Learning System. The Strategic Executive Information System (StEIS) remains in use for providers to report patient safety incident investigations (PSII) until their local risk management systems are updated to properly interface with LfPSE, which is likely to be summer 2025.

The Patient Safety Specialist and Patient Safety Team continue to have oversight on national patient safety alerts, ensuring that all relevant alerts are actioned by providers and closed within the required timescales. If alerts become overdue, NHS Devon monitors these in accordance with the providers' local action plans.

## Infection, Prevention and Control

NHS Devon's Infection Prevention and Control (IPC) team provides oversight and support for mandated monitoring of healthcare associated infections (HCAIs) to the relevant committees. There has been an increase in certain infections in Devon over the last year (C. difficile, MSSA), which reflects national trends. We review the levels of infection in collaboration with our providers and are a stakeholder in regional monitoring meetings.

The IPC team takes part in the acute trusts' Infection Control Committees to fulfil the requirements of NHS Devon under section 3 (14Z34) of the Health and Care Act 2022.

The IPC team takes part in antimicrobial stewardship and resistance reduction through participation in an enhanced Peninsula Antimicrobial Management Group. This involves liaising closely with the medicines optimisation lead in connection with the Commissioning for Quality and Innovation (CQUIN) requirements.

The team participates at regional and national level in NHS England collaboratives around HCAI management as well as quality improvement projects such as urinary tract reduction initiatives.

The team lead acts as the influenza lead for NHS Devon, providing compliance with both 14Z34 and 14Z35 of the Health and Care Act 2022 (Health Inequalities). Areas of focus and development include improving services for tuberculosis, avian influenza, and community infection management.

# Continuing Healthcare

Continuing Healthcare (CHC) is a key NHS Devon statutory function that contributes to safety, experience and effectiveness of care. CHC provides healthcare funding for ongoing packages of care, required because of disability, accident or illness. Eligibility is determined following an assessment that considers the nature, intensity, complexity and unpredictability of the individual's presentation.

This is a statutory function of NHS Devon and decision making cannot be delegated to system partners. The key performance details and targets are as below. Detail is also included against the overall activity of the team.

**Key achievements include:**

1. In quarter 3, impacted by capacity challenges, the Key Performance Indicator of 80% of assessments to be completed within 28-days was not met (achieved 64% against a national achievement of 73%) however the team have put in place an improvement programme and have made steady progress in improving this position in 24/25.

2. CHC assessment to conversion to full CHC funding remains at 15%. This is consistent with performance over the last five years

3. Positively, 0% of continuing healthcare assessments take place in an acute setting

4. NHS Devon has worked on improving patient experience in CHC. The majority of concerns and complaints relate to communication as the main concern. Letter templates to individuals and families have been revised, with clear outcomes and contact details for the CHC teams

5. The public facing website has been revised to make contact details and explanations clearer

6. Team training has been revised, to ensure that assessments are jargon free, and terms and processes clearly explained

7. All CHC policies have been rewritten, so detail is more clearly explained. These revised polices are uploaded onto the CHC functions website

8. The CHC team has supported development of, and is participating in, a national apprenticeship programme for CHC assessors, to enable the workforce to be remodelled and make better use of the clinical team's time

9. The CHC team have undertaken an assessment of workforce, using a national modelling tool. The team are working to implement this re-modelled service

10. A business case has been agreed for CHC digital transformation procurement approved, which will lead to improved efficiencies and productivity. The CHC team are working through the implementation of this procurement, which will be mobilised in 2025/26.

| Metric | 2024/25 |
|---|---|
| Total CHC Eligible | 970 |
| Standard CHC Eligible (average over the 12m) | 829 |
| Fast Tracks (total over 12m) | 141 |
| Referral Conversion Standard | 14% |
| *% of referrals completed in an acute hospital setting. (Standard 0%) | 0% |
| *% of referrals concluded within 28 days (Standard is 80%) | 64% |

# Effectiveness

## Clinical effectiveness

NHS Devon has continued to ensure effectiveness through processes that include the monitoring of national clinical audits, providers' compliance with NICE health and care guidance, quality standards, technology appraisals and Getting it Right First Time (GIRFT) reports.

## Transformation and Quality Improvement

Local transformation and improvement priorities have continued across the Integrated Care System, including maternity, vaccination, end of Life, mental health.

The NHS Devon Quality Improvement (QI) Hub formally launched in January 2025. With a renewed focus on QI, the team are progressing the workplan that includes:

- QI training & development through the Quality Service Improvement & Redesign (QSIR) training
- A QI intranet page
- QI resources
- A QI Community of Practice (CoP)

Further data on quality can be found at the following links:

- Data on specialty treatments
- Data on services
- Data on health & wellbeing

# Engaging people and communities

NHS Devon has worked hard over the last year to implement a consistent approach to inclusive system-wide engagement, that enables effective, equitable and accessible opportunities for the whole population to have their voices heard.

By working in partnership across Devon, we have widened opportunities for engagement, so that those who experience health inequalities, or those who live in rural, coastal or remote locations have an equal chance of being heard and influencing decision-making.

This approach clearly demonstrates that NHS Devon has discharged its general duties per sections 14Z45 of the National health Service Act 2006 (as amended), through programmes like the Devon 10 Year Plan engagement.

## Key milestones in 2024/25

- A new framework and reporting approach for holding NHS Devon to account to the voices of our people and communities
- Integrating Healthwatch and the VCSE Assembly into NHS Devon governance to enhance public accountability and consumer insight
- Establishing the One Devon Involvement Platform to enhance engagement and participation across the healthcare system
- Devon Engagement Partnership launched and helped create the approach to the Devon 10-year plan engagement programme.

## People and Communities Framework

The NHS Devon People and Communities Framework is now published on the One Devon website. This details the approach NHS Devon will take in involving the People and Communities in Devon in our work and how we will meet our statutory duties under 14Z45 of the Health and Social Care Act 2022. The Framework was recently approved by NHS Devon Board and was described as “leading the rest of the country”.

The Devon 10 Year Plan engagement programme case study (Appendix 1 – Pages 10-11 of the Framework document) evidences the success of this approach that we will use as a blueprint for future system wide engagement programmes.

The NHS Devon People and Communities Framework was developed in collaboration with Healthwatch Devon, Plymouth and Torbay and the NHS Devon VCSE Assembly. This approach builds on guidance from NHS England. The framework sets out the intention that:

- Partners will work together to ensure whole system involvement through the established Devon Engagement Partnership
- Insights will be coordinated to ensure visibility of the population voice – and these will be made available by a single engagement platform hosted by NHS Devon
- The views and experiences of the population will influence decision-making through regular reporting to NHS Devon Board assurance structures
- NHS Devon Board will hold itself and the system to account on the involvement of people and communities.

The framework sets out an intent to share ambitions, to champion best practice, to build the voice of people into the governance of NHS Devon, putting the voice of the people and communities in Devon on the decision-making table.

In addition to supporting the delivery of the four key aims of an integrated care system, the framework will provide:

- support for compliance with statutory duties to involve people and communities
- an agreed approach for system partners to use in engagement, ensuring consistency from neighbourhoods to system level
- a focus on listening to our people and communities, and understanding what really matters to them, their experiences and ideas for improvement
- opportunities to develop solutions with people that shape a sustainable future for the NHS that meets people's needs and aspirations.

## Devon Engagement Partnership

The Devon Engagement Partnership (DEP) brings together engagement partners from across the health and care system, with the intention of working to a shared set of ambitions and aligning the work engagement work to system and partner priorities.

To date, the DEP has discussed a series of shared ambitions for working together to involve people and communities in Devon. These are:

1. Engagement should be inclusive
2. Relationships should be co-ordinated to widen involvement opportunities to as many people as possible.
3. Provide support, advice and guidance to align engagement to the core aims of the integrated care system
4. Demonstrate how the voices of people and communities are being used
5. Enable continuous and meaningful engagement, with a focus on what really matters to all people and communities in Devon.

The DEP will report to the NHS Devon Population Health Improvement Committee (PHIC).

## Online platform

NHS Devon has developed a new 'Get Involved' section on the One Devon website, to provide a single place for all health and care public engagement from across Devon. It provides a consistent and accessible place for NHS commissioners and/or system partners to access public engagement insights and also conduct their own engagement.

The aim is to provide a single point of access for all public engagement opportunities across the One Devon integrated care system, acting as a signpost for people and communities. This platform links to health and care local and national communication campaigns.

The platform is fully accessible as an online offer (noting that not all people are digitally enabled, and additional support will be put in place), supporting the delivery of inclusive engagement (including translation and screen readers) and reaching as far into our Core20PLUS5 communities as possible.

The platform hosts the new online insight library, which is accessible to all system partners as a starting point for involvement, but is also the place where outcomes of engagement are published, providing the public assurances that their voice has been heard.

### VCSE and Healthwatch

As part of the new ways of working, as set out in People and Communities Framework, the work of our VCSE Assembly and Healthwatch Devon, Plymouth and Torbay will form a key part of our reporting into the revised governance and reporting approach. This moves more towards bringing insights and involvement into a single place, to where it can be heard by the leaders in the health and care system and have the most impact.

# Reducing health inequalities

One of the four core aims of every Integrated Care Board is to tackle inequalities in outcomes, experience and access. NHS Devon continues to make good progress on this aim by using the Core20PLUS5 frameworks for adults and children to focus efforts and co-ordinate activities.

This section sets out key achievements in 2024/25, actions, ambitions and framework for future work in this area.

## Delivery and governance structures

In November 2024 the formally established Population Health Improvement Committee (PHIC) met for the first time. The purpose of this Committee is to provide assurance that NHS Devon is fulfilling its role as a partner in the One Devon Integrated Care System to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Help the NHS support broader social and economic development

The Committee will work with partners across One Devon to identify opportunities to improve the health of the population and hold to account those with responsibility for making change. It will also regularly monitor relevant information to ensure progress is being made.

To support the work of the Population Health Improvement Committee the underpinning governance structure is being revised to ensure sufficient detailed oversight of the work being carried out across the system. The groups overseeing this work will be:

**Population Health Strategy Group** will focus on developing an enabling environment to support an increased emphasis on Population Health. This will include developing and strengthening our Population Health Management approach (using data to identify people who are most in need and the appropriate interventions to support them) and developing innovative new approaches to measuring and monitoring progress which are based on what is most important to people not services.

**Prevention Steering Group** will have oversight of the delivery of priority prevention plans for CVD, diabetes, respiratory and falls and frailty as well as providing support for prevention in other areas:

- Core20PLUS5 Steering Group will have oversight of the delivery of interventions specifically focused on reducing inequalities for people living in the 20% most deprived areas in the county as well as the groups that are particularly disadvantaged in Devon:
- Individuals, families and communities experiencing rural and coastal deprivation
- Individuals and families adversely affected by differential exposure to the wider determinants of health – for example, those with unstable housing or homeless people, vulnerable migrants and/or those experiencing domestic abuse
- People with severe mental illness and/or learning disability, and neurodiverse people

- Children in need

The group will also ensure that we have robust monitoring mechanisms in place for the 5 clinical areas identified in the frameworks for both adults and children (as well as smoking cessation).

**Anchor Organisations Steering Group** will oversee delivery of the Anchor Strategy. This strategy sets out how the stakeholders in the One Devon Integrated Care System will use their assets to support social and economic development in local communities. The strategy is based around 5 key themes

1. Widen access to Quality work
2. Broaden apprenticeships and enhance partner capabilities
3. Purchase locally
4. Leverage social value for community benefit
5. Strengthen ties with community and local organisations

The three individual One Devon Directors of Public Health (DPH), will each chair one of the governance groups, with membership drawn from a diverse range of stakeholders. This ensures NHS Devon receives well-rounded, expert advice to effectively discharge its functions. Members will collectively bring a wide spectrum of professional expertise, including the prevention, diagnosis, and treatment of illness, as well as the protection and improvement of public health.

## Supporting work at locality level

Aligned with the principle of subsidiarity, a significant portion of the population health funding has been delegated to the Local Care Partnerships (LCPs) to target areas where they can have the greatest impact on reducing health inequalities. This funding is supporting a range of projects, including those delivered in collaboration with the voluntary, community, and social enterprise (VCSE) sector. Alongside driving health improvements, these projects are strengthening relationships and building infrastructure that will be vital for sustainable progress in the future.

Examples include:

### Normal Magic – West Devon

Mental health challenges often arise early in life, with one in five children aged 5–15 experiencing a mental disorder. Half of all mental health conditions are established by the age of 14, and three-quarters by the age of 24. Early access to the right support is vital in helping children and young people manage difficulties and thrive, promoting their long-term health and well-being.

Increasing demand for hospital admissions due to self-harm among children aged 10–14, along with a rising number of secondary school pupils with social, emotional, and mental health needs, highlights the urgency of addressing these issues.

In response, West Devon LCP commissioned Normal Magic, a VCSE organisation composed of mental health professionals, to provide an Early Intervention and Prevention Mental Health Service for children and young people.

Normal Magic work closely with primary care, providing accessible mental health care and family support directly in GP surgeries. There is no threshold to access the service and families, families can self-refer into the service and there is no open or closed care. Parents, carers, and young people can access a wide range of evidence-based advice and support,  from Single Session Approaches to longer-term interventions, delivered in their local GP surgery.

## Community Health & Well Being Workers (CHWW) – Plymouth

The team in Plymouth join a growing army of dedicated community health and wellbeing workers across the country, supporting some of the most deprived and under-served communities access vital health and care support.

Recruited locally to the Stonehouse neighbourhood in Plymouth and integrated with Adelaide Street surgery, the CHWW's provide day to day health and social care support to residents in small, defined geographies of around 100-150 households. In its simplest sense CHWW workers act as the eyes and ears for primary care in the community. CHWWs visit every one of their households in their patch every month, regardless of need and at these visits they deal with any pressing issues within the households across their physical, mental and social health. They form a team around the resident and work with the wider system including primary care, social prescribing, VCSEs and the local authority to support residents' health and crucially help address the wider determinants of health.

## Community Flow – North Devon

The key aims of Community Flow are to enable faster, safer and sustainable discharge from hospital, avoid readmission and reduce reliance on health and social care services.

Many people are successfully discharged home from hospital without any formal care or support, or the support of a family member or friend.

Often, a patient is medically fit for discharge but unable to go home for which results in an extended length of stay. The reasons are all socio-economic and range from substandard accommodation, landlord issues, the patient not having a means to shop for food, or to collect prescriptions.

These fall outside the remit of reablement/social care. Community Flow has demonstrated that it can address these issues so that discharges are successful because people leaving hospital are better supported in their own homes and communities.

Community Flow caseworkers work with patients, focussing on the things that are important to that person, and building a team around that person rather than professionals undertaking multiple isolated interventions. It ensures a comprehensive approach is taken to how the individual manages their life including physical and emotional health, housing/accommodation, finance, selfcare, diet and nutrition.

## Using information

We are continuing to develop the One Devon Dataset to provide the integrated information needed to support our work on population health. In addition to using data for specific geographic areas and population groups, we are now exploring how to enhance our information systems to better inform and strengthen our strategic commissioning decisions.

We have developed reports to equip the Population Health Improvement Committee with the information needed to monitor progress. These reports are aligned with the reporting arrangements set out in NHS England's Statement on Information on Health Inequalities (duty under section 13SA of the NHS Act 2006) and are detailed in Appendix 2. Following feedback from our Boards and localities, this reporting will be further refined to maintain a strong focus on priority areas. Additionally, we will use this information to identify and share examples of good practice across the system.

## Inclusion Health

A Complex Lives Lead has been appointed to work with the system-wide Inclusion Health Steering Group to deliver our Inclusion Health Framework action plan which will ensure that we

- Commit to action on Inclusion Health
- Understand the characteristics and needs of people in Inclusion Health Groups
- Develop the workforce for Inclusion Health
- Deliver Integrated and Accessible Services for Inclusion Health
- Demonstrate impact and improvement through action on Inclusion Health

This action plan will be developed with representatives in the Health Inclusion Partnership, building on services already in place and, most importantly, on the feedback received from service users on their experiences of existing services.

Efforts continue to engage with and better understand the physical, mental, and social health needs of individuals with the highest levels of emergency department attendances. While our approach aligns with NHSE's expectations, we are strengthening it by building networks across the entire system. This collaborative approach will enable us to support people in accessing the most appropriate services for their needs before they reach a point of high service demand.

A monitoring framework is being developed which is based on peoples' feedback of their lived experiences not just on service activity. The Ilfracombe Poverty Truth Commission started to meet this year. This exciting initiative gives Civic Commissioners (from ICS organisations) the opportunity to work in detail with Community Commissioners (people with lived experience of poverty) to understand the issues that really impact on peoples' health and wellbeing and develop innovative solutions to address them. As well as developing new ways of delivering services it is anticipated that the work will lead to cultural change and a "humanising" of the way we deliver services

## The Joy App

The Joy App currently provides a service for 26 Primary Care Networks (PCN) in Devon to deliver Social Prescription related services in their practice area. It is a web-based app that does 4 distinct things – and its free for all to use:

- It talks to GP systems (both EMIS and Systm1) enabling PCN's to refer patients to community offers and to receive outcome data
- It has a case management system for the Social Prescriber to manage patients from inbound referral to community offer
- It creates the marketplace of community offers – a living directory for anyone across Devon to use
- It creates a data dashboard for all ranging from system wide data to individual PCN and practice data.

The app enables live referrals to and from community assets that support Social Prescription, it collects outcomes from the referral, it talks to EMIS and SystmOne which makes data collection much more robust and easier for the Social Prescriber and its organic in that it grows as it goes. The more people use it, the more relevant it becomes. It also has the ability for people to make self-referrals to community organisations.

Over the past year:

- 16,830 referrals have been made by primary care using JOY
- 1,018 VCSE/community organisations are receiving referrals through JOY

- 80% of patients have said that their wellbeing has improved because of the referral. This equates to 13,464 patients
- 16.1% referrals are addressing mental health (2,710 patients), 12.8% referrals are addressing social isolation/loneliness (2,154 patients) and 7.6% referrals are addressing long term conditions (1,279 patients)
- There has been a 28% reduction in GP surgery re-attendance in Plymouth PCN's for patients referred via JOY. This equates to a saving of £38,680.
- 7.4% referrals are for people struggling with finances that has a direct impact on their health and wellbeing (1,245 patients)

The Joy App also assists us in reducing the number of GP appointments and attendance at Accident and Emergency departments. In a sample size of 814 patients, we observed a 40% reduction in people re-attending Primary Care and/or Secondary Care within a 6-month period.

### Health Inequalities Fellows Programme

This programme gives the opportunity for professionals working in primary care to develop their understanding of and skills in reducing inequalities through a variety of training and development events.

The Fellows complete a project working with their local communities on an issue leading to inequalities. These projects have included substance misuse, access to screening, menopause in ethnic communities and support for families. These projects are leading to real changes in local communities.

The feedback from the programme itself has been fantastic with several examples of GPs saying that they were on the verge of leaving their jobs before the programme and one GP even moving to a role in a more deprived area.

Due the success of the programme it will continue for a further two years. This will increase the number of clinicians (including GPs, pharmacists and nurses) embedded across the Devon system with a focus on reducing health inequalities.

### Oral Health

The Oral Health Steering Group was established to promote collaborative working across the One Devon footprint, enabling the three local authorities (Devon County Council, Plymouth City Council and Torbay Council) to fulfil their statutory duties with regards to oral health improvement and addressing oral health inequalities. The responsibilities of the group are:

- To discuss and share best practise for oral health improvement
- Use local demographic and deprivation profiles to identify groups that may be at high risk of poor oral health
- Develop an Oral Health Strategy for Devon. This needs to address the oral health needs of the local population (universal approaches), the needs of groups at high risk of poor oral health (targeted approaches) and any oral health inequalities
- Identify where strategies and initiatives are needed to improve oral health across the life course but with an inequality focus
- Agree on the use of the Dental Budget and underspend for oral health improvement
- Support the planning, coordination, implementation and evaluation of oral health improvement programmes across organisations, partnerships and communities in Devon
- Endorse/contribute to local/regional and national campaigns.

NHS Devon has recently approved the Oral Health Steering Group's proposal to expand and extend the reach of existing oral health improvement programmes in schools across Devon, ensuring that every child has the best possible start in life. This proposal seeks to reduce ongoing oral health inequalities, mitigate the effects of limited NHS dental access and increased waiting times for children and families, raise awareness of oral health and dental disease risk factors within schools and communities, encourage dental visits for children not receiving regular care, and achieve long-term cost savings by prioritising prevention at an early age.

The oral health improvement programmes outlined in the proposal include expanding the existing supervised toothbrushing scheme to cover all primary schools and nurseries, regardless of Index of Multiple Deprivation (IMD) category or whether the nursery is independent.

The proposal also aims to establish (or expand, depending on the local authority) fluoride varnish schemes in all primary schools within IMD 1-6, and to establish (or expand, depending on the local authority) the Open Wide and Step Inside programme in all primary schools within IMD 1-6. Open Wide Step Inside is a fully evaluated, educational resource for Year 2 primary school children, designed to raise awareness of better oral health.

### Smokefree NHS Group

The Devon Smokefree NHS Group brings together partners ensuring that local NHS organisations do as much as possible to reduce the prevalence of smoking in Devon.

The group initially supported the roll-out of the Treating Tobacco Dependency programme but is now focusing on a range of other initiatives including the development of a single staff support policy across all organisations, training for staff at all levels, increasing leadership awareness and accountability and improving the co-ordination of communications.

All this work is underpinned by a good understanding of the inequalities that exist across the county which impact on smoking behaviours.

### Falls and Frailty

As a county with a population aging faster than the rest of the country, Devon has a wide range of programmes, some at locality level and some encompassing the whole county including:

- Frailty Multi-Disciplinary Teams (MDT) are well embedded into primary care
- Identification of frailty within primary care
- FaME – Falls and Management Exercise (Devon-wide)
- Links between NHS strength and balance groups to external support agencies
- Physical activities outdoors
- Live Longer Better programmes
- Digital enablement for older people
- Falls prevention training in primary care, care homes and hospitals
- STAR framework partnership working between Devon carers and Secondary and Primary Care

New programme structures are being developed to ensure engagement across all sectors working with Local Care Partnerships and Locality Healthy Ageing Boards.

### Cardiovascular disease (CVD)

The CVD Prevention Group includes key partners from across the One Devon system with an interest in improving CVD rates. By using the One Devon dataset and CVD Prevent data, the

group are now able to identify those parts of the population who are most likely to have hypertension and where both good practice, and gaps in provision, are within our population.

The group has focused on how to tackle both case finding and treating to target at the scale required to effect change. By working as a multiagency group, Devon has secured CLEAR project funding to action key aims of the Prevention Group. Key practice-level data had been embedded within our Medicines Optimisation team to enable teams to look at where improvements can be made in patient care

## Children's Core20PLUS5

Children's Core20PLUS5 includes the following 5 key priority areas: Asthma, Diabetes, Epilepsy, Oral Health and Mental Health. In each of these areas there is work focused on reducing health inequalities for those living in areas of deprivation as well as targeted work for vulnerable groups of children including children in care and care leavers.

### Asthma

The National Bundle of Care is being delivered by the NHS Devon Asthma team including Women and Children's Commissioning, Clinical Lead and Asthma Practitioner. Asthma training has been delivered both online and in person including training on air pollution (both indoor and outdoor) and the impact of housing on respiratory health. Currently there are 3016 education staff trained in children's asthma in Devon. This training has also been offered to foster carers.

As part of the pilot, work is underway to help schools achieve Asthma Friendly status. There are 5 accredited schools in Devon, 30 in the process and 130 who have joined an initial webinar. There is a capacity risk to this work with the funding for the Asthma Practitioner Pilot due to end on 31st March 2025.

A Fuel Poverty Pilot was run in 2 PCNs in Torbay. This used risk stratification searches to identify the children at highest risk of asthma exacerbation cross referenced with IMD to give access to fuel poverty funding.

Stakeholders are working together to ensure that housing quality is not impacting on health. There is NHS Devon representation at the Torbay council housing and health group where training has been developed for landlords around the risks of damp and mould, leaflets, and videos created for healthcare settings to signpost support available.

A reduction has been seen in unplanned admissions for Children and Younger People's (CYP) asthma in Devon when compared to pre-pandemic levels. Devon and Cornwall are the only ICBs in the South West to prevent asthma admissions rising back above pre-pandemic levels.

| | Devon ICB | BSW* ICB | BNSSG** ICB | Cornwall ICB | Dorset ICB | Gloucester ICB | Somerset ICB |
|---|---|---|---|---|---|---|---|
| 2019/20 | 405 | 199 | 285 | 158 | 199 | 180 | 125 |
| 2020/21 | 207 | 126 | 131 | 68 | 85 | 108 | 70 |
| 2021/22 | 270 | 173 | 156 | 101 | 180 | 128 | 90 |
| 2022/23 | 319 | 188 | 206 | 103 | 176 | 159 | 134 |
| 2023/24 | 365 | 249 | 363 | 134 | 201 | 191 | 128 |

## Diabetes

A ‘Getting It Right First-Time’ report for diabetes has been completed and actions for reducing health inequalities are being addressed by the diabetes delivery group.

The primary focus for Type 1 diabetes has been the roll out of Hybrid Closed Loop (HCL) technology, all children under 19 are eligible for this technology and are the current priority group along with pregnant women and vulnerable groups of adults. At the end of Q2 2024 51% children with Type 1 diabetes in Devon were on HCL technology and access to this technology is relatively equitable between children living in the most and least deprived areas of the county.

There is work underway to focus on reducing Type 2 diabetes risk factors. Links have been made with Public Health work focused on healthy weight and improving school food. There was a Devon wide event focused on Type 2 diabetes prevention in November 2024.

## Epilepsy

There is an Epilepsy Operational Delivery Network (ODN)report for each provider in Devon and actions on equity of access to Epilepsy Specialist Nurses, transitions to adult services, improving mental health support and considering cost of travel to tertiary services are being progressed.

## Oral Health

As outlined above, improving the oral health of children and young people has been a focus of the Oral Health Steering Group. There have been three oral health improvement programmes commissioned for CYP with supervised toothbrushing and the Open Wide Step inside programme already up and running. There is a dental service commissioned for children in care and care leavers, currently based in Ilfracombe and Plymouth with plans to look to extend this offer for 2025/26.

The Community Dental Service provides care to children with complex dental problems and those who cannot access mainstream primary care dental services due to additional needs. This service is currently under review and will be considering best options for CYP with learning disabilities and neurodiversity in plans for the service.

The waiting lists for tooth extractions under general anaesthetic have reduced for all age groups (0-17) compared to 2023/24.

## Mental Health

The Children’s Mental Health Team has now integrated with the Women and Children’s Team. Initial meetings have been held to explore the project scope for CORE20PLUS5 actions in mental health. A prioritisation matrix is currently being used to guide the placement of Mental Health Support Teams in schools within areas of deprivation.

There is also a focus on embedding the reduction of health inequalities into the mental health strategy, with particular emphasis on "plus" groups, including children in care, those with Special Educational Needs and Disabilities (SEND), and neurodiverse children.

## Research and Innovation

NHS Devon is a key partner in the Peninsula Research and Innovation Programme (PRIP) with partners across the Peninsula to foster collaborative improvements and innovation in healthcare. These partners include Health Innovation South West, Plymouth and Exeter universities, the Peninsula Applied Research Collaborative and the Peninsula Research Delivery Network. This partnership is focused on creating a flourishing research and innovation ecosystem that supports

academic research and translation into clinical practice. While NHS Devon does not directly engage in research, it uses research evidence in the development of clinical policies and guidelines that influence clinical practice across the system. For example, during the reporting support was made available to the pilot for Neonatal Oral Antibiotics at Home (NOAH) which allows eligible newborns with suspected early-onset infection to transition from intravenous antibiotics in the hospital to oral antibiotics at home after 36 hours. This reduces hospital stays, improves family experiences, minimises potential risk from gentamicin exposure, lowers costs, and optimises workforce capacity. This innovative approach was piloted in Royal Devon University Healthcare NHS Foundation Trust following a research study in the Netherlands. The pilot project was supported by the South West Peninsula Applied Research Collaboration and Health Innovation South West – who are key partners with the ICB in the Peninsula Research and Innovation Partnership. Following that pilot, the approach has been evaluated and is now part of routine practice in RDUH and can be rolled-out to other providers."

NHS Devon also works closely Cornwall and Somerset to implement key deliverables in the Peninsula Research and Innovation Strategy (PRIS), enhancing regional healthcare research and development.

NHS Devon continues to support the development of the Research Engagement Network (REN) to increase opportunities for people to participate in health and social care research, including those working in primary care.

NHS Devon has created a geographic mapping tool powered by dynamic, up to date information about research activity in terms of patient engagement and staff activity. This tool will be used to further identify gaps in activity and address inequalities in participation.

# Health and wellbeing strategy

NHS Devon has fulfilled its general duties under Section 14Z52 of the National Health Service Act 2006 through the publication and delivery of its 5-Year Joint Forward Plan (2024-2029).

By publishing the plan and evidencing the implementation of the activities outlined in the Joint Forward Plan (JFP), described in the table below, NHS Devon demonstrates how it has responded to relevant Joint Strategic Needs Assessments (JSNAs), local Joint Health and Wellbeing Strategies (JHWSs), and delivered on the strategic goals set out in One Devon's Integrated Care Strategy.

## Strategic Alignment

Developed in 2023, One Devon's Integrated Care Strategy sets the strategic direction for a five-year period. The strategy was co-produced through extensive engagement with stakeholders, including Overview and Scrutiny Committees, Health and Wellbeing Boards, and the public. It builds on previous system-wide efforts to address the priorities that matter most to our communities and improve health outcomes across Devon.

At the time of its development in 2023, the strategy was informed by the most up-to-date Joint Strategic Needs Assessments (JSNA) from the three Health and Wellbeing Boards (HWBB) in Devon, Plymouth, and Torbay, ensuring alignment with local Joint Health and Wellbeing Strategies (JHWS).

Since its initial publication, there has been ongoing engagement with the three Devon Health and Wellbeing Boards, with the JFP being refreshed annually. As part of this update process, Health

and Wellbeing Boards are asked to confirm alignment between the JFP and their latest JSNAs and local Health and Wellbeing Strategies.

The table below presents the statements provided by the Health and Wellbeing Boards during the last review of the Joint Forward Plan (2024-2029) undertaken in July/August 2024. These statements are included in the JFP to evidence strategic alignment.

Health and Wellbeing Board statements confirming strategic alignment

| **Torbay Council** |
|---|
| Torbay Health and Wellbeing Board endorse the refreshed Devon Joint Forward Plan (2024-29), being satisfied that the Plan continues to take account of the current Health and Wellbeing Strategy for Torbay and continues to support its ongoing development. |
| **Plymouth City Council** |
| Plymouth's HWBB have reviewed the updated JFP (2024-29), which builds on the previous version which was developed with engagement and consultation with the HWB. The Plymouth HWBB endorses the Plan and is assured that it takes account of the current health and wellbeing strategy for Plymouth. The focus on inequalities in access and in outcomes is welcomed, and we look forward to seeing the shift in resources required to deliver on this aim. |
| **Devon County Council** |
| The Devon Health and Wellbeing Board has been engaged throughout the process of development of the JFP and has been consulted on each formal draft, raising questions and highlighting potential omissions. The DCC HWBB is happy to endorse the refreshed Plan (2024-29) and is assured that it takes account of the current health and wellbeing strategy for Devon. |

## How NHS Devon is Discharging Its Duties

The following table, taken from Appendix A of the published Joint Forward Plan (2024-2029), outlines how specifically the Integrated Care Board intended to discharge its statutory duties under Sections 14Z34 to 14Z45 and Sections 223GB to 223N (financial duties) for the financial year 2024/25.

| NHS statutory duties | How we meet our duties | ICB Duty Sections |
|---|---|---|
| Describe health services the ICB proposes to arrange to meet needs | This Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an Operating Plan that provides more detail about the planned performance of services. | 14Z52, 14Z53, 14Z54 |
| Duty to promote integration | The Joint Forward Plan is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each section describes how system partners are working together to deliver joined up services.<br><br>NHS Devon is discharging its statutory duty to promote the integration of health services with health-related and social care services through strengthened collaboration across One Devon. Our approach focuses on aligning clinical leadership, quality oversight, and service transformation to ensure that individuals | 14Z42 |

| NHS statutory duties | How we meet our duties | ICB Duty Sections |
|---|---|---|
| | experiences coordinated and joined-up care, particularly those with complex or long-term needs.<br><br>The integration agenda is further supported using EQIA-informed training and governance, helping staff consider system-wide impacts as part of business-as-usual. Ongoing development of collaborative working arrangements through forums such as the Clinical Cabinet and SQG will continue to strengthen NHS Devon's delivery against this duty. | |
| Duty to have regard to wider effect of decisions | The Joint Forward Plan is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood | 14Z43 |
| Implementing any JLHWS | There are three Health and Wellbeing Boards in Devon and we have worked closely with all three to ensure that their priorities are reflected in this plan. | 14Z52, 14Z53, 14Z54 |
| Financial duties | Refresh of system-wide Medium Term Financial plan that will set out how Devon will achieve financial balance over the JFP 5 year period. Year on year delivery of agreed annual financial plan. | 223M |
| Duty to improve quality of services | Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality. In accordance with the National Quality Board (NQB) guidance have robust mechanisms in place to enable proactive improvement and risk management where quality and safety standards are not being met or are at risk. We have developed ways to effectively share intelligence and triangulate insights. and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system recognising responsibility sits in different teams across provider, NHS Devon and others. | 14Z34 |
| Duty to reduce inequalities | One of our system aims is 'tackling inequalities in outcomes, experience and access' and two of our strategic goals focus on the top five risk factors and causes of death and disability. A third strategic goals explicitly states that we want 'everyone to have an equal opportunity to be healthy and well'. To achieve this each section of our plan outlines how relevant workstreams will contribute to reducing inequalities, particularly in relation to Core20PLUS5 (including Children) and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families. NHS Devon's newly established Population Health function will be a key enabler and will co-ordinate our cross system work in this area | 14Z35 |
| Duty to promote involvement of each patient | We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal 'People in Devon will be support to stay well at home, through preventative, proactive and personalised care'. Specifically, the Primary and Community Care workstream describes how it will use the comprehensive model of personalised care to deliver this ambition. | 14Z37 |

| NHS statutory duties | How we meet our duties | ICB Duty Sections |
|---|---|---|
| Duty to involve the public | Our Working with People and Communities Framework sets out our principles for involving local people. The communications and involvement enabling programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way. | 14Z45 |
| Duty to enable patient choice | We support patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which supports patient choice at the point of referral into secondary care. | 14Z37 |
| Duty to obtain appropriate advice | We ensure that we obtain appropriate advice throughout the development of plans. This includes from clinicians (both local and through regional networks), NHSE (regional and national), the South West Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health. | 14Z38 |
| Duty to promote innovation | We work closely with Health Innovation South West and Peninsula Research and Innovation Partnership to ensure we are cognisant of innovation and best practice. The Research and Innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty. | 14Z39 |
| Duty in respect of research | NHS Devon is a key partner in the Peninsula Research and Innovation Programme (PRIP) with partners across the Peninsula to foster collaborative improvements and innovation in healthcare. These partners include Health Innovation South West, Plymouth and Exeter universities, the Peninsula Applied Research Collaborative and the Peninsula Research Delivery Network. This partnership is focused on creating a flourishing research and innovation ecosystem that supports academic research and translation into clinical practice. While the NHS Devon does not directly engage in research, it uses research evidence in the development of clinical policies and guidelines that influence clinical practice across the system.<br><br>We work closely Cornwall and the Isles of Scilly and Somerset to implement key deliverables in the Peninsula Research and Innovation Strategy (PRIS), enhancing regional healthcare research and development.<br><br>NHS Devon continues to support the development of the Research Engagement Network (REN) to increase opportunities for people to participate in health and social care research, including those working in primary care.<br><br>NHS Devon has created a geographic mapping tool powered by dynamic, up to date information about research activity in terms of patient engagement and staff activity. This tool will be used to further identify gaps in activity and address inequalities in participation. | 14Z40 |

| NHS statutory duties | How we meet our duties | ICB Duty Sections |
|---|---|---|
| Duty to promote education and training | NHS Devon works collaboratively with academic institutions including Petroc, City College Plymouth, Exeter and South Devon colleges, Marjon, Plymouth, Exeter and Bristol Universities, NHS partners, and social care providers to promote health and care as a career option. This includes supporting the development of education programmes and learners within practice settings. Our strategic workforce plans are aligned with service transformation priorities to ensure a sustainable supply of skilled staff, delivering care at the right time, in the right place, supported by clear reporting frameworks and robust metrics.<br><br>In discharging our statutory duty to promote education and training, NHS Devon has embedded equality and quality awareness across the organisation. A comprehensive training programme delivery for all staff is ongoing, with strong uptake across directorates. The EQIA policy has been updated in line with legislation and best practice, equipping staff to assess and address inequality and quality risks in service design and delivery. Training content is continuously improved based on participant feedback, ensuring relevance and effectiveness. The Datix system has also been enhanced to track compliance with EQIA processes, strengthening governance and assurance around the delivery of safe, equitable care. | 14Z41 |
| Duty as to regard to climate change etc | Our Green Plan enabling programme outlines our clear commitment to successfully deliver targets for all local authorities to be carbon neutral by 2030 and the NHS by 2040. | 14Z44 |
| Addressing the particular needs of children and young people | Our plan includes specific strategic goals on children and young people and the children and young people delivery programme outlines the wide programme of work. Specific work programmes ensure that the NHS Devon's duties are met for;<br>• Special Education Needs and Disabilities (SEND)<br>• Safeguarding<br>• Children in Care | |
| Addressing the particular needs of victims of abuse | We are active members of the three Safety Partnerships, two Safeguarding Adult Boards and three Safeguarding Children Partnerships in Devon. We work together to improve recognition of and protection of victims of abuse, to understand the needs of victims and survivors so they feel safe and can recover, and to work with communities to prevent and tackle community safety issues. We undertake individual case reviews to identify good practice and areas for improvement, and we work with partners to embed learning into practice to improve care, safety, and patient experience.<br><br>We work with our health providers to improve the recognition of and response to those affected by violence and abuse, whether they be patients or staff members, and to meet the health needs of those impacted by trauma. | |

# Delivering the Joint Forward Plan through NHS Devon's Annual Plan

In 2024/25, NHS Devon's Annual Plan has been the primary delivery mechanism for progressing the strategic objectives set out in the Joint Forward Plan.

Progress on delivery has been closely monitored through the organisation's Programme Management Office (PMO), with the Board receiving regular assurance via a monthly Board report.

The table below highlights some of the key objectives led by NHS Devon that demonstrate the progress that has been made in 2024/25 towards delivering the JFP and One Devon Integrated Care Strategy in response to Joint Strategic Needs Assessments (JSNAs),

| Theme | Focus | What have we delivered in 2024/25 |
|---|---|---|
| Healthy People | Primary Care and Dental Services | Achieved the lowest level of Did Not Attend (DNA) rates for General Practice appointments of any ICB area (most recent data – December 2024).<br><br>Ranked second highest in the raw offer of General Practice-provided clinical contacts of any ICB area (most recent data – December 2024).<br><br>Reduced the number of GP practices with high/very high resilience challenges by approximately 40%, with national interest in our resilience programme.<br><br>Launched four different pilot models of General Practice at the PCN level.<br><br>Initiated multiple dental programmes and service changes to deliver an increase in dental activity in 2025/26.<br><br>Delivered the 'Know Your Numbers' campaign to raise awareness of high blood pressure, its risks, and local services where people can check their blood pressure and get clinical advice or treatment. |
| | Community Care | Completed the Anchor Organisation Strategy.<br><br>Secured a successful National Lottery bid for the One Northern Devon Local<br><br>Care Partnership, in collaboration with the VCFSE, to fund six Community Developer roles and two Connector roles across Northern Devon (Youth/Rural).<br><br>Continued the use of Prevention and Health Inequalities funding at LCP level to support the Community Development workforce.<br><br>Established the Devon Engagement Partnership (DEP) to bring together health and care engagement professionals, including partners from Healthwatch and the VCSE Assembly. |
| | Elective Care | Clearance of all 104ww patients. |

| | | |
|---|---|---|
| | | Significant reduction in all long waiting patients across the system.<br><br>System achievement of the 28-day faster cancer diagnosis and the 62 day performance.<br><br>Community Diagnostic Centre (CDC) opened in Torbay with an additional expansion opened in Exeter.<br><br>System achievement of the Patient Initiated Follow Up (PIFU) 5% deliverable.<br><br>System achievement of Advice and Guidance utilisation deliverable. |
| | Urgent Care | Delivered progress across six core workstreams: SDEC, Virtual Wards, Frailty, End of Life, UCR, and Community Urgent Care.<br><br>Achieved a significant reduction in ambulance handover delays.<br><br>Improved performance in Emergency Departments and Category 2 response times.<br><br>Successfully transitioned Care Coordination into the IUCS service.<br><br>Took a system-wide approach to winter communications for the eighth consecutive year, building on award-winning work to provide clear, practical advice to vulnerable groups on staying healthy during colder months. |
| | Children and Young People | Enhanced executive/ director leadership in the ICB, across multiagency partnerships and with health providers to ensure the needs of children are understood and prioritised. Focused use of improvement tools and levers drive necessary change.<br><br>Multi Agency Safeguarding Hub (MASH) capacity increased to enable the Devon to meet its statutory duties under Working Together to Safeguard Children responsibilities.<br><br>Improved reporting and increased access for children and young people with needs relating to emotional wellbeing and mental health both in 2024/25 and in future years through investment in Mental Health Support Teams and the procurement of the system wide Emotional Wellbeing & Mental Health Service.<br><br>Autism recovery programme implemented across the Devon system to establish a more streamlined pathway of support, assessment and delivery models. |

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|---|---|---|
| | | Neurodiversity Hub established on MyHealth Devon providing support, information and resources for children, young people and families.<br><br>Children and Young People provider services represented on the System escalation dashboard to enable reporting on operational pressures.<br><br>Launched Council for Disabled Children SEND level 1 training and developed Standard Operating Processes across the health system for SEND statutory processes. |
| | Maternity, Neonatal and Women's Health | Executive leadership to drive the effectiveness of the Board for the Local Neonatal Maternity System.<br><br>Focus on the diagnostics arising from the national maternity safety support programme to oversee and enable necessary improvement and transformation.<br><br>Perinatal Pelvic Health Services (PPHS) have been implemented in all Trusts<br><br>All Trusts have provided sufficient evidence to be compliant with Saving Babies Lives.<br><br>Development of definition and criteria of complex social factors (CSF) to support the work for vulnerable pregnant women and development of a system wide infant feeding strategy.<br><br>Implementation of Real Birth Company antenatal education in all Trusts.<br><br>Implementation of the Devon Menopause Service (DMS). |
| | Adult Mental Health | Met the NHS Long-Term Plan target, ensuring 1,115 women and birthing people could access perinatal mental health support.<br><br>Developed a GP information and resource pack to support engagement with individuals with Severe Mental Illness, improving uptake of annual health checks.<br><br>Implemented the 111 Press 2 option, creating a single point of contact for those experiencing a mental health crisis<br><br>Drafted a dementia strategy through the Mental Health Collaborative.<br><br>Completed the first year of implementing the Mental Health Inpatient Strategy, providing a clearer understanding of capacity requirements and gender specific needs for inpatient beds.<br><br>Conducted a review of the Psychiatric Liaison Service across the NHS Devon footprint. |

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|---|---|---|
| | Learning Disability, Autism and Neurodiversity | As of December 2024, performance is up 1% on the previous year, with an increase in Learning Disability register size to 8,053, continuing the expected upward trajectory, with the majority of uptake recorded in Q4.<br><br>Relocated LD/MH inpatient beds to the South West following £40 million in capital investment. Established a partnership with Bath, North East Somerset ,Swindon and Wiltshire ICB to offer a regional bed provision and introduced the South West Regional Front Door protocol for bed admissions.<br><br>Gained a greater understanding of the LDA community's needs through bed occupancy analysis, leading to quantifiable data that informs future commissioning—particularly a shift from single LD diagnoses to more complex cases involving ASC and other mental health comorbidities.<br><br>Established a governance structure and accreditation process for Right to Choose, supporting the delivery of Autism and ADHD diagnoses. This has led to increased provision and strengthened quality and safety assurance.<br><br>Continued the rollout of Oliver McGowan Mandatory Training across the health system, improving awareness and access to support for people with learning disabilities and autism.<br><br>Developed workforce plans to support the end-to-end pathway in the community, helping to drive progress in reducing health inequalities. This includes work on screening, digital Red Flag alerts, learning from LeDeR, and ongoing AHC audits. |
| Healthy Safe Communities | Housing | We have continued to identify and support low-income households living in poor-quality homes, providing advice on improving housing conditions, reducing fuel costs, and maximising income. Efforts have been targeted at high-risk groups, such as older people not receiving Pension Credit and those with frequent hospital admissions.<br><br>Data sharing across the ICS is improving, helping to better target interventions through tools like the One Devon Dataset and Low-Income Family Tracker.<br><br>The Devon Housing Commission has reported its findings, with recommendations being taken forward by the Combined Authority and local agencies. Plymouth's Housing Taskforce has developed an action plan to address local housing challenges.<br><br>Homelessness remains a pressing issue. While Exeter has the highest recorded rates, rural homelessness is harder to measure. Plymouth faces significant challenges but prevents hundreds of families from becoming homeless each quarter. Work continues across Devon to support those at risk or already homeless. |

| | | |
|---|---|---|
| | Suicide Prevention | In 2024, Pete's Dragons suicide bereavement service have supported 686 (387 new and 299 existing) people affected by suicide.<br><br>Delivered Community Suicide Awareness and Emotional Resilience training to 801 participants across Devon in 2024.<br><br>Delivered Primary Care Suicide Prevention Training to 89 clinicians across Devon ICS in 2024.<br><br>Put on a Domestic abuse and Suicide Conference - November 2024, attended by over 120 delegates.<br><br>Development and distribution of thousands of 'It's OK to talk about suicide leaflets' - co-designed with people with lived experience.<br><br>Provided small-grants suicide prevention funding of between £1,000 and £10,000 to 26 community and grass roots organisations across One Devon. |
| | Health Protection | Increased access to winter vaccinations through wider provision from Community Pharmacies and outreach teams.<br><br>Increased activity to data cleanse 0-5s vaccination records to support accurate reporting and identification of future priorities.<br><br>Delivered a range of vaccination campaigns targeting different groups, contributing to some of the highest vaccination uptake rates in the country. |
| Healthy Sustainability System | Clinical Effectiveness, research, Innovation and Improvement | Agreement of £50k funding for PRIP for 2024/25<br><br>PRIP Mission groups established and supported by One Devon colleagues<br><br>Letter of support for PenARC bid<br><br>Involvement in design of national R&I metrics as a member of ICB R&I metrics pilot project.<br><br>Collaboration with neighbouring ICBs to share approaches to improving connections between R&I work and commercial research activity |
| | Estates and Infrastructure | Delivery of an ICS system infrastructure strategy<br><br>NHS estate in Devon mapped out in considerable detail<br><br>PCN estates strategy completed<br><br>Achieved full system of collaboration of Estates and Facilities Directors |
| | Workforce | Robust system wide workforce controls implemented securing associated financial savings and improvements including |

| | | |
|---|---|---|
| | | reduction in agency usage to 2.1% of pay bill (lowest agency usage in Southwest)<br><br>Implementation and delivery of workforce financial recovery programs supporting workforce transformation, reduced reliance on temporary workforce, improved medical & non-medical productivity.<br><br>Commencement of programs to support workforce transformation (i.e. standardised job evaluation, development of workforce transformation product). |
| | Digital and Data | Devon and Cornwall Care Record – eTEP implemented on the DCCR now with over 19,500 eTEPs, 20,000 users, RDUH connected with 6,000 users, supported the development of the National Record Locator within the Orion Health platform.<br><br>Roadmap developed for a Digital Collaborative Corporate Service<br><br>TSDFT and UHP achieved sign-off of FBC for a new Electronic Patient Record<br><br>Digitising Social Care programme performed higher than the national average and is currently exceeding the national target of 80% with 92% of care home and domiciliary care providers with a digital social care record.<br><br>Rationalisation of data centres from 15 to 8<br><br>HSJ Winner (Gold) for the Virtual Care Project of the Year 2024 for ICS Devon developed 'GP in the Cloud' remote working solution for GP locums |

## Financial review

This financial review covers the year ended 31 March 2025.

The NHS financial framework enables NHS Devon to take the appropriate spending decisions to provide health services to our population. We receive additional specific resource allocations for primary medical care services, elective recovery and discharge funding, as well as funding for service development.

In line with our financial plan agreed with NHS England, NHS Devon delivered a financial surplus of £28.4m for the year ending 31 March 2025.

NHS Devon's reported position against its revenue resource limit is set out below:

| Financial Summary | Year ended 31 March 2025<br><br>£ million | Year ended 31 March 2024<br><br>£ million |
|---|---|---|

| | | |
|---|---|---|
| Revenue resource limit | 3,200.63 | 2,981.67 |
| Total net operating cost for the financial period | 3,172.21 | 2,945.25 |
| (Overspend) / Underspend | 28.42 | 36.42 |

NHS Devon has purchased capital items totalling £0.1m, meeting its capital resource limit.

NHS Devon also managed to meet the following further financial duties:

- Running costs contained within the agreed allocation: for NHS Devon this was achieved with reported expenditure of £19.50m.
- Managing cash resources received from NHS England against a mandated threshold, the annual cash drawdown requirement.
- Compliance with the Better Payment Practice Code

## How NHS Devon funds were spent in the year ended 31 March 2025

NHS Devon is accountable to the public for how it allocates and spends taxpayers' money in each financial year.

The table below shows the spend by service type which includes contract and non-contractual expenditure with NHS providers, independent providers, local authorities and the voluntary sector, and shows the running costs for NHS Devon. It largely reflects historical levels of expenditure and trends in current demand:

| | 31-Mar-25 | | 31-Mar-24 | |
|---|---|---|---|---|
| **Service type** | **£m** | **%** | **£m** | **%** |
| Acute | 1,606.28 | 50.6% | 1,479.21 | 50.2% |
| Primary care | 671.71 | 21.2% | 620.31 | 21.1% |
| Continuing care | 170.37 | 5.4% | 161.29 | 5.5% |
| Community health services | 363.17 | 11.4% | 339.49 | 11.5% |
| Mental health | 337.16 | 10.6% | 308.11 | 10.5% |
| Other | 4.02 | 0.1% | 13.66 | 0.5% |
| Corporate | 19.5 | 0.6% | 23.18 | 0.8% |
| | | | | |
| Total | 3,172.21 | 100.0% | 2,945.25 | 100.0% |

## Going concern

The NHS Devon Board has prepared these financial statements on a going concern basis, in other words the organisation will continue to operate for the foreseeable future. Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

## Name of external auditor, plus costs

NHS Devon appointed KPMG LLP as its external auditor and paid £252,886 (£210,738 excluding VAT) for year ended 31 March 2025, £247,200 (£206,000 excluding VAT) for the year ended 31st March 2024.

Included in the accounts is £18,414 (£15,345 excluding VAT) for an independent review of the 2024-25 Mental Health Investment Standard.

## Basis of accounting

The financial statements contained within this report have been prepared in accordance with the direction given by NHS England under the National Health Service Act 2006 (as amended) and in a format instructed by the Department of Health with the approval of HM Treasury.

The accounts present our results for, and financial position to, the period ended 31 March 2025. They have been prepared under International Financial Reporting Standards (IFRS) using the accounting policies shown in the notes to the accounts, in accordance with the 2024/25 Group Accounting Manual (GAM) issued by the Department of Health and Social Care. They comprise a Statement of Financial Position, Statement of Comprehensive Net Expenditure, a Statement of Cash Flows, and a Statement of Changes in Taxpayers' Equity, all with related notes.

## Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of Parliament. They are divided into different categories including cash losses, bad debts, extra contractual payments to contractors and compensation payments.

During 2024/25 there have been three compensation payments totalling £23,616.76.

## 2025/26 Financial Outlook

NHS Devon, in partnership with primary and secondary care providers, continues to collaborate with other One Devon system partners to ensure that expenditures align with available resources. The 2025/26 financial plans focus on improving service performance and productivity, while advancing the key ambitions outlined in the NHS Long Term Plan.

**Funding**
In 2025/26, NHS Devon received recurrent base growth funding of 3.85%, equivalent to £94.6m. For the running costs of NHS Devon there is a reduction in base funding from £19.6m to £18.0m, necessitating savings. In addition to the running cost reduction all ICB's have been asked to produce plans to reduce their overall costs on administration and programme pay costs to £18.96 per head of weighted population. For NHS Devon this is a further reduction in costs of £12.4m. We are awaiting details of how ICB's are expected to achieve this but anticipate that implementation will need to be commenced in the final 6 months of 25/26.

**Key Challenges**
Despite additional funding, the efficiency requirements will make 2025/26 a particularly challenging year.

The national priorities to improve patient outcomes in 2025/26 are:

- **Elective Care:** Reduce waiting times, ensuring 65% of patients receive elective treatment within 18 weeks by March 2026.

- **Cancer Diagnosis:** Improve performance against the 62-day treatment target and increase compliance with the Faster Diagnosis Standard.
- **Emergency Care:** Improve A&E and ambulance response times, with at least 78% of A&E patients seen within 4 hours and Category 2: for emergency calls, such as stroke patients, ambulance response times averaging no more than 30 minutes.
- **Primary & Urgent Care:** Enhance GP access, patient experience, and provide additional urgent dental appointments.
- **Mental Health:** Improve patient flow in crisis and acute pathways, reduce length of stay in adult acute beds, and expand access to children and young people's (CYP) mental health services.

In delivering on these priorities for patients and service users, NHS Devon and providers will work together, with support from NHS England, to:

- **Reducing Demand & Improving Access:** Develop models to prevent avoidable hospital admissions and enhance access to urgent and emergency care.
- **Digital Transformation:** Making full use of digital tools to drive the shift from analogue to digital.
- **Health Inequalities & Prevention:** Focus on secondary prevention, systematically detecting the early stages to disease before full symptoms develop, to reduce health inequalities and improve long-term outcomes.
- **Financial Sustainability:** Operate within allocated budgets by reducing waste, improving productivity, and prioritising resources to achieve a balanced system financial position across system partners.
- **Quality & Safety:** Maintain high standards, particularly in maternity and neonatal care and addressing variation in access, experience, and outcomes.

## Financial and System Performance

NHS Devon is tasked with achieving a balanced financial position across the One Devon system. While the NHS Devon has submitted a surplus plan of £8.0m for 2025/26, the overall One Devon system projects a breakeven position after receiving £53.8m deficit support funding. This underlying financial challenge has led to NHS Devon and the three Devon acute provider organisations being kept at Level 4 under the NHS Oversight Framework (NOF4) in 2024/25, the highest level of national oversight for finance and performance.

## Recovery Support Programme

As part of NOF4, NHS Devon and its partners receive intensive, mandated support from NHS England through the nationally coordinated Recovery Support Programme. This programme includes targeted interventions designed to address systemic issues within a defined timeframe.

NHS Devon has implemented a Transforming Devon Programme to lead the delivery of medium term, system wide programmes that will contribute to the delivery of clinical, workforce and financial sustainability across the system. Initially delivering across four key pillars – Clinical Service Change, System Productivity and Efficiency, Integrated Clinical Support Services and Shared Non-Clinical Support Services, the Transforming Devon Programme will ultimately become the vehicle for the delivery of NHS Devon's Health and Care Strategy that will be developed in the first half of 2025/26

## Financial Recovery and Risk Management

The Devon system remains committed to financial recovery, developing and implementing plans to improve both financial and service performance. The 2025/26 plan carries inherent risks, requiring

continuous evaluation and mitigation in collaboration with partner organisations. Key financial risks include:

1. **Core Services and Productivity:** Maintaining core services while ensuring adequate resources to support Government commitments, such as meeting the Mental Health Investment Standard.

2. **Funding Provider Contracts:** Meeting contractual obligations and managing in year financial risks amidst substantial system savings targets.

3. **NHS Devon Running Costs:** Adapting to the reduced running costs allowance, which may exacerbate staffing pressures and workforce challenges.

NHS Devon's success depends on effective collaboration with local authorities, primary care services, and hospitals, as well as engaging service users and the public to better understand the health needs of the local population.

## Risk Management Framework

Not all risks can be fully mitigated. NHS Devon manages risks using a structured risk register, which evaluates risks based on likelihood, impact, and the strength of existing controls. Each risk is assigned to an accountable individual and reviewed regularly by the Audit and Risk Committee, the Executive Committee, and the Board to ensure robust oversight.

Through collective action and risk management, NHS Devon strives to balance financial challenges while enhancing patient outcomes and experience.

# Accountability report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

1. The Corporate Governance Report sets out how we have governed the organisation during the period 1 April 2024 to 31 March 2025 including membership and organisation of our governance structures and how they supported the achievement of our objectives.
2. The Remuneration and Staff Report describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.
3. The Parliamentary Accountability and Audit Report brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

**Steve Moore**
Accountable Officer and Chief Executive Officer
NHS Devon Integrated Care Board

24 April 2025

# Corporate Governance Report

## Members Report

The NHS Devon Integrated Care Board (NHS Devon) was established on 1 July 2022 with the following core purposes:

- To agree the strategic priorities and resource allocation for all NHS organisations in Devon; and
- To lead the improvement and integration of high-quality health and care services for all communities across Devon

The NHS Devon Board takes responsibility for determining the governing arrangements for NHS Devon, including arrangements for clinical leadership which are set out in the NHS Devon Constitution.

The NHS Devon Board comprises executive, independent non-executive and partner members together with a mental health member.

- Executive members, who are appointed through an open and competitive recruitment process in line with national guidelines, propose the strategic direction of the organisation and are responsible for its decision-making and performance to ensure the delivery of high quality, safe and efficient services
- Independent non-executive members, who are also appointed through an open and competitive recruitment process in line with national guidelines, bring independent judgment, external perspectives and advice in respect of strategy, vision and performance and constructively challenge, influence and support the executive members
- Partner members and the mental health member, who are appointed by an appointments panel which sets out a role specification and requests nominations from the membership of each professional group, bring knowledge and a perspective from their sector, but do not act as a delegate from that sector

At the end of 2024/25 the NHS Devon Board agreed to propose a number of amendments to the NHS Devon Constitution (which were approved by NHSE England in May 2025 and are effective as of 01 June 2025). Amongst these amendments was the addition of a Voluntary, Community and Social Enterprise (VCSE) member to the NHS Devon Board.

# Composition of NHS Devon's Board

The members of the NHS Devon Board as of 31 March 2025 are as shown below, with all members commencing their tenure on 1 July 2022, unless indicated. Kevin Orford became Acting Chair as of 10 June 2024. Following a full recruitment process to appoint a new Chair for the organisation, he was subsequently appointed as Chair on 17 December 2024.

In accordance with the NHS Devon Constitution (as approved in May 2025), the Board has 17 members. However, to enable a handover of responsibilities there was an additional Independent Non-Executive Member whose term of office end on 31 March 2025. As at 31 March 2025 eight Board members were female and nine were male.

Biographies for our Board members are available on our website: https://devon.icb.nhs.uk/nhs-devon-board/board-members/

**Kevin Orford**

Independent Chair (from 17.12.2024)

Acting Chair (from 10.06.2024 until 17.12.2024)

Independent Non-Executive Member, Finance and Remuneration (until 10.06.24)

**Steve Moore**

Chief Executive Officer (CEO)

(from 12/2/24)

**Kirsty Denwood**

Interim Chief Finance Officer (from 01.01.2025)

**Peter Collins**

Chief Medical Officer (from 14.10.2024

**Penny Smith**

Chief Nursing Officer (from 1/12/2023)

**Piers Tetley**

Chief People officer

**Philippa Harding**

Interim chief communications and corporate affairs officer

**Thandiwe Hara**

Independent Non-Executive Member

**Graham Clarke**

Independent Non-Executive Member

**Lopa Patel MBE**

Independent Non-Executive Member

**Salma Ali**

Independent Non-Executive Member

**Kaye Bentley**

Independent Non-Executive Member

**Sam Higginson**

Partner member for NHS and Foundations trusts, (Chief Executive, Royal Devon University Healthcare NHS Foundation Trust

**Dr Frank O'Kelly**

Primary Care for Partner Member (GP Partner, Amicus Health)

**Donna Manson**

Partner member for local authorities (Chief Executive, Devon County Council)

**Lincoln Sargeant**

Partner Member for local authorities (Director of Public Health at Torbay Council)

**Phill Mantay**

Partner member for Mental Health (Chief Executive, Devon Partnership Trust)


**Vacant**

Partner member, Voluntary, Community and Social Enterprise (VCSE)

Membership of the Audit and Risk Committee and the Remuneration Committee (previously known as the Remuneration and ICB Internal Workforce Committee) can be seen in Appendix 1.

In addition to the membership set out above, other Board Members between 1 April 2024 and 31 March 2025 were:

| Name | Role | Term of Office |
|---|---|---|
| Sarah Wollaston | Independent Chair | 1 July 2022 – 10 June 2024 |
| Nigel Acheson | Chief Medical Officer | 1 July 2022 - 30 June 2024 |
| Ruth Harrell | Partner Member for Local Authorities | 23 August 2023 – 31 July 2024 |
| Liz Davenport | Partner Member for NHS Trusts and NHS Foundation Trusts | 1 July 2022 – 31 December 2024 |
| Bill Shields | Chief Finance Officer and Deputy Chief Executive | 7 November 2022 - 01 January 2025 |
| Sheena Asthana | Independent Non-Executive Member for Health Inequalities and Population Health | 1 July 2022 – 7 January 2025 |
| Judy Hargadon | Independent Non-Executive Member for Primary Care | 17 March 2023 - 31 March 2025 |
| Martin Sykes | Interim Independent Non-Executive Member | 12 November 2024 – 31 March 2025 |

During the reporting period, the NHS Devon Board regularly invited the following individuals to attend any or all of its meetings:

- Chief executive of Cornwall and the Isles of Scilly Integrated Care Board
- Chair of the Integrated Care Partnership
- Chief communications and corporate affairs officer
- Chief operating officer
- Chief people officer

## Register of Interests

NHS Devon maintains an electronic register of interests and a register of gifts and hospitality declarations via the platform Civica Declare. The process for managing and maintaining the register of interest is overseen by the Corporate Governance Team and regular assurance reports are shared with the Audit and Risk Committee. The organisation's policy for managing conflicts of interest can be found on its website.

The registers for NHS Devon Board Members and managers classified as 'decision-makers' (Agenda for Change Band 8d and above) can be found on the NHS Devon website: https://nhsdevonicb.mydeclarations.co.uk/home

## Personal data related incidents

Personal data breaches are reported on Datix via the 'Internal Incidents' icon available to every member of staff on their desktop. All incidents are reviewed, graded and investigated further by NHS South Central and West Information Governance Services and the Data Protection Officer (DPO).

During the period of 1 April 2024 – 24 February 2025, NHS Devon reported 139 internal incidents. The majority of incidents were graded as 'green' and therefore considered as minor incidents with no/low risk. In the reporting period, one of the incidents was reported to the Information Commissioner's Office (ICO) but no further action was taken by the ICO.

## Modern Slavery Act

NHS Devon fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2025 is published on our website at https://onedevon.org.uk/nhs-devon/safeguarding/

# Statement of Accountable Officer's responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of NHS Devon and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts and
- Prepare the accounts on a going concern basis and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each ICB shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed the Chief Executive Officer to be the Accountable Officer of NHS Devon. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Devon assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Devon's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Steve Moore

Accountable Officer, Chief Executive Officer

NHS Devon Integrated Care Board

19 June 2025

# Governance Statement

## Introduction and context

NHS Devon Integrated Care Board (NHS Devon) is a body corporate established by NHS England on 1 July 2022 under the National Health Service Act 2006 (as amended) (known as the 2006 Act).

NHS Devon's statutory functions are set out under the 2006 Act.

NHS Devon's general function is arranging the provision of services for persons for the purposes of the health service in England. NHS Devon is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

Between 1 April 2023 and 31 March 2025, NHS Devon was not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006 (as amended).

Since 13 July 2022 NHS Devon has been identified as being within Segment 4 of the NHS Oversight Framework (NOF4). This means NHS Devon has been under the

national Recovery Support Programme (RSP), which has provided it with intensive support. At the same time as helping to address the specific issues that have triggered mandated intensive support, NHS England has considered long-term solutions and any structural issues affecting NHS Devon's ability to ensure high quality, sustainable services for the public.

During 2024/25 NHS Devon and NHS England agreed that the following criteria must be met before NHS Devon moves out of NOF4:

**Strategy**

- Delivery of phase 2 of the Acute Services Sustainability Programme
- Develop and commence implementation of a plan to eliminate unwarranted duplication of specialist DGH services across Devon.

**Leadership**

- Demonstrate collaborative decision-making in delivering all the RSP exit criteria at both system and organisational levels, based on the principle of delivering the best, most sustainable and most equitable solutions for the whole population served by the system

**Urgent and Emergency Care**

- Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement.

**Elective Care**

- Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement

**Finance**

- Develop and deliver a short-term financial plan (2024/25) that is signed off regionally and nationally.
- Delivery reductions in the run rate for each consecutive quarter.
- Agree financial recovery trajectory with NHS England, which includes specific dates for the achievement of non-recurrent and recurrent balance with clear milestones, and the confidence from NHSE as to the deliverability of the plan. This deliverability will be demonstrated through the achievement of key (materially significant) milestones.

In addition to NHS Devon being in NOF4, the three acute trusts within the One Devon System are also in this segmentation. Whilst each organisation has accountability for approving and delivering its own improvement plan, the NHS Devon Board also has a role in the system-wide recovery process by providing strategic leadership for whole-system approaches to service and financial sustainability. Accordingly, there is now a System Recovery Programme in place which provides clear roles and responsibilities

for NHS Devon and the three acute trusts and how progress is reported to NHS England.

A key element of the NOF4 monitoring process are the monthly reviews of progress against key performance indicators and exit criteria undertaken by the NHS England System Improvement and Assurance Group (SIAG), which is chaired by the NHS England South West Director. These meetings are used to hold to account the Chief Executive Officers of NHS Devon and the three acute Trusts for delivering their improvement plan.

The SIAG requires a report to each of its meetings in relation to each of the acute providers as well as NHS Devon, containing details on performance against agreed trajectories, progress within the last month, actions for the next month, risks and mitigations, and any areas of escalation for support.

To meet the SIAG and all other reporting requirements, NHS Devon reports performance aligned to the NOF4 domains on a monthly basis. This report is then used as a framework to report to the Locality Delivery and Planning Groups, the One Devon System Leadership Group, the NHS Devon Executive and the NHS Devon Board.

This reporting is supplemented with a narrative to provide any further clarification, detail, or escalation, by exception, where performance or improvements has not met or has exceeded agreed standards. This narrative report, supported by the SIAG report, is presented to the NHS Devon Finance and Performance Committee and Quality and Patient Experience Committee for detailed review to enable it to provide assurance to the Board when the report is received at each meeting in public of the NHS Devon Board.

NHS Devon and the other provider organisations with this the One Devon Integrated Care System who have been allocated to NOF4 undertook a self-assessment of their position in relation to the published exit criteria. This has been submitted to NHSE for consideration in light of the proposed move to a new oversight framework.

# Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of NHS Devon's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my NHS Devon Accountable Officer Appointment Letter.

I am responsible for ensuring that NHS Devon is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within NHS Devon as set out in this governance statement.

# Governance arrangements and effectiveness

NHS Devon is an Integrated Care Board, which is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England. It is an NHS body for the purposes of the 2006 Act.

The membership and attendance record for the Board and its committees, together with highlights of their work are at Appendix 1. The Terms of Reference of these committee are contained within the Governance Handbook

The Board has seven committees reporting to it. This includes two statutory committees (the Audit and Risk Committee and the Remuneration Committee), the NHS Devon Executive and an additional four Board Assurance Committees (the Quality and Patient Experience Committee, the Finance and Performance Committee, the Population Health Improvement Committee and the People and Organisational Development Committee). NHS Devon undertook a light touch review of the effectiveness of its Board Assurance Committees at the beginning of 2025 and agreed revised terms of reference and membership of these at its meeting in public on 29 March 2025.

I confirm that NHS Devon has maintained a strong focus on effective governance with this being under constant review to ensure that it meets the needs of the organisation. In addition, a comprehensive review of the effectiveness of the Corporate Governance Framework 2024/25 was also undertaken. Changes made to the Board and its committees during 2024/25 include:

- Establishment of a Population Health Improvement Committee and People and Organisational Development Committee
- Dis-establishment of the Primary Care Commissioning Transition Committee, in light of the establishment of an Executive Commissioning Group.
- Updates to Terms of Reference to ensure that responsibilities around workforce and patient engagement were appropriately allocated.

Other governance updates have included the establishment of an Executive Commissioning Group, One Devon System Leadership Group and the implementation of Locality Planning and Development Meetings to support the system recovery programme and Transforming Devon programme.

To comply with section 14Z49 of the Health & Social Care Act 2022 (general duties of ICBs) NHS Devon keeps under review the skills, knowledge and experience that it considers necessary for members of the board to possess (when taken together) in order for the board effectively to carry out its functions. In line with the fit and proper person's test criteria all board members are required to undertake a range of local and NHS Mandatory Training including modules in respect of safeguarding; patient safety; conflict resolution; equality, diversity and human rights; information governance and conflicts of interest.

In addition, an annual development plan is delivered to address any identified gaps in skills, knowledge or experience gaps and provide updates on areas of focus for NHS Devon and the NHS in general. The 2024/25 Board Development Plan is set out below:

| Date | Subject / Area |
|---|---|
| April 2024 | • Children & Young People – understanding our statutory and regulatory accountabilities and responsibilities<br>• 2024-25 Annual Plan – Delivery and Assurance Structures |
| June 2024 | • Estates Infrastructure Strategy<br>• Developing the Governance Improvement Plan |
| August 2024 | • CEO Perspectives on NHS Devon – six months in<br>• Developing the Vision for NHS Devon – next steps |
| October 2024 | • Feedback from Recovery Support Programme meeting with NHS England<br>• Proposed Transformation Programme for NHS Devon<br>• The Board's role in the development and approval of the 2025/26 Annual Plan<br>• Organisational Purpose<br>• Specialised Commissioning<br>• Provider Collaboratives |
| December 2024 | • Collaborative Working with Primary Care<br>• Planning and Transformation<br>• NHS Devon Purpose, Role and Capabilities – next steps |
| February 2025 | • Devolution White Paper<br>• Strategic Connection – Integrated Care Strategy and Joint Forward Plan<br>• 2025/26 NHS Devon Annual Plan<br>• 2025/26 Operational Plan |
| March 2025 | • 2025/26 Operational Plan<br>• 2025/26 Board Assurance Framework |

# UK Corporate Governance Code

NHS Devon is not required to comply with the UK Code of Corporate Governance.

NHS Devon establishes and reviews its corporate governance arrangements by drawing on best practice, including those aspects of the UK Corporate Governance Code it considers to be relevant. This governance statement is therefore intended to demonstrate NHS Devon's compliance with the principles set out in the Code.

# Discharge of Statutory Functions

On 1 July 2022, NHS Devon was established and took on the statutory powers and duties and powers conferred on it by the 2006 Act and other associated legislature and

regulations. As a result, I can confirm that NHS Devon is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead executive director. Responsibility for each duty and power is clearly outlined in NHS Devon's Scheme of Reservation and Delegation, within the financial limits policy delegations are allocated to a lead director.

Like all ICBs in the country, NHS Devon was required to significantly reduce its running costs during 2023/24 and 2024/25. In order to meet this reduction, and to evolve the organisation into its new system role, a complete re-design of its organisational structures was undertaken. Phase One of this work was completed during 2023/24 and involved reviewing the executive and senior team structures to align portfolios with the delivery of strategic objectives and statutory requirements. Phase 2 of the re-design of the organisation continued throughout 2024/25 and is now substantially complete. Further work on Phase 2 has been paused in light of recent announcements about further running cost reductions.

On 10 March 2025 it was announced that ICBs would be required to reduce their running costs by an average of 50%. Work has been begun on a proposed "clustering" of NHS Devon and NHS Cornwall and the Isles of Scilly ICBs in order to enable the achievement of the required savings.

# Risk management arrangements and effectiveness

NHS Devon recognises that risk management is an integral part of good management practice and to be most effective, it must be embedded within the organisation's culture. A significant amount of work has been undertaken during 2024/25 to further improve the risk management arrangements.

NHS Devon's Risk Management Policy sets out the principles that the organisation will apply in respect of risk management. It provides the tools to assist staff to ensure, as far as is reasonably practicable, that all risks are identified and controlled appropriately and also sets out the process for risk management including how each risk is identified, assessed, recorded, and managed.

Within NHS Devon, risks are derived from two directions (internal sources):

**Bottom Up:** Individuals, teams, directorates, Chief Officers, the NHS Devon Executive and Board Assurance Committees can identify operational risks, with those scoring 12 or above collectively forming NHS Devon's Corporate Risk Register.

**Top Down:** The NHS Devon Board discusses and agrees those strategic risks that it considers the organisation faces in pursuit of its strategic aims, and in fulfilment of its statutory purposes as an Integrated Care Board. These form the strategic risks of NHS Devon and are recorded in its Board Assurance Framework (BAF).

Risks are also identified from external sources such as patients, visitors, contactors, and from other stakeholders. NHS Devon works with its partners to both inform risk

identification and also to assist in management of risks that impact its partners. NHS Devon engages the services of a Counter Fraud Service to support with the identification of possible fraud risks and the associated work to prevent such occurrences.

The amount and type of risk that NHS Devon is prepared to pursue, retain or take in pursuit of its strategic aims and objectives, its risk appetite, was approved by the NHS Devon Board at its meeting in March 2024 along with its strategic risks resulting in the Board Assurance Framework in operation from the start 2024/25.

## Capacity to Handle Risk

The NHS Devon Board is ultimately responsible for the organisation's systems of internal control and risk management arrangements, and for demonstrating leadership, active involvement, and support for risk management across NHS Devon. The role and responsibilities of the Chief Executive Officer, Senior Information Risk Owner, Chief Nursing Officer, Chief Medical Officer and Director of Governance are set out within the Risk Management Policy.

The Risk Management Policy, supporting Standard Operating Procedures together with delivery of a risk management training programme ensures that all staff are equipped to assess, manage, escalate and report risks affecting the organisation and will facilitate decision making about those risks that need immediate treatment and those that the organisation can tolerate for a specified amount of time.

During 2024/25 informal risk management training was provided to Risk Owners who have operational responsibility for the management of risks, and to administrative staff, such as 'Risk Co-ordinators', who record and update the risk related documentation following periodic reviews of risks with Risk Owners. A formal risk management training programme is in development and will be delivered from April 2025 to all NHS Devon staff.

The Corporate Governance team supports Chief Officers, Risk Owners and Risk Co-ordinators with reviews, where necessary, of operational and strategic risks. Identifying learning and best practice enables NHS Devon to share this learning throughout the organisation and helps inform risk management training requirements.

## Risk Assessment

### Operational Risks (Corporate Risk Register)

On 31 March 2025, the Corporate Risk Register contained 30 risks with a current score of 15 or above (15 or above being deemed an 'Extreme Risk').

Each risk on the Corporate Risk Register has an assigned Chief Officer who is ultimately responsible for the risk and the area of work to which the risk relates, and a Risk Owner who has operational responsibility for management of the risk.

During the 2024/25 financial year and as a result of risk discussions within the organisation, a number of new operational risks were added to the Corporate Risk Register covering topics such as in-year delivery of NHS Devon's 2024/25 financial

plan, delivery of the One Devon Integrated Care System financial plan for 2024/25, One Devon Integrated Care System Capital Resources 2024/25, Tuberculosis service provision, potential GP collective action, workforce risks, contracting and commissioning risks, quality and safety risks.

## Strategic Risks – Board Assurance Framework (BAF)

For 2024/25, the NHS Devon Board agreed a new approach to the BAF, closely aligning it to the six themes as set out in the NHS Oversight Framework (NOF): Quality of Care, Access and Outcomes; Preventing Ill-health and Reducing Inequalities; Finance and Use of Resources; People; Leadership and Capability; and Local Strategic Priorities.

The new approach has simplified the BAF from that which was in place for the 2023/24 financial year, enabling a better focus on the agreed BAF risks associated with these themes.

The NHS Devon Executive reviews the content of the BAF and recommends it to the NHS Devon Board for approval. Board Assurance Committees also have regular oversight of relevant BAF risks, with the Chair of each committee providing assurance via their report to each meeting of the NHS Devon Board. In addition, the Audit and Risk Committee regularly reviews the operation of the organisation's risk management system and provides assurance to the NHS Devon Board of its effectiveness.

On 31 March 2025, the BAF contained the following risks:

| NOF Theme: Quality of Care, Access and Outcomes |
| --- |
| If NHS Devon does not work with system partners to deliver NHS service performance for 'All Age' services in line with national standards and quality requirements, then we will fail to deliver on one of our key statutory purposes (improve outcomes in population health and healthcare), resulting in patients across the One Devon Integrated Care System not receiving the services that they need. |
| **NOF Theme: Preventing Ill-health and Reducing Inequalities** |
| If NHS Devon is unable to embed a focus on population health management across all of its 'All Age' services and activities and those of its partners, then we will fail to deliver on of our key statutory purposes (tackle inequalities in outcomes, experience, and access), resulting in patients across the One Devon Integrated Care System potentially continuing to suffer health inequalities. |
| **NOF Theme: Finance and Use of Resources** |
| If NHS Devon does not work with system partners to deliver financial recovery plans, then we will fail to deliver on one of our key statutory purposes (enhance productivity and value for money), resulting in patients across the One Devon Integrated Care System potentially not receiving the services that they need. |
| **NOF Theme: People** |

| |
|---|
| If NHS Devon does not work with system partners to ensure an appropriate NHS workforce, then we will not be appropriately resourced to deliver safe and effective services, resulting in patients across the One Devon Integrated Care System not receiving the services that they need. |
| NOF Theme: Leadership and Capability |
| If NHS Devon does not sufficiently develop its own leadership capability and that within system partners (particularly clinical leadership), then we will fail to deliver transformational change in relation to service delivery, resulting in patients across the One Devon Integrated Care System not receiving the services that they need. |

NB: No BAF risk was identified in relation to the Local Strategic Priorities theme during 2024/25.

# Other sources of assurance

## Internal Control Framework

A system of internal control is the set of processes and procedures in place at NHS Devon to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The external auditors provide independent assurance that NHS Devon is spending and accounting for public money properly, whilst NHS Devon's internal auditors include this within their Head of Internal Audit Opinion (included at the end of this section of the report).

The systems of internal control related to risk management are monitored by the Corporate Governance team to ensure regular reviews of risk are carried out and any breaches are reported, should they occur. The risk reports for the NHS Devon Board, NHS Devon Executive and Board Assurance Committees are produced by the Corporate Governance team.

NHS Devon contracts for clinical services using the NHS Standard Contract which sets out the requirement for the Provider and Commissioner to meet regularly to discuss performance under the contract. The frequency of meetings of is determined by the financial value and/or the complexity of the service. As a minimum small value contract reviews will take place on an annual basis but generally meetings are held more frequently. The frequency can be amended as the need arises. Contract review meetings (CRM) cover activity and finance and achievement of key performance indicators and quality requirements detailed in the contract. Concerns arising from

CRMs are escalated to Deputy Director Contracting and the appropriate NHS Devon lead for the concern e.g Commissioning, Quality, Safeguarding.

System level contracts are monitored through the Director or Performance and Assurance. The contract team are not involved in this monitoring.

Performance of Primary Care Contracts (GMS/PMS & APMS) is monitored by the Primary Care Team and reported through the Chief Operating Officer Senior Leadership Team who in turn would escalate any performance concerns through the Executive Committee.

Non-clinical contracts are managed through South Central and West Commissioning Support Unit.

## Data Quality

The data supplied to the NHS Devon Board and its Committees is obtained from various sources, the majority of which are national systems and official NHS data sets. Provider data is quality assured through a number of mechanisms including contract and performance monitoring. NHS Devon maintains good close working relationships with local providers and addresses any data quality issues in a timely and productive way.

Members are satisfied that the information it is presented with has been through appropriate review and scrutiny, and that it continues to develop with organisational needs.

## Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to NHS Devon, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively. The Data Security and Protection Toolkit (DSPT) submission date for 2023/24 was 30 June 2024 which covered the period 1 July 2023 to 30 June 2024. NHS Devon successfully published a ‘standards met’ toolkit on 27 June 2024. The 2024/25 DSPT will be published before the deadline of 30 June 2025 and NHS Devon is on track to submit a ‘standards met’ DSPT for 2024/25. NHS Devon published a baseline submission for the 24/25 DSPT on the 20 December 2024. Due to the new DSPT coming into effect in September 2024, SCW IG services have worked closely with the ICB to ensure all objectives are compliant.

NHS Devon records all risks relating to data security on a risk register and has taken steps to ensure that all data is held securely, as mandated by Data Protection legislation and NHS requirements.

NHS Devon continues to use the NHS England Data Security Awareness training modules via the Electronic Staff Record portal and this continues to form part of the annual mandatory training for all staff. NHS Devon regularly reviews its processes in

relation to fair processing, subject access requests, incident reporting and investigation, and updates its privacy notice regularly.

The internal incidents portal available via the icon on every staff member's desktop permits direct and quick access to Datix for the reporting of incidents, breaches and near misses. It provides a consistent approach for all staff for reporting whether that be data protection or for example, health and safety. The ongoing reviews and staff engagement ensures awareness surrounding information risk culture throughout the organisation.

High importance is placed on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established a data protection framework and have data protection processes and procedures in line with the DSPT.

NHS Devon routinely reports any untoward incidents involving personal data to its Data Protection Steering Group which meets every quarter and reports are produced for the Audit and Risk Committee

## Business Critical Models

In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, confirm that an appropriate framework and environment is in place to provide quality assurance of business-critical models.

## Third party assurances

The following International Standard on Assurance Engagements (ISAE) third party assurance reports have been received:

- ISAE 3000 Third Party Assurance Report in respect of NHS Business Service Authority – Electronic Staff Record (ESR) System
- ISAE Third Party Assurance Report in respect of NHS Business Services Authority – Dental Payments Process System
- ISAE Third Party Assurance Report in respect of NHS Business Services Authority – Prescription Payments Process System
- Internal Controls (Type II) Calculating Quality Reporting Service (CQRS) National SAE Third Party Assurance Report in respect of NHS Shared Business Services – Finance & Accounting Services
- Type II ISAE 3000 Controls Report on the Extraction and Processing of General Practitioner Data Services
- Primary Care Support England ISAE 3402 Type II Report

These are Service Auditor Reports which typically set out the following:

- Respective responsibilities in the Service end-to-end process
- A high-level description of the governance and assurance arrangements in place at the Service Organisation including arrangements for effective risk management and assurance
- A high-level description of the Service control environment

- An assertion by the Service Organisation management regarding the design of internal controls over the process and,
- A low-level description of the Service's control objectives and supporting key controls. Service Auditor Reports are an internationally recognised method for Service Organisations to provide details of controls and their operation in a specified period to their clients and are prepared to internationally recognised standards (typically ISAE 3000 and 3402)

## Control Issues

During 2024/25 NHS Devon remained in Segment 4 of the NHS Oversight Framework (NOF4) and has subsequently highlighted a number of control issues connected with quality and performance throughout this period including:

- Accident and Emergency performance – 4 hours see, treat and discharge; pre-midday discharges; no criteria to reside; and ambulance handover delays
- Ambulance Services – Category 2 response times
- Return to Treatment – 65, 78 and 104 week waits
- Finance – developing and delivering national approved financial plan for 2024/25.

A system-wide oversight and assurance framework has been established with progress against NOF4 exit criteria being monitored on a locality basis via Locality Planning and Delivery Meetings and on a system-wide basis via the One Devon System Leadership Group. The NHS Devon Executive, NHS Devon Board and its assurance Committees seek additional assurance in respect of the delivery of the NOF4 exit criteria. A monthly System Integrated Assurance Group (SIAG) meeting takes place, chaired by the NHSE Regional Director to address key issues.

## Review of economy, efficiency & effectiveness of the use of resources

The Board has responsibility for ensuring that NHS Devon has appropriate arrangements in place to manage its functions economically, efficiently and effectively. The Board makes sure that NHS Devon operates within the corporate governance framework (i.e. its standing orders, scheme of delegations and standing financial instructions) and has established an Audit and Risk Committee to assist the Board in delivering its responsibilities for the conduct of public business, and the stewardship of funds under its control.

The Audit and Risk Committee provides assurance to the Board that an appropriate system of internal control is in place to ensure that:

- Business is conducted in accordance with the law and proper standards
- Public money is safeguarded and properly accounted for
- Affairs are managed to secure economic, efficient and effective use of resources
- Reasonable steps are taken to prevent and detect fraud and other irregularities

The Finance and Performance Committee provides oversight and assurance on the delivery of a viable and sustainable financial plan, performance in relation to operational

plan delivery, NHS System Oversight Framework requirements and local standards, targets and priorities.

NHS Devon has a procurement policy that seeks to be an effective way to help ensure quality and value for money requirements are achieved; helping NHS Devon commission the right services to improve the lives of those who live in Devon.

Adherence to procurement regulations helps ensure the most advantageous balance of quality and value and enables an assessment of the best possible provider. The Provider Selection regime (for healthcare services) continues to ensure that quality and value are key elements for procurement processes. It includes compliant processes for direct awarding contracts in specific situations; thereby moving away from the requirement to undertake competitive processes as a default. This allows NHS Devon to take a proportionate approach to procurement and to identify the optimum approach to balancing staffing resource with quality and value benefits.

NHS Devon uses internal audit functions to confirm controls are operating effectively, to provide independent assurance and advise on areas of improvement. Audit report findings are discussed in detail at Audit and Risk Committee and summarised in the Head of Internal Audit Opinion Statement.

## Delegation of NHS Devon functions

Along with the other six ICBs across the Southwest, NHS Devon jointly exercises its commissioning functions in relation to emergency ambulance services via the Ambulance Partnership Board (APB) which functions as a corporate decision-making body for the management and exercise of these commissioning functions. The APB reports to NHS Dorset ICB, as lead commissioning organisation, twice yearly. The first report presents the annual workplan with the second being a year-end performance report. Regular reporting with regard to ambulance performance is included within the Annual Plan – Delivery Assurance Report which is presented to the NHS Devon Executive, the Finance and Performance Committee, the Quality and Patient Experience Committee and the NHS Devon Board.

NHS Devon has delegated responsibility for commissioning local primary care services including, since 1 April 2023, pharmacy, ophthalmic and dental services.

During 2024/25 assurance on the discharge of these functions was provided to the Board through the Primary Care Commissioning Transitional Committee (PCCTC) and regular reports from that committee's chair. Following the dis-establishment of the PCCTC assurance will be obtained through the Executive Commissioning Group.

Delegated functions are set out in the articles of the constitution, scheme of reservation and delegation or the standing orders.

Compliance with NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

NHS Devon reported its compliance against the NHS England Core Standards for EPRR to the Audit and Risk Committee on 6 January 2025 and the NHS Devon Board on 3 January 2025. NHS Devon was assessed as Substantially Compliant.

## Counter fraud arrangements

Audit South West Assurance and their accredited Counter Fraud Specialists provide an independent counter-fraud service to NHS Devon.

NHS Devon has a Counter Fraud, Bribery and Corruption Policy which deals with the specific issues in the title. NHS Devon's policies relating to Standards of Business Conduct, Conflicts of Interest, Gifts and Hospitality, and its Disciplinary Policy link to Counter Fraud. Additionally, appropriate policies are reviewed throughout the year for fraud resilience and, where applicable, are updated to protect NHS Devon from economic crime and wrongdoing.

The Audit and Risk Committee receives regular reports from the Counter Fraud team and provides assurance to the Board that an appropriate system of internal control is in place to ensure reasonable steps are taken to prevent and detect fraud and other irregularities.

In 2024-25 local proactive exercises were undertaken in respect of fraud alerts, due diligence and contract management within the procurement process, Association of the British Pharmaceutical Industry (ABPI) checks and participating in the 2024/25 National Fraud initiative.

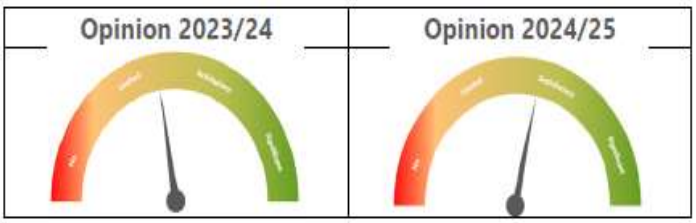
During this reporting period, training and awareness raising has included:

- Developing of an ELearning fraud induction module with case studies and contact details for the LCFS and NHS Counter Fraud Authority.
- An online fraud awareness survey to raise and test staff awareness of fraud and the evaluate the services provided by LCFS.
- Publishing "Fraud Counts" newsletters which focussed on a range of issues including recent fraud cases, Artificial Intelligence, potential social media scams,
- Promoting relevant material in support of International Fraud Awareness Week (17-23 November 2024).

The NHS Devon Audit and Risk Committee receives regular reports in respect of progress against the annual counter fraud workplan together with annual report in respect of compliance with the 13 components of the Government Function Standards 013: Counter Fraud. This report includes the Trust's submission of its "Counter Fraud Functional Standard Review" to the NHS Counter Fraud Authority. The 2024/25 CFFSR assessed NHS Devon with an overall rating of Green.

# Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2024 – 31 March 2025 for NHS Devon, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of NHS Devon's system of risk management, governance and internal control. The final Head of Internal Audit provided "**Satisfactory Assurance**" and concluded that: "Largely there is a sound system of internal control, designed to meet the ICB's objectives, and controls which are generally being applied consistently. Weaknesses in the design and/or inconsistent application of controls in some key areas put the achievement of particular objectives at risk."




During the reporting period, Internal Audit issued the following audit reports as part of their 2023/24 and 2024/25 Internal Audit Plans:

## 2023/24 Internal Audit Plan

| Area of Audit | Issued | Level of Assurance Given |
|---|---|---|
| Financial Management (including productivity and delivery of financial plan) | 17.05.2024 | Limited |
| Payroll | 05.06.2025 | Satisfactory |
| DSPT (Information Governance) | 26.04.2024<br><br>30.05.2024 | Part 1 – Moderate<br>Part 2 – Substantial |
| Pharmaceutical, Optometry and Dental Commissioning and Delivery Arrangements | 22.05.2024 | Satisfactory / Limited |
| Sustainability of General Practice: Management of Risk | 04.07.2024 | Satisfactory |
| Workforce Policy Compliance – Absence Management | 17.05.2024 | Significant |

The Financial Management review found that there were differences in the reporting of performance against system-wide saving plans when comparing updates to some Provider Boards, to figures included within system wide reports.

This was with specific reference to forecast year end positions as reported by NHS Devon. It was also found that the system-wide year end forecast position includes a high-level of uncertainty as at Month 9 the system cost improvement plan savings target was still in development, and a further 7% of savings required further scoping. As such, limited assurance was provided that the system is able to identify and develop

sustainable, robust cost saving plans, to drive out costs, in order to achieve its significant savings target.

The internal audit undertaken to evaluate NHS Devon's arrangements for commissioning Pharmaceutical, Ophthalmic and Dental (POD) services rated as satisfactory for overall arrangements with it being noted that progress has been made in working with the Collaborative Commissioning Hub to develop a service that meets the specific needs of the ICB and its priority areas, especially in respect of the commissioning of Dental services. Based on feedback from the Primary Care Commissioning Team, the Collaborative Commissioning Hub is providing a good service to NHS Devon, in accordance with the Memorandum of Understanding. There was one area identified for urgent attention which related to compliance with NHSE's Primary Care Commissioning Assurance Framework which has now been addressed.

For both of the above internal review findings an action plan has been agreed to address these challenges with progress being reported to the Audit and Risk Committee.

## 2024/25 Internal Audit Plan

| Area of Audit | Level of Assurance Given |
|---|---|
| Assurance Framework and Risk Management | Satisfactory |
| Conflicts of Interest | Satisfactory |
| Business Continuity / Emergency Planning | Limited |
| Financial Management, including productivity and delivery of Financial Plan | Satisfactory |
| High Level Financial Controls | Significant |
| Payroll | Satisfactory |
| Data Security and Protection Toolkit – Part 1 | Overall Risk Assurance: Very High Risk; and Confidence in Veracity of Self-Assessment: Medium |
| Data Security and Protection Toolkit – Part 2 | Overall Risk Assurance: Low Risk; and Confidence in Veracity of Self-Assessment: High |
| Data Protection / GDPR | Satisfactory |
| Primary Care Commissioning | Satisfactory |
| Clinical Governance – Section 117/IPP Review | Limited |
| Clinical Governance – Patient Safety Incident Response Framework | Satisfactory |
| HR Policy Compliance Absence, Mandatory Training etc | Satisfactory |
| Review of Organisation Design Phase 2 implementation | Satisfactory |

The Section 117 / IPP review found that whilst the ICB's main delegated service providers, Devon Partnership Trust (DPT) and Livewell Southwest (LWSW), continue to commission, procure and monitor services which generally meet NHS Devon's requirements, limited capacity within the ICB's IPP/Section 117 team, and reduced senior oversight/support of the team has impacted the team's ability to maintain robust controls in respect of the commissioning and management of services, including the effective and timely reporting of emerging risks.

The Business Continuity / Emergency Planning review found that overall, NHS Devon has in place an appropriate system for Business Continuity Management (BCM), with EPRR policies, templates for directorate business continuity plans, and the training needs analysis template, which align with external guidance and are appropriate for the organisation. NHS Devon's high level BCP is appropriate, and the organisation had been involved in three multi agency exercises/tests during the last 12 months. However, at a directorate level there is a need for improvement; two thirds of the expected plans are either out of date or not available, although those in-date plans reviewed were of good quality.

For both of the above internal review findings an action plan has been agreed to address these challenges with progress being reported to the Audit and Risk Committee.

## Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and executive managers within NHS Devon who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to NHS Devon achieving its principal objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- The Board
- The Audit and Risk Committee
- The Finance and Performance Committee
- The Quality and Patient Experience Committee
- Internal audit
- External audit

## Conclusion

In line with the HIAO I can confirm that there is satisfactory assurance on the internal control, governance and risk management arrangements for NHS Devon. Whilst NHS Devon has undertaken a significant programme of work to improve and strengthen its core governance, internal control and risk management arrangements, with these revised practices now becoming fully embedded within day-to-day business activities.

Steve Moore

Accountable Officer, Chief Executive Officer

NHS Devon Integrated Care Board

19 June 2025

# Remuneration and Staff Report

## Remuneration Report

### Remuneration Committee

The Remuneration Committee fulfils the remuneration committee functions required by statute, principally to determine remuneration, fees and allowances payable to NHS Devon staff, and make recommendations to the board. As well as this, the committee deals with remuneration and terms of service in relation to the board and the executive team.

The committee consists of members of the board who are not executive, as well as the chair of the One Devon Integrated Care Partnership. The quorum is a minimum of three of the non-executive members, including the Chair or Vice Chair.

### Percentage change in remuneration of highest paid director

| | Salary and allowances | |
|---|---|---|
| | 2024/25 | 2023/24 |
| The percentage change from the previous financial year in respect of the highest paid director | 4% | 18% |
| The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole | 7% | 5% |

The 2023/24 increase in respect of the highest paid director is due to the appointment of the new chief executive in which their pay was based on the NHS very senior managers pay framework rates of similar sized Integrated care boards.

The average 7% increase in employee costs reflects the 5.5% consolidated pay award for 2024/25, alongside a workforce reorganisation that resulted in a reduction of 56 FTEs — 63% of whom were earning below the average salary.

Performance-related pay or bonus schemes do not apply within the ICB.

### Pay ratio information

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's

workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded annual remuneration of the highest paid director / member in NHS Devon ICB in the reporting year end 31 March 2025 was £242,500, (£240,000 - £245,000) , (year 1 April 2023 – 31 March 2024 was £ 232,500 (£230,000-£235,000)). This salary is in line with the executive salary scale for Integrated Care Boards.

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

| 2024/25 / (2023/24) | 25th percentile | Median pay ratio | 75th percentile pay ratio |
|---|---|---|---|
| Total remuneration (£) | 36,483 /30,639 | 52,809 / 50,056 | 72,293 / 68,525 |
| Salary component of total remuneration (£) | 36,483 /30,639 | 52,809 / 50,056 | 72,293 / 68,525 |
| Pay ratio information | 6.65 /7.59 | 4.59 /4.64 | 3.35 /3.39 |

This was 6.65 (7.59) times the 25th percentile of remuneration of the workforce, which was £36,483 (£30,639), 4.59 (4.64) times the median remuneration of the workforce, which was £52,809 (£50,056) and 3.35 (3.39) times the 75th percentile of remuneration of the workforce, which was £72,293 (£68,525).

Movements have been impacted by the reorganisation of NHS Devon. The workforce has shrunk by 56 FTE's, 63% of which were on salaries less than the average.

During the reporting period 2024/25, no employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £16,530 (£15,668) to £225,000 (£210,000).

Total remuneration includes salary, benefits-in-kind, and severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

## Policy on the remuneration of senior managers

All employed senior managers are engaged under NHS Agenda for Change terms and conditions of employment, however for those remunerated as very senior managers, remuneration is determined through a VSM pay framework. This pay framework is internally reviewed annually, with consideration given to NHS guidance on appropriate remuneration for ICB very senior managers.

Employed board members hold contracts of employment with the ICB, with appropriate notice periods built into each contract. Redundancy clauses in each contract matched the provisions in the Agenda for Change contract of employment.

Some Board members are not employed but engaged through office holder contracts for a period of tenure. Remuneration for these roles is determined internally, with consideration given to NHS guidance on the appropriate fee for such roles.

## Senior manager performance related pay

NHS Devon does not have performance related pay.

## Remuneration of very senior managers

Senior manager remuneration (including salary and pension entitlements) April-March 2024/25 (subject to audit).

| Name and Title | Note | April-March 2024/25 | | | | | |
|---|---|---|---|---|---|---|---|
| | | (a) | (b) | (c) | (d) | (e) | (f) |
| | | Salary | Expense payments | Performance pay and bonuses | Long term performance pay and bonuses | All pension-related benefits | TOTAL |
| | | (bands of £5,000) | (taxable) to nearest | (bands of £5,000) | (bands of £5,000) | (bands of £2,500) | (a to e) |
| | | | £100** | | | | (bands of £5,000) |
| | | £000 | £ | £000 | £000 | £000 | £000 |
| Nigel Acheson Chief Medical Officer | 1 | 40-45 | 0 | 0 | 0 | 95-97.5 | 135-140 |
| Salma Ali Non-Executive Member | 2 | 0-5 | 0 | 0 | 0 | 0 | 0-5 |
| Sheena Asthana Non-Executive Member | 3 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |
| Kaye Bentley Non-Executive Member | 4 | 0-5 | 0 | 0 | 0 | 0 | 0-5 |
| Graham Clarke Non-Executive Member | | 15-20 | 0 | 0 | 0 | 0 | 15-20 |
| Peter Collins Chief Medical Officer | 5 | 90-95 | 11900 | 0 | 0 | 25-27.5 | 130-135 |
| Kirsty Denwood Interim Chief Finance Officer | 6 | 35-40 | 0 | 0 | 0 | 0-2.5 | 35-40 |
| John Finn Acting Chief Operating Officer | 7 | 35-40 | 0 | 0 | 0 | 7.5-10 | 40-45 |
| Anthony Fitzgerald Chief Delivery Officer | 8 | 165-170 | 100 | 0 | 0 | 22.5-25 | 190-195 |
| Thandiwe Hara Non-Executive Member | | 15-20 | 100 | 0 | 0 | 0 | 15-20 |
| Philippa Harding Chief Communications and Corporate Affairs Officer | 9 | 125-130 | 0 | 0 | 0 | 32.5-35 | 160-165 |
| Judy Hargadon Non-Executive Member | 10 | 15-20 | 0 | 0 | 0 | 0 | 15-20 |
| Andrew Millward Chief Communication and Corporate Affairs Officer | 11 | 80-85 | 100 | 0 | 0 | 0 | 85-90 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Steve Moore Chief Executive Officer and Accountable Officer | | 240-245 | 300 | 0 | 0 | 0 | 240-245 |
| Frank O'Kelly Primary Care Representative | | 35-40 | 0 | 0 | 0 | 0 | 35-40 |
| Kevin Orford Independent Chair | 12 | 55-60 | 1200 | 0 | 0 | 0 | 60-65 |
| Lopa Patel Non-Executive Member | 13 | 0-5 | 0 | 0 | 0 | 0 | 0-5 |
| Bill Shields Chief Finance Officer | 14 | 165-170 | 400 | 0 | 0 | 0 | 165-170 |
| Penny Smith Chief Nursing Officer | 15 | 140-145 | 100 | 0 | 0 | 105-107.5 | 245-250 |
| Martin Sykes Non-Executive Member | 16 | 5-10 | 0 | 0 | 0 | 0 | 5-10 |
| Piers Tetley Chief People Officer | | 140-145 | 0 | 0 | 0 | 35-37.5 | 180-185 |
| Dr Sarah Wollaston Independent Chair | 17 | 10-15 | 0 | 0 | 0 | 0 | 10-15 |

1. Nigel Acheson finished role 30 June 2024. Full year equivalent salary of £162,844.

2. Salma Ali began role on 1 February 2025. Full year equivalent salary £17,000.

3. Sheena Asthana finished role on 7 January 2025. Full year equivalent salary £17,000.

4. Kaye Bentley began role on 1 February 2025. Full year equivalent salary £17,000.

5. Peter Collins began role on 14 October 2024. Full year equivalent salary £201,600.

6. Kirsty Denwood began role on 1 January 2025. Full year equivalent salary £145,067.

7. John Finn began role on 1 January 2025. Full year equivalent salary £144,619.

8. Anthony Fitzgerald finished role on 31 December 2024. Full year equivalent salary £148,838. The value in the table includes a severance payment made in accordance with contractual terms and HM Treasury guidance.

9. Philippa Harding began role on 1 May 2024. Full year equivalent salary £139,650.

10. Judy Hargadon finished role on 31 March 2025.

11. Andrew Millward retired in year. Full year equivalent salary £145,920.

12. Kevin Orford finished role as a Non-Executive Member on 10 June 2024, and thereafter took up the role of Acting Chair and then Chair. Full year equivalent salary for the latest role £70,000.

13. Lopa Patel began role on 1 February 2025. Full year equivalent salary of £17,000.

14. Bill Shields finished role on 31 December 2024. Full year equivalent salary £219,994.

15. Penny Smith was Interim Chief Nursing officer until November 2024 and now holds the role of Chief Nursing Officer. Full year equivalent salary £150,000.

16. Martyn Sykes started as an Interim Non-Executive Director between 12 November 2024 and 31 March 2025. Full year equivalent salary £17,000.

17. Dr Sarah Wollaston finished role on 10 June 2024. Full year equivalent salary £65,000.

**Additional Board members and attendees not receiving remuneration from Devon ICB in 2024/25**

- Liz Davenport is Chief Executive Officer, Torbay and South Devon NHS Trust., finished role 31 December 2024. No payments are made for attendance.
- Dr Ruth Harrell, Partner Member LA, Plymouth City Council, finished role 31 July 2024. No payments are made for attendance.
- Mary Aspinall is an elected member of Plymouth City Council. Mary serves as Chair of Plymouth City Council's Health and Wellbeing Board as well as the Integrated Care Partnership Chair. Role started 9 January 2025 and no payments are made for attendance.
- Sam Higginson, CEO of Royal Devon University Healthcare NHS Foundation Trust , started role 1 January 2025. No payments made for attendance.
- Donna Manson, Partner Member LA - Devon County Council. No payments are made for attendance.
- Phill Mantay is the Mental health, learning disability and neurodiversity member, CEO of Devon Partnership NHS Trust. No payments are made for attendance.
- Cllr James McInnes is Co-Chair Devon Integrated Care Partnership and finished role in May 2024. No payments were made for attendance.
- Lincoln Sargeant, population health and prevention member, Director of Public Health Torbay Council, started role 18 September 2024. No payments made for attendance.
- Kate Shields is Chief Executive Officer, Cornwall and Isles of Scilly ICB. No payments are made for attendance.

## Senior manager remuneration (including salary and pension entitlements) April-March 2023/24 (audited)

| Name and Title | Note | April-March 2023/24 | | | | | |
|---|---|---|---|---|---|---|---|
| | | (a) Salary (bands of £5,000) | (b) Expense payments (taxable) to nearest £100** | (c) Performance pay and bonuses (bands of £5,000) | (d) Long term performance pay and bonuses (bands of £5,000) | (e) All pension-related benefits (bands of £2,500) | (f) TOTAL (a to e) (bands of £5,000) |
| | | £000 | £ | £000 | £000 | £000 | £000 |
| Nigel Acheson Chief Medical Officer | | 160-165 | - | | | - | 160-165 |
| Darryn Allcorn Chief Nursing Officer | 1 | 10-15 | 100 | | | - | 10-15 |
| Sheena Asthana Non-Executive Member | | 15-20 | - | | | - | 15-20 |
| Naomi Chapman Interim Chief Nursing Officer | 2 | 55-60 | - | | | - | 55-60 |
| Graham Clarke Non-Executive Member | | 15-20 | - | | | - | 15-20 |
| Anthony Fitzgerald Chief Delivery Officer | | 140-145 | - | | | 112.5-115 | 255-260 |
| Sarah-Lou Glover Mental Health Representative | 3 | 10-15 | 100 | | | - | 10-15 |
| Natasha Goswell Interim Chief Nursing Officer | 4 | 15-20 | - | | | - | 15-20 |
| Thandiwe Hara Non-Executive Member | | 15-20 | - | | | - | 15-20 |
| Judy Hargadon Non-Executive Member | | 15-20 | - | | | - | 15-20 |
| Hisham Khalil Non-Executive Member | 5 | 10-15 | - | | | - | 10-15 |
| Susan Masters Interim Chief Nursing Officer | 6 | 5-10 | - | | | - | 5-10 |
| Jane Milligan Chief Executive Officer and Accountable Officer | 7 | 120-125 | 100 | | | - | 120-125 |
| Andrew Millward Chief Communication and Corporate Affairs Officer | | 140-145 | 200 | | | - | 145-150 |
| Steve Moore Chief Executive Officer and Accountable Officer | 8 | 30-35 | - | | | - | 30-35 |
| Frank O'Kelly Primary Care Representative | | 35-40 | - | | | - | 35-40 |
| Kevin Orford Non-Executive Member | | | 300 | | | - | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | 15-20 | | | | | 15-20 |
| Paul Renshaw Director of Strategic Workforce | 9 | 120-125 | 200 | | | 57.5-60 | 180-185 |
| Bill Shields Chief Finance Officer | | 205-210 | 300 | | | - | 205-210 |
| Penny Smith Interim Chief Nursing Officer | 10 | 45-50 | - | | | - | 45-50 |
| Simon Tapley Chief Transformation & Strategic Planning Officer | 11 | 15-20 | 100 | | | - | 15-20 |
| Sarah Wollaston Independent Chair | | 65-70 | - | | | - | 65-70 |

***Note: Taxable expenses and benefits in kind are expressed to the nearest £100.*

1. Darryn Allcorn finished role on 30 April 2023. Full year equivalent salary £152,250.
2. Naomi Chapman held role from 15t May 23-30 September 2023. Full year equivalent salary £145,000.
3. Sarah-Lou Glover finished role on 8 December 2023. Full year equivalent salary £21,333.
4. Natasha Goswell held role from 1 October 2023 -1 December 2023. Full year equivalent salary £114,949.
5. Hisham Khalil finished role on 8 December 2023. Full year equivalent salary £17,000.
6. Susan Masters held role from 11 September 2023 - 1 October 2023. Full year equivalent salary £114,949
7. Jane Milligan finished role on 31 October 2023. Full year equivalent salary £206,484.
8. Steve Moore began role 12 February 2024. Full year equivalent salary £230,000.
9. Paul Renshaw finished role 31 January 2024. Full year equivalent salary £145,688.
10. Penny Smith began role 1 December 2023. Full year equivalent salary £135,000.
11. Simon Tapley finished role 14 May 2023. Full year equivalent salary £154,609.

**Additional Board members and attendees not receiving remuneration from NHS Devon in 2023/24**

- Donna Manson, Partner Member LA - Devon County Council, started role 1 August 2023. No payments are made for attendance.
- Dr Ruth Harrell, Partner Member LA, Plymouth City Council, started role 22 August 2023. No payments are made for attendance.
- Liz Davenport is Chief Executive Officer, Torbay and South Devon NHS Trust. No payments are made for attendance.
- Kate Shields is Chief Executive Officer, Cornwall and Isles of Scilly ICB. No payments are made for attendance.
- Cllr James McInnes is Co-Chair Devon Integrated Care Partnership. No payments are made for attendance.

- Steve Brown, Director of Public Health, Devon County Council, finished role on 21 July 2023. No payments are made for attendance.
- Tracey Lee, Partner Member, LA - Plymouth City Council, finished role on 20 June 2023. No payments are made for attendance.

## Pension benefits April–March 2024/25 (subject to audit)

NHS Pension information is provided by NHS Business Services Authority.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less the contributions made by the individual.

The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

Factors determining the variation in the values recorded between individuals include but is not limited to:

- A change in role with a resulting change in pay and impact on pension benefits
- A change in the pension scheme itself
- Changes in the contribution rates
- Changes in the wider remuneration package of an individual

Pension benefits relate to the total employment with NHS Devon even if the member has a split role but are pro rata to time spent in senior management position.

## Pension benefits April–March 2024/25 (subject to audit)

| Name and Title | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) |
|---|---|---|---|---|---|---|---|---|
| | Real increase in pension at pension age | Real increase in pension lump sum at pension age | Total accrued pension at pension age at 31 March 2025 | Lump sum at pension age related to accrued pension at 31 March 2025 | Cash Equivalent Transfer Value at 1 April 2024 | Real increase in Cash Equivalent Transfer Value | Cash Equivalent Transfer Value at 31 March 2025 | Employer's contribution to stakeholder pension |
| | (bands of £2,500) | (bands of £2,500) | (bands of £5,000) | (bands of £5,000) | | | | |
| | | | | | | | | |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Nigel Acheson Chief Medical Officer | 2.5-5 | 10-12.5 | 80-85 | 220-225 | 1799 | 0 | 0 | 0 |
| Peter Collins Chief Medical Officer | 0-2.5 | 0 | 75-80 | 190-195 | 1564 | 30 | 1745 | 0 |
| Kirsty Denwood Interim Chief Finance Officer | 0-2.5 | 0 | 60-65 | 160-165 | 1322 | 3 | 1438 | 0 |
| John Finn Chief Operating Officer | 0-2.5 | 0-2.5 | 40-45 | 0-5 | 619 | 8 | 709 | 0 |
| Anthony Fitzgerald Chief Delivery Officer | 0-2.5 | 0 | 55-60 | 145-150 | 1216 | 0 | 1181 | 0 |
| Philippa Harding Chief Communications and Corporate Affairs Officer | 2.5-5 | 0 | 15-20 | 5-10 | 223 | 20 | 276 | 0 |
| Andrew Millward Chief Communication and Corporate Affairs Officer | 0 | 0 | 55-60 | 155-160 | 92 | 0 | 0 | 0 |
| Steve Moore Chief Executive Officer and Accountable Officer | 0 | 0 | 70-75 | 170-175 | 1597 | 0 | 1590 | 0 |
| Penny Smith Chief Nursing Officer | 5-7.5 | 12.5-15 | 55-60 | 160-165 | 1265 | 135 | 1503 | 0 |
| Piers Tetley Chief People Officer | 2.5-5 | 0 | 15-20 | 0 | 189 | 21 | 239 | 0 |

Negative values are not disclosed in this table but are substituted with a zero as directed by the 2024/25 Department of Health and Social Care group accounting manual.

Where members took pension during the year, no cash equivalent transfer value (CETV) is applicable.

Where members are over the national retirement age in the existing scheme, a CETV calculation is not applicable.

Where Senior Managers chose not to be covered by the pension arrangements during the reporting year; they will be excluded from the above.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2025. HM Treasury published.

As the Chair and independent non-executive members do not receive pensionable remuneration, there are no pension-related entries reported for them.
Accrued pension benefits included in this table for any individual affected by the Public Service Pensions Remedy have been calculated based on their inclusion in the legacy scheme for the period between 1 April 2015 and 31 March 2022, following the McCloud judgment. The Public Service Pensions Remedy applies to individuals that were members, or eligible to be members, of a public service pension scheme on 31 March 2012 and were members of a public service pension scheme between 1 April 2015 and 31 March 2022. The basis for the calculation reflects the legal position that impacted members have been rolled back into the relevant legacy scheme for the remedy period and that this will apply unless the member actively exercises their entitlement on retirement to decide instead to receive benefits calculated under the terms of the Alpha scheme for the period from 1 April 2015 to 31 March 2022.

### Pension benefits April–March 2023/24 (audited)

| Name and Title | (a) Real increase in pension at pension age (bands of £2,500) | (b) Real increase in pension lump sum at pension age (bands of £2,500) | (c) Total accrued pension at pension age at 31 March 2024 (bands of £5,000) | (d) Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000) | (e) Cash Equivalent Transfer Value at 1 April 2023 | (f) Real increase in Cash Equivalent Transfer Value | (g) Cash Equivalent Transfer Value at 31 March 2024 | (h) Employer's contribution to stakeholder pension |
|---|---|---|---|---|---|---|---|---|
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Nigel Acheson Chief Medical Officer | 0 | 32.5-35 | 70-75 | 195-200 | 1568 | 52 | 1799 | 0 |
| Darryn Allcorn Chief Nursing Officer | 0 | 2.5-5 | 50-55 | 140-145 | 882 | 23 | 1151 | 0 |
| Anthony Fitzgerald Chief Delivery Officer | 5-7.5 | 15-17.5 | 50-55 | 140-145 | 880 | 229 | 1216 | 0 |
| Susan Masters Interim Chief Nursing Officer | 0-2.5 | 0 | 5-10 | 0 | 31 | 3 | 85 | 0 |
| Jane Milligan Chief Executive Officer and Accountable Officer | 0 | 100-102.5 | 50-55 | 265-270 | 1436 | 0 | 0 | 0 |
| Andrew Millward Chief Communication and Corporate Affairs Officer | 0 | 15-17.5 | 55-60 | 155-160 | 1265 | 0 | 92 | 0 |
| Steve Moore Chief Executive Officer and Accountable Officer | 0 | 30-32.5 | 70-75 | 185-190 | 1251 | 216 | 1597 | 0 |
| Paul Renshaw Director of Strategic Workforce | 2.5-5 | 0 | 20-25 | 0 | 240 | 82 | 360 | 0 |
| Simon Tapley Chief Transformation & Strategic Planning Officer | 0 | 0 | 45-50 | 125-130 | 1072 | 0 | 1066 | 0 |

Members are affected by the public service pensions remedy and their membership between 1 April 2015 and 31 March 2022 was moved back into the 1995 to 2008 Scheme on 1 October 2023.

## Taxable expenses

No expenses, other than reimbursement of those actually incurred and in support of training and development of senior managers, have been paid.

Expenses, all of which relate to mileage claims and relocation costs, give rise to a tax liability and have been disclosed separately as benefits in kind. The tax liability arises as either the rate per mile reimbursed by NHS Devon exceeds that allowed as a tax-free amount by HMRC, or the total annual amount paid by NHS Devon exceeds that allowed as a tax-free amount by HMRC respectively.

## Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

## Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement of for loss of office

There was one early retirement through ill health during the year ending 31 March 2025 amounting to £389,969, which is funded through NHS Pensions.

## Payments to past directors

There were no awards made to past senior managers in-year.

# Staff Costs

The table below sets out the breakdown of employee benefits for the year ending 31 March 2025

| Year ended 31 March 2025 | | Total | | | Admin | | | Programme | |
|---|---|---|---|---|---|---|---|---|---|
| | Total | Permanent Employees | Other | Total | Permanent Employees | Other | Total | Permanent Employees | Other |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Salaries and wages | 24,359 | 22,359 | 2,000 | 9,327 | 8,352 | 975 | 15,032 | 14,007 | 1,025 |
| Social security costs | 2,610 | 2,610 | - | 1,135 | 1,135 | - | 1,475 | 1,475 | - |
| Employer Contributions to NHS Pension scheme | 4,799 | 4,799 | - | 3,041 | 3,041 | - | 1,758 | 1,758 | - |
| Other pension costs | 10 | 10 | - | 10 | 10 | - | - | - | - |
| Apprenticeship Levy | 89 | 89 | - | 89 | 89 | - | - | - | - |
| Termination benefits | (1,615) | (1,615) | - | (336) | (336) | - | (1,279) | (1,279) | - |
| **Gross employee benefits expenditure** | 30,252 | 28,252 | 2,000 | 13,266 | 12,291 | 975 | 16,986 | 15,961 | 1,025 |
| Less recoveries in respect of employee benefits | (1,173) | (1,173) | - | (384) | (384) | - | (789) | (789) | - |
| **Net admin employee benefits** | 29,079 | 27,079 | 2,000 | 12,882 | 11,907 | 975 | 16,197 | 15,172 | 1,025 |

The termination benefits in 2024/25 are shown as a negative figure because an estimate for the potential redundancies was included in the 2023/24 accounts following the reorganisation. However, the associated costs did not fully materialise in 2024/25, as the individuals either secured alternative roles within the ICB or chose to leave voluntarily.

The table below sets out the breakdown of employee benefits for the period ending 31 March 2024.

| Period ended 31 March 2024 | Total | | | Admin | | | Programme | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total £000 | Permanent Employees £000 | Other £000 | Total £000 | Permanent Employees £000 | Other £000 | Total £000 | Permanent Employees £000 | Other £000 |
| Salaries and wages | 27,242 | 25,059 | 2,183 | 10,890 | 9,920 | 970 | 16,352 | 15,139 | 1,213 |
| Social security costs | 2,720 | 2,720 | - | 1,146 | 1,146 | - | 1,574 | 1,574 | - |
| Employer Contributions to NHS Pension scheme | 4,795 | 4,795 | - | 2,781 | 2,781 | - | 2,014 | 2,014 | - |
| Other pension costs | 11 | 11 | - | 4 | 4 | - | 7 | 7 | - |
| Apprenticeship Levy | 112 | 112 | - | 112 | 112 | - | - | - | - |
| Termination benefits | 3,827 | 3,827 | - | 2,496 | 2,496 | | 1,331 | 1,331 | |
| **Gross employee benefits expenditure** | 38,707 | 36,524 | 2,183 | 17,429 | 16,459 | 970 | 21,278 | 20,065 | 1,213 |
| Less recoveries in respect of employee benefits | (1,371) | (1,371) | - | (590) | (590) | - | (781) | (781) | - |
| **Net admin employee benefits** | 37,336 | 35,153 | 2,183 | 16,839 | 15,869 | 970 | 20,497 | 19,284 | 1,213 |

# Exit packages, including special (non-contractual) payments

### Table 1: Exit Packages

| Exit package cost band (inc. any special payment element | Number of compulsory redundancies | Cost of compulsory redundancies | Number of other departures agreed | Cost of other departures agreed | Total number of exit packages | Total cost of exit packages | Number of departures where special payments have been made | Cost of special payment element included in exit packages |
|---|---|---|---|---|---|---|---|---|
| | WHOLE NUMBERS ONLY | £s | WHOLE NUMBERS ONLY | £s | WHOLE NUMBERS ONLY | £s | WHOLE NUMBERS ONLY | £s |
| Less than £10,000 | 2 | 16,583 | 0 | 0 | 2 | 16,583 | 0 | 0 |
| £10,000 - £25,000 | 3 | 53,502 | 2 | 36,980 | 5 | 90,482 | 0 | 0 |
| £25,001 - £50,000 | 1 | 33,324 | 0 | 0 | 1 | 33,324 | 0 | 0 |
| £50,001 - £100,000 | 1 | 50,543 | 4 | 287,268 | 5 | 337,811 | 0 | 0 |
| £100,001 - £150,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| £150,001 – £200,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| >£200,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTALS | 7 | 153,952 | 6 | 324,248 | 13 | 478,200 | 0 | 0 |

Redundancy and other departure cost have been paid in accordance with the provisions of the NHS terms and conditions handbook, NHS pension scheme and NHS standard contract where applicable. Exit costs in this note are accounted for in full in the year of departure. Where NHS Devon ICB has agreed early retirements, the additional costs are met by NHS Devon ICB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

**Table 2: Analysis of Other Departures**

| | Agreements | Total Value of agreements |
|---|---|---|
| | Number | £000s |
| Voluntary redundancies including early retirement contractual costs | **5** | **251,789** |
| Mutually agreed resignations (MARS) contractual costs | **0** | **0** |
| Early retirements in the efficiency of the service contractual costs | **0** | **0** |
| Contractual payments in lieu of notice* | **1** | **72,459** |
| Exit payments following Employment Tribunals or court orders | **0** | **0** |
| Non-contractual payments requiring HMT approval** | **0** | **0** |
| **TOTAL** | **6** | **324,248** |

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in table 1 above which will be the number of individuals.

The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

# Independent auditor's report

# Report on the audit of the financial statements

## Opinion

We have audited the financial statements of NHS Devon Integrated Care Board ("the ICB") for the year ended 31 March 2025 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2025 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State on 23 April 2025 as being relevant to ICBs in England and included in the Department of Health and Social Care Group Accounting Manual 2024/25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the ICB in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

## Going concern

The Accountable Officer of the ICB ("the Accountable Officer") has prepared the financial statements on the going concern basis, as they have not been informed by the relevant national body of the intention to either cease the ICB's services or dissolve the ICB without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the ICB over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the ICB will continue in operation.

# Fraud and breaches of laws and regulations – ability to detect

## Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit and Risk Committee and internal audit and inspection of policy documentation as to the ICB's high-level policies and procedures to prevent and detect fraud, as well as whether they have knowledge of any actual, suspected, or alleged fraud.
- Assessing the incentives for management to manipulate reported expenditure as a result of the need to achieve statutory targets delegated to the ICB by NHS England.
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reading the ICB's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits, we performed procedures to address the risk of management override of controls, in particular the risk that ICB management may be in a position to make inappropriate accounting entries.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the ICB, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity. We therefore assessed that there was limited opportunity for the ICB to manipulate the income that was reported.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to the completeness of expenditure. We consider this would be most likely to occur through understating purchase of goods and services, specifically services from foundation trusts and purchase of healthcare from non-NHS bodies.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included unusual postings to cash, unusual postings to expenditure, and journals that move expenditure between programme and administrative expenditure
- For a selection of cash payments and purchase invoices in the period post 31 March 2024, we assessed whether the expenditure had been recognised in the appropriate accounting period to which the expenditure related.

## Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Board and other management (as required by auditing standards), and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The ICB is subject to laws and regulations that directly affect the financial statements including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the ICB is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements

## Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

# Other information in the Annual Report

The Accountable Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

## Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2024/25.

## Accountable Officer's responsibilities

As explained more fully in the statement set out on page 80, the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the ICB or dissolve the ICB without the transfer of its services to another public sector entity.

## Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are

considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

# Report on other legal and regulatory matters

## Opinion on regularity

The Accountable Officer is responsible for ensuring the regularity of expenditure and income.

We are required to report on the following matters under Section 21(4) and (5) of the Local Audit and Accountability Act 2014.

In our opinion, in all material respects, the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

## Basis for opinion on regularity

We conducted our work on regularity in accordance with Statement of Recommended Practice - Practice Note 10: *Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022)* issued by the FRC. We planned and performed procedures to obtain sufficient appropriate evidence to give an opinion over whether the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. The procedures selected depend on our judgement, including the assessment of the risks of material irregular transactions. We are required to obtain sufficient appropriate evidence on which to base our opinion.

# Report on the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the ICB to secure economy, efficiency and effectiveness in its use of resources.

Except for the matters detailed below, we have nothing else to report in this respect.

## Significant weakness – Financial sustainability

We identified a significant weakness in the ICB's arrangements in relation to financial sustainability in our audit for the periods ended 31 March 2023 and 31 March 2024, due to the Devon Integrated Care System's ("ICS") significant cumulative deficit position and its reliance on a significant savings plan which it was at risk of not delivering.

Whilst the 2024/25 efficiency plan was achieved, this was only met through additional non-recurrent funding being received from NHS England. In addition, the final financial plan for the ICS for 2025/26 describes an in-year delivery of breakeven for the system as a whole, being an £8.0 million surplus in the ICB, offset by an £8.0 million deficit in the providers. However, this position is only achievable if £53.8 million deficit support funding is received, which is dependent upon the system as a whole meeting efficiency plans. Financial sustainability should not be reliant upon non-recurrent efficiency savings and deficit support funding.

We have therefore concluded that there remains a significant weakness over the arrangements that the ICB has in place to deliver financial sustainability.

## Recommendation

We recommend that the ICB ensures that there is a robust process for ensuring Cost Improvement Plans are deliverable without dependency on non-recurrent funding, and monitored so that any required mitigations can be identified and actioned.

**Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources**

As explained more fully in the statement set out on page 80, the Accountable Officer is responsible for ensuring that the ICB exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively. We are also not required to satisfy ourselves that the ICB has achieved value for money during the year.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the ICB had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

# Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if:

- we issue a report in the public interest under section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or
- we make written recommendations to the ICB under Section 24 and Schedule 7 of the Local Audit and Accountability Act 2014; or
- we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in these respects.

# The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the Members of the Board of NHS Devon Integrated Care Board, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Board of the ICB, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Board of the ICB, as a body, for our audit work, for this report or for the opinions we have formed.

# Delay in certification of competition of the audit

As at the date of this audit report, we are unable to confirm that we have completed our work in respect of the ICB's accounts consolidation template for the year ended 31 March 2025 because we have not received confirmation from the NAO that the NAO's audit of the Department of Health and Social Care accounts is complete.

Until we have completed this work, we are unable to certify that we have completed the audit of NHS Devon Integrated Care Board for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the NAO Code of Audit Practice.

***Jonathan Brown***

***for and on behalf of KPMG LLP***

*Chartered Accountants*

66 Queen Square

Bristol

BS1 4BE

[date]

# Annual accounts

**Statement of Comprehensive Net Expenditure for the year ended 31 March 2025**

| | Note | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 |
|---|---|---|---|
| Income from sale of goods and services | 2 | (29,492) | (30,892) |
| Other operating income | 2 | (19,705) | (63,161) |
| **Total operating income** | | **(49,197)** | **(94,053)** |
| Staff costs | 4 | 30,252 | 38,707 |
| Purchase of goods and services | 5 | 3,193,983 | 2,994,425 |
| Depreciation and impairment charges | 5 | 973 | 848 |
| Other Operating Expenditure | 5 | (4,480) | 5,138 |
| **Total operating expenditure** | | **3,220,728** | **3,039,118** |
| **Net Operating Expenditure** | | **3,171,531** | **2,945,065** |
| Finance income | 8 | - | - |
| Finance expense | 9 | 170 | 82 |
| Other gains and losses | 10 | 505 | 100 |
| **Net expenditure for the Period** | | **3,172,206** | **2,945,247** |
| **Comprehensive Expenditure for the Period** | | **3,172,206** | **2,945,247** |

The notes on the following pages form part of this statement

**Statement of Financial Position as at 31 March 2025**

| | Note | Year ending 31 March 2025 £'000 | Year ending 31 March 2024 £'000 |
|---|---|---|---|
| **Non-current assets:** | | | |
| Property, plant and equipment | 11 | 940 | 1,162 |
| Right-of-use Assets | 12 | 3,653 | 4,842 |
| Intangible assets | 13 | 0 | 0 |
| Other financial assets | 16 | 0 | 0 |
| **Total non-current assets** | | **4,593** | 6,004 |
| **Current assets:** | | | |
| Inventories | 14 | 2,239 | 1,903 |
| Trade and other receivables | 15 | 27,240 | 38,800 |
| Cash and cash equivalents | 17 | 0 | 0 |
| **Total current assets** | | **29,479** | 40,703 |
| **Total assets** | | **34,072** | 46,707 |
| **Current Liabilities** | | | |
| Trade and other payables | 18 | (150,472) | (219,063) |
| Lease liabilities | 12 | (464) | (689) |
| Borrowings | 19 | (1,422) | (1,767) |
| Provisions | 20 | (137) | (1,952) |
| **Total current liabilities** | | **(152,495)** | (223,471) |
| **Total Assets less Current Liabilities** | | **(118,423)** | (176,764) |
| **Non-current liabilities** | | | |
| Other financial liabilities | | - | - |
| Lease liabilities | 12 | (3,174) | (4,127) |
| Borrowings | 19 | - | - |
| Provisions | 20 | (260) | (251) |
| **Total non-current liabilities** | | **(3,434)** | (4,378) |
| **Assets less Liabilities** | | **(121,857)** | (181,142) |
| **Financed by Taxpayers' Equity** | | | |
| General fund | | (121,857) | (181,142) |
| **Total taxpayers' equity:** | | **(121,857)** | (181,142) |

The notes on the following pages form part of this statement

The financial statements on the following pages were approved by the Governing Body on 19 June 2025 and signed on its behalf by:

Steve Moore
Chief Executive

**Statement of Changes In Taxpayers Equity for the year ended 31 March 2025**

| | General fund £'000 | Total reserves £'000 |
|---|---|---|
| **Changes in taxpayers' equity for Year ending 31 March 2025** | | |
| **Balance at 01 April 2024** | (181,142) | **(181,142)** |
| Transfer between reserves in respect of assets transferred from closed NHS bodies | - | **-** |
| **Adjusted ICB balance** | **(181,142)** | **(181,142)** |
| **Changes in NHS ICB taxpayers' equity for Year ending 31 March 2025** | | |
| Net expenditure for the financial period | (3,172,206) | **(3,172,206)** |
| **Net Recognised NHS ICB Expenditure for the Financial Year** | **(3,172,206)** | **(3,172,206)** |
| Net funding | 3,231,491 | **3,231,491** |
| **Balance at 31 March 2025** | **(121,857)** | **(121,857)** |

| | General fund £'000 | Total reserves £'000 |
|---|---|---|
| **Changes in taxpayers' equity for Period ending 31 March 2024** | | |
| **Balance at 01 April 2023** | (140,777) | (140,777) |
| Transfer between reserves in respect of assets transferred from closed NHS bodies | - | **-** |
| **Adjusted ICB balance** | **(140,777)** | **(140,777)** |
| **Changes in NHS ICB taxpayers' equity for year ending 31 March 2024** | | |
| Net expenditure for the financial period | (2,945,247) | (2,945,247) |
| **Net Recognised NHS ICB Expenditure for the Financial Year** | **(2,945,247)** | **(2,945,247)** |
| Net funding | 2,904,882 | 2,904,882 |
| **Balance at 31 March 2024** | **(181,142)** | **(181,142)** |

The notes on the following pages from part of this statement

**Statement of Cash Flows for the year ended 31 March 2025**

| | Note | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 |
|---|---|---|---|
| **Cash Flows from Operating Activities** | | | |
| Net operating expenditure for the financial year | | (3,172,756) | (2,945,407) |
| Depreciation and amortisation | 5 | 973 | 848 |
| Movement due to transfer by Modified Absorption | | - | - |
| Interest paid | 9 | 148 | 80 |
| Other Gains & Losses | 10 | 505 | 100 |
| Unwinding of Discounts | 9 | 22 | 2 |
| (Increase)/decrease in inventories | 14 | (336) | (691) |
| (Increase)/decrease in trade & other receivables | 15 | 11,561 | (33,224) |
| (Increase)/decrease in other current assets | | - | - |
| Increase/(decrease) in trade & other payables | 18 | (68,373) | 72,256 |
| Increase/(decrease) in other current liabilities | | - | - |
| Provisions utilised | 20 | (213) | - |
| Increase/(decrease) in provisions | 20 | (1,615) | 2,201 |
| **Net Cash Inflow (Outflow) from Operating Activities** | | **(3,230,084)** | (2,903,835) |
| **Cash Flows from Investing Activities** | | | |
| (Payments) for property, plant and equipment | 11 | (332) | (531) |
| (Payments) for intangible assets | 13 | - | - |
| (Payments) for leases right-of-use assets | 12 | - | (249) |
| Proceeds from disposal of assets: property, plant and equipment | 13 | - | 150 |
| **Net Cash Inflow (Outflow) from Investing Activities** | | **(332)** | (630) |
| **Net Cash Inflow (Outflow) before Financing** | | **(3,230,416)** | (2,904,465) |
| **Cash Flows from Financing Activities** | | | |
| Grant in Aid Funding Received | | 3,231,491 | 2,904,882 |
| Repayment of lease liabilities | 12 | (730) | (700) |
| **Net Cash Inflow (Outflow) from Financing Activities** | | **3,230,761** | 2,904,182 |
| **Net Increase/(Decrease) in Cash & Cash Equivalents** | 17 | **345** | (283) |
| **Cash & Cash Equivalents at the Beginning of the Financial Year** | | (1,767) | (1,484) |
| Transfer from other public bodies under absorption (including bank overdrafts) | | - | - |
| **Cash & Cash Equivalents at the End of the Financial Year** | | **(1,422)** | (1,767) |

The notes on the following pages form part of this statement

## Notes to the financial statements

### 1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual (GAM) issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2024-25 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to ICBs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.1 Going Concern

Management is required to assess, at the time of preparing the financial statements, the entity's ability to continue as a going concern. The accounting concept of a going concern refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. If an organisation is a going concern it is expected to operate for the foreseeable future, usually 12 months from the date the final accounts have been approved by the Board. An organisation that was not a going concern would prepare its accounts on a different basis, reflecting their value on the winding up of the entity. Consequently, assets are more likely to be recorded at a much lower break-up value and medium and long-term liabilities would become short-term liabilities.

The Department of Health and Social Care Group Accounting Manual 2024-25 states that for non-trading entities in the public sector, the anticipated continuation of the provision of service in the future, as evidenced by inclusion of financial provision of that service in published documents, is normally sufficient evidence of going concern. The 2024-25 Annual Report for the year ended 31 March 2025 discusses and reviews the ICBs future service plans and aims for their local populations.

With the above in mind the accounts have been prepared on a going-concern basis. This is effectively in relation to the ICBs intention to continue its operations for the foreseeable future and the awareness of any circumstances affecting this in its preparation of these financial statements.

### 1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

### 1.3 Joint arrangements

Arrangements over which the ICB has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control and have rights to the assets and obligations for the liabilities relating to the arrangement. Where the ICB is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

The ICB has entered into five arrangements, four of which has been assessed as joint operations.

The first of which is a joint operation under a Section 75 agreement with Plymouth City Council (PCC) to form the Plymouth Integrated Fund to manage Health and Social Care spending for the population of Plymouth. There are two elements to the integrated fund being 1) pooled funds (including the Plymouth Better Care Fund (BCF)) and 2) aligned funds where they cannot be managed within the pool but can be aligned for inclusion in the risk share arrangements. Under the section 75 agreement the ICB is the host to the pooled element of the fund however PCC remain lead commissioner for their element of spend within the pool. Under a joint operation each entity accounts for its share of the arrangement.

The second of which is a joint operation under a Section 75 agreement with Devon County Council (DCC) to form the Devon BCF. DCC are host to the fund and the ICB is lead commissioner to some of the funds elements. The net cost of the Devon BCF is reported within purchase of goods and services. Under a joint operation each entity accounts for its share of the arrangement.

The third arrangement is with Torbay Council for the Joint Community Equipment Store and the fourth concerns the Better Care Fund with Torbay Council.

The arrangement for Torbay is hosted by the ICB. The ICB accounts for its share of the income and expenditure arising from the activities of the arrangements, identified in accordance with the pooled budget agreements.

If the ICB is involved in a joint venture, the parties that have joint control have rights to the net assets of the arrangement. This must involve a separate vehicle and will need to account for their interest as an investment. Joint ventures are accounted for using the equity method.

Joint ventures that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.
The ICB has entered into a joint venture with Plymouth City Council for the provision of IT services through the company DELT Shared Services Ltd (DELT). DELT commenced providing services on 1 September 2014. No IT assets transferred from the ICB to DELT. Existing IT assets remain on the ICB's fixed asset register with the exception of GPIT assets which remain on NHS England's fixed asset register.
The ICB holds a shareholding interest in DELT in respect of 1 A ordinary Share with a nominal total value of £1 being 50% of the total shareholding and 30 B ordinary shares with a total nominal value of £30 being 30% of the total shareholding.

The ICB has considered the materiality of DELT as an entity and has concluded that the value falls below a materiality threshold and therefore group accounts have not been prepared.

1.4 **Revenue**

The ICB receives its main funding through a resource allocation from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• As per paragraph 121 of the Standard the ICB will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

From 1 April 2023 the ICB was delegated responsibility from NHS England for the commissioning of primary care pharmacy, ophthalmic and dental services and as a consequence is in receipt of patient fees and charges. Other income the ICB receives is pass-through funds from organisations, for example from NHS England, as well as refunds for drugs that the ICB purchased during the year.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.
The value of the benefit received when the ICB accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.5 **Employee Benefits**

1.5.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.5.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/nhs-pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.
For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment. The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Some employees have joined the National Employment Savings Trust (NEST) pension scheme which is a defined contribution scheme and was set up by the government. The contributions the employee makes, along with the level of growth from the investments, will determine the size of the pension available on retirement.

1.6 **Other Expenses**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and are measured at the fair value of the consideration payable. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.8 **Property, Plant & Equipment**

1.8.1 **Recognition**

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.8.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.8.3 **Subsequent Expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.9 **Intangible Assets**

1.9.1 **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the ICB's business or which arise from contractual or other legal rights. They are recognised only:

· When it is probable that future economic benefits will flow to, or service potential be provided to, the ICB;

· Where the cost of the asset can be measured reliably; and,

· Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

· The technical feasibility of completing the intangible asset so that it will be available for use;

· The intention to complete the intangible asset and use it;

· The ability to sell or use the intangible asset;

· How the intangible asset will generate probable future economic benefits or service potential;

· The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,

· The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.9.2 **Measurement**

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.9.3 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the ICB expects to obtain economic benefits or service potential from the asset. This is specific to the ICB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the ICB checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.10 **Leases**

A lease is a contract, or part of a contract, that conveys the right to use an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.10.1 **The ICB as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 4.72% (3.51%) is applied for leases commencing, transitioning or being remeasured in the 2024 (2023) calendar year; and 4.81% to new leases commencing in 2025 under IFRS 16.

Lease payments included in the measurement of the lease liability comprise

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.11 **Inventories**

Inventories are valued at the lower of cost and net realisable value. The ICB's share of the inventory in the Better Care Fund with Devon County Council is disclosed in note 14.

1.12 **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.13 **Provisions**

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

• A nominal short-term rate of 4.03% (2023-24: 4.26%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 4.07% (2023-24: 4.03%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.

• A nominal long-term rate of 4.81% (2023-24: 4.72%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.

• A nominal very long-term rate of 4.55% (2023-24: 4.40%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

The ICBs financial statements include a provision for dilapidation costs associated with the lease for Aperture House, its headquarters, along with a redundancy provision because of the restructure of the ICB due to the requirement to reduce its costs related to the running of the organisation. Refer to note 20 for further information.

1.14 **Clinical Negligence Costs**

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the ICB is disclosed in Note 20.

1.15 **Non-clinical Risk Pooling**

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due. The value of these scheme provisions carried by NHS Resolution on behalf of the ICB is disclosed in Note 20.

1.16 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.
A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.17 **Financial Assets**

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.17.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.17.2 **Financial assets at fair value through other comprehensive income**

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the ICB elected to measure an equity instrument in this category on initial recognition.

1.17.3 **Financial assets at fair value through profit and loss**

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.
The ICB has no embedded derivatives that are required to be accounted for separately.
The ICB's only financial assets are trade receivables and cash and cash equivalents which are disclosed in note 22.2. Trade receivables are recognised at the consideration agreed at the date of the transaction and the cash and cash equivalents are recognised at face value.

1.17.4 **Impairment of financial assets**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets or assets measured at fair value through other comprehensive income, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.
The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.
For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.18 **Financial Liabilities**

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.18.1 **Financial Guarantee Contract Liabilities**

Financial guarantee contract liabilities are subsequently measured at the higher of:

· The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,

· The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.18.2 **Financial Liabilities at Fair Value Through Profit and Loss**

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the ICB's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability. The ICB has no embedded derivatives that are required to be accounted for separately.

1.18.3 **Other Financial Liabilities**

The ICB's other financial liabilities are trade payables and loans with external bodies. These are disclosed in note 22.3. Trade payables are recognised at the consideration agreed at the date of the transactions. Loans with external bodies is a technical overdraft with the bank due to the ICB meeting its obligation to pay general practitioners, at the start of the month, while ensuring the bank account balance is within 1.25% of the ICB's February's funding. Loans with external bodies is recognised as the amount in the bank less the BACs run processed.
After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.19 **Value Added Tax**

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 **Foreign Currencies**

The ICB's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. No significant foreign currency transactions occurred during the year.

1.21 **Third Party Assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the ICB has no beneficial interest in them.

1.22 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the ICB's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects

only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.22.1 **Critical accounting judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Apart from the accounting treatment of the better care fund budgets mentioned in 1.3 above and those involving estimations (see below), management has made no other critical accounting judgements in the process of applying the ICB's accounting policies that have would have a significant effect on the amounts recognised in the financial statements:

1.22.2 **Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial period.

Estimation techniques are used to ensure that the correct levels of income and expenditure relating to current year are included through the inclusion of accruals. These are based on known commitments and local knowledge. Historically the difference between the estimated accruals and actual cost have not been material and it is expected to follow suit this period. The accruals will be carried forward into the period 1 April 2025 to 31 March 2026 and matched against the actual costs incurred within the ICB.

For the main acute contracts these are estimated at year end based on full year affect which is agreed and discussed with the providers.

Regarding prescribing costs, the ICB relies on the Business Services Authority's (BSA) forecasting methodology applied to primary care prescribing as well as local factors that fall outside of the national model. Due to the timing of published data the year end position includes an estimate for both February and March's prescribing costs.

A provision has been included in the accounts to reflect an estimate of the redundancy costs due to the decisions made. The provision has been calculated by looking at the agreements agreed and in place.

Other estimates and judgements made in applying the ICB's accounting policies relate to the valuation of Property, Plant and Equipment, Leases Right-of-use assets and Intangibles. The nature of the assumptions and carrying value of the assets and liabilities are detailed in note 11, 12 and 13 respectively.

1.23 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Department of Health and Social Care GAM does not require the following IFRS Accounting Standards and Interpretation to be applied for the year ended 31 March 2025.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023. IFRS 17 will be adopted by the FReM 1 April 2025. Early adoption is not permitted. IFRS 17 standardises the recognition, measurement, presentation, and disclosure of insurance contracts, enhancing transparency and comparability across the industry. It requires insurers to measure liabilities using current assumptions, recognise profits over the contract's duration, and provide detailed disclosures on risks and financial performance. The ICB assessed existing contracts for insurance components to determine IFRS 17's applicability. The review concluded that none of the current contracts met the criteria for classification under the standard. To ensure compliance going forward, business processes will be implemented to review new contracts for insurance components, with IFRS 17 applied where relevant.

● IFRS 18 Presentation and Disclosure in Financial Statements – The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The objective of the Standard is to set out requirements for the presentation and disclosure of information in general financial statements to help ensure they provide relevant information that faithfully represents an entity's assets, liabilities, equity, income and expenses. Implementation of IFRS 18 will have no impact on the ICB's financial position.

● IFRS 19 Subsidiaries without Public Accountability: Disclosures – The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK-endorsed and not yet adopted by the FReM. Early adoption is not permitted. IFRS 19 specifies reduced disclosure requirements that an eligible entity is permitted to apply instead of the disclosure requirements in other

IFRS Accounting Standards. Implementation of IFRS 19 will have no impact on the ICB's financial position.

## 2 Other Operating Revenue

| | **Year ending 31 March 2025 Total** | Year ending 31 March 2024 Total |
|---|---|---|
| | **£'000** | £'000 |
| **Income from sale of goods and services (contracts)** | | |
| Education, training and research | **-** | - |
| Non-patient care services to other bodies | **-** | - |
| Patient transport services | **-** | - |
| Prescription fees and charges | **15,842** | 15,350 |
| Dental fees and charges | **12,477** | 14,171 |
| Income generation | **-** | - |
| Other Contract income | **-** | - |
| Recoveries in respect of employee benefits | **1,173** | 1,371 |
| **Total Income from sale of goods and services** | **29,492** | 30,892 |
| | | |
| **Other operating income** | | |
| Non cash apprenticeship training grants revenue | **20** | 39 |
| Other non contract revenue | **19,685** | 63,122 |
| **Total Other operating income** | **19,705** | 63,161 |
| | | |
| **Total Operating Income** | **49,197** | 94,053 |

The main ICB funding is not included in this note. Revenue received from NHS England is drawn down directly into the bank account of the ICB and credited to the General Fund.

From 1 April 2023 the ICB was delegated responsibility from NHS England for the commissioning of primary care pharmacy, ophthalmic and dental contracts and as a consequence is in receipt of patient fees and charges.

## 3 Disaggregation of Income - Income from sale of good and services (contracts)

The ICB receives income as part of the joint arrangements with its partner organisations. Income also includes reimbursments for cost of drugs that the ICB purchased during the year and patient fees and charges from primary care pharmacy and dental contracts.

## 4 Employee benefits and staff numbers

| | Total | | Year ending 31 March 2025 |
|---|---|---|---|
| | Permanent Employees £'000 | Other £'000 | Total £'000 |
| **Employee Benefits** | | | |
| Salaries and wages | **22,359** | **2,000** | **24,359** |
| Social security costs | **2,610** | **-** | **2,610** |
| Employer Contributions to NHS Pension scheme | **4,799** | **-** | **4,799** |
| Other pension costs | **10** | **-** | **10** |
| Apprenticeship Levy | **89** | **-** | **89** |
| Termination benefits | **(1,615)** | **-** | **(1,615)** |
| **Gross employee benefits expenditure** | **28,252** | **2,000** | **30,252** |
| | | | |
| Less recoveries in respect of employee benefits (note 4.1.2) | **(1,173)** | **-** | **(1,173)** |
| **Total - Net admin employee benefits including capitalised costs** | **27,079** | **2,000** | **29,079** |
| | | | |
| Less: Employee costs capitalised | **-** | **-** | **-** |
| **Net employee benefits excluding capitalised costs** | **27,079** | **2,000** | **29,079** |

| **4.1.1 Employee benefits** | Total | | Year ending 31 March 2024 |
|---|---|---|---|
| | Permanent Employees £'000 | Other £'000 | Total £'000 |
| **Employee Benefits** | | | |
| Salaries and wages | 25,059 | 2,183 | 27,242 |
| Social security costs | 2,720 | - | 2,720 |
| Employer Contributions to NHS Pension scheme | 4,795 | - | 4,795 |
| Other pension costs | 11 | - | 11 |
| Apprenticeship Levy | 112 | - | 112 |
| Termination benefits | 3,827 | - | 3,827 |
| **Gross employee benefits expenditure** | 36,524 | 2,183 | 38,707 |
| | | | |
| Less recoveries in respect of employee benefits (note 4.1.2) | (1,371) | - | (1,371) |
| **Total - Net admin employee benefits including capitalised costs** | 35,153 | 2,183 | 37,336 |
| | | | |
| Less: Employee costs capitalised | **-** | **-** | **-** |
| **Net employee benefits excluding capitalised costs** | 35,153 | 2,183 | 37,336 |

**4.1.2 Recoveries in respect of employee benefits** **Year ending 31 March 2025**

| | Permanent Employees £'000 | Other £'000 | Total £'000 |
|---|---|---|---|
| **Employee Benefits - Revenue** | | | |
| Salaries and wages | **(969)** | **-** | **(969)** |
| Social security costs | **(100)** | **-** | **(100)** |
| Employer contributions to the NHS Pension Scheme | **(104)** | **-** | **(104)** |
| Other pension costs | **-** | **-** | **-** |
| Other post-employment benefits | **-** | **-** | **-** |
| Other employment benefits | **-** | **-** | **-** |
| Termination benefits | **-** | **-** | **-** |
| **Total recoveries in respect of employee benefits** | (1,173) | - | (1,173) |

**4.2 Average number of people employed**

| | Year ending 31 March 2025 | | | Year ending 31 March 2024 | | |
|---|---|---|---|---|---|---|
| | **Permanently employed Number** | **Other Number** | **Total Number** | Permanently employed Number | Other Number | Total Number |
| **Total** | **380.37** | **16.82** | **397.19** | 474.93 | 25.39 | 500.32 |
| Of the above: | | | | | | |
| **Number of whole time equivalent people engaged on capital projects** | **-** | **-** | **-** | | | |

**4.3 Staff Annual Leave Accrual Balances**

| | Year ending 31 March 2025 | | | Year ending 31 March 2024 | | |
|---|---|---|---|---|---|---|
| | **Total** | **Permanent Staff** | **Temp/Agency** | Total | Permanent Staff | Temp/Agency |
| | **£000s** | **£000s** | **£000s** | £000s | £000s | £000s |
| | **(408)** | **(408)** | **-** | (299) | (299) | - |

**4.4 Exit packages agreed in the financial year**

| | Year ending 31 March 2025 Compulsory redundancies | | Year ending 31 March 2025 Other agreed departures | | Year ending 31 March 2025 Total | |
|---|---|---|---|---|---|---|
| | **Number** | **£** | **Number** | **£** | **Number** | **£** |
| Less than £10,000 | 2 | 16,583 | - | - | 2 | 16,583 |
| £10,001 to £25,000 | 3 | 53,502 | 2 | 36,980 | 5 | 90,482 |
| £25,001 to £50,000 | 1 | 33,324 | - | - | 1 | 33,324 |
| £50,001 to £100,000 | 1 | 50,543 | 4 | 287,268 | 5 | 337,811 |
| £100,001 to £150,000 | - | - | - | - | - | - |
| £150,001 to £200,000 | - | - | - | - | - | - |
| Over £200,001 | - | - | - | - | - | - |
| **Total** | **7** | **153,952** | **6** | **324,248** | **13** | **478,200** |

| | Year ending 31 March 2024 Compulsory redundancies | | Year ending 31 March 2024 Other Agreed Departures | | Year ending 31 March 2024 Total | |
|---|---|---|---|---|---|---|
| | Number | £ | Number | £ | Number | £ |
| Less than £10,000 | - | - | 1 | 8,000 | 1 | 8,000 |
| £10,001 to £25,000 | 1 | 14,581 | 1 | 11,836 | 2 | 26,417 |
| £25,001 to £50,000 | 1 | 33,333 | 3 | 108,050 | 4 | 141,383 |
| £50,001 to £100,000 | 1 | 60,000 | 3 | 207,955 | 4 | 267,955 |
| £100,001 to £150,000 | - | - | 6 | 828,390 | 6 | 828,390 |
| £150,001 to £200,000 | - | - | 3 | 480,000 | 3 | 480,000 |
| Over £200,001 | - | - | - | - | - | - |
| **Total** | **3** | **107,914** | **17** | **1,644,231** | **20** | **1,752,145** |

| | Year ending 31 March 2025 | | Year ending 31 March 2024 | |
|---|---|---|---|---|
| | Departures where special payments have been made | | Departures where special payments have been made | |
| | Number | £ | Number | £ |
| Less than £10,000 | - | - | - | - |
| £10,001 to £25,000 | - | - | - | - |
| £25,001 to £50,000 | - | - | - | - |
| £50,001 to £100,000 | - | - | - | - |
| £100,001 to £150,000 | - | - | - | - |
| £150,001 to £200,000 | - | - | - | - |
| Over £200,001 | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** |

**4.5 Analysis of Other Agreed Departures**

| | Year ending 31 March 2025 | | Year ending 31 March 2024 | |
|---|---|---|---|---|
| | Other agreed departures | | Other agreed departures | |
| | Number | £ | Number | £ |
| Voluntary redundancies including early retirement contractual costs | 5 | 251,789 | 15 | 1,587,631 |
| Mutually agreed resignations (MARS) contractual costs | - | - | - | - |

| | | | | |
|---|---|---|---|---|
| Early retirements in the efficiency of the service contractual costs | - | - | - | - |
| Contractual payments in lieu of notice | 1 | 72,459 | 1 | 48,600 |
| Exit payments following Employment Tribunals or court orders | - | - | 1 | 8,000 |
| Non-contractual payments requiring HMT approval* | - | - | - | - |
| **Total** | **6** | **324,248** | **17** | **1,644,231** |

- As a single exit package can be made up of several components each of which will be counted separately in this table, the total number will not necessarily match the total number in the table above, which will be the number of individuals.
- These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.
- Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.
- No non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary.
- The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

### 4.6 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years".

An outline of these follows:

#### 4.6.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### 4.6.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

#### 4.6.3 National Employment Savings Trust Pension Scheme

Some employees have joined the National Employment Savings Trust (NEST) pension scheme which is a defined contribution scheme and was set up by the government. The contributions the employee makes, along with the level of growth from the investments, will determine the size of the pension available on retirement.

## 5 Operating expenses

| | Year ending 31 March 2025 Total £'000 | Year ending 31 March 2024 Total £'000 |
|---|---|---|
| **Purchase of goods and services** | | |
| Services from other ICBs and NHS England | 1,161 | 2,422 |
| Services from foundation trusts | 1,391,159 | 1,289,941 |
| Services from other NHS trusts | 756,355 | 695,899 |
| Services from Other WGA bodies | 8 | - |
| Purchase of healthcare from non-NHS bodies | 350,531 | 330,382 |
| Purchase of social care | 55,841 | 44,762 |
| General dental services and personal dental services | 52,737 | 50,081 |
| Prescribing costs | 239,623 | 243,227 |
| Pharmaceutical services | 46,562 | 44,575 |
| General Ophthalmic services | 12,356 | 11,795 |
| GPMS/APMS and PCTMS | 270,370 | 258,569 |
| Supplies and services – clinical | 81 | 733 |
| Supplies and services – general | 2,892 | 2,186 |
| Consultancy services | 481 | 4,330 |
| Establishment | 7,373 | 9,777 |
| Transport | 110 | 192 |
| Premises | 2,790 | 3,051 |
| Audit fees | 253 | 247 |
| Other non statutory audit expenditure | | |
| · Internal audit services | - | - |
| · Other services | 18 | 18 |
| Other professional fees | 1,955 | 1,018 |
| Legal fees | 503 | 582 |
| Education, training and conferences | 804 | 599 |
| Non cash apprenticeship training grants | 20 | 39 |
| **Total Purchase of goods and services** | **3,193,983** | **2,994,425** |
| | | |
| **Depreciation and impairment charges** | | |
| Depreciation | 973 | 771 |
| Amortisation | - | 77 |
| **Total Depreciation and impairment charges** | **973** | **848** |
| | | |
| **Other Operating Expenditure** | | |
| Chair and Non Executive Members | 170 | 188 |
| Grants to Other bodies | - | - |
| Clinical negligence | 1 | 1 |
| Research and development (excluding staff costs) | - | 50 |
| Expected credit loss on receivables | (4,675) | 4,899 |
| Expected credit loss on other financial assets (stage 1 and 2 only) | - | - |
| Inventories relate to the ICB's share of inventories held within the Devon Better Care Fund managed by Devon County Council as host of the pooled fund. | - | - |
| Inventories consumed | - | - |
| Other expenditure | 24 | (0) |
| **Total Other Operating Expenditure** | **(4,480)** | **5,138** |
| | | |
| **Total operating expenditure** | **3,190,476** | **3,000,411** |

- In accordance with SI 2008 no.489, The Companies Regulations 2008, the contract the ICB has with the external auditors, KPMG UK LLP, has a limitation on their liability set at £5m.
- The external audit fee, payable to KPMG UK LLP, is £210,738 plus VAT totalling £252,886 for the year ended 31 March 2025 (2023-24 £247,200 including VAT).
- Other services obtain from KPMG UK LLP is £15,345 plus VAT, totalling £18,414 (2023-24 £18,000 including VAT), for the Mental Health Investment Standard assurance work.
- Spend for dental, pharmacy and ophthalmic services commenced 1 April 2023 as the ICB was delegated responsibility for these services by NHS England.

### 6.1 Better Payment Practice Code

| | Year ending 31 March 2025 Number | Year ending 31 March 2025 £'000 | Year ending 31 March 2024 Number | Year ending 31 March 2024 £'000 |
|---|---|---|---|---|
| **Non-NHS Payables** | | | | |
| Total Non-NHS Trade invoices paid in the Year | 91,487 | 774,826 | 76,486 | 664,694 |
| Total Non-NHS Trade Invoices paid within target | 91,310 | 772,291 | 76,267 | 658,409 |
| **Percentage of Non-NHS Trade invoices paid within target** | **99.81%** | **99.67%** | **99.71%** | **99.05%** |
| **NHS Payables** | | | | |
| Total NHS Trade Invoices Paid in the Year | 1,274 | 2,179,814 | 1,244 | 1,961,927 |
| Total NHS Trade Invoices Paid within target | 1,269 | 2,179,789 | 1,235 | 1,960,571 |
| **Percentage of NHS Trade Invoices paid within target** | **99.61%** | **100.00%** | **99.28%** | **99.93%** |

The better payment practice code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

| **6.2 The Late Payment of Commercial Debts (Interest) Act 1998** | Year ending 31 March 2025 £'000 | Year ending 31 March 2024 £'000 |
|---|---|---|
| Amounts included in finance costs from claims made under this legislation | | |
| Compensation paid to cover debt recovery costs under this legislation | | |
| **Total** | **-** | **-** |

### 7 Income Generation Activities

The ICB undertakes income generation activities with an aim of achieving profit, which is then used in commissioning healthcare services. None of these activities had a full cost which exceeded £1m or was otherwise material.

### 8 Finance income

| | Year ending 31 March 2025 £'000 | Year ending 31 March 2024 £'000 |
|---|---|---|
| **Investment income** | | |
| Investment income (cash) | - | - |
| Investment income (non-cash) | - | - |
| | | - |
| Interest Other | - | - |
| **Total interest** | **-** | **-** |
| Unwinding of discount on receivables | - | - |
| **Total finance income** | **-** | **-** |

## 9 Finance expense

| | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 |
|---|---|---|
| **Interest** | | |
| Interest on lease liabilities | 148 | 80 |
| Other interest expense | - | - |
| **Total interest** | **148** | **80** |
| Other finance costs | - | - |
| Provisions: unwinding of discount | 22 | 2 |
| **Total finance costs** | **170** | **82** |

## 10 Other Gains & Losses

| | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 |
|---|---|---|
| (Gain) / Loss on disposal of right-of-use assets other than by sale | 505 | 160 |
| (Gain) / Loss on disposal of intangible assets other than by sale | - | (60) |
| (Gain) / Loss on disposal of financial assets other than held for sale | - | - |
| Total | 505 | 100 |

There was a loss of £505k as a result of surrendering the leases associated with Pomona House.

## 11 Property, plant and equipment

| Year ending 31 March 2025 | Buildings £'000 | Plant & machinery £'000 | Information technology £'000 | Furniture & fittings £'000 | Total £'000 |
|---|---|---|---|---|---|
| **Cost or valuation at 01 April 2024** | - | 4 | 1,779 | 74 | 1,857 |
| Additions purchased | - | - | 113 | - | 113 |
| Additions donated | - | - | - | - | - |
| Additions government granted | - | - | - | - | - |
| Additions leased | - | - | - | - | - |
| Reclassifications | - | - | - | - | - |
| Reclassified as held for sale and reversals | - | - | - | - | - |
| Disposals other than by sale | - | - | (113) | - | (113) |
| Impairments charged | - | - | - | - | - |
| Reversal of impairments | - | - | - | - | - |
| Transfer (to)/from other public sector body | - | - | - | - | - |
| Cumulative depreciation adjustment following revaluation | | | | | |
| **Cost/Valuation at 31 March 2025** | **-** | **4** | **1,779** | **74** | **1,857** |
| **Depreciation 01 April 2024** | 0 | 4 | 617 | 73 | 694 |
| Disposals other than by sale | - | - | (113) | - | (113) |
| Charged during the year | - | - | 335 | 1 | 336 |
| Transfer (to)/from other public sector body | - | - | - | - | - |
| Cumulative depreciation adjustment following revaluation | | | | | |
| **Depreciation at 31 March 2025** | **0** | **4** | **839** | **74** | **917** |
| **Net Book Value at 31 March 2025** | **(0)** | **(0)** | **940** | **(0)** | **940** |
| Purchased | (0) | (0) | 940 | (0) | 940 |
| **Total at 31 March 2025** | **(0)** | **(0)** | **940** | **(0)** | **940** |

**Revaluation Reserve Balance for Property, Plant & Equipment**

| | Buildings £'000 | Plant & machinery £'000 | Information technology £'000 | Furniture & fittings £'000 | Total £'000 |
|---|---|---|---|---|---|
| **Balance at 01 April 2024** | - | - | - | - | - |
| Revaluation gains | - | - | - | - | - |
| Impairments | - | - | - | - | - |
| Release to general fund | - | - | - | - | - |
| Other movements | - | - | - | - | - |
| **Balance at 31 March 2025** | **-** | **-** | **-** | **-** | **-** |

## 11 Property, plant and equipment cont'd

### 11.1 Cost or valuation of fully depreciated assets

**The cost or valuation of fully depreciated assets still in use was as follows:**

| | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 |
|---|---|---|
| Buildings | - | - |
| Plant & machinery | 4 | 4 |
| Transport equipment | - | - |
| Information technology | 294 | 113 |
| Furniture & fittings | 74 | 60 |
| **Total** | **372** | **177** |

### 11.2 Economic lives

| | **Minimum Life (years)** | **Maximum Life (Years)** |
|---|---|---|
| Information technology | - | 5 |
| Furniture & fittings | - | - |

## 12 Leases Right-of-use assets

| Year ending 31 March 2025 | Land £'000 | Buildings £'000 | Total £'000 | Of which: leased from DHSC group bodies £'000 |
|---|---|---|---|---|
| **Cost or valuation at 01 April 2024** | - | 5,772 | 5,772 | 1,174 |
| Additions | - | - | - | - |
| Reclassifications | - | - | - | - |
| Upward revaluation gains | - | - | - | - |
| Lease remeasurement | - | - | - | - |
| Modifications | - | - | - | - |
| Disposals on expiry of lease term | - | - | - | - |
| Derecognition for early terminations | - | (1,557) | (1,557) | (1,174) |
| Transfer (to) from other public sector body | - | - | - | - |
| **Cost/Valuation at 31 March 2025** | **-** | **4,215** | **4,215** | **-** |
| **Depreciation 01 April 2024** | - | 931 | 931 | 420 |
| Charged during the year | - | 637 | 637 | 205 |
| Impairments charged | - | - | - | - |
| Reversal of impairments | - | - | - | - |
| Disposals on expiry of lease term | - | - | - | - |
| Derecognition for early terminations | - | (1,006) | (1,006) | (625) |
| Transfer (to) from other public sector body | - | - | - | - |
| **Depreciation at 31 March 2025** | **-** | **562** | **562** | **-** |
| **Net Book Value at 31 March 2025** | **-** | **3,653** | **3,653** | **-** |
| **NBV by counterparty** | | | | |
| Leased from DHSC | | | | - |
| Leased from the NHS England Group | | | | - |
| Leased from NHS Providers | | | | - |
| Leased from Executive Agencies | | | | - |
| Leased from Non-Departmental Public Bodies | | | | - |
| Leased from other group bodies | | | | - |
| **Net Book Value at 31 March 2025** | | | | **0** |

**Revaluation Reserve Balance for Right-of-use-assets**

| | Land £'000 | Buildings £'000 | Total £'000 |
|---|---|---|---|
| **Balance at 01 April 2024** | - | - | - |
| Revaluation gains | - | - | - |
| Impairments | - | - | - |
| Release to general fund | - | - | - |
| Other movements | - | - | - |
| **Balance at 31 March 2025** | **-** | **-** | **-** |

## 12 Leases Right-of-use assets cont'd

### 12.1 Lease liabilities

| | Year ending 31 March 2025 £'000 | Year ending 31 March 2024 £'000 |
|---|---|---|
| Lease liabilities at 1 April 2024 | (4,816) | (2,524) |
| Additions | - | (3,965) |
| Interest expense relating to lease liabilities | (148) | (80) |
| Repayment of lease liabilities (capital and interest) | 730 | 700 |
| Lease remeasurement | - | - |
| Modifications | - | 973 |
| Derecognition for early terminations | 596 | 80 |
| Transfer (to) from other public sector body | - | - |
| **Lease liabilities at 31 March 2025** | **(3,638)** | (4,816) |

### 12.2 Lease liabilities - Maturity analysis of undiscounted future lease payments

| | Year ending 31 March 2025 £'000 | Of which: leased from DHSC group bodies £'000 | Year ending 31 March 2024 £'000 | Of which: leased from DHSC group bodies £'000 |
|---|---|---|---|---|
| Within one year | (580) | - | (780) | (259) |
| Between one and five years | (1,842) | - | (2,514) | (612) |
| After five years | (1,771) | - | (2,313) | - |
| | (4,193) | - | (5,607) | (871) |
| Effect of discounting | 555 | - | 791 | 37 |
| *Included in:* | | | | |
| Current lease liabilities | (464) | - | (689) | (240) |
| Non-current lease liabilities | (3,174) | - | (4,127) | (594) |
| **Total** | **(3,638)** | **-** | (4,816) | (834) |
| Balance by counterparty | | - | | - |
| Leased from DHSC | | - | | - |
| Leased from the NHS England Group | | - | | - |
| Leased from NHS Providers | | - | | - |
| Leased from Executive Agencies | | - | | - |
| Leased from Non-Departmental Public Bodies | | - | | - |
| Leased from other group bodies | | - | | (834) |
| **Balance as at 31 March 2025** | | **-** | | (834) |

### 12.3 Amounts recognised in Statement of Comprehensive Net Expenditure

| | Year ending 31 March 2025 £'000 | Year ending 31 March 2024 £'000 |
|---|---|---|

| | | |
|---|---|---|
| Depreciation expense on right-of-use assets | **637** | 564 |
| Interest expense on lease liabilities | **148** | 80 |

**12.4 Amounts recognised in Statement of Cash Flows**

| | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 |
|---|---|---|
| Total cash outflow on leases under IFRS 16 | **730** | 700 |
| Total cash outflow for lease payments not included within the measurement of lease liabilities | **82** | 37 |

- The ICB's leases relate to its various office locations, including Aperture House (Exeter), County Hall (Exeter) and Pomona House (Torquay). As part of the ICB's strategy to consolidate its property portfolio, it moved into a new headquarters in 2023/24, Aperture House (Exeter), relinquishing its leases at County Hall and Pomona House in 2024/25."
- Irrecoverable VAT is not included in the measurement of leases and so the ICB has an estimated £842k of future VAT payments related to the leases disclosed above.

## 13 Intangible non-current assets

| Year ending 31 March 2025 | Computer Software: Purchased £'000 | Total £'000 |
|---|---|---|
| **Cost or valuation at 01 April 2024** | 94 | **94** |
| Additions purchased | - | **-** |
| Disposals other than by sale | (94) | **(94)** |
| Upward revaluation gains | - | **-** |
| Impairments charged | - | **-** |
| **Cost / Valuation At 31 March 2025** | **-** | **-** |
| **Amortisation 01 April 2024** | 94 | **94** |
| Reclassifications | - | **-** |
| Reclassified as held for sale and reversals | - | **-** |
| Disposals other than by sale | (94) | **(94)** |
| Charged during the year | - | **-** |
| **Amortisation At 31 March 2025** | **(0)** | **(0)** |
| **Net Book Value at 31 March 2025** | **0** | **0** |

**Revaluation Reserve Balance for intangible assets**

| | Computer Software: Purchased £'000 | Total £'000 |
|---|---|---|
| **Balance at 01 April 2024** | - | **-** |
| Revaluation gains | - | **-** |
| Impairments | - | **-** |
| Release to general fund | - | **-** |
| Other movements | - | **-** |
| **Balance at 31 March 2025** | **-** | **-** |

The intangible asset has been derecognised from the financial statements as it is fully amortised and no longer in use.

**13 Intangible non-current assets cont'd**

**13.1 Cost or valuation of fully amortised assets**

**The cost or valuation of fully depreciated assets still in use was as follows:**

| | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 |
|---|---|---|
| Computer software: purchased | - | 94 |
| Computer software: internally generated | - | - |
| Licences & trademarks | - | - |
| Development expenditure (internally generated) | - | - |
| **Total** | **-** | **94** |

**13.2 Economic lives**

| | **Minimum Life (years)** | **Maximum Life (Years)** |
|---|---|---|
| Computer software: purchased | - | - |
| Computer software: internally generated | - | - |
| Licences & trademarks | - | - |
| Patents | - | - |
| Development expenditure (internally generated) | - | - |

**14 Inventories**

| | **Drugs** | **Consumables** |
|---|---|---|
| | **£'000** | **£'000** |
| **Balance at 01 April 2024** | - | 1,831 |
| Additions | - | 336 |
| Inventories recognised as an expense in the period | - | - |
| **Balance at 31 March 2025** | **-** | **2,167** |

Inventories relate to the ICB's share of inventories held within the Devon Better Care Fund managed by Devon County Council as host of the pooled fund.

| 15.1 Trade and other receivables | Current<br>Year ending 31 March 2025<br>£'000 | Non-current<br>Year ending 31 March 2025<br>£'000 | Current<br>Year ending 31 March 2024<br>£'000 | Non-current<br>Year ending 31 March 2024<br>£'000 |
|---|---|---|---|---|
| NHS receivables: Revenue | 1,312 | - | 1,944 | - |
| NHS accrued income | 303 | - | 43 | - |
| NHS Contract Receivable not yet invoiced/non-invoice | 2,892 | - | - | - |
| Non-NHS and Other WGA receivables: Revenue | 2,181 | - | 17,866 | - |
| Non-NHS and Other WGA prepayments | 824 | - | 724 | - |
| Non-NHS and Other WGA accrued income | 565 | - | 4,902 | - |
| Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice | 18,941 | - | 17,788 | - |
| Expected credit loss allowance-receivables | (805) | - | (5,480) | - |
| VAT | 1,026 | - | 1,013 | - |
| Other receivables and accruals | 1 | - | 0 | - |
| **Total Trade & other receivables** | **27,240** | **-** | **38,800** | **-** |
| **Total current and non current** | **27,240** | | **38,800** | |

As at 31 March 2025 there were no non-current trade and other receivables (none as at 31 March 2024).
There are no prepaid pensions contributions as at 31 March 2025 (none as at 31 March 2024).
The great majority of trade is with NHS England. As NHS England is funded by Government to provide funding to ICB's to cor
services, no credit scoring of them is considered necessary.

| 15.2 Receivables past their due date but not impaired | Year ending 31 March 2025 DHSC Group Bodies £'000 | Year ending 31 March 2025 Non DHSC Group Bodies £'000 | Year ending 31 March 2024 DHSC Group Bodies £'000 | Year ending 31 March 2024 Non DHSC Group Bodies £'000 |
|---|---|---|---|---|
| By up to three months | 4 | 1,142 | 117 | 8,159 |
| By three to six months | - | 216 | 17 | 7,849 |
| By more than six months | 0 | 205 | 5 | 1,455 |
| **Total** | **4** | **1,563** | 139 | 17,463 |

£5k of the amount above has subsequently been recovered post period end as at 17 April 2025.
The ICB did not hold any collateral against receivables outstanding at 31 March 2025.
Receivables past their due date are stated at the consideration agreed at the date of the transaction and the carrying amount

| 15.3 Loss allowance on asset classes | Trade and other receivables - Non DHSC Group Bodies<br>£'000 | Other financial assets<br>£'000 | Total<br>£'000 |
|---|---|---|---|
| Balance at 01 April 2024 | (5,480) | - | **(5,480)** |

| | | | |
|---|---|---|---|
| Transfer by Absorption from other entity | | | **-** |
| Lifetime expected credit loss on credit impaired financial assets | - | - | **-** |
| Lifetime expected credit losses on trade and other receivables-Stage 2 | 4,675 | - | **4,675** |
| Lifetime expected credit losses on trade and other receivables-Stage 3 | - | - | **-** |
| Other changes | - | - | **-** |
| **Total** | **(805)** | **-** | **(805)** |

## 16 Other financial assets

### 16.1 Non-Current: capital analysis

The ICB holds a shareholding interest in DELT comprising one A Ordinary Share with a nominal value of £1, representing 50% of the A Ordinary Shareholding, and 30 B Ordinary Shares with a nominal value of £30, representing 30% of the B Ordinary Shareholding. Due to the immaterial value of this investment, it is not reflected in the annual accounts.

## 17 Cash and cash equivalents

| | **Year ending 31 March 2025** | Year ending 31 March 2024 |
|---|---|---|
| | **£'000** | £'000 |
| **Balance at 01 April 2024** | (1,767) | (1,484) |
| Net change in year | 345 | (283) |
| **Balance at 31 March 2025** | **(1,422)** | **(1,767)** |
| | | |
| Made up of: | | |
| Cash with the Government Banking Service (GBS) | - | (0) |
| Cash in hand | 0 | 0 |
| **Cash and cash equivalents as in statement of financial position** | **0** | **0** |
| | | |
| Bank overdraft: Government Banking Service | (1,422) | (1,767) |
| Bank overdraft: Commercial banks | - | - |
| **Total bank overdrafts** | **(1,422)** | **(1,767)** |
| | | |
| **Balance at 31 March 2025** | **(1,422)** | **(1,767)** |

On a monthly basis the ICB draws down cash based on need, aiming to maintain minimal month-end balances. However, due to the requirement to pay general practices at the start of the month, this puts the ICB in a technical overdraft, reported as borrowings. The bank is in credit by £643,102 while the BACS payment £2,065,355 is in progress. NHS England funds are deposited into the ICB account on the day the general practices payments leave the account.

| 18 Trade and other payables | Current<br>Year ending 31 March 2025<br>£'000 | Non-current<br>Year ending 31 March 2025<br>£'000 | Current<br>Year ending 31 March 2024<br>£'000 | Non-current<br>Year ending 31 March 2024<br>£'000 |
|---|---|---|---|---|
| NHS payables: Revenue | 2,679 | - | 4,336 | - |
| NHS payables: Capital | - | - | - | - |
| NHS accruals | 23,795 | - | 45,641 | - |
| NHS deferred income | - | - | - | - |
| Non-NHS and Other WGA payables: Revenue | 13,449 | - | 43,172 | - |
| Non-NHS and Other WGA payables: Capital | - | - | 218 | - |
| Non-NHS and Other WGA accruals | 93,303 | - | 98,262 | - |
| Non-NHS and Other WGA deferred income | 2,063 | - | 795 | - |
| Non-NHS Contract Liabilities | - | - | - | - |
| Social security costs | 286 | - | 327 | - |
| VAT | - | - | - | - |
| Tax | 340 | - | 336 | - |
| Payments received on account | - | - | - | - |
| Other payables and accruals | 14,557 | - | 25,976 | - |
| **Total Trade & Other Payables** | **150,472** | **-** | **219,063** | **-** |
| Total current and non-current | **150,472** | | **219,063** | |

Other payables and accruals include those for Primary Care, Placements, Acute Care and Community Services that are not part of Whole Government Accounts (WGA), as well as outstanding pension contributions.

| 19 Borrowings | Current Year ending 31 March 2025 £'000 | Non-current Year ending 31 March 2025 £'000 | Current Year ending 31 March 2024 £'000 | Non-current Year ending 31 March 2024 £'000 |
|---|---|---|---|---|
| **Bank overdrafts:** | | | | |
| · Government banking service (GBS) | 1,422 | - | 1,767 | - |
| · Commercial banks | - | - | - | - |
| **Total overdrafts** | **1,422** | **-** | 1,767 | - |
| **Total** | **1,422** | **-** | 1,767 | - |
| **Total current and non-current** | **1,422** | | 1,767 | |

The ICB is in a technical overdraft which is partly due to the requirement for the ICB to pay general practices and other commitments at the start of the month. The bank is in credit while the BACS payment is in progress. NHS England funds are deposited into the ICB account on the day the general practices payments leave the account.

**19.1 Repayment of principal falling due**

| | Department of Health Year ending 31 March 2025 £'000 | Other Year ending 31 March 2025 £'000 | Total Year ending 31 March 2025 £'000 |
|---|---|---|---|
| Within one year | - | 1,422 | 1,422 |
| Between one and two years | - | - | - |
| Between two and five years | - | - | - |
| Between one and five years | **-** | **-** | - |
| After five years | - | - | - |
| **Total** | **-** | **1,422** | **1,422** |

| | Department of Health Year ending 31 March 2024 £'000 | Other Year ending 31 March 2024 £'000 | Total Year ending 31 March 2024 £'000 |
|---|---|---|---|
| Within one year | - | 1,767 | 1,767 |
| Between one and two years | - | - | - |
| Between two and five years | - | - | - |
| Between one and five years | - | - | - |
| After five years | - | - | - |
| **Total** | - | 1,767 | 1,767 |

## 20 Provisions

| | **Current Year ending 31 March 2025** | **Non-current Year ending 31 March 2025** | Current Period ending 31 March 2024 | Non-current Period ending 31 March 2024 |
|---|---|---|---|---|
| | **£'000** | **£'000** | £'000 | £'000 |
| Pensions relating to former directors | - | - | - | - |
| Pensions relating to other staff | - | - | - | - |
| Restructuring | - | - | - | - |
| Redundancy | 137 | - | 1,952 | - |
| Agenda for change | - | - | - | - |
| Equal pay | - | - | - | - |
| Legal claims | - | - | - | - |
| Clinician Tax Charge | - | - | - | - |
| Continuing care | - | - | - | - |
| Other | - | 260 | - | 251 |
| **Total** | **137** | **260** | **1,952** | **251** |
| | | | | |
| **Total current and non-current** | **397** | | **2,203** | |

| | **Pensions Relating to Former Directors** | **Pensions Relating to Other Staff** | **Restructuring** | **Redundancy** | **Agenda for Change** | **Equal Pay** | **Legal Claims** | **Continuing Care** | **Other** | **Total** |
|---|---|---|---|---|---|---|---|---|---|---|
| | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** |
| **Balance at 01 April 2024** | **-** | **-** | **-** | **1,952** | **-** | **-** | **-** | **-** | **251** | **2,203** |
| | | | | | | | | | | |
| Arising during the year | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| Utilised during the year | **-** | **-** | **-** | **(213)** | **-** | **-** | **-** | **-** | **-** | **(213)** |
| Reversed unused | **-** | **-** | **-** | **(1,615)** | **-** | **-** | **-** | **-** | **-** | **(1,615)** |
| Unwinding of discount | **-** | **-** | **-** | **13** | **-** | **-** | **-** | **-** | **9** | **22** |
| Change in discount rate | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Transfer (to) from other public sector body | - | - | - | - | - | - | - | - | - | - |
| Transfer (to) from other public sector body under absorption | - | - | - | - | - | - | - | - | - | - |
| **Balance at 31 March 2025** | **-** | **-** | **-** | **137** | **-** | **-** | **-** | **-** | **260** | **397** |
| | | | | | | | | | | |
| **Expected timing of cash flows:** | | | | | | | | | | |
| Within one year | - | - | - | **137** | - | - | - | - | - | **137** |
| Between one and five years | - | - | - | - | - | - | - | - | - | - |
| After five years | - | - | - | - | - | - | - | - | **260** | **260** |
| **Balance at 31 March 2025** | **-** | **-** | **-** | **137** | **-** | **-** | **-** | **-** | **260** | **397** |

**Redundancy**

In 2023/24, ICBs were required to deliver a 30% real-terms reduction in Running Cost Allowances by 2025/26, with a minimum of 20% to be achieved in 2024/25. In response, Devon ICB undertook a review of its organisational structure to align with these requirements and its new statutory responsibilities. A provision was included in the 2023/24 accounts to reflect estimated redundancy costs arising from these changes. This provision was calculated by multiplying the anticipated reduction in staff numbers by the average redundancy cost. The full provision was not utilised, as a number of individuals either left the organisation voluntarily or secured roles within the restructured organisation. The remaining redundancy provision relates to individuals for whom redundancy has been agreed but payment is yet to be made.

**Other**

During 2023/24 the ICB relocated its headquarters to Aperture House and under International Financial Reporting Standards a long-term lease must be capitalised and disclosed as a Right of Use asset. In determining the value of the asset, dilapidation costs are factored in and provided for as a provision to be utilised in due course. The dilapidation provision has been estimated based on the latest averages and cost per square metres.

£nil is included in the provisions of NHS Resolution as at 31 March 2025 in respect of the Liabilities to Third Parties Scheme of the ICB (£10k 31 March 2024).

In addition, £91k is included in provisions of NHS Resolution on behalf of the ICB in respect of the Clinical Negligence Scheme for Trusts as at 31 March 2025 (£nil 31 March 2024).

Legal claims are calculated from the number of claims currently lodged with NHS Resolution and the probabilities provided by them.

## 21 Contingencies

The ICB had no contingent assets or liabilities for the period ended 31 March 2025.

## 22 Financial instruments

Financial instruments are disclosed at fair value. Due to the short term nature of the transactions, fair value for cash is recognised at its sterling value; trade receivables, trade payables, other financial assets and liabilities are stated at the consideration agreed at the date of the transaction, hence the carrying value is considered to be a reasonable approximation to fair value.

### 22.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the ICB and internal auditors.

#### 22.1.1 Currency risk

The ICB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The ICB has no overseas operations and therefore the ICB has low exposure to currency rate fluctuations.

#### 22.1.2 Interest rate risk

The ICB borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The ICB therefore has low exposure to interest rate fluctuations.

#### 22.1.3 Credit risk

Because the majority of the ICB revenue comes parliamentary funding, the ICB has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

#### 22.1.4 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

#### 22.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

## 22 Financial instruments cont'd

### 22.2 Financial assets

| | **Financial Assets measured at amortised cost** | **Equity Instruments designated at FVOCI** | **Total** | Financial Assets measured at amortised cost | Equity Instruments designated at FVOCI | Total |
|---|---|---|---|---|---|---|
| | **Year ending 31 March 2025 £'000** | **Year ending 31 March 2025 £'000** | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 | Period ending 31 March 2024 £'000 | Period ending 31 March 2024 £'000 |
| Trade and other receivables with NHSE bodies | 1,493 | - | **1,493** | 1,851 | - | 1,851 |
| Trade and other receivables with other DHSC group bodies | 3,018 | - | **3,018** | 233 | - | 233 |
| Trade and other receivables with external bodies | 21,684 | - | **21,684** | 40,459 | - | 40,459 |
| Other financial assets | - | - | **-** | - | - | - |
| Cash and cash equivalents | - | - | **-** | - | - | |
| **Total** | **26,195** | **-** | **26,195** | 42,543 | - | 42,543 |

### 22.3 Financial liabilities

| | **Financial Liabilities measured at amortised cost** | **Other** | **Total** | Financial Liabilities measured at amortised cost | Other Year ending 31 March 2024 £'000 | Total Year ending 31 March 2024 £'000 |
|---|---|---|---|---|---|---|
| | **Year ending 31 March 2025 £'000** | **Year ending 31 March 2025 £'000** | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 | | |
| Loans with external bodies | 1,422 | | **1,422** | 1,767 | | 1,767 |
| Trade and other payables with NHSE bodies | 469 | - | **469** | 1,175 | - | 1,175 |
| Trade and other payables with other DHSC group bodies | 28,054 | - | **28,054** | 50,305 | - | 50,305 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Trade and other payables with external bodies | 119,261 | - | **119,261** | 166,125 | - | 166,125 |
| Other financial liabilities | - | - | **-** | - | - | - |
| Finance leases - right-of-use lease obligations | 3,638 | - | **3,638** | 4,816 | | 4,816 |
| **Total** | **152,844** | **-** | **152,844** | 224,188 | - | 224,188 |

Loans with external bodies are the outstanding payments yet to leave the bank account and has resulted in a technical overdraft.

Financial liabilities relating to right-of-use leases have been separately disclosed for the current year, with prior year comparatives restated accordingly.

**22.4 Maturity of financial liabilities**

| | **Payable to DHSC** | **Payable to Other bodies** | **Total** | Payable to DHSC | Payable to Other bodies Period ending 31 March 2024 | Total Period ending 31 March 2024 |
|---|---|---|---|---|---|---|
| | **Year ending 31 March 2025 £'000** | **Year ending 31 March 2025 £'000** | **Year ending 31 March 2025 £'000** | Year ending 31 March 2024 £'000 | £'000 | £'000 |
| In one year or less | 28,523 | 121,147 | **149,670** | 51,720 | 168,341 | 220,061 |
| In more than one year but not more than two years | - | 403 | **403** | 247 | 359 | 606 |
| In more than two years but not more than five years | - | 1,105 | **1,105** | 347 | 1,068 | 1,415 |
| In more than five years | - | 1,666 | **1,666** | - | 2,106 | 2,106 |
| **Total** | 28,523 | 124,321 | **152,844** | 52,314 | 171,874 | 224,188 |

**23 Operating segments**

| | Gross expenditure | Income | Net expenditure | Total assets | Total liabilities | Net assets |
|---|---|---|---|---|---|---|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Commissioning of Healthcare Services | 3,221,403 | (49,197) | **3,172,206** | 34,072 | (155,929) | **(121,857)** |

Wherever possible the ICB manages resources and commissioning on a locality basis. Whilst this covers gross expenditure, which is reported using segmental analysis, this is not sufficient to necessitate a full reanalysis of the ICB's spend within these accounts.

## 24 Joint arrangements - interests in joint operations

### 24.1 Interests in joint operations

| Name of arrangement | Parties to the arrangement | Description of principal activities | Amounts recognised in Entities books ONLY Year ending 31 March 2025 | | | | Amounts recognised in Entities books ONLY Year ending 31 March 2024 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Assets | Liabilities | Income | Expenditure | Assets | Liabilities | Income | Expenditure |
| | | | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Devon Better Care Fund | Devon County Council | Provision of integrated care | 2,239 | - | 37,723 | 81,506 | 1,903 | - | 32,863 | 74,683 |
| Plymouth Integrated Fund | Plymouth City Council | Provision of integrated care | - | - | 12,657 | 218,128 | - | - | 12,657 | 175,570 |
| Joint Community Equipment Store | Torbay Council | Provision of community equipment | - | - | - | 884 | - | - | - | 884 |
| Better Care Fund Torbay | Torbay Council | Provision of integrated care services | - | - | - | 14,647 | - | - | - | 13,862 |

**24.2 Interests in entities not accounted for under IFRS 10 or IFRS 11**

| Name of entity | Description of principal activities | Basis for treatment eg materiality |
|---|---|---|
| DELT Shared Services Ltd | IT Services | Materiality |

## 25 Related party transactions

During the year, apart from the following transactions none of the Department of Health Ministers, leadership or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Devon ICB.

**Details of related party transactions are as follows:**

| | Year ending 31 March 2025 | | | |
|---|---|---|---|---|
| | Payments to Related Party £'000 | Receipts from Related Party £'000 | Amounts owed to Related Party £'000 | Amounts due from Related Party £'000 |
| DELT Shared Services Ltd | 9,051 | - | 258 | - |
| Devon County Council | 137,062 | (3,464) | 3,759 | (222) |
| Plymouth City Council | 109,557 | (48,695) | 662 | (1,198) |
| Torbay Council | 7,570 | (814) | 345 | (188) |

The Department of Health and Social Care is regarded as a related party. During the year, the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. The most significant transactions for the ICB were with the following:

Devon Partnership NHS Trust
Leeds Teaching Hospitals NHS Trust
NHS England
NHS Property Services Ltd
North Bristol NHS Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal Cornwall Hospitals NHS Trust
Royal Devon University Healthcare NHS Foundation Trust
South Western Ambulance NHS Foundation Trust
Taunton & Somerset NHS Foundation Trust
Torbay and South Devon NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust
University Hospitals Plymouth NHS Trust

In addition, the ICB has had a number of material transactions with other Government Departments and other central and local Government bodies. The most significant of these transactions have been with Torbay Council, Devon County Council and Plymouth County Council, details of which are included above.

## 25 Related party transactions

During the year, apart from the following transactions none of the Department of Health Ministers, leadership or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Devon ICB.

**Details of related party transactions are as follows:**

| | Year ending 31 March 2024 | | | |
|---|---|---|---|---|
| | Payments to Related Party £'000 | Receipts from Related Party £'000 | Amounts owed to Related Party £'000 | Amounts due from Related Party £'000 |
| DELT Shared Services Ltd | 8,026 | - | 1,060 | - |
| Devon County Council | 117,280 | (27,469) | 8,097 | (458) |
| Plymouth City Council | 33,222 | (15,570) | 27,560 | (19,508) |
| Torbay Council | 3,752 | (104) | 1,223 | (603) |

During the year the ICB paid £15k to Parental Minds CIC, a community interest company, the director of which was also a mental health representative who attended the Board during the year.

The Department of Health and Social Care is regarded as a related party. During the year, the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. The most significant transactions for the ICB were with the following:

Devon Partnership NHS Trust
Leeds Teaching Hospitals NHS Trust
NHS England
NHS Property Services Ltd
North Bristol NHS Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal Cornwall Hospitals NHS Trust
Royal Devon University Healthcare NHS Foundation Trust

South Western Ambulance NHS Foundation Trust
Taunton & Somerset NHS Foundation Trust
Torbay and South Devon NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust
University Hospitals Plymouth NHS Trust

In addition, the ICB has had a number of material transactions with other Government Departments and other central and local Government bodies. The most significant of these transactions have been with Torbay Council, Devon County Council and Plymouth County Council, details of which are included above.

The ICB has made a provision of £5.1m for doubtful debts in relation to the above related parties.

## 26 Events after the end of the reporting period

### 26.1 ICB administration and programme pay cost reduction

ICBs are required to reduce their administration and programme pay costs by 50% in 2025/26, with detailed plans to be developed and implemented by the end of the financial year. Achieving such a significant reduction will present considerable challenges for the ICB and careful planning, prioritisation, and collaboration across the system will be essential to mitigate the risks associated with these reductions.

### 26.2 Financial Statements

The financial statements were approved by the Board and authorised for issue on 19 June 2025.

The above mentioned post balance sheet events have no material effect on the accounts for the year ended 31 March 2025.

## 27 Financial performance targets

NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).

The ICBs performance against those targets was as follows:

| | **Year ending 31 March 2025** | **Year ending 31 March 2025** | Year ending 31 March 2024 | Year ending 31 March 2024 | **Year ending 31 March 2025** | Year ending 31 March 2024 |
|---|---|---|---|---|---|---|
| | **Target** | **Performance** | Target | Performance | **Duty** | Duty |
| | **£'000** | **£'000** | £'000 | £'000 | **Achieved?** | Achieved? |
| Expenditure not to exceed income | **3,249,935** | **3,221,516** | 3,079,637 | 3,043,122 | **Y** | Y |
| Capital resource use does not exceed the amount specified in Directions | **113** | **113** | 3,911 | 3,821 | **Y** | Y |
| Revenue resource use does not exceed the amount specified in Directions | **3,200,625** | **3,172,206** | 2,981,672 | 2,945,247 | **Y** | Y |
| Revenue administration resource use does not exceed the amount specified in Directions | **21,521** | **19,503** | 24,682 | 23,177 | **Y** | Y |

The ICB met the requirement for spend not to exceed the capital and overall revenue resources received during the year. The ICB's overall expenditure was less than the income and revenue resource received during the year resulting in a surplus of £28.419m.

| **Summary of Programme and Administration, Income and Expenditure** | **Year ending 31 March 2025** | Year ending 31 March 2024 |
|---|---|---|
| | **£000** | £000 |
| Programme Expenditure | 3,201,393 | 3,015,371 |
| Administration Expenditure | 20,010 | 23,929 |
| **Total Expenditure** | **3,221,403** | 3,039,300 |
| Programme Income | (48,690) | (93,301) |
| Administration Income | (507) | (752) |
| **Total Income** | **(49,197)** | (94,053) |
| **Total Net Expenditure for the financial period** | **3,172,206** | 2,945,247 |
| **Revenue Resource Limit (RRL)** | **3,200,625** | 2,981,672 |
| **Surplus/(Deficit)** | **28,419** | 36,425 |
| **Surplus/(Deficit) % of Revenue Resource Limit** | **0.89%** | 1.22% |

# Appendices

# Appendix 1 – Highlights of work and attendance by Members at NHS Devon Board and Committee Meetings

These records show attendance by Board and Committee members at formal meetings. Eligibility to attend varies between individuals, impacted by factors including start/end dates in role.

## NHS Devon Board

During 2024/25 the NHS Devon Board has covered a wide range of issues, with the main focus being around system recovery and strengthening collaborative working across the One Devon Integrated Care System.

The Board continued to actively monitor performance against the agreed NOF4 exit criteria agreed the oversight and assurance mechanisms for exiting NOF4 and received regular updates of the current performance against the agreed exit criteria which included progress made, risks and mitigations and any areas of escalation for support. Regular updates were also received in respect of quality assurance, financial performance and the mitigation of risks set out in the Board Assurance Framework (BAF). Additional assurance on the performance of NHS Devon was received through the reports to the Board from the Chairs of the Board's Assurance Committees.

During the reporting period the Board approved the One Devon Infrastructure Strategy, the 5 Year Joint Forward Plan, the NHS Devon response to the NHS 10 Year Health Plan, the NHS Devon 2024/25 Annual Plan and an Organisational Development Plan and Governance Improvement Plan for NHS Devon.

The establishment of a Population Health Improvement Committee and a People and Organisational Development Committee was approved, with the de-establishment of the Primary Care Commissioning Transition Committee also being approved in light of the establishment of an Executive Commissioning Group. All governance requirements associated with these changes were also approved by the Board including Terms of Reference and the Scheme of Reservation and Delegation updates. A review of the Corporate Governance Framework was also undertaken with the Board approving updates to the Constitution, Governance Handbook and key policies.

Partnership working remained a priority with regular updates being received from the One Devon Integrated Care Partnership and NHS Cornwall and the Isles of Scilly Integrated Care Board.

| Name | Job Title / Organisation | Meeting Role | Attended/ Eligible |
|---|---|---|---|
| Nigel Acheson | Chief Medical Officer, NHS Devon | Chief Medical Officer | 5 / 5 |
| Salma Ali | Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 3 / 3 |
| Sheena Asthana | Independent Non-Executive Member, Health Inequalities and Population Health, NHS Devon | Independent Non-Executive Member | 5 / 11 |
| Kaye Bentley | Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 3 / 3 |
| Graham Clarke | Independent Non-Executive Member, Audit and Risk, NHS Devon | Independent Non-Executive Member | 12 / 16 |
| Peter Collins | Chief Medical Officer, NHS Devon | Chief Medical Officer | 7 / 7 |
| Liz Davenport | Chief Executive Officer, Torbay and South Devon NHS Foundation Trust | Partner Member for NHS Trusts and Foundation Trusts | 9 / 11 |
| Kirsty Denwood | Interim Chief Finance Officer, NHS Devon | Chief Finance Officer | 5 / 5 |
| Judy Hargadon | Independent Non-Executive Member, Primary Care, NHS Devon | Independent Non-Executive Member | 15 / 16 |
| Thandiwe Hara | Independent Non-Executive Member, Citizen and Community Involvement, NHS Devon | Independent Non-Executive Member | 16 / 16 |
| Ruth Harrell | Director of Public Health Plymouth City Council | Partner Member for Local Authorities | 5 / 7 |
| Sam Higginson | Chief Executive Officer, Royal Devon University Healthcare NHS Foundation Trust | Partner Member for NHS Trusts and Foundation Trusts | 5 / 5 |
| Donna Manson | Chief Executive, Devon County Council | Partner Member for Local Authorities | 8 / 16 |
| Phill Mantay | Chief Executive Officer, Devon Partnership NHS Trust | Partner Member for Mental Health | 5 / 7 |
| Steven Moore | Chief Executive Officer, NHS Devon | Chief Executive Officer | 16 / 16 |
| Frank O'Kelly | General Practitioner, Amicus Health | Partner Member for Providers of Primary Care Services | 16 / 16 |
| Kevin Orford | Non-Executive Member, Finance and Remuneration, NHS Devon / Acting Chair / Chair* | Independent Non-Executive Member / Chair | 16 / 16 |
| Lopa Patel | Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 3 / 3 |
| Lincoln Sargeant | Director of Public Health, Torbay Council | Partner Member for Local Authorities | 8 / 9 |
| Bill Shields | Chief Finance Officer, NHS Devon | Chief Finance Officer | 9 / 11 |
| Penny Smith | Chief Nursing Officer, NHS Devon | Chief Nursing Officer | 13 / 16 |
| Martin Sykes | Interim Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 7 / 7 |
| Sarah Wollaston | Chair, NHS Devon | Independent Chair | 3 / 3 |

Table Notes:

Start dates for NHS Devon Board membership are below:

- Kirsty Denwood – 01 January 2025 (interim)
- Peter Collins – 14 October 2024
- Salma Ali – 01 February 2025
- Kaye Bentley – 01 February 2025
- Lopa Patel – 01 February 2025
- Martin Sykes – 12 November 2024
- Lincoln Sargeant – 18 September 2024
- Sam Higginson – 1 January 2025
- Phill Mantay – 7 November 2024

*Kevin Orford was the Independent Non-Executive Member for Finance and Remuneration until 10 June 2024 when he was appointed as Acting Chair. On 17 December 2024 Kevin was appointed as Chair of NHS Devon.

End dates for NHS Devon Board membership are below:

- Sarah Wollaston – 10 June 2024
- Bill Shields – 31 December 2024 (commenced secondment)
- Nigel Acheson – 30 June 2024
- Sheena Asthana – 07 January 2025
- Ruth Harrell – 31 July 2024
- Liz Davenport – 31 December 2024

# Audit and Risk Committee

The Audit and Risk Committee has covered a wide range of issues during the reporting period, with its work being guided by its Terms of Reference, together with the Healthcare Financial Management Association (HFMA) NHS Audit Committee framework.

A particular focus for the Committee has in respect of the corporate governance framework. In addition to receiving assurance reports in respect of the policy framework, management of declarations of interest and risk management, the Committee agreed the approach to the annual review of the corporate governance framework which was undertaken during Q4 of 2024/25.

The Committee approved the 2024/25 Internal Audit Programme and has received regular progress updates, considering the recommendations arising from reviews and the subsequent progress of work to deliver agreed actions.

Financial compliance has been a fixture for agendas with the Committee receiving regular updates in respect of contracting and procurement, losses and special payments and also seeking additional assurance in respect of financial management, following the outcome of the internal audit being limited assurance.

Regular updates have also been received from the Local Counter Fraud Service Manager and the organisation’s external auditors, whilst the Data Protection Officer has provided assurance as to compliance and progress against the Data Protection Security Toolkit.

The Audit Chairs' Forum for the One Devon Integrated Care System NHS partners has continued to meet on a regular basis. It has identified items for system audits and also begun to develop principles with regard to risk, governance and assurance that can be adopted across the One Devon system.

| Name | Job Title / Organisation | Meeting Role | Attended/ Eligible |
|---|---|---|---|
| Sheena Asthana | Independent Non-Executive Member, Health Inequalities and Population Health, NHS Devon | Independent Non-Executive Member | 1 / 4 |
| Kaye Bentley | Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 1 / 1 |
| Graham Clarke | Independent Non-Executive Member, Audit and Risk, NHS Devon | Non-Executive Member, Committee Chair | 6 / 6 |
| Thandiwe Hara | Independent Non-Executive Member, Citizen and Community Involvement, NHS Devon | Independent Non-Executive Member | 3 / 3 |
| Hisham Khalil | | Co-Opted Member | 3 / 4 |
| Kevin Orford | Non-Executive Member, Finance and Remuneration, NHS Devon | Independent Non-Executive Member | 2 / 2 |
| Martin Sykes | Interim Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 2 / 2 |

Table notes

Start dates for Audit and Risk Committee membership are below:

- Thandiwe Hara – 25 July 2024
- Martin Sykes – 28 November 2024
- Kaye Bentley – 26 February 2025

End dates for Audit and Risk Committee membership are below:

- Kevin Orford – 29 May 2024
- Sheena Asthana – 28 November 2024
- Hisham Khalil – 31 December 2024

# Remuneration and Internal ICB Workforce Committee

During the 2024/25 the main focus of the Committee has continued to be the implementation of the Organisational Change Programme required to deliver the running cost reductions required of all ICBs. The Committee received updates in respect of Phase 2 of the programme and was also involved in the Voluntary Redundancy Panel which was established as part of the re-organisation.

Throughout this year of change the Committee made recommendations in respect of Very Senior Management (VSM) appointments, resignations and secondments into and out of the organisation.

The Committee gave consideration to the Gender Pay Gap review together with the associated improvement action plan and also considered by the remuneration of the Partner Member for Providers of Primary Medical Services as this is not covered by a national pay framework.

| Name | Job Title / Organisation | Meeting Role | Attended/ Eligible |
|---|---|---|---|
| Councillor Mary Aspinall | Chair, One Devon Integrated Care Partnership | Co-Opted Member | 1 / 1 |
| Sheena Asthana | Independent Non-Executive Member, Health Inequalities and Population Health, NHS Devon | Independent Non-Executive Member | 1 / 1 |
| Thandiwe Hara | Independent Non-Executive Member, Citizen and Community Involvement, NHS Devon | Independent Non-Executive Member | 1 / 1 |
| Judy Hargadon | Independent Non-Executive Member, Primary Care, NHS Devon | Independent Non-Executive Member and Chair | 7 / 7 |
| Frank O'Kelly | General Practitioner, Amicus Health | Partner Member - Provider of Primary Medical Services | 6 / 6 |
| Kevin Orford | Independent Non-Executive Member, Finance and Performance, NHS Devon, Acting Chair and Chair, NHS Devon | Independent Non-Executive Member | 4 / 7 |
| Lopa Patel | Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 0 / 1 |
| Martin Sykes | Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 4 / 4 |
| Sarah Wollaston | NHS Devon Chair | Member | 0 / 1 |

Table notes

Start dates for Remuneration and Internal ICB Workforce Committee membership are below:

- Councillor Mary Aspinall – 03 February 2025
- Frank O'Kelly – 30 May 2024
- Lopa Patel – 26 February 2025
- Martin Sykes – 28 November 2024
- Sarah Wollaston – 30 May 2024

End dates for Remuneration and Internal ICB Workforce Committee membership are below:

- Sheena Asthana – 25 July 2024
- Thandiwe Hara – 25 July 2024
- Sarah Wollaston – 10 June 2024

# Finance and Performance Committee

The financial position of NHS Devon and the One Devon Integrated Care System together with its National Oversight Framework segmentation rating (NOF4), has driven the work of the Finance and Performance Committee during 2024/25 period, with monthly consideration being given financial reporting, progress against the NOF4 exit criteria and progress against delivery of the 2024/25 Annual Plan which incorporates NHS England targets from the 2024/25 Operational Plan.

During the year the Committee has recommended approval of the Medium Term Finance Plan, the Winter Plan and the business case for the One Devon Finance Shared Service.

Other areas of focus have included performance reviews in the areas of mental health, elective care, urgent care and the processes in place in respect of Equality Quality Impact Assessments. The Estates Infrastructure Strategy and the prioritisation approach to estates have also been subject to the consideration of the Committee.

| Name | Job Title / Organisation | Meeting Role | Attended/ Eligible |
|---|---|---|---|
| Nigel Acheson | Chief Medical Officer, NHS Devon | Member | 1 / 2 |
| Sheena Asthana | Independent Non-Executive Member for | Independent Non-Executive Member | 5 / 8 |
| Kaye Bentley | Independent Non-Executive Member | Independent Non-Executive Member | 1 / 1 |
| Mat Chetwynd | Director of Estates, NHS Devon | Member | 2 / 2 |
| Kirsty Denwood | Interim Chief Finance Officer, NHS Devon | Member and Executive Lead | 3 / 3 |
| John Finn | Acting Chief Operating Officer, NHS Devon | Member | 2 / 3 |
| Anthony Fitzgerald | Chief Operating Officer, NHS Devon | Member | 8 / 9 |
| Judy Hargadon | Independent Non-Executive Member for Primary Care, NHS Devon | Independent Non-Executive Member | 8 / 8 |
| Kevin Orford | Non-Executive Member, Finance and Remuneration / Acting Chair / Chair, NHS Devon | Independent Non-Executive Member | 9 / 12 |
| Mark Sowden | Associate Director, Workforce Strategy, Planning and Capacity, NHS Devon | Member | 0 / 2 |
| Bill Shields | Chief Finance Officer, NHS Devon | Member and Executive Lead | 8 / 9 |
| Penny Smith | Chief Nursing Officer, NHS Devon | Member | 8 / 10 |
| Martin Sykes | Interim Independent Non-Executive Member | Independent Non-Executive Member and Chair | 4 / 4 |

Table notes

Start dates for the Finance and Performance Committee membership are below:

- Martin Sykes – 28 November 2024
- Judy Hargadon – 27 July 2024
- Kirsty Denwood – 1 January 2025
- Penny Smith – 30 May 2024
- Kaye Bentley – 26 February 2025
- John Finn – 1 January 2025

End dates for the Finance and Performance Committee membership are below:

- Sheena Asthana – 28 November 2024
- Bill Shields – 31 December 2024
- Nigel Acheson – 29 May 2024
- Mat Chetwynd – 29 May 2024
- Mark Sowden – 29 May 2024
- Anthony Fitzgerald – 31 December 2024

# Quality and Patient Experience Committee

The Committee has covered a wide range of issues during 2024/25 with risk management, an overarching Quality Report, One Devon System Quality Group updates and delivery assurance in respect of the 2024/25 NHS Devon Annual Plan featuring on each agenda.

Deep dives were undertaken in respect of mental health, maternity and neo-natal services, planned care and transfers of care.

Regulatory issues have been an area of focus for the Committee with it maintaining oversight of the progress made in response to CQC notices and also the Joint Targeted Area Inspection in Torbay.

An area of development has been the development and re-launch of the approach to Quality and Equality Impact Assessments with these assessments now becoming embedded across the work of NHS Devon.

| Name | Job Title / Organisation | Meeting Role | Attended/ Eligible |
|---|---|---|---|
| Nigel Acheson | Chief Medical Officer, NHS Devon | Member | 1 / 2 |
| Salma Ali | Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 1 / 1 |
| Sheena Asthana | Independent Non-Executive Member, Health Inequalities and Population Health NHS Devon | Independent Non-Executive Member | 0 / 3 |
| Kaye Bentley | Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 1 / 1 |
| Peter Collins | Chief Medical Officer, NHS Devon | Member | 2 / 2 |
| Thandiwe Hara | Independent Non-Executive Member, Citizen and Community Involvement, NHS Devon | Independent Non-Executive Member, Committee Chair | 8 / 8 |
| Philippa Harding | Interim Chief Communications and Corporate Affairs Officer | Member | 2 / 4 |
| Nicola McMinn | Chief Nursing Officer, Torbay & South Devon NHS Foundation Trust | Acute Provider Representative | 0 / 2 |
| Frank O'Kelly | Partner Member for Providers of Primary Care Services, NHS Devon | Partner Member | 8 / 8 |

| | | | |
|---|---|---|---|
| Kevin Orford | Independent Non-Executive Member / Acting Chair, NHS Devon | Independent Non-Executive Member | 6 / 7 |
| Lorna Sinfield | Research and Intelligence Officer, Healthwatch | Healthwatch Representative | 2 / 2 |

Table notes

Start dates for the Quality and Patient Experience Committee membership are below:

- Sheena Asthana – 5 July 2024
- Philippa Harding – 30 May 2024
- Peter Collins – 28 November 2024
- Salma Ali – 26 February 2025
- Kaye Bentley – 26 February 2025

End dates for the Quality and Patient Experience Committee membership are below:

- Sheena Asthana – 7 January 2025
- Philippa Harding – 28 November 2024
- Nigel Acheson – 29 May 2024
- Nicola McMinn – 29 May 2024
- Lorna Sinfield – 29 May 2024

# Primary Care Commissioning Transition Committee

During 2024/25 a new approach to the governance supporting commissioning decisions in NHS Devon was agreed which included the establishment of a sub-group of the NHS Devon Executive known as the Commissioning Group. In light of this new approach a decision was taken to dis-establish the Primary Care Commissioning Transition Committee.

Throughout 2024/25 the Committee maintained its focus on ensuring a comprehensive primary medical service was planned, commissioned and delivered and also provided assurance and oversight for the successful transition for the commissioning of primary dental, community pharmacy and optical services from NHS England.

The Committee received regular updates in respect of primary care budgetary issues; estates issues impacting primary care; performance against national targets; and support for GP practices, contractual and resilience matters and resolving challenges being faced by individual providers within the system.

During the year the Committee received updates in respect of Community Pharmacy, GP Collaborative Action and the reconfiguration of Primary Care Networks.

| Name | Job Title / Organisation | Meeting Role | Attended/ Eligible |
|---|---|---|---|
| Justin Wiggin | Senior Manager, South Local Care Partnership | Member | 3 / 3 |
| Karen Barry | Director, South and West Locality | Member | 1 / 3 |
| Judy Hargadon | Independent Non-Executive Member, Primary Care, NHS Devon | Independent Non-Executive Member, Committee Chair | 6 / 6 |
| Thandiwe Hara | Non-Executive Member, Citizen and Community Involvement, NHS Devon | Independent Non-Executive Member | 3 / 6 |
| Steve Harris | Strategic clinical lead for primary care | Member | 3 / 6 |
| Penny Smith | Chief Nursing Officer, NHS Devon | Member | 0 / 6 |
| Frank O'Kelly | Partner Member, Providers of Primary Medical Services | Partner Member | 5 / 6 |
| Anthony Fitzgerald | Chief Operating Officer, NHS Devon | Member | 3 / 6 |
| Bill Shields | Chief Finance Officer, NHS Devon | Chief Finance Officer | 0 / 6 |
| Su Smart | Deputy Director of Out of Hospital Commissioning, NHS Devon | Member | 3 / 6 |

| | | | |
|---|---|---|---|
| Tina Henry | Deputy Director of Public Health, Devon County Council | Member | 4 / 6 |

Table notes

Start dates for the Primary Care Commissioning Transition Committee membership are below:

- Karen Barry – 1 September 2024

End dates for the Primary Care Commissioning Transition Committee membership are below:

- Justin Wiggins – 31 August 2024

# People and Organisational Development Committee

This Committee was established on 30 May 2024 and is still in its infancy, having met on three occasions.

The Committee has agreed how will operate and the information it will receive to enable it to carry out its responsibilities effectively with this including receiving regular updates on the delivery of the Workforce Strategy and a dashboard showing how the One Devon System is performing against key indicators.

Overviews of key areas such as organisational development, learning and education and equality, diversity and inclusion (EDI) have been considered, with an EDI working group having been established to progress this area of work.

As part of the organisation's response to its National Oversight Framework segmentation (NOF4) the Committee is receiving regular reports in respect of the various workstreams of the Financial Recovery Programme to maintain oversight of the workforce challenges being faced across the system.

At the request of the Board, the Committee reviewed the findings of the Gender Pay Gap report for 2023/24 and made its recommendations accordingly.

| Name | Job Title / Organisation | Meeting Role | Attended/ Eligible |
|---|---|---|---|
| Salma Ali | Independent Non-Executive Member | Independent Non-Executive Member | 1 / 1 |
| Liz Davenport | Partner Member, NHS Trusts and Foundation Trusts | Partner Member | 0 / 1 |
| Kirsty Denwood | Interim Chief Finance Officer, NHS Devon | Member | 2 / 2 |
| Thandiwe Hara | Non-Executive Member, Citizen and Community Involvement, NHS Devon | Independent Non-Executive Member, Committee Chair | 3 / 3 |
| Judy Hargadon | Non-Executive Member, Primary Care, NHS Devon | Independent Non-Executive Member | 3 / 3 |
| Sam Higginson | Partner Member, NHS Trusts and Foundation Trusts | Partner Member | 1 / 2 |
| Frank O'Kelly | Partner Member, Providers of Primary Medical Services | Partner Member | 2 / 2 |
| Kevin Orford | Independent Non-Executive Member / Acting Chair, NHS Devon | Independent Non-Executive Member | 1 / 1 |
| Liz Perry | Chief People Officer, Devon Partnership NHS Trust | System Chief People Officer | 1 / 2 |

| | | | |
|---|---|---|---|
| Bill Shields | Chief Finance Officer, NHS Devon | Member | 0 / 1 |
| Piers Tetley | Chief People Officer, NHS Devon | Member and Lead Executive | 3 / 3 |

Table notes

Start dates for the People and Organisational Development Committee membership are below:

- Frank O'Kelly – 28 November 2024
- Sam Higginson – 1 January 2025
- Liz Perry – 28 November 2024
- Kirsty Denwood – 1 January 2025
- Salma Ali – 26 February 2025

End dates for the People and Organisational Development Committee membership are below:

- Kevin Orford – 28 November 2024
- Liz Davenport – 31 December 2024
- Bill Shields – 31 December 2024

# Population Health Improvement Committee

This Committee was established on 30 May 2024 and is still in its infancy, having met on two occasions.

The Committee has agreed how will operate and the information it will receive to enable it to carry out its responsibilities effectively with this including benchmarking data and key indicator datasets.

The Committee's initial review of patient and public engagement has resulted in the Committee now receiving regular updates in respect of the Devon Engagement Group and the Healthwatch Patient Experience and Engagement Report. Its recommendation to amend its own Terms of Reference and that of the Quality and Patient Experience Committee to align responsibilities around engagement has been approved by the Board.

At the request of the Audit and Risk Committee, the Committee reviewed the findings of the internal audit review into the governance arrangements in respect of addressing health inequalities. This review resulted in the committee adopting the NHS England Board Assurance Tool to conduct self-assessments.

| Name | Job Title / Organisation | Meeting Role | Attended/ Eligible |
|---|---|---|---|
| Sheena Asthana | Independent Non-Executive Member, Health Inequalities and Population Health NHS Devon | Independent Non-Executive Member, Committee Chair | 0 / 0 |

| | | | |
|---|---|---|---|
| Lopa Patel | Independent Non-Executive Member, NHS Devon | Independent Non-Executive Member | 0 / 1 |
| Thandiwe Hara | Non-Executive Member, Citizen and Community Involvement, NHS Devon | Independent Non-Executive Member | 2 / 2 |
| Judy Hargadon | Non-Executive Member, Primary Care, NHS Devon | Independent Non-Executive Member | 2 / 2 |
| Lincoln Sargeant | Director of Public Health, Torbay Council | Partner Member, Director of Public Health | 1 / 2 |
| Frank O'Kelly | Partner Member for Providers of Primary Care Services, NHS Devon | Partner Member, Primary Care | 2 / 2 |
| Peter Collins | Chief Medical Officer, NHS Devon | Member and Executive Lead | 2 / 2 |
| Anthony Fitzgerald | Chief Operating Officer, NHS Devon | Member | 0 / 1 |
| John Finn | Acting Chief Operating Officer, NHS Devon | Member | 2 / 2 |

Table notes

Start dates for the People and Organisational Development Committee membership are below:

- Lopa Patel – 26 February 2025
- Lincoln Sargeant – 18 September 2024
- Frank O'Kelly – 25 July 2024
- Peter Collins – 14 October 2024
- John Finn – 1 January 2025

End dates for the People and Organisational Development Committee membership are below:

- Sheena Asthana – 28 November 2024
- Anthony Fitzgerald – 31 December 2024

# One Devon Integrated Care Partnership (ICP)

During 2024/25 there were a number of leadership changes across the One Devon System, including the joint Chairs of the ICP standing down, which impacted on the ICP. This provided an opportunity for the ICP to review its role and purpose and ensure that its membership was fit for purpose.

The ICP is continuing to identify and articulate its longer-term ambition, through its considerations of the forward planning work being undertaken across the system, together with the newly developed People and Communities Framework which will support its engagement with stakeholders across Devon.

Having endorsed the 2024/25 Devon Joint Forward Plan and confirmed its alignment with the priorities set out in the One Devon Integrated Care Strategy, the first area of focus for the ICP will be the development of its operational plan to deliver its responsibilities in the Joint Forward Plan.

| Name | Job Title / Organisation | Meeting Role | Attended/ Eligible |
|---|---|---|---|
| Sarah Wollaston | NHS Devon Chair | NHS Devon Chair | 1 / 1 |
| Kevin Orford | NHS Devon Chair | NHS Devon Chair | 2 / 2 |
| Steve Moore | NHS Devon CEO | NHS Devon CEO | 1 / 3 |
| Councillor David Thomas | Chair, Torbay Health and Wellbeing Board | Health and Wellbeing Board Chair | 2 / 2 |
| Councillor Hayley Tranter | Chair, Torbay Health and Wellbeing Board | Health and Wellbeing Board Chair | 0 / 1 |
| Councillor James McInnes | Chair, Devon Health and Wellbeing Board | Health and Wellbeing Board Chair | 1 / 1 |
| Councillor Phil Bullivant | Chair, Devon Health and Wellbeing Board | Health and Wellbeing Board Chair | 1 / 2 |
| Councillor Mary Aspinall | Chair, Plymouth Health and Wellbeing Board | Chair and Health and Wellbeing Board Chair | 3 / 3 |
| Arshiya Khan | Managing Director, Peninsula Acute Provider Collaborative | Director, NHS Acute Provider Collaborative | 1 / 1 |
| Phill Mantay | CEO, Devon Partnership NHS Trust | Chair, Mental Health Learning Difficulties and Neurodiversity Collaborative | 0 / 1 |
| Nigel Acheson | Chief Medical Officer | Chair, Clinical and Professional Cabinet / Clinical Senate | 1 / 1 |
| Peter Collins | Chief Medical Officer | Chair, Clinical and Professional Cabinet / Clinical Senate | 2 / 2 |
| Pat Harris | CEO, Healthwatch Torbay | Healthwatch Devon, Plymouth and Torbay Representative | 3 / 3 |
| Lincoln Sargeant | Director of Public Health, Torbay | Health Inequalities System Senior Responsible Officer | 3 / 3 |

| | | | |
|---|---|---|---|
| Katherin Allen | Director of Strategy, Royal Devon University Healthcare NHS Foundation Trust | Local Care Partnership Representative – North | 2 / 2 |
| Andrea Beacham | Programme Manager, One Northern Devon | Local Care Partnership Representative - North | 1 / 1 |
| Jeff Chinnock | Head of Stakeholder Communications & Engagement, , Royal Devon University Healthcare NHS Foundation Trust | Local Care Partnership Representative – East | 2 / 3 |
| Michelle Thomas | CEO Livewell Southwest | Local Care Partnership Representative - West | 2 / 3 |
| Adel Jones | Chief Operating Officer and Deputy Chief Executive, Torbay & South Devon NHS Foundation Trust | Local Care Partnership Representative - South | 0 / 3 |
| Thandiwe Hara | NHS Devon Independent Non-Executive Member | NHS Devon Independent Non Executive Member | 2 / 3 |
| Ian Smith | Director, Plymouth Food Bank | Voluntary Sector Representative (VCSE) | 3 / 3 |
| Jasmine Allen | Citizens Advice | Voluntary Sector Representative (VCSE) | 0 / 1 |
| Sue Julyan | CEO, Citizens Advice Exeter and Torbay | Voluntary Sector Representative (VCSE) | 2 / 2 |
| Julia Boas | Chief Operating Officer, Safe Foundation | Voluntary Sector Representative (VCSE) | 1 / 1 |
| Gary Walbridge | Strategic Director for Adults, Health and Communities, Plymouth City Council | Local Authority Director of Adult Services | 1 / 2 |
| Joanna Williams | Director of Adult Community Services, Torbay Council | Local Authority Director of Adult Services | 0 / 1 |
| Julian Wooster | Director of Children and Young People's Futures, Devon County Council | Local Authority Director of Childrens Services | 0 / 3 |

| | | | |
|---|---|---|---|
| Rachael Lankshear | Practice Manager, Brunel Medical Practice | Primary Care representative | 3 / 3 |
| Stephen Walford | CEO, Mid Devon District Council | District Council representative | 2 / 3 |

Start dates for the One Devon Integrated Care Partnership membership are below:

- Kevin Orford – 10 June 2024
- Councillor David Thomas – 1 May 2024
- Councillor Phil Bullivant – 18 July 2024
- Arshiya Khan – 26 February 2025
- Peter Collins – 14 October 2024
- Sue Julyan – 21 November 2024

End dates for the One Devon Integrated Care Partnership membership are below:

- Sarah Wollaston – 10 June 2024
- Councillor Hayley Tranter – 30 April 2024
- Councillor James McInnes – 30 April 2024
- Phill Mantay – 30 April 2024
- Nigel Acheson – 30 June 2024
- Jasmine Allen – 21 November 2024

# Appendix 2 – Health Inequalities Statement

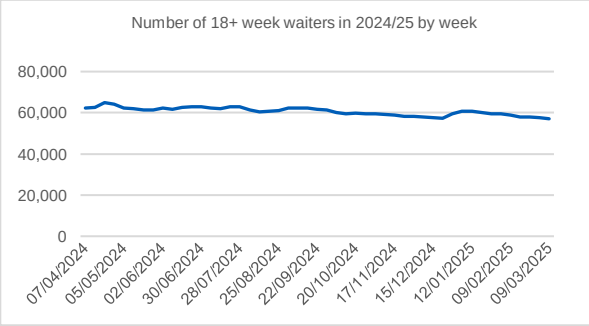
Under duty s.13SA of the National Health Service (NHS) Act 2006 NHS England is required to publish a Statement on Information on Health Inequalities setting out:

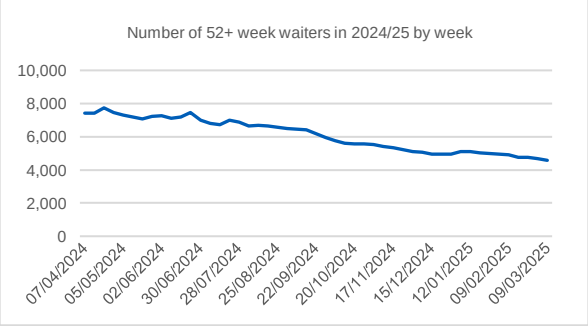
- a description of the powers available to relevant NHS bodies to collect, analyse and publish information; and
- the views of NHS England about how those powers should be exercised in connection with such information.

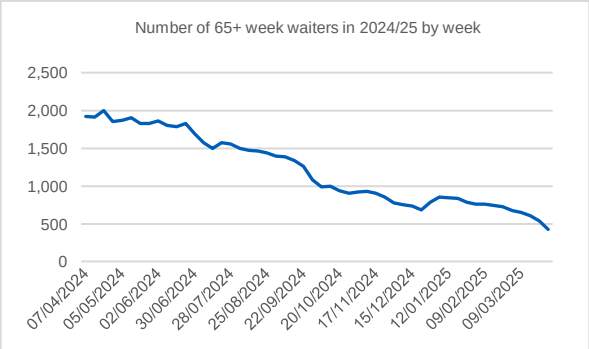
The current Statement provides information on how powers should be exercised in connection with health inequalities information for the period 1 April 2023 to 31 March 2025, and includes a requirement for all NHS organisations to report on inequalities for specified indicators in their annual reports. This section of the report covers those indicators.

## Elective recovery

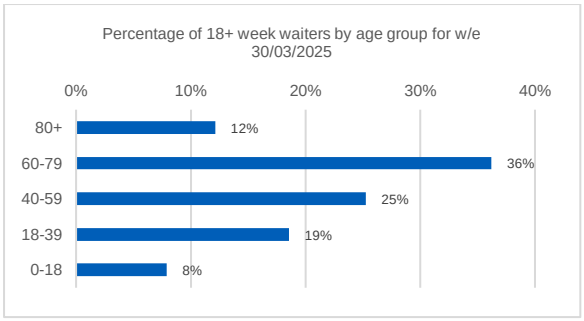
The number of long waits for elective treatment continued to reduce in Devon during 2024/25, with positive progress being made at all providers. The charts below show a falling number of over 18, 52 and 65 week waits for treatment, with particular progress being made in reducing the longest wait patients (those waiting above 65 weeks):

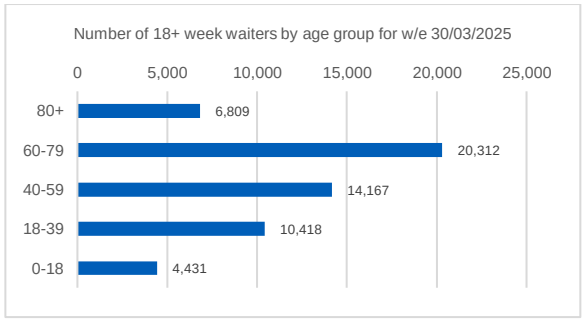


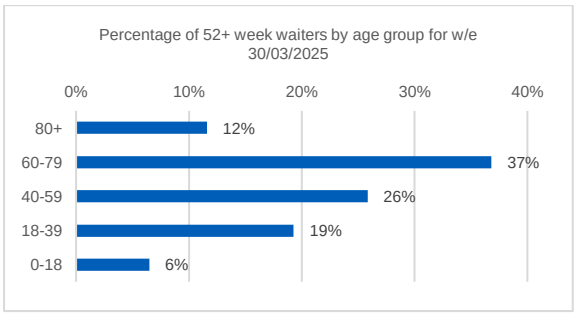



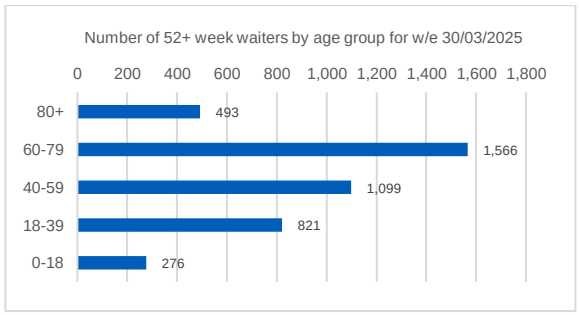

The number of long waits in Devon during 2024/25 continue to fall compared to 2023/24 with waiters over 65 weeks showing a steady decrease.



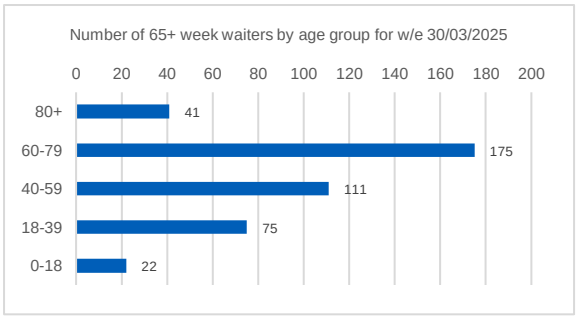



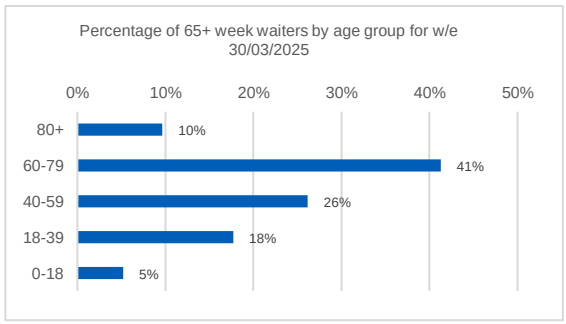

When looking at the number of over 18 week waits by age band, we can see the waiting list is representative of Devon's comparably older population, with almost half the patients aged over 60. This picture is almost exactly the same for over 52 week waits, with very similar proportions of patients split between the different age groups. This consistency suggests patients waiting a long time are not skewed towards any single age group.



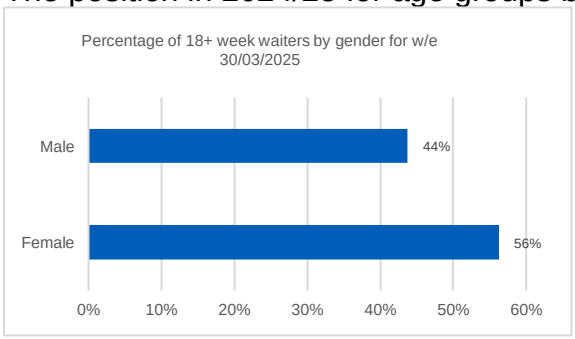

For over 65 week waits the position is again similar, although over 60s are slightly more likely to wait over 65 weeks and children are slightly less likely when compared to over 18 week waits.

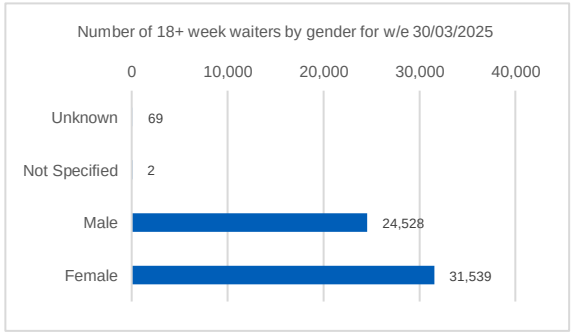


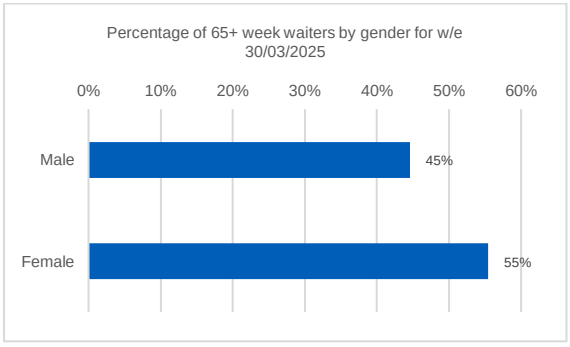

Looking at the elective waiting list by gender, the majority of patients waiting over 18 week are female, but again this is fairly representative of the population, particularly as the proportion of females in the population rises as age increases.

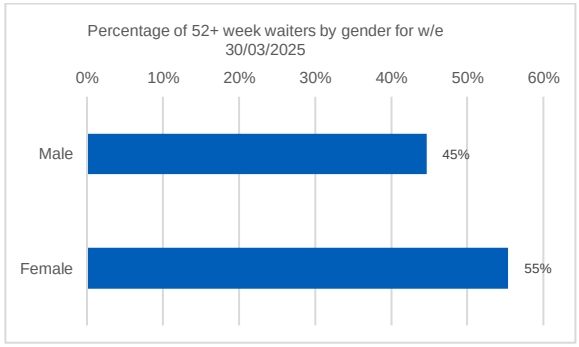
The position in 2024/25 for age groups by wait times is similar to that seen in 2023/24.



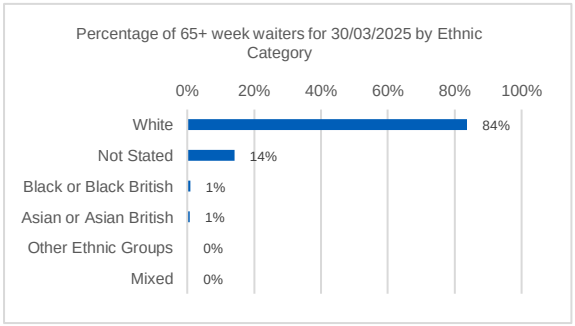



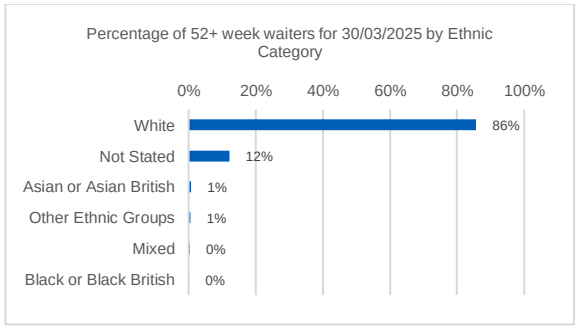
This proportion remains very consistent when looking at long waits, with the position essentially unchanged for both over 52 week and over 65 week waits, suggesting there is no inequality between sexes for elective waits.



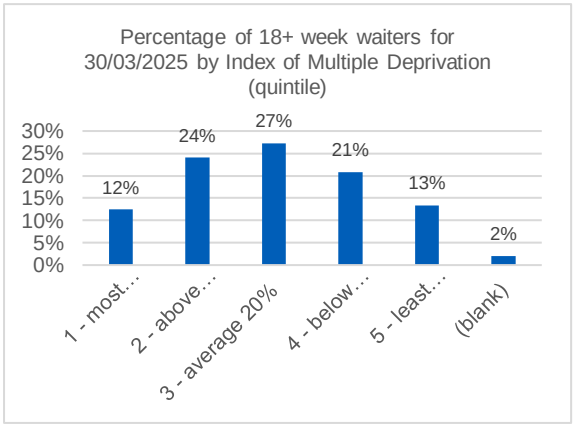



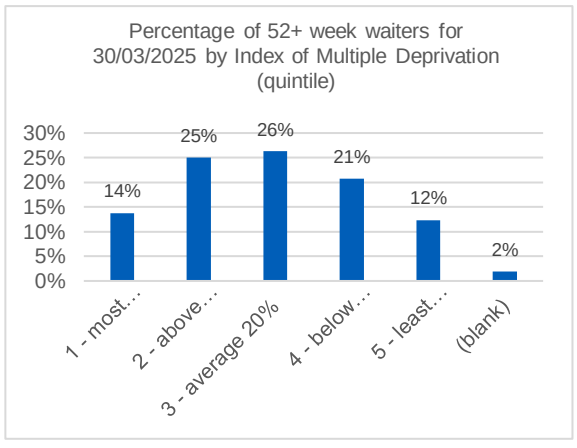

When looking at elective waits by ethnicity it is difficult to draw conclusions around any inequalities due to the very low number of patients recorded in any category other than white. 98% of over 52 week waits are recorded as either white, unknown or as not stated, with the remaining 2% spread across the other categories. There is a similar position for over 65 week waits.

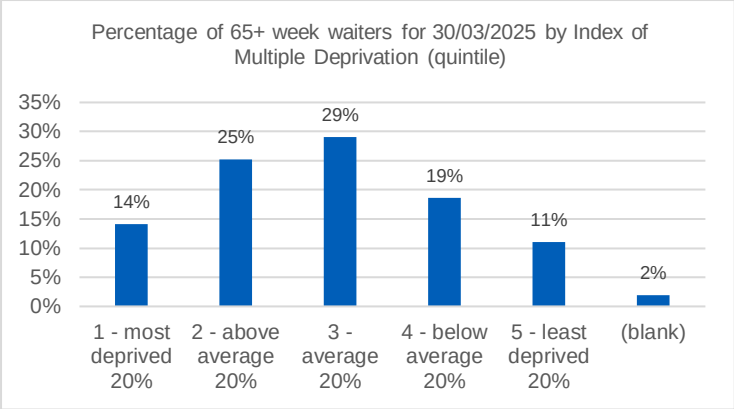



Reviewing the waiting list by the indices of deprivation (the level of deprivation associated with where patients live), the pattern is consistent through the waiting time bands, with the highest proportion of waiters being of average deprivation and a balance between the most and least deprived. This remains broadly the same for over 18, 52 and 65 week waits, suggesting deprivation does not strongly correlate with longer waiting times.





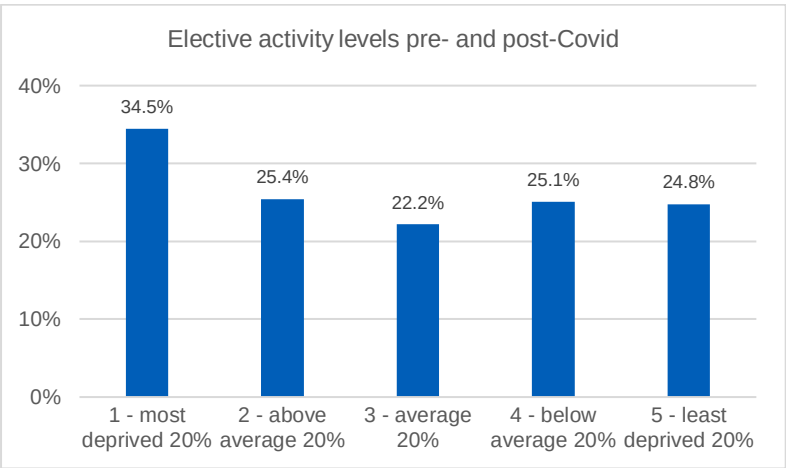

The position in 2024/25 for gender, ethnicity and deprivation quintiles by wait times is similar to that seen in 2023/24.

# Activity Rates Compared To Pre-Pandemic

When comparing 2024/25 (ytd – Apr-Feb) elective activity against pre-pandemic (2019/20 ytd - Apr-Feb) levels for under 18s and over 18s we see the following patterns:

- Overall elective activity in 2024/25 was 27% higher than pre-Covid
- Overall elective activity was 33% higher for men and 20% higher for women than pre-Covid
- Overall elective activity increased more for older people, with activity for over 80s rising by almost 62% and 60-79 year olds growing by over 32%. However, younger age ranges have continued to see almost static levels of activity compared with pre-Covid, with 18-39 year olds 0.5% lower and under 18s 0.5% higher.

Comparing pre-pandemic elective activity by deprivation we see that activity levels for people from all deprivation quintiles have recovered with the greatest increase being in the most deprived category.




When viewed by ethnicity, changes in the number of “not stated” ethnicity affects the ability to assess comparable difference between ethnic groups, but overall those in the white ethnicity category have seen less of a rise in activity compared to pre-Covid (20%) against the combined group of other ethnic categories who have seen a rise of 70%. However, caution should be taken with these figures due to the recording gaps.

This is a difference picture to that in 2023/24 when the two most deprived categories were showing a fall in activity compared to pre-Covid.

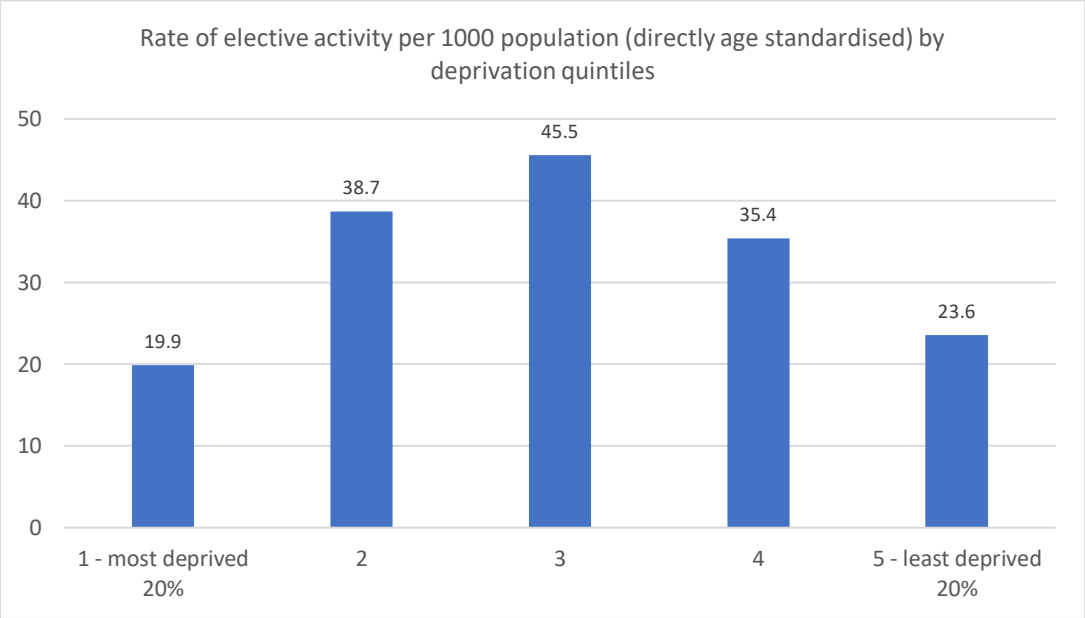
# Activity Rates Per Population

This section explores potential variation in age standardised activity rates for elective and emergency admissions and outpatient, virtual outpatient and emergency attendances.

Overall standardised activity rates for total elective activity are 64.7 procedures per 1000 population for women and 58.1 for men. This is generally representative of the age split of the population, taking into account that for older people who are more likely to receive treatment the female to male ratio is higher than for the population as a whole.

When looking at activity rates by deprivation quintiles, those at either end of the deprivation curve see generally lower rates of activity.

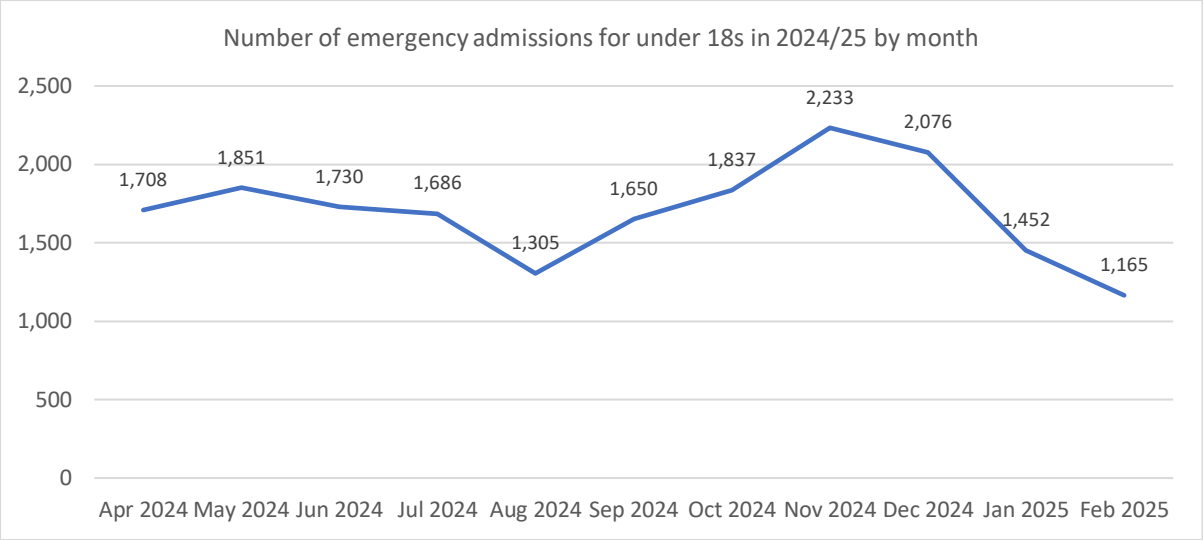
This is a similar position to that seen in 2023/24.



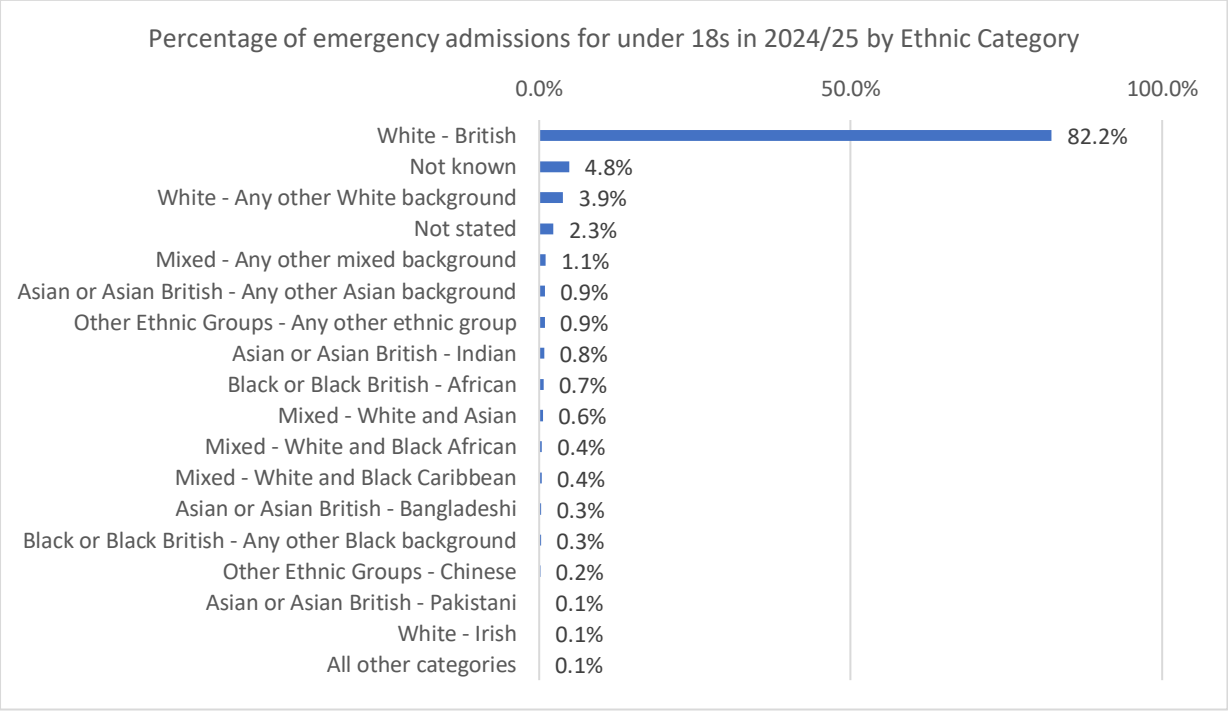

When viewed by ethnicity numbers are not sufficient to draw conclusions around rates of activity per population (many ethnic groups are lower than 1,000 which is generally the population used to calculate rates).

# Urgent and emergency care Emergency admissions for under 18s

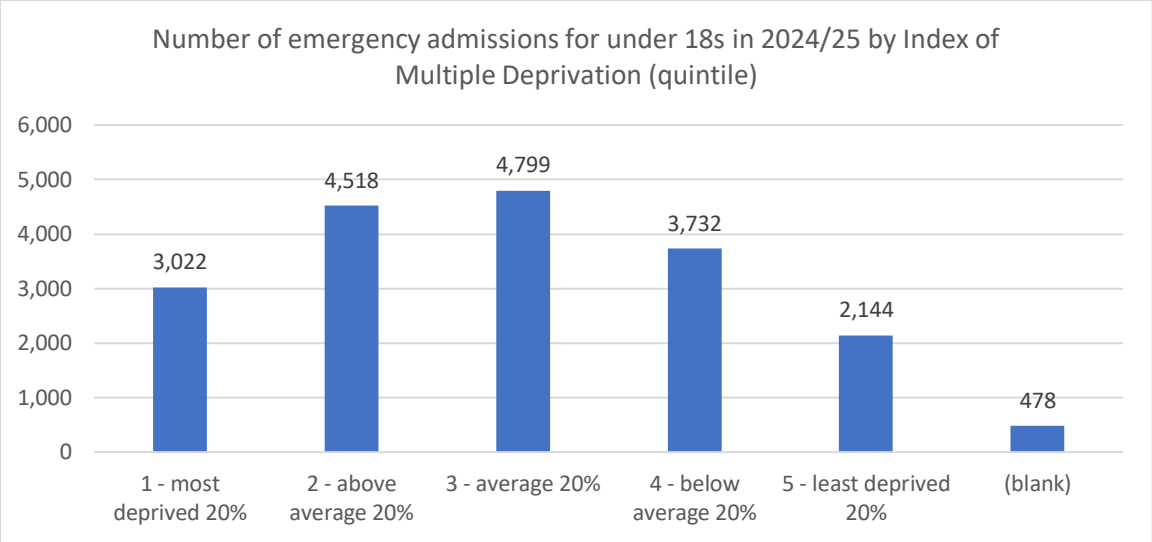
Emergency admissions for children and young people (CYP) have followed a fairly typical pattern in 2024/25, with relatively stable levels for much of the year but with an increase in winter months linked to increasing respiratory admissions for generally very young children and babies (cases of Respiratory Syncytial Virus – or RSV - generally peak in November/December).

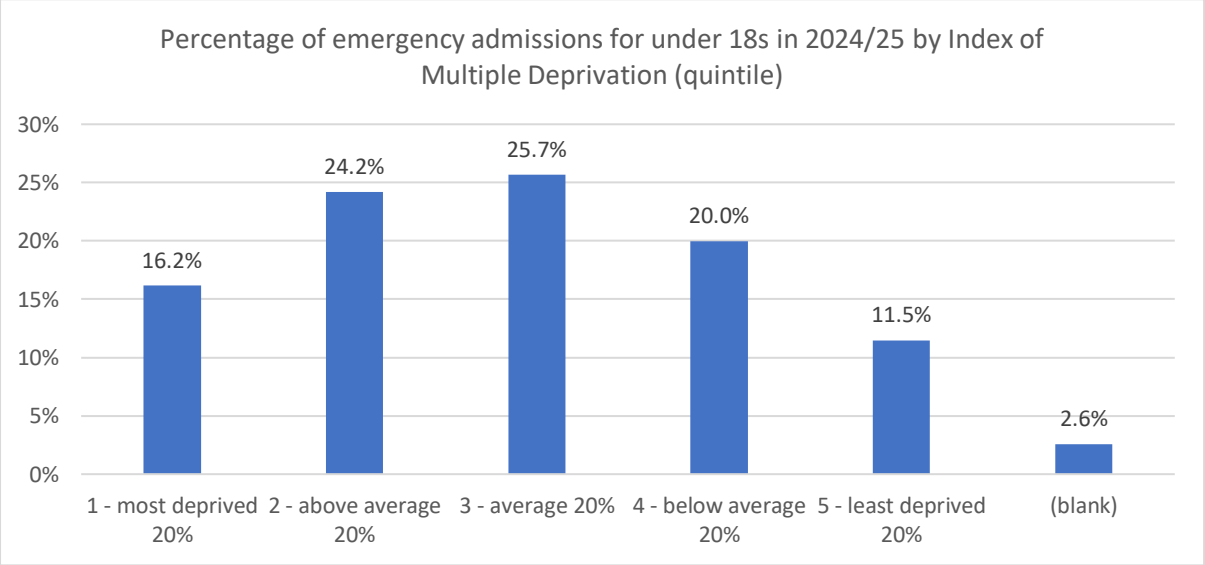



Looking at these emergency admissions by ethnic category we broadly see a reflection of the ethnic position of the general population in Devon.




Looking at the deprivation quintile of these patients, the majority were from areas of average deprivation, although the proportion from areas of highest deprivation were above those in lowest deprivation areas (16% vs 12%).




The position for emergency admissions for under 18s in 2024/25 for ethnicity and deprivation quintiles is similar to that seen in 2023/24.

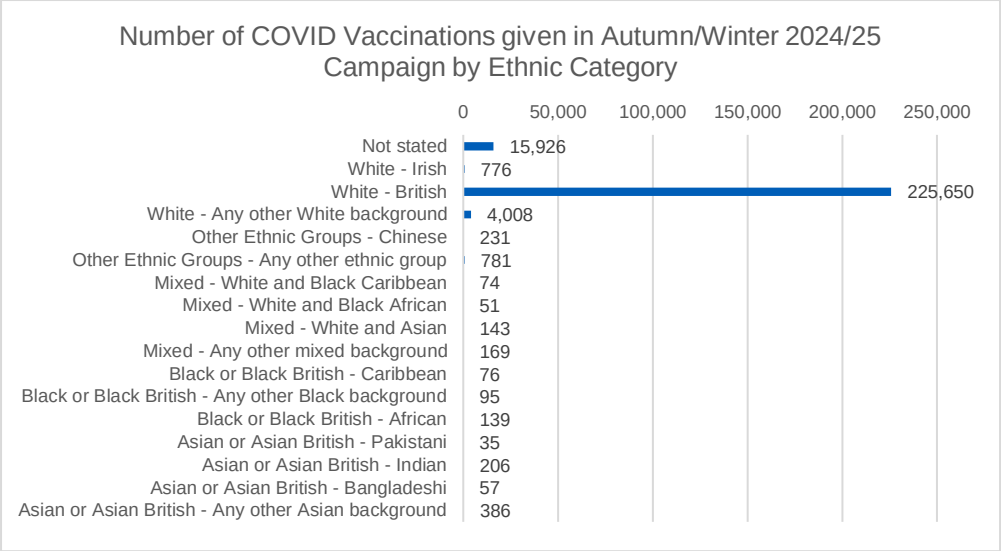
# Respiratory

This section looks at the uptake of COVID and flu vaccinations by sociodemographic group.

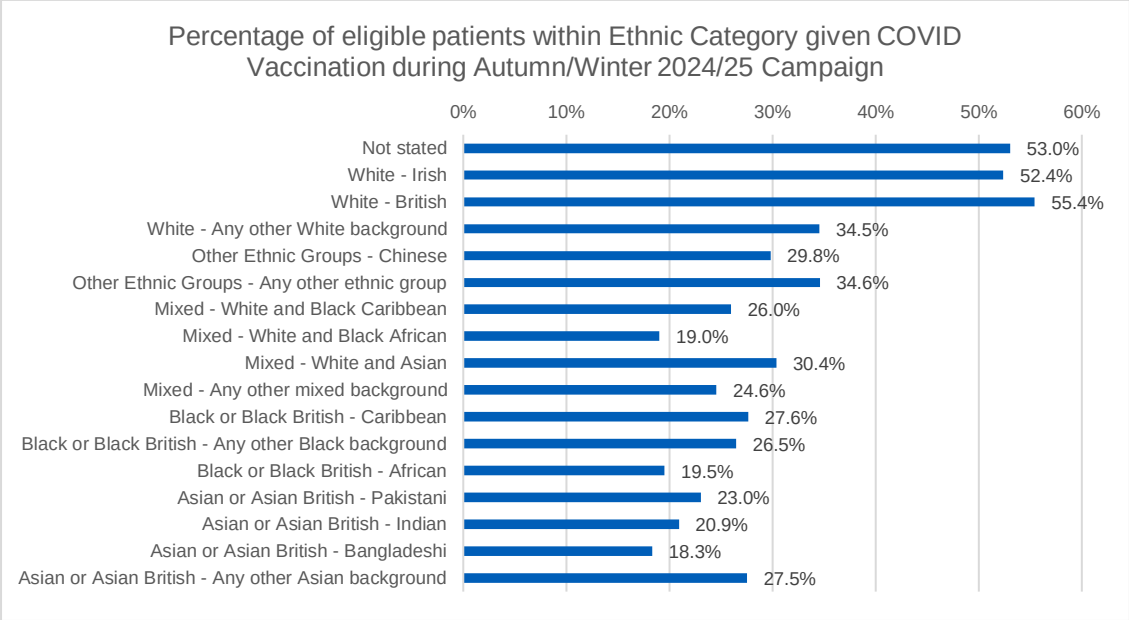
For COVID this is the number and percentage of eligible patients (patients aged 65+ or patients aged below 65 who are in an at-risk group) who received a COVID vaccination during the Autumn/Winter 2024/25 booster campaign.

For flu this is the number and percentage of eligible patients (patients aged 65+ by 31.03.2025, or patients aged 18-64 and in an at-risk group) who received an adult flu vaccination during the 2024/25 flu season.

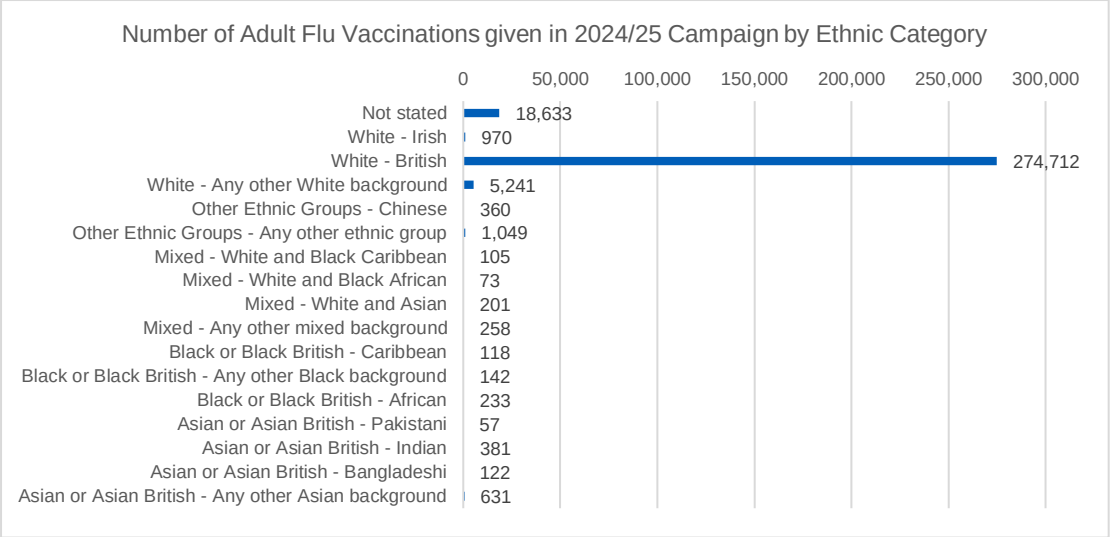
The charts below show the number of people receiving a Covid vaccination by their ethnicity.

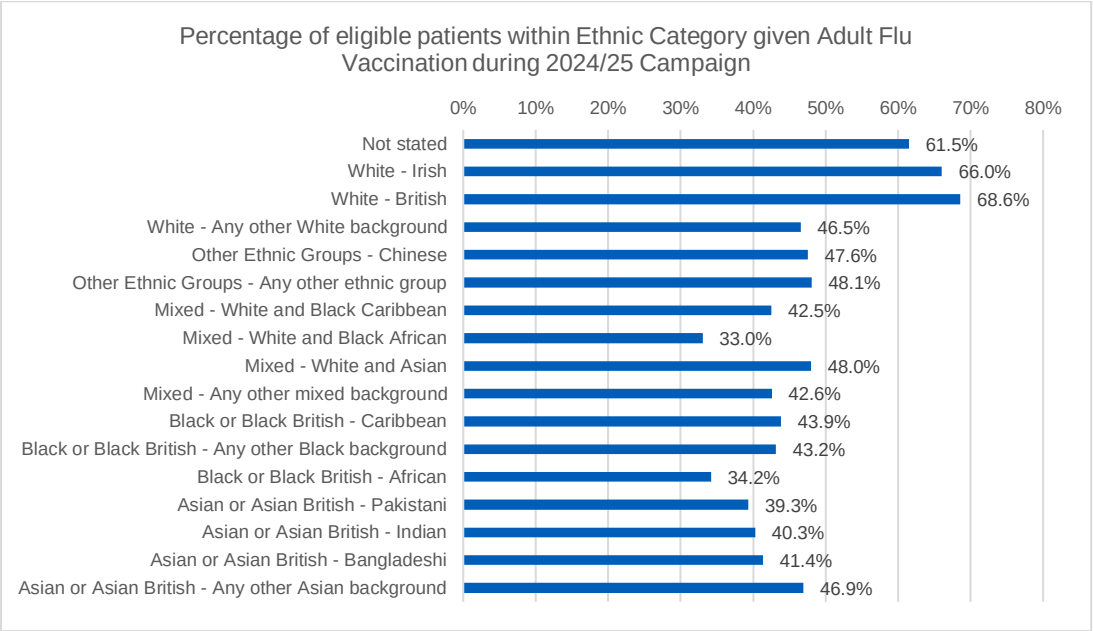



Percentages shown below are the percentage of patients given the relevant vaccine out of all eligible patients within that ethnic category.

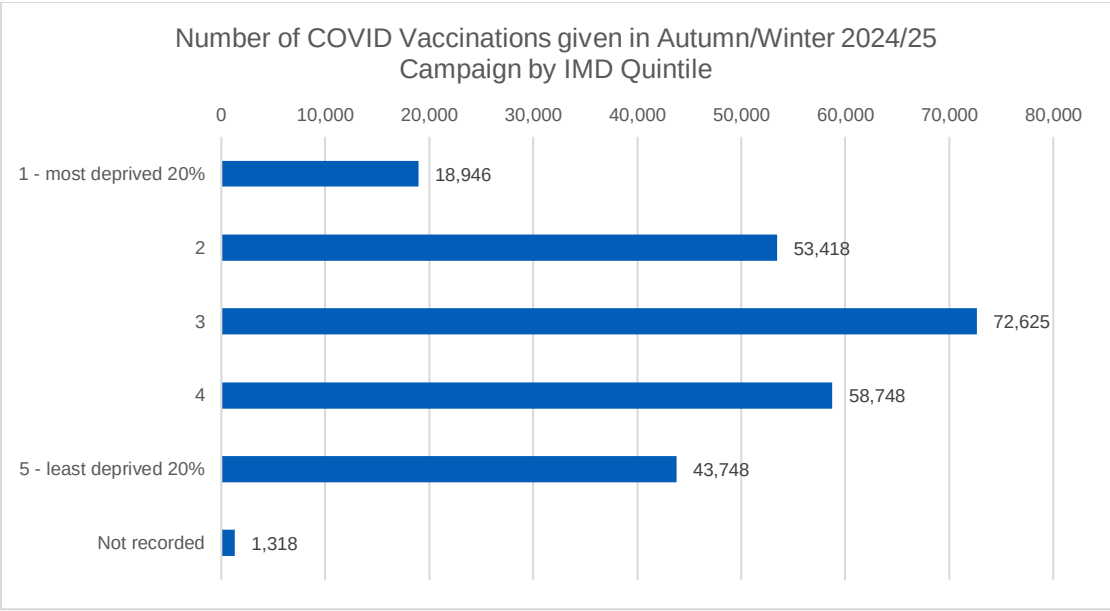


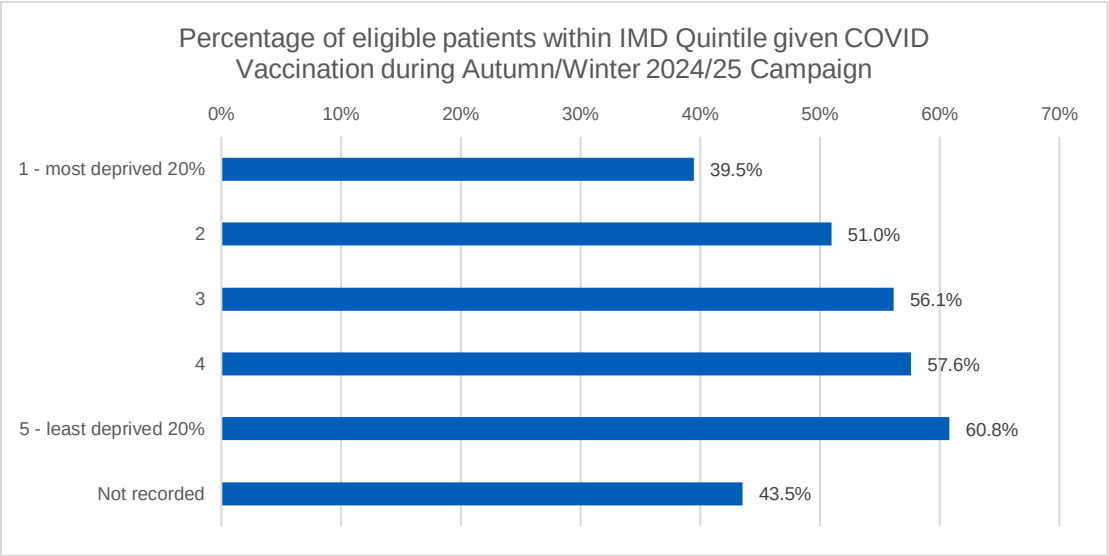

The uptake of Covid vaccinations clearly varies between ethnic groups, with white groups seeing around double the uptake in this time period. A similar position is true of flu vaccinations, with slightly lower variation.



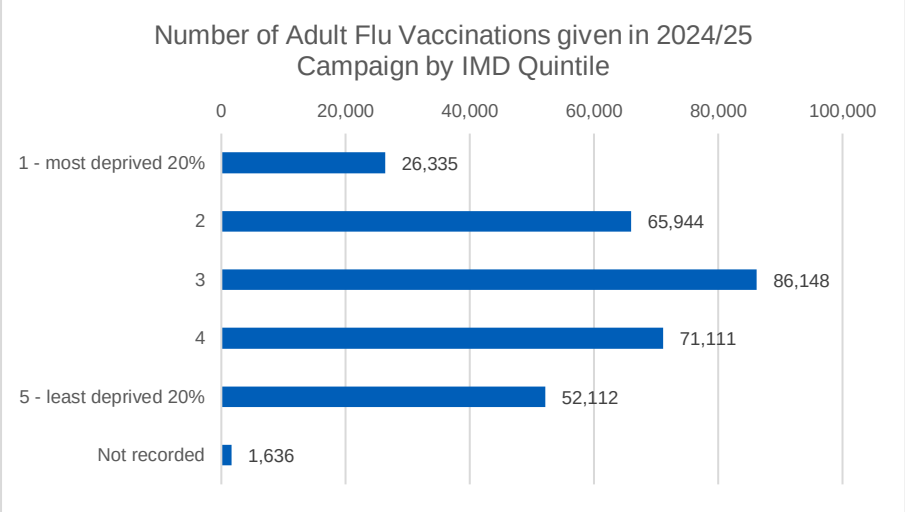



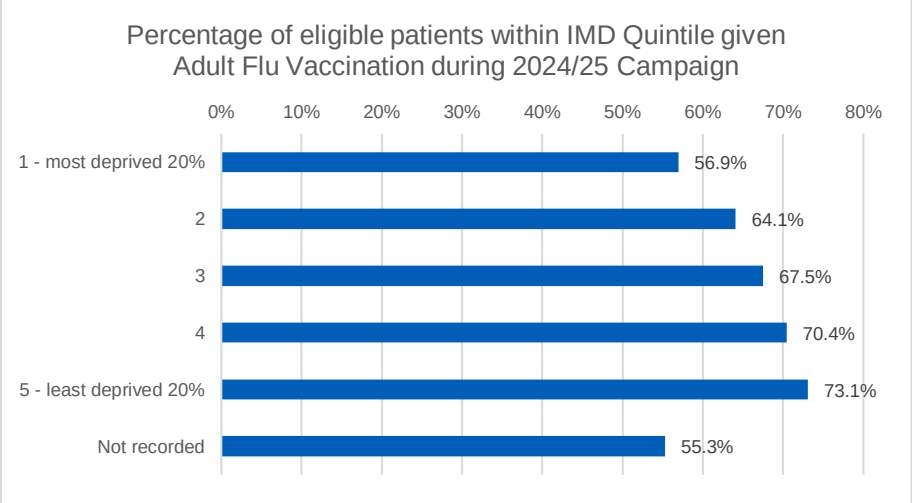

Uptake of the Covid vaccinations by IMD Quintile also shows a clear picture, this time of reducing uptake as deprivation rises. There is a 21% difference in uptake between the least deprived and most deprived areas.



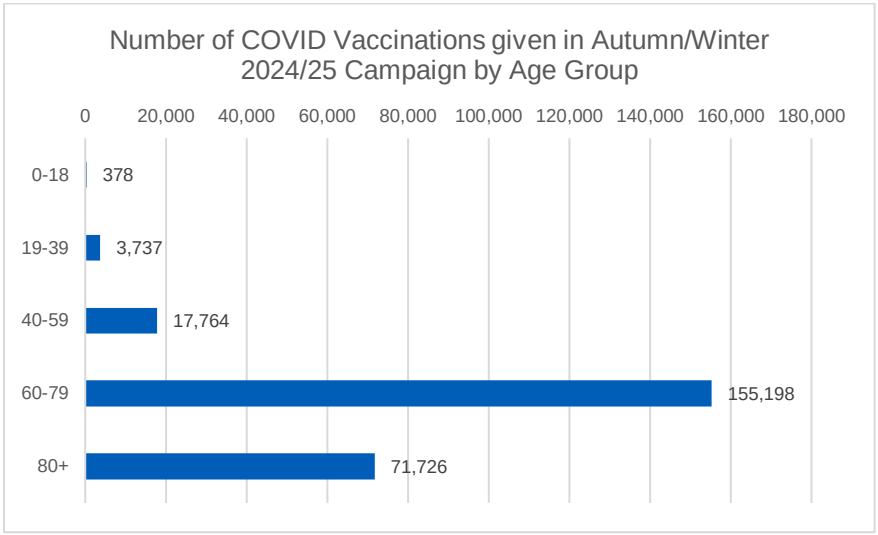


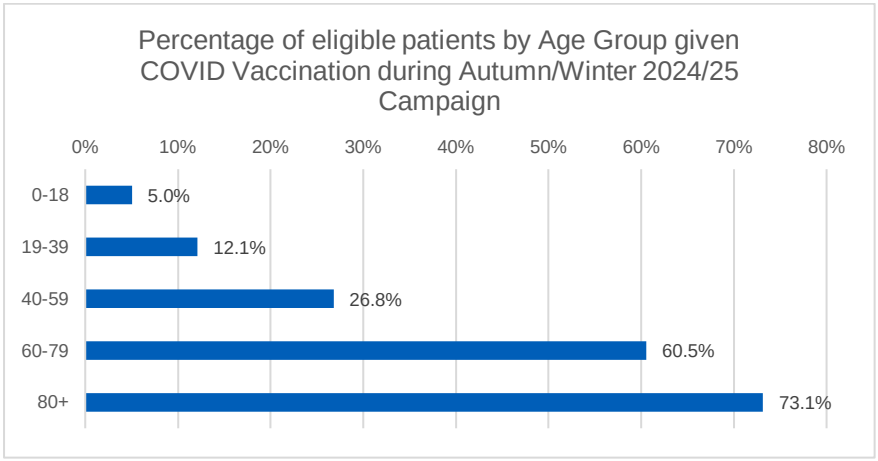

Perhaps unsurprisingly this pattern holds true for flu vaccinations too, as can be seen in the charts below.



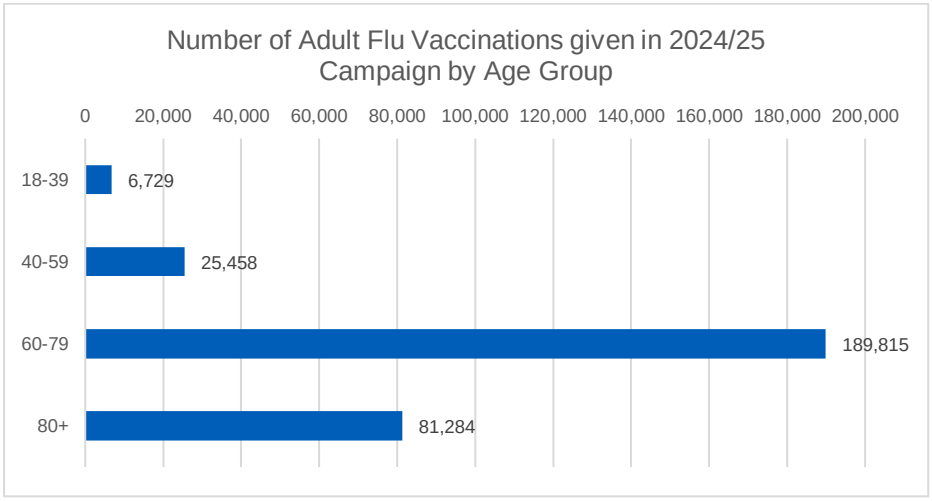



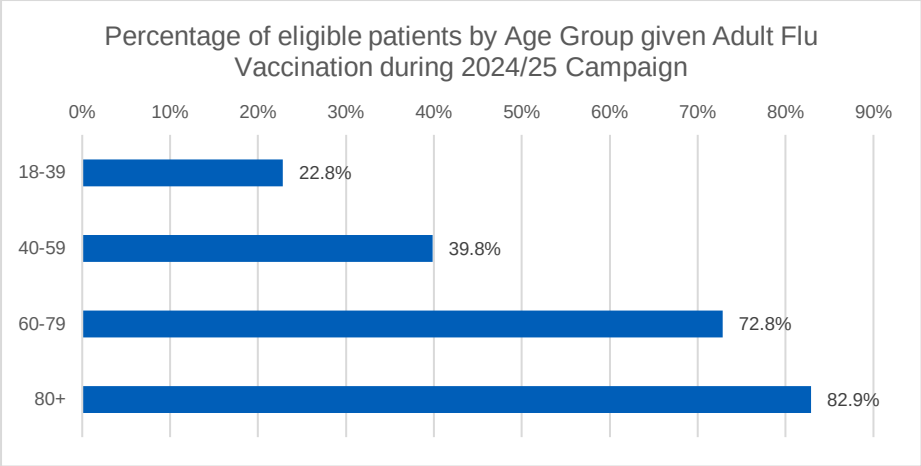
When looking at uptake of Covid vaccinations by age group we see a huge disparity in uptake, with older people significantly more likely to choose to be vaccinated than younger age groups, albeit in the context of significantly higher numbers of vaccinations being offered to older people.



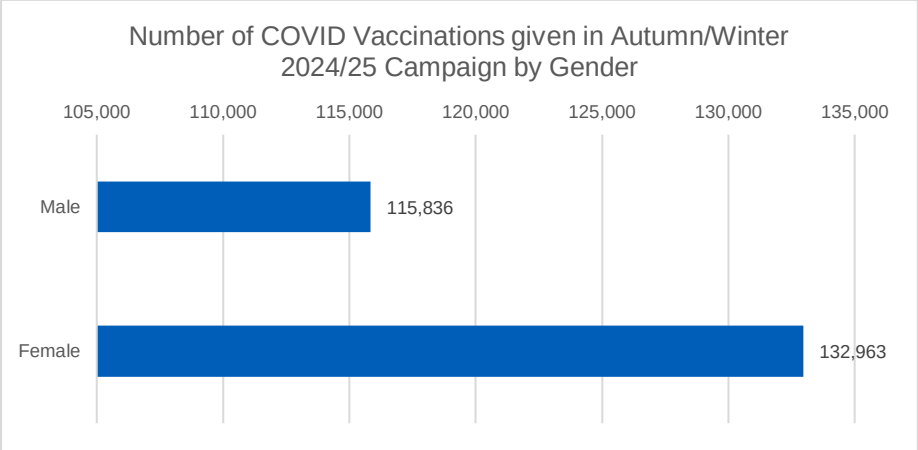



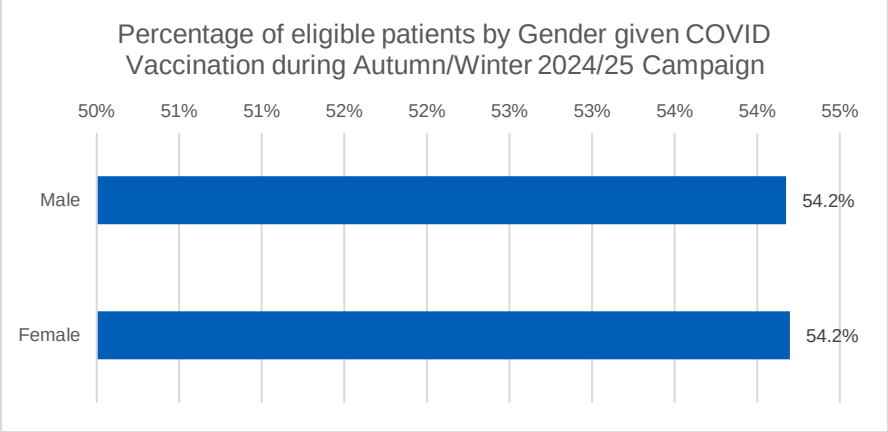

Again, the same pattern can be seen for flu vaccinations, although less marked.

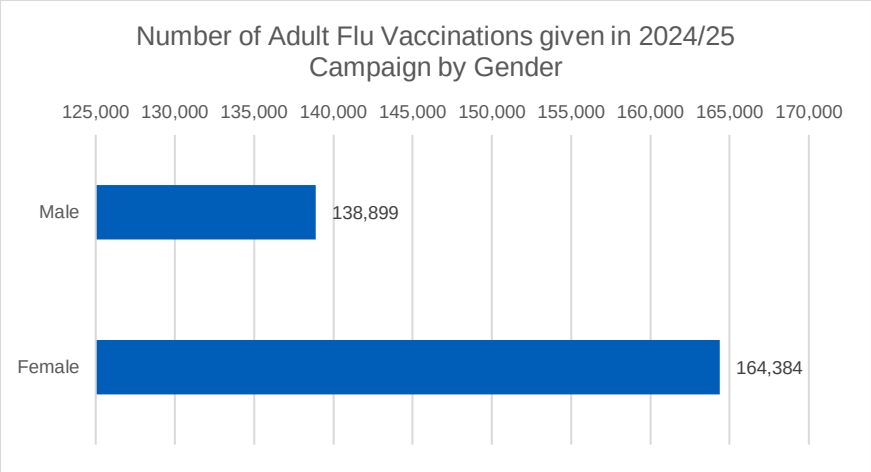


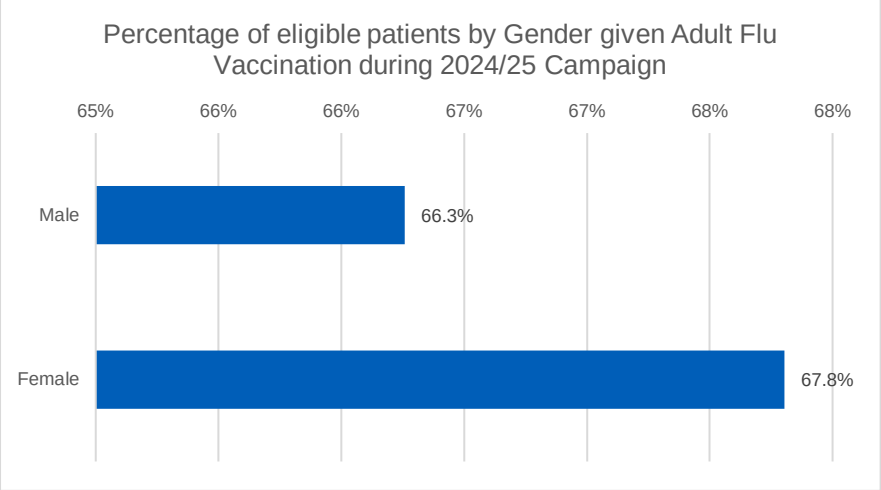



The variation by gender is much less obvious, although females are slightly more likely to choose to be vaccinated than men for Flu.





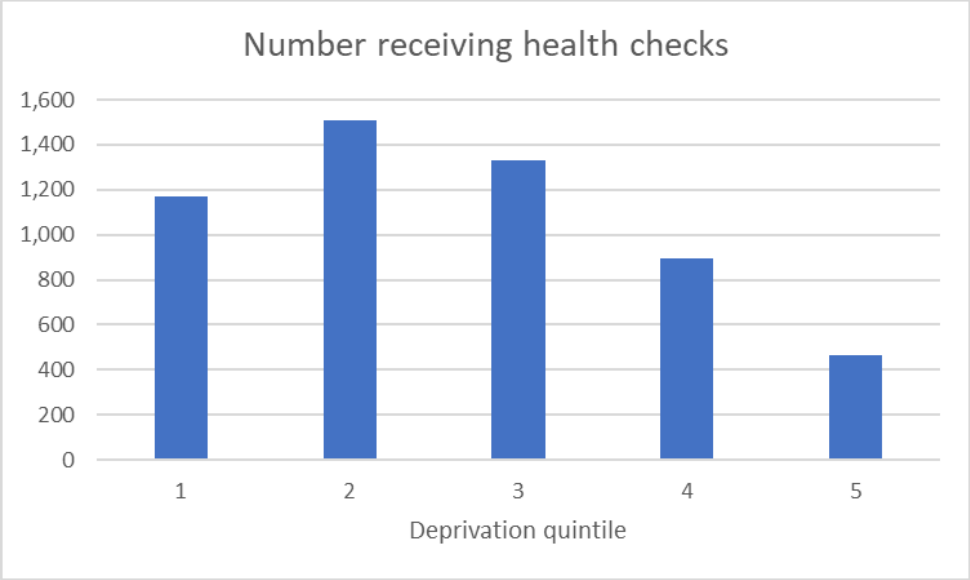

The Covid and flu vaccination position in 2024/25 for gender, age, ethnicity and deprivation quintiles is similar when compared to that seen in 2023/24.

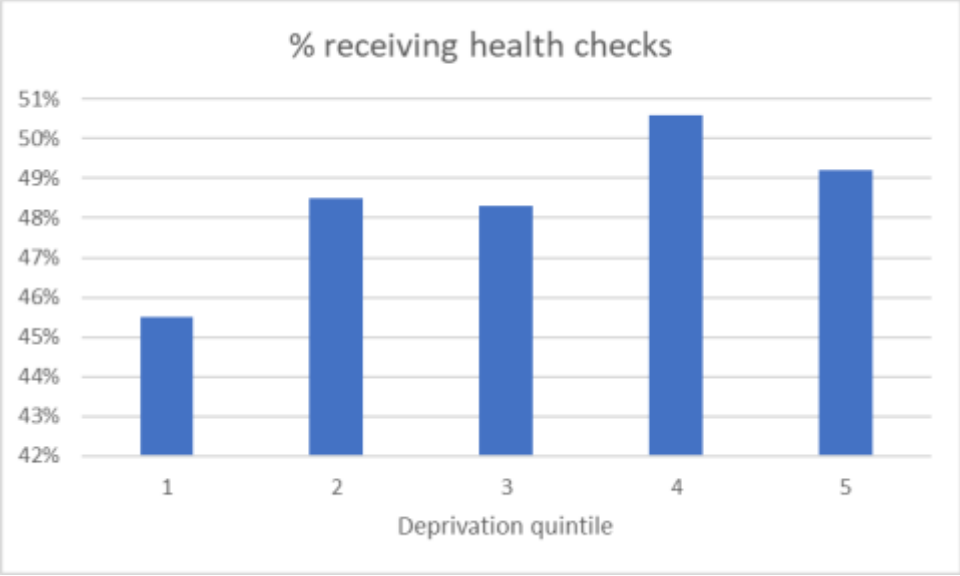
# Mental health

## Severe mental illness (SMI) physical health checks

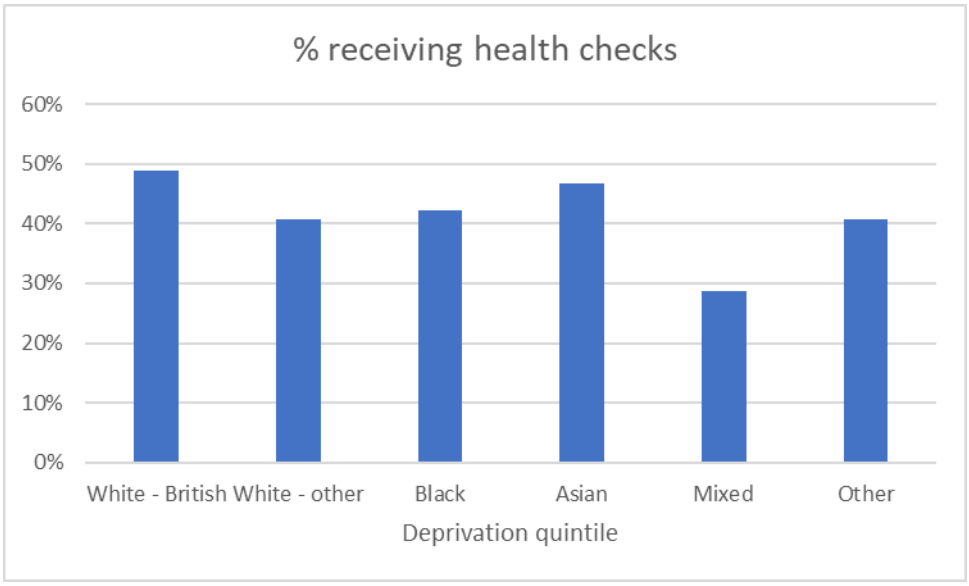
This section looks at the number of SMI physical health checks and the percentage performance comparing those people who have had checks against the total number of patients who should be offered a check.

Looking by deprivation quintiles the volume of people receiving health checks is higher in more deprived and averagely deprived areas when compared to least deprived areas. However, the proportion of those receiving checks is lower for the most deprived areas.

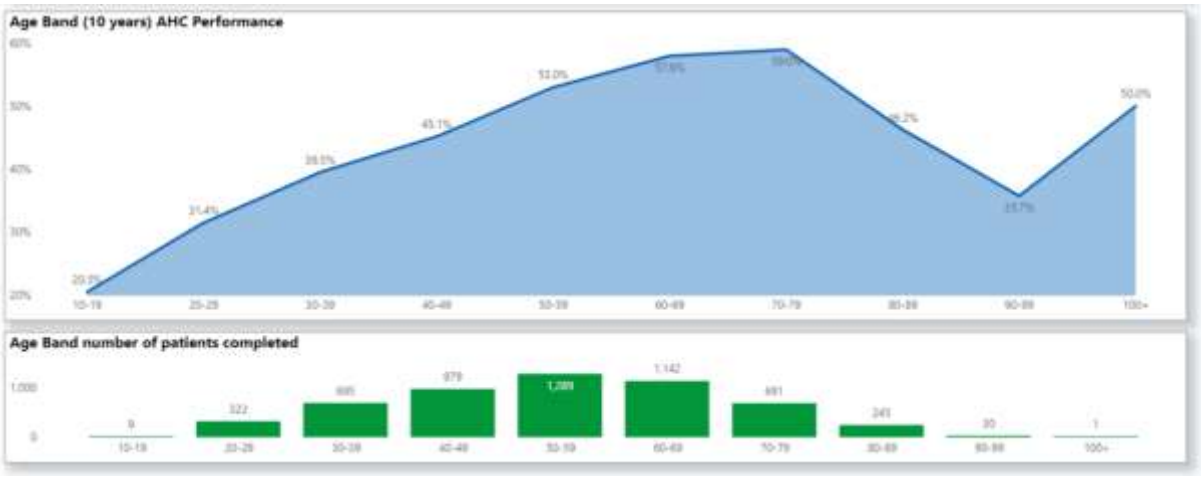



Looking at ethnicity, people from the White British ethnic group are more likely to receive health checks than other ethnic groups, with mixed ethnicity seeing the lowest level of checks.



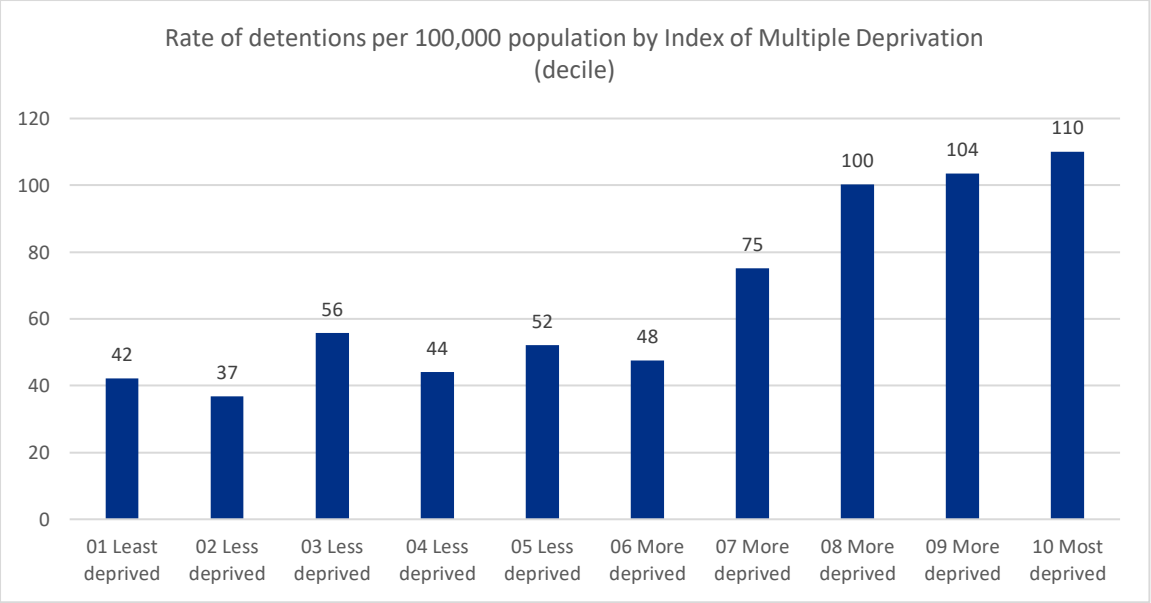

By gender females (49.6%) are more likely to receive a health check than men (46.9%), despite there being very similar numbers of eligible people. By age there is a correlation with younger age groups receiving comparatively less health checks then older people (up to 80 years old).




## Rates of total Mental Health Act detentions

This section looks at the number of Mental Health Act detentions. Overall standardised detention rates are 65 detentions per 100,000 population for men and 60 for women.

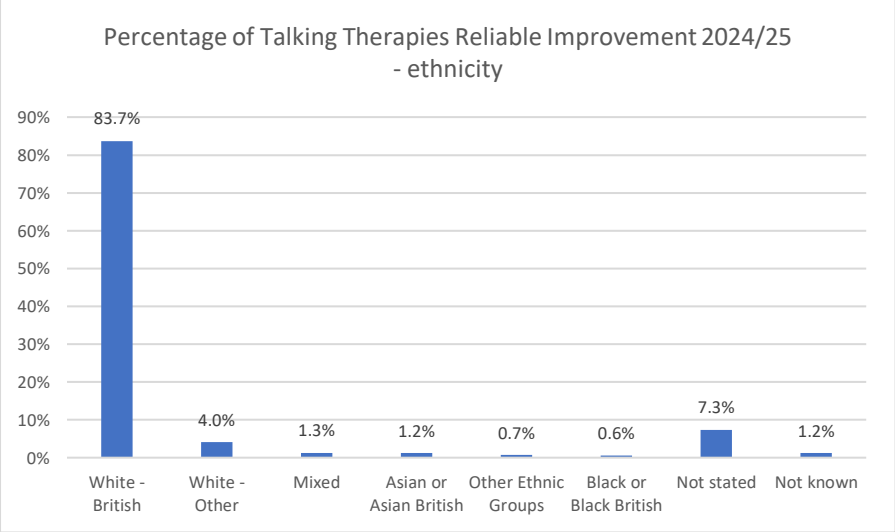
When looking at detention rates by Index of deprivation, the rate increases as deprivation rises.



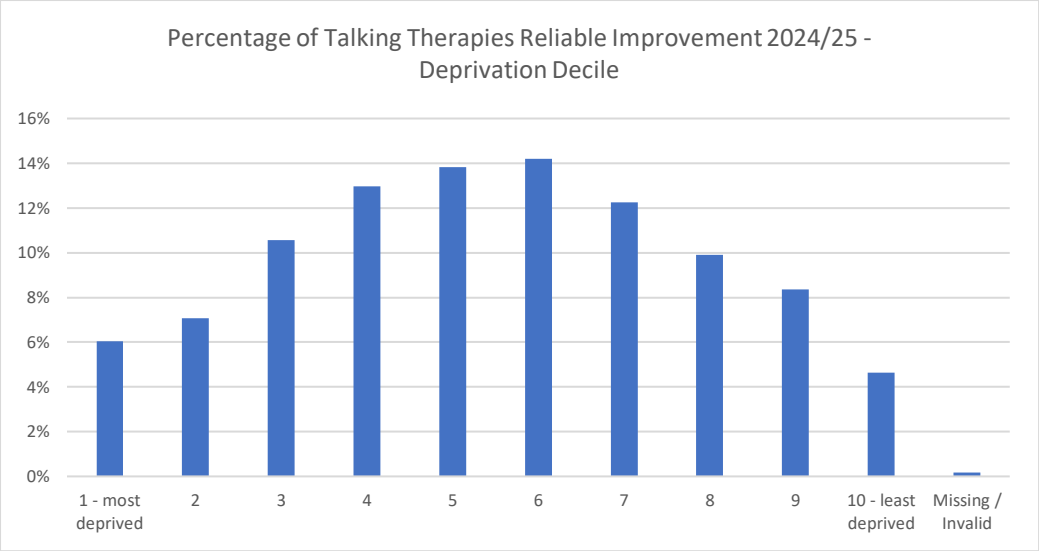

## NHS Talking Therapies (formerly IAPT) recovery

69% of Talking Therapies are received by women and 72% by patients aged between 26 and 65, with 19% between ages 18 and 25 and 8% for over 65s.

Looking at ethnicity, the majority of uptake is from White British, although 8.5% of patients have an unknown/unstated ethnicity.




By deprivation, the majority of uptake is from patients living in medium deprived areas, reflecting the general population split.

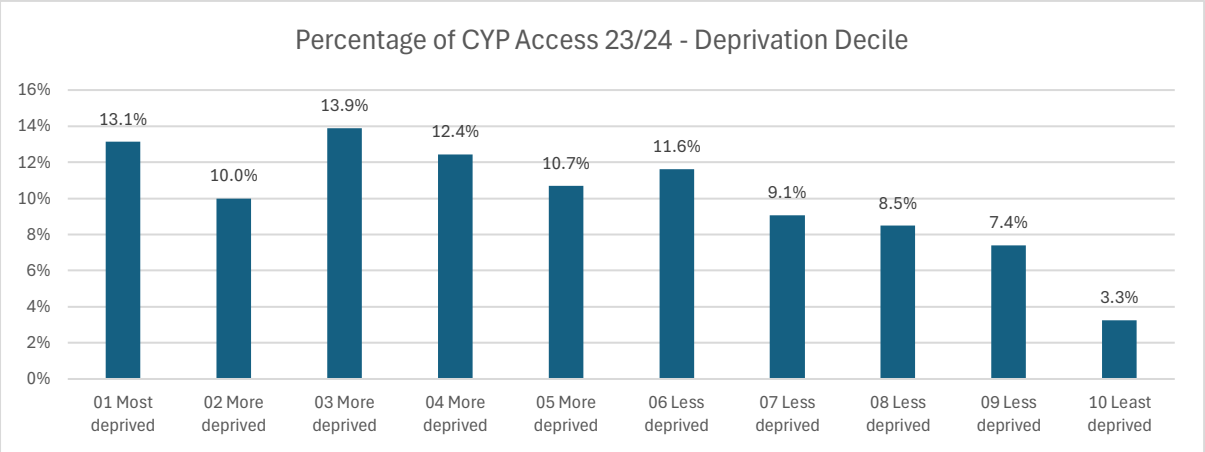



The position for Talking Therapies in 2024/25 for ethnicity and deprivation quintiles is similar to that seen in 2023/24.

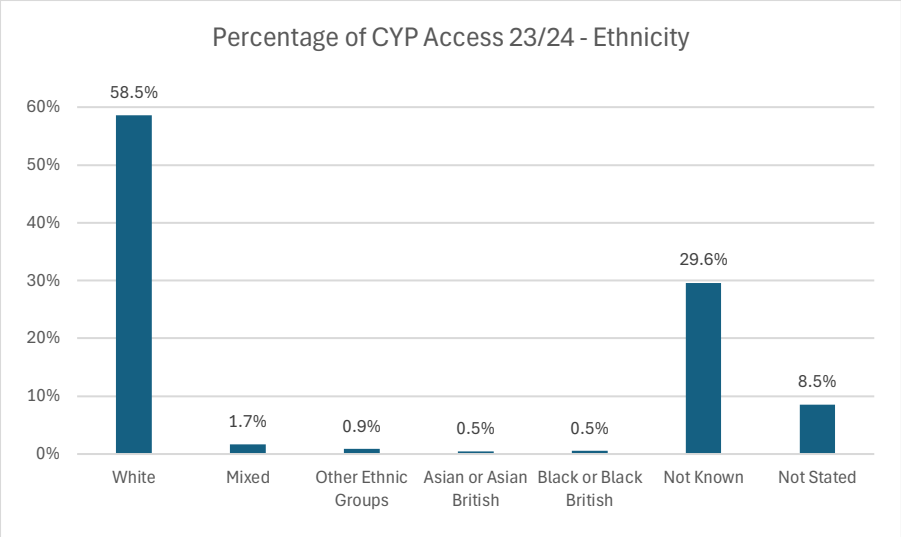
## Children and young people's mental health access

*Period covered in this report is Apr 23 – Mar 24 reflecting the latest available data.*

61% of children accessing CYP mental health services are female, with 37% male and 1% non-binary. 56% of children are aged 11 to 15, a quarter are over 16 and 18% are ten or under. By deprivation decile the largest proportion of children accessing services are from the most deprived areas and whilst this is not significantly higher than other areas it is disproportionate to the population split.




By ethnicity over 38% of ethnicity is not stated or unknown, with 59% of children receiving CYP mental health services being White British.

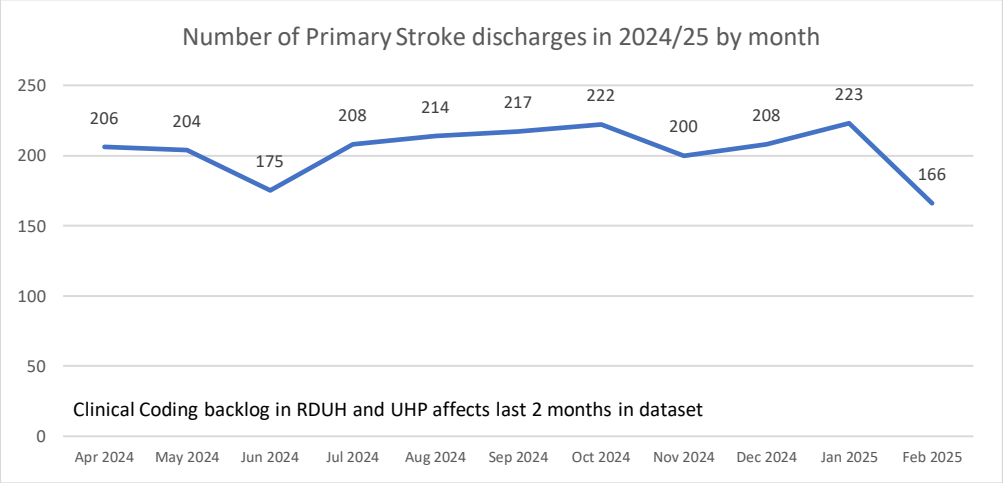



The position for children receiving CYP mental health services in 2024/25 for deprivation decile is similar to that seen in 2023/24. The proportion where ethnicity is not stated or unknown has increased considerably since 2023/24.

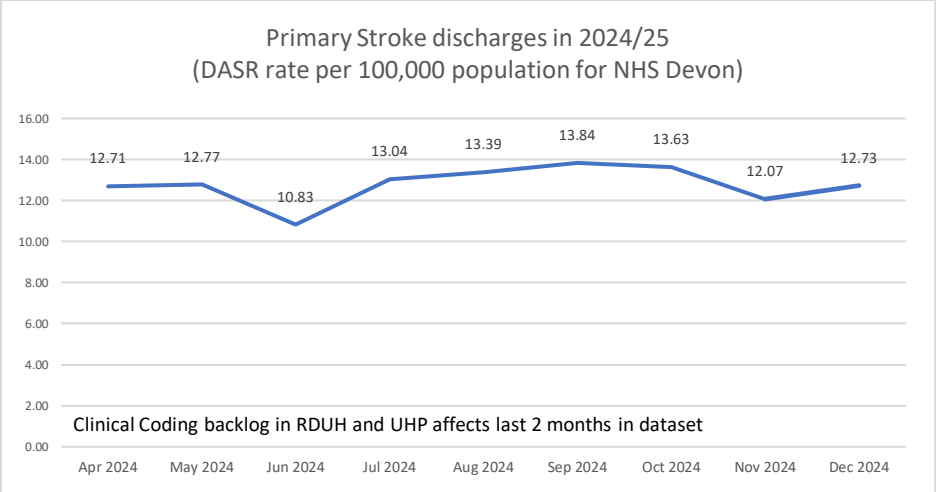
# Cardiovascular disease

## Stroke

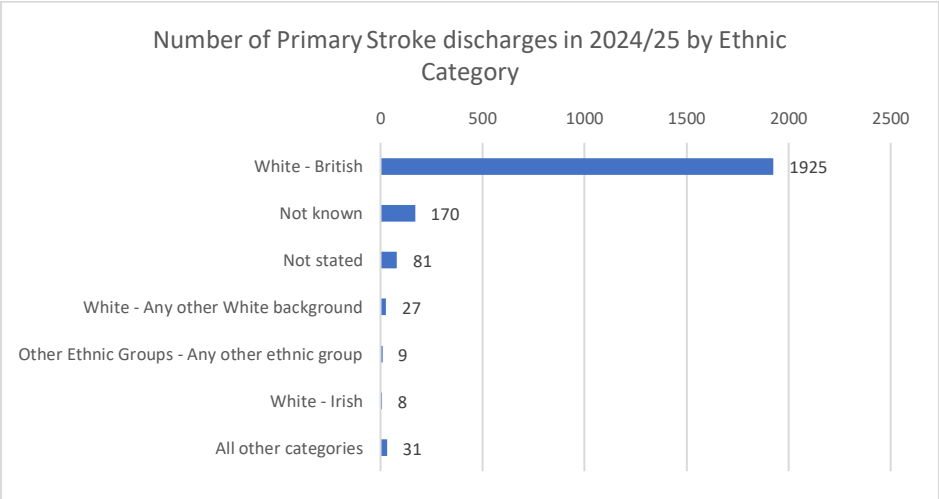
This section looks at the rate of non-elective admissions for stroke (per 100,000, age-sex standardised). The number of patients admitted and then discharged from hospitals in Devon is shown in the chart below and shows a generally consistent picture, although please note that coding backlogs affect later months.

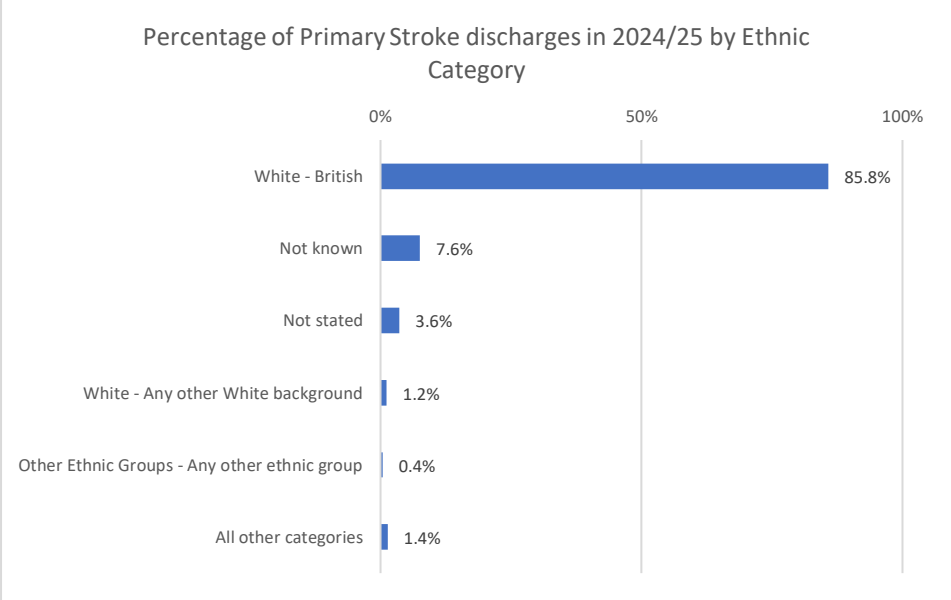



The rate of stroke discharges remains relatively steady.

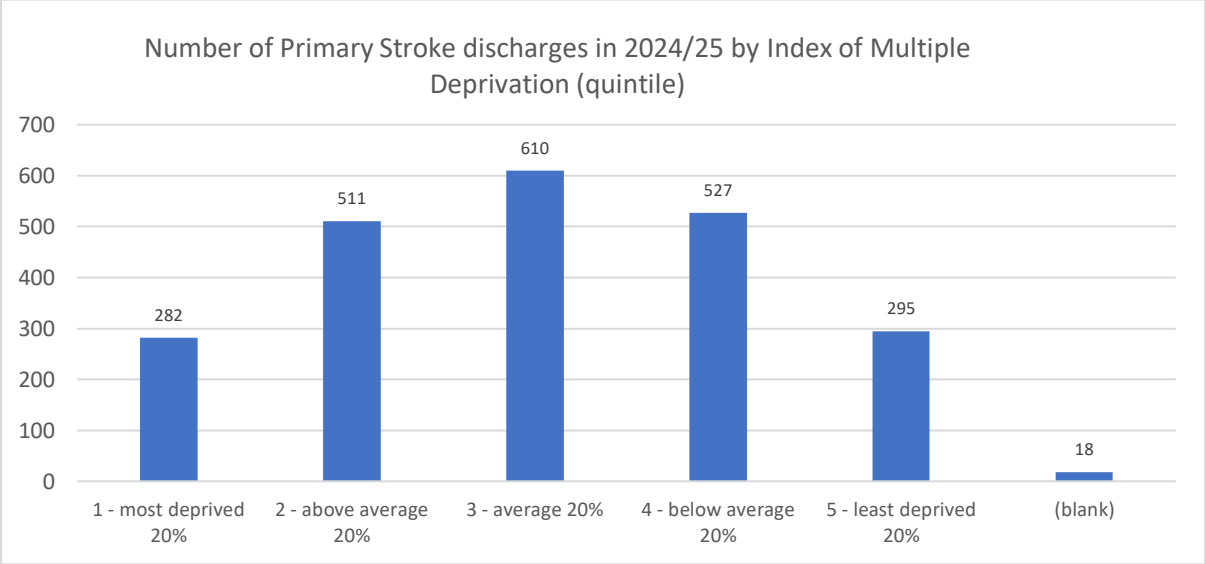


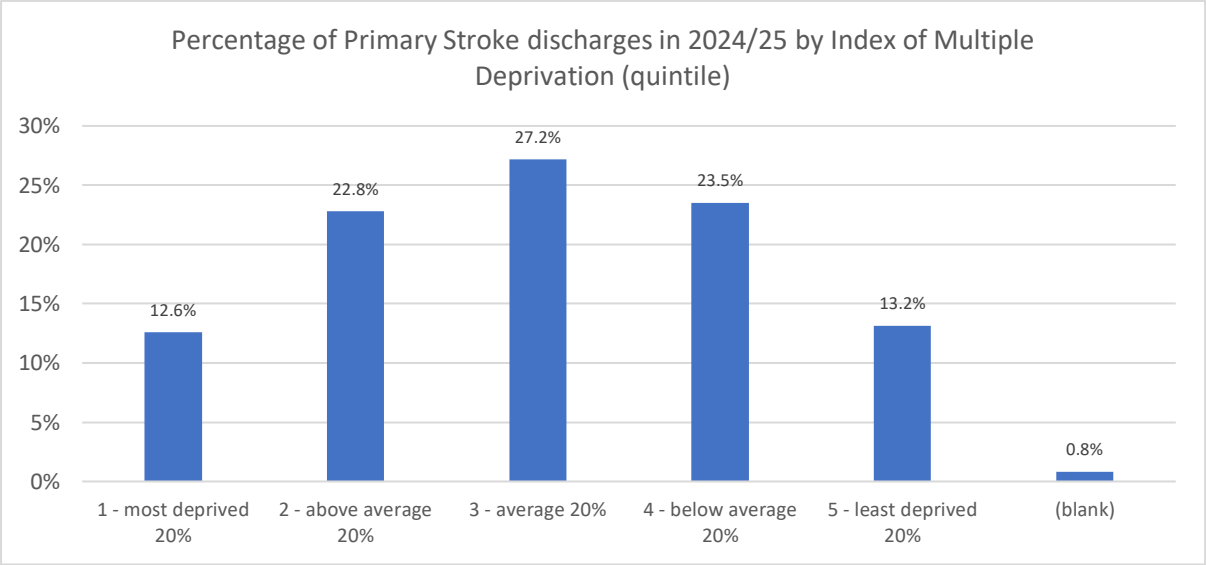

Stroke discharges by ethnic category shows a very similar position to the Devon demographics, with the vast majority recorded as white and only small numbers being recorded in other ethnic categories.



Looking at stroke discharges by deprivation quintile, the balance matches the deprivation make-up of Devon.

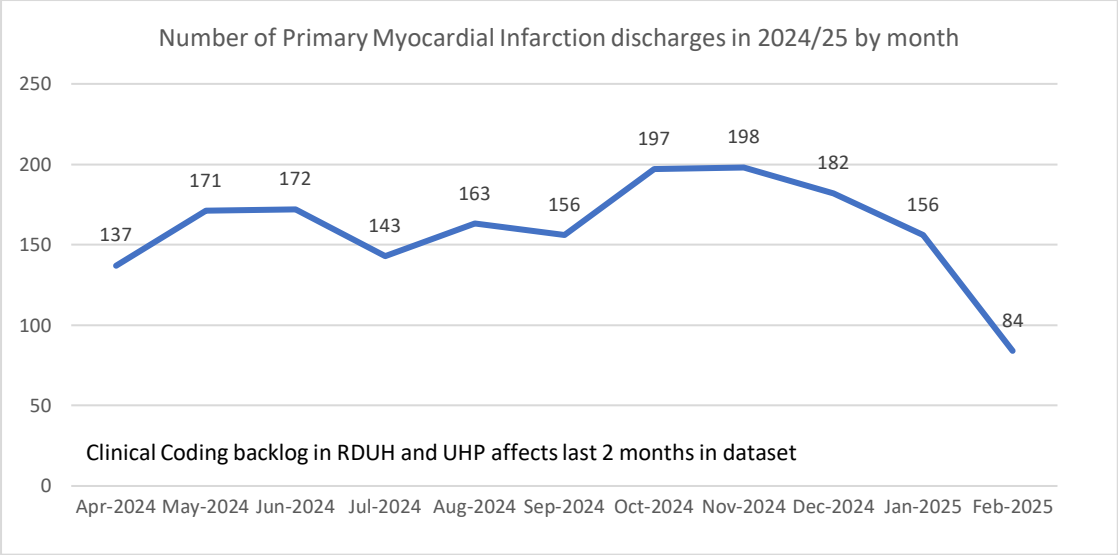


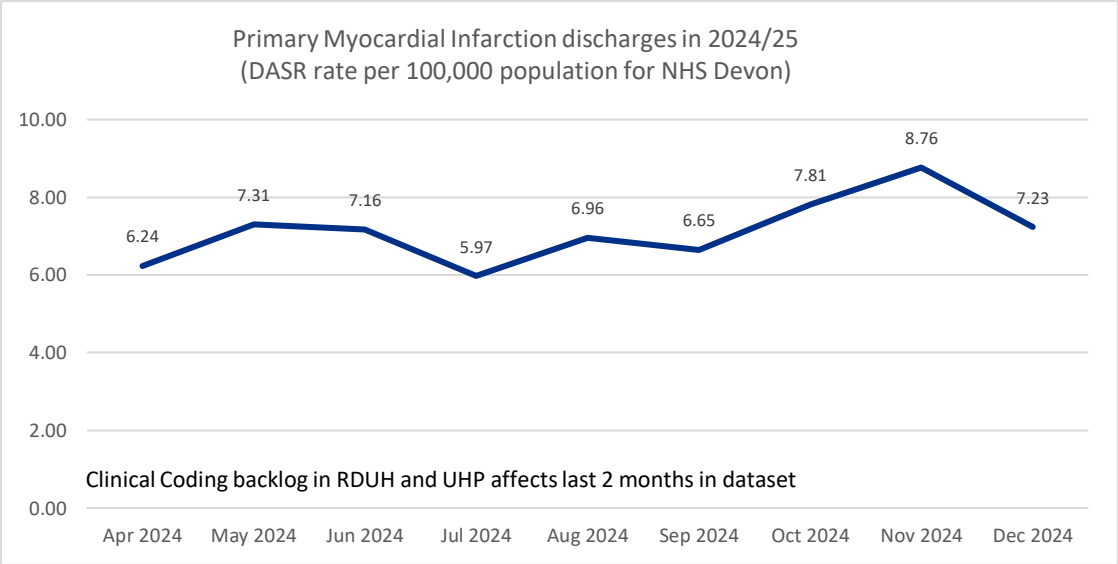




The position for primary stroke discharges in 2024/25 for ethnicity and deprivation quintiles is similar to that seen in 2023/24.

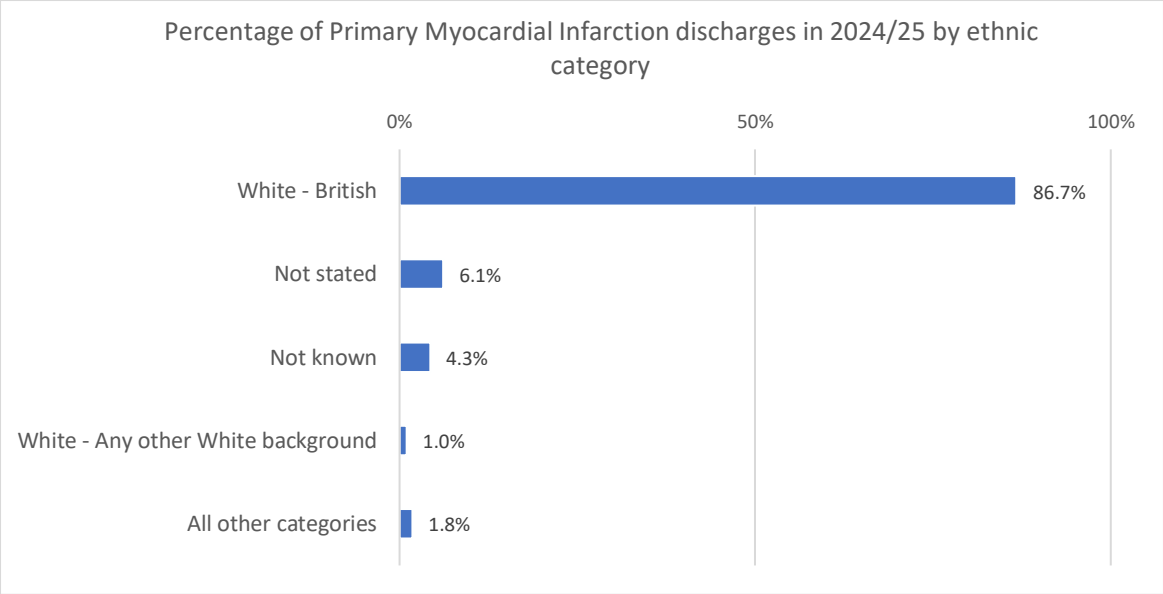
## Myocardial Infarction (Heart Attack)

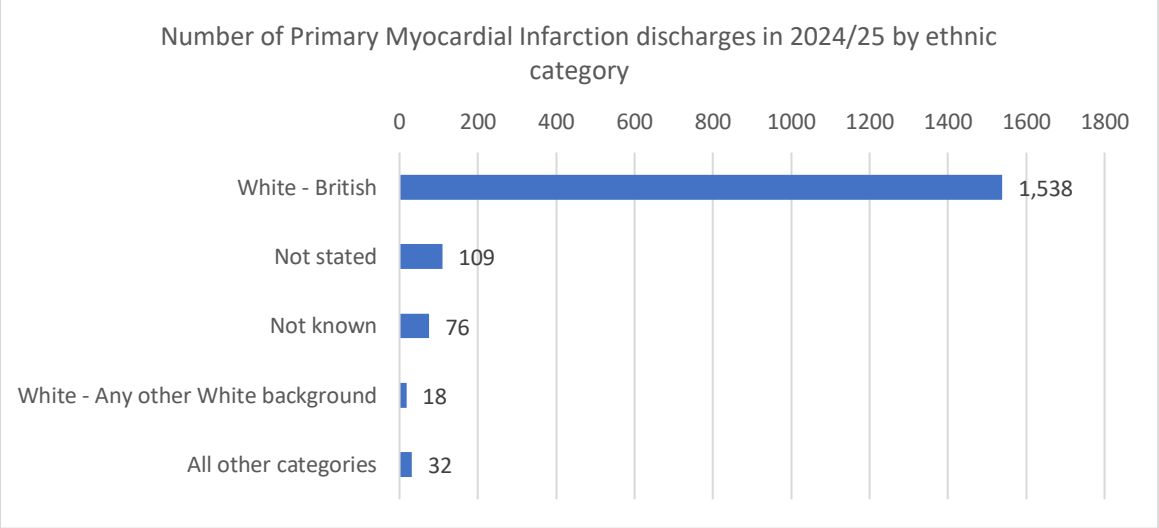
The number and rate of non-elective admissions for heart attacks in Devon (per 100,000 age-sex standardised) rose towards the end of 2024 before returning to levels similar to those earlier in the year (please note, later months are affected by delays in coding).



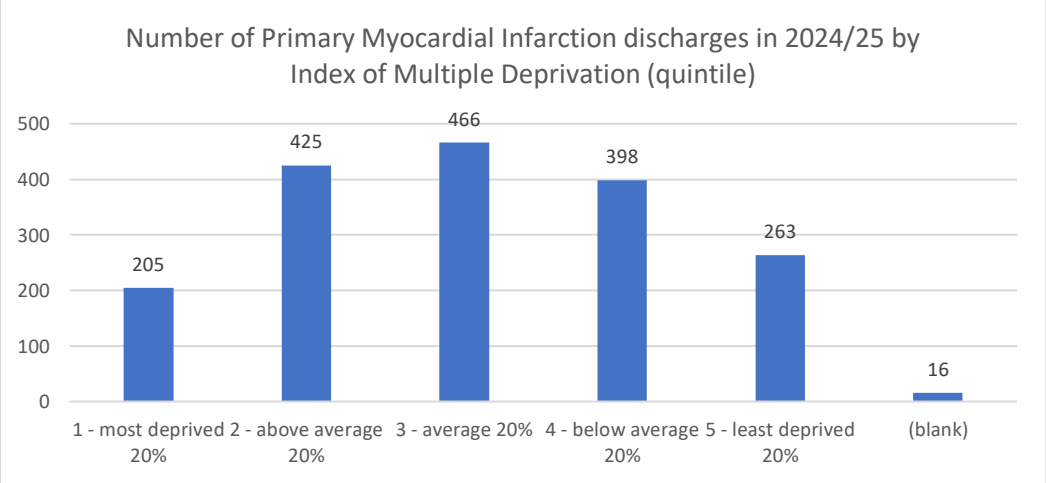



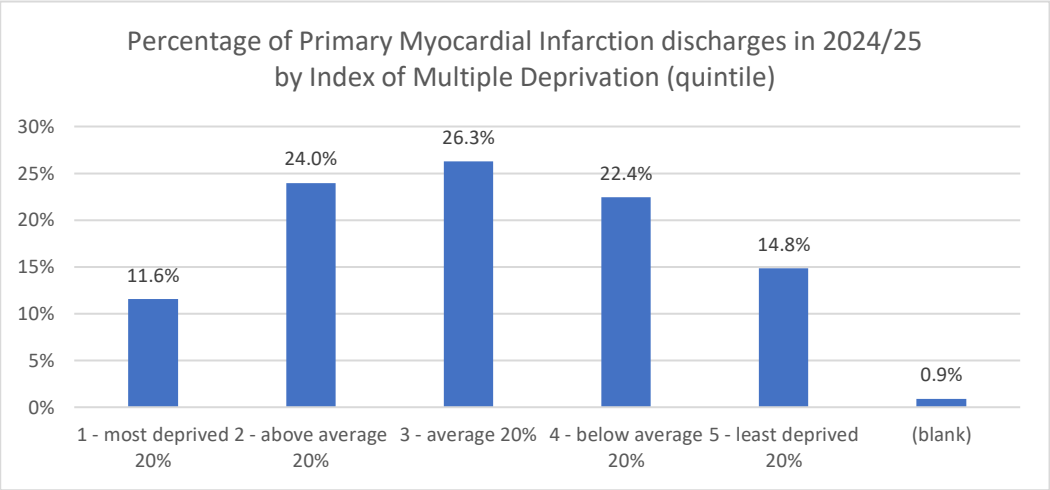

The ethnic category of heart attacks shows a consistent position with the population demographics.




Looking at heart attacks by deprivation quintile, a slightly lower number of below-average deprivation patients are seen than might be expected, with a slightly higher number of above-average deprivation patients, which may be linked to the spread of risk factors between the deprivation groups.



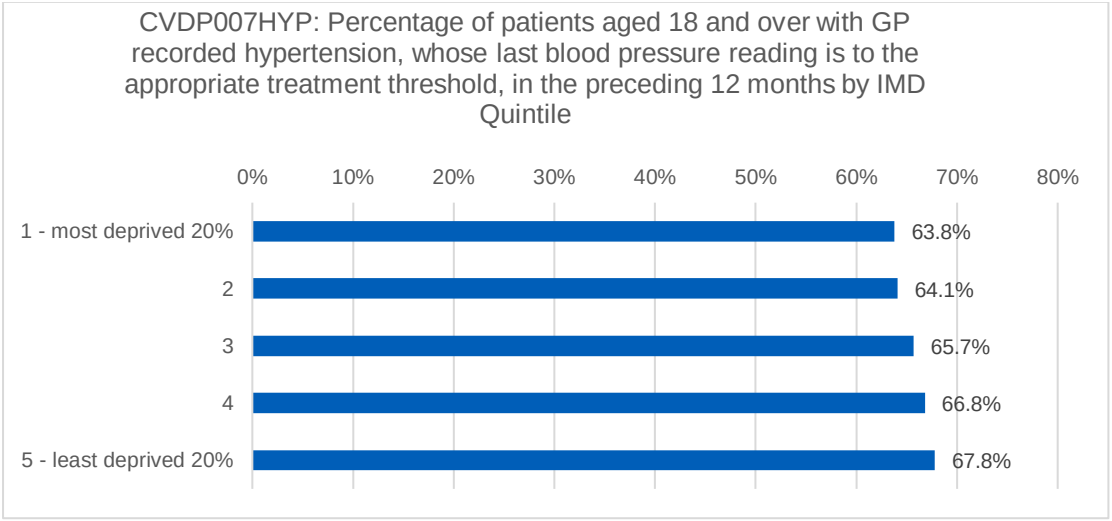


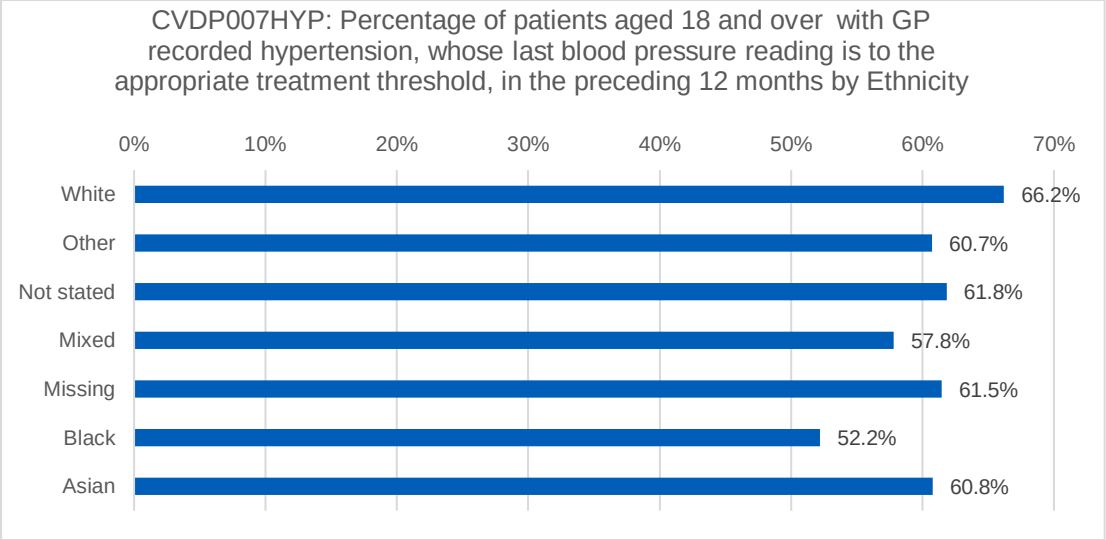

The position for primary myocardial infarction discharges in 2024/25 for ethnicity and deprivation quintiles is similar to that seen in 2023/24.

## Hypertension

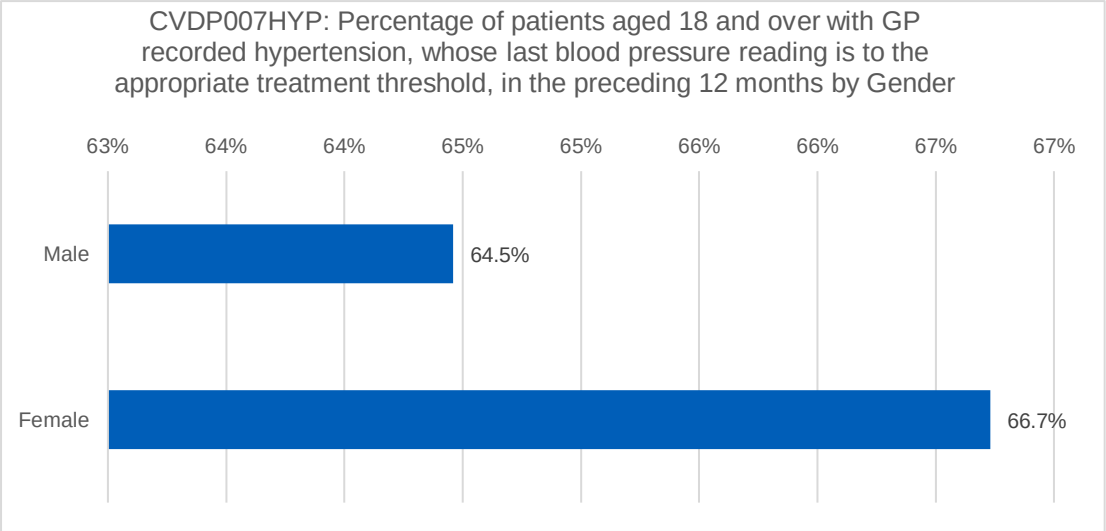
This section looks at three measures associated with hypertension, with the first being the percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is to the appropriate treatment threshold. By ethnicity there is variation for this measure, although based on small numbers, but the lower readings for non-white ethnic groups warrants further review. The national ambition for this measure is 80%.

By deprivation quintile, patients from the most deprived areas receive poorer outcomes for this measure, with a noticeable difference compared to patients from lesser deprived areas.

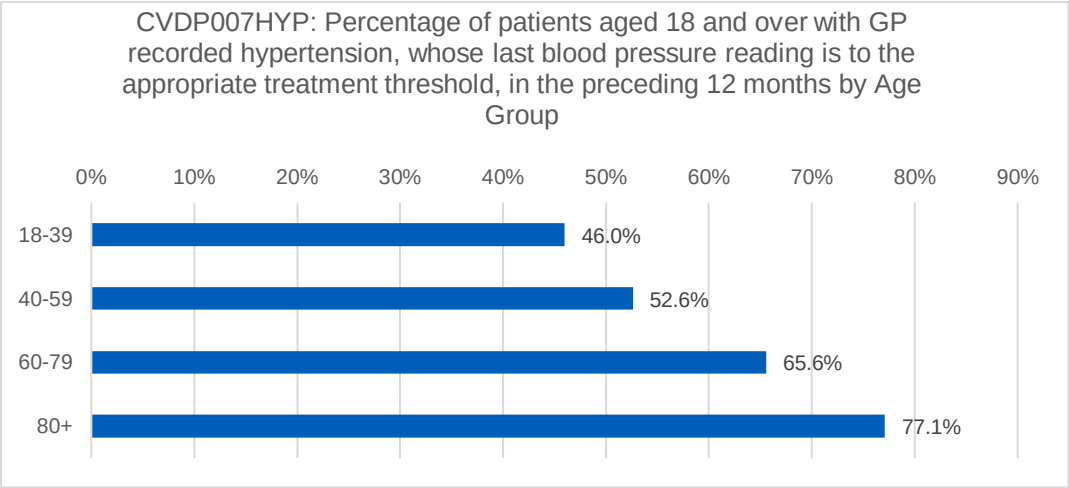




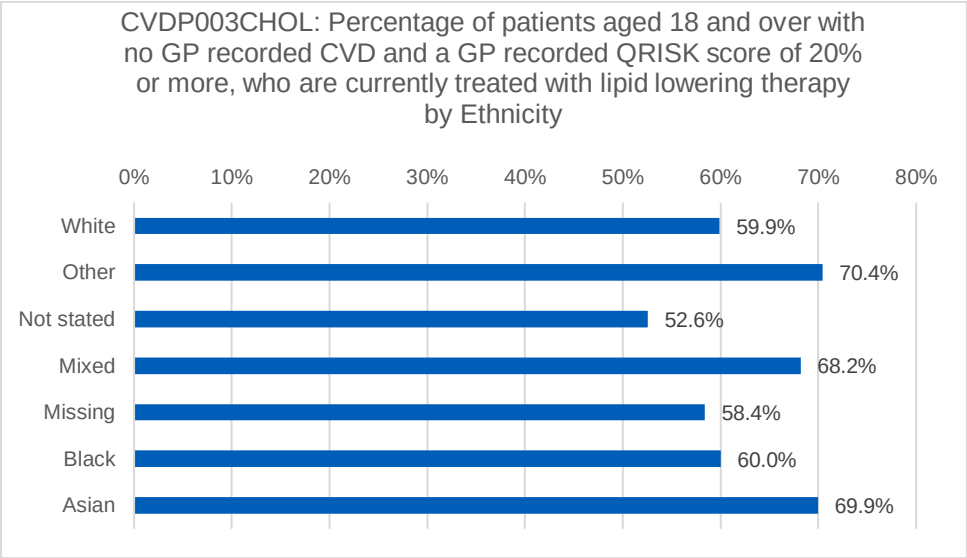

Outcomes for males are lower than for females.



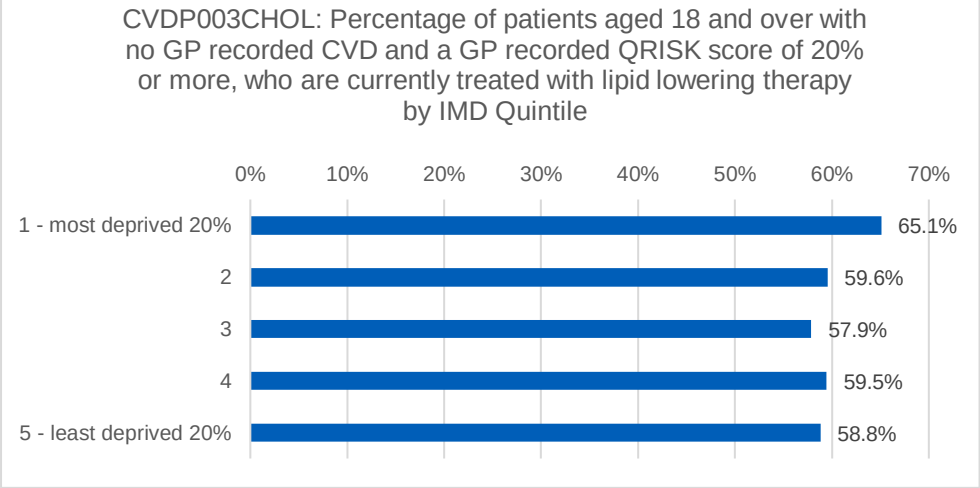

Looking by age, there is a clear increase in readings within the threshold for older people, with a progressive increase as age rises.



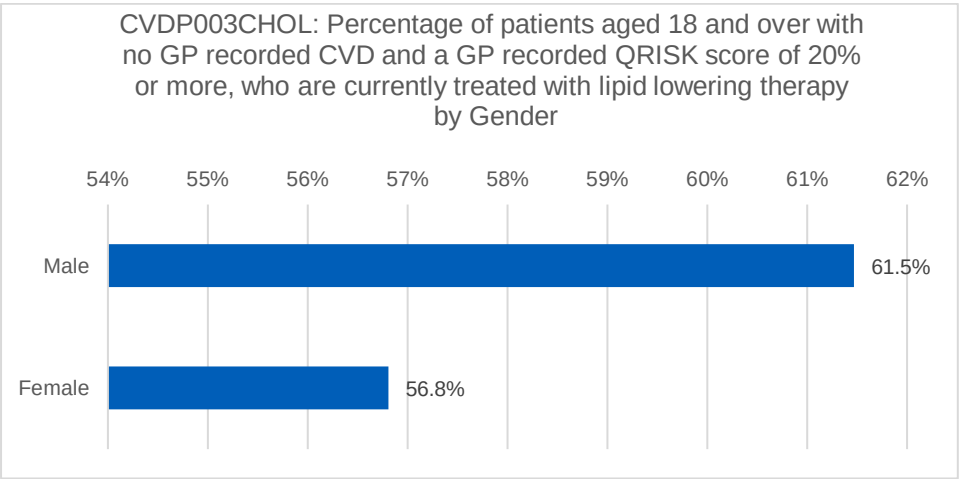

The percentage of patients aged 18 and over with no GP recorded Cardiovascular Disease (CVD) and a GP recorded QRISK score of 20% or more, on lipid lowering therapy shows general low variability when viewed by ethnicity, with the exception of higher rates for those recorded as Asian, Mixed or Other (note: higher prescribing rates are linked to better outcomes).



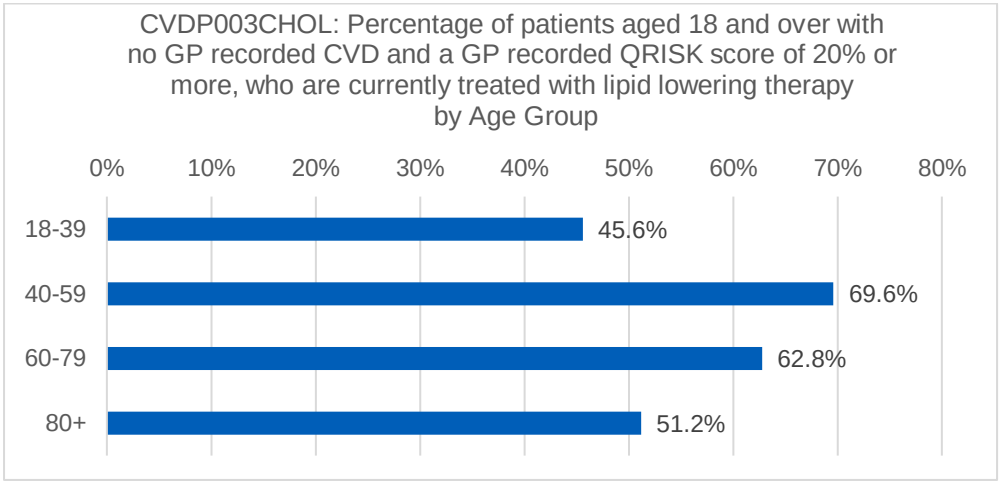

Looking at deprivation for the same measure, patients from the most deprived areas show a higher prescribing rate for appropriate LLT medication.



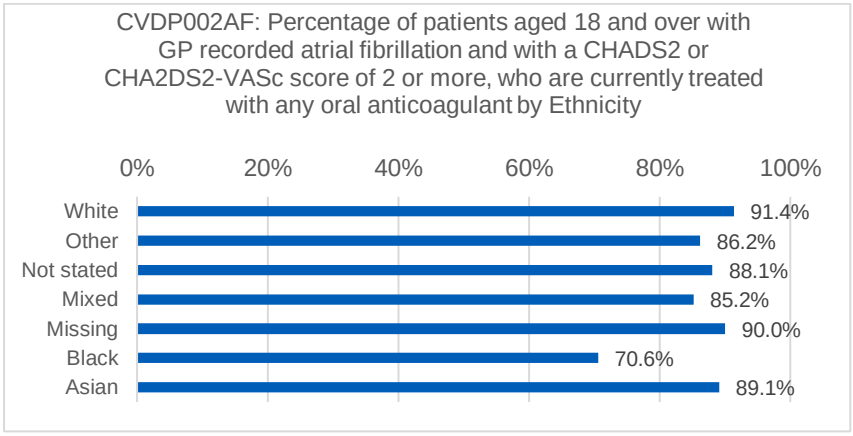

By gender, males are more likely to be prescribed appropriately for LLT medication.



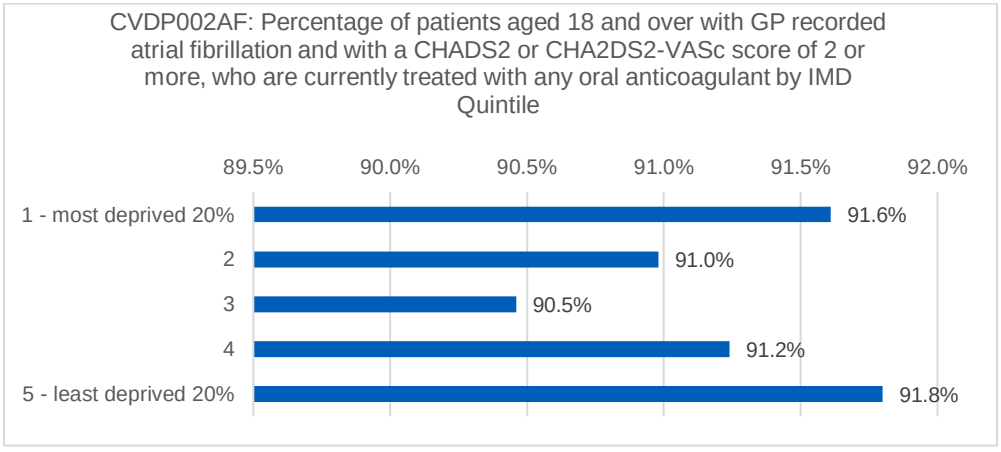
By age group, people aged 18-39 years and those over 80 years old are least likely to be prescribed appropriately for LLT medication. The proportion of 18-39 years being prescribed appropriately for LLT medication has reduced considerably compared with 2023/24 (60%).



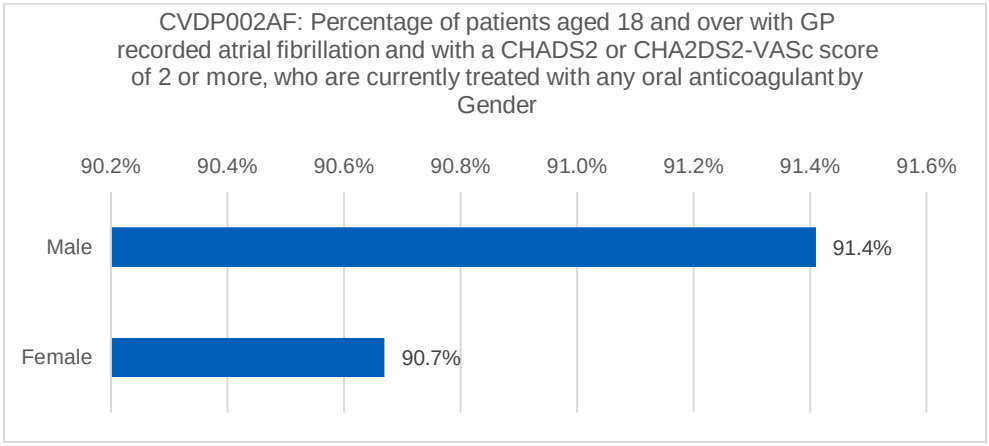

The percentage of patients aged 18 and over with GP recorded atrial fibrillation and a record of a CHADS2 or CHA2DS2-VASc score of 2 or more, who are currently treated with any oral anticoagulant is significantly lower for people with a black ethnicity compared to other ethnicities. Overall, the proportions by ethnicity are similar compared to 2023/24. However, the proportion of patients with a black ethnicity has increased from 62%.

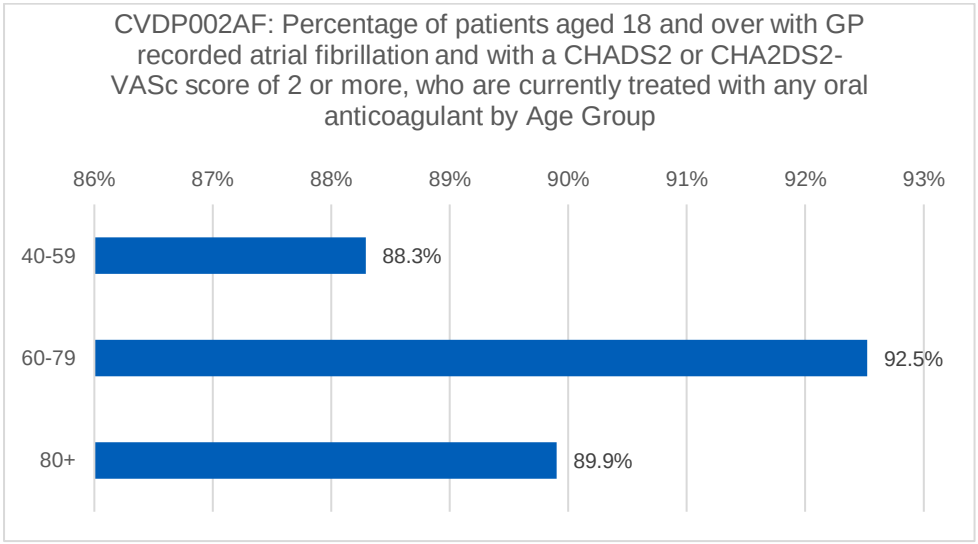



When looking by deprivation the least deprived areas have similar likelihood of being treated with drug therapy than those in more deprived areas.



By gender there is very little difference in prescribing between males and females, whilst by age group the 40-59 age range has a lower level of prescribing, but this is based on small numbers of patients and so a level of variation is to be expected. There is no data for 18-39 year olds.

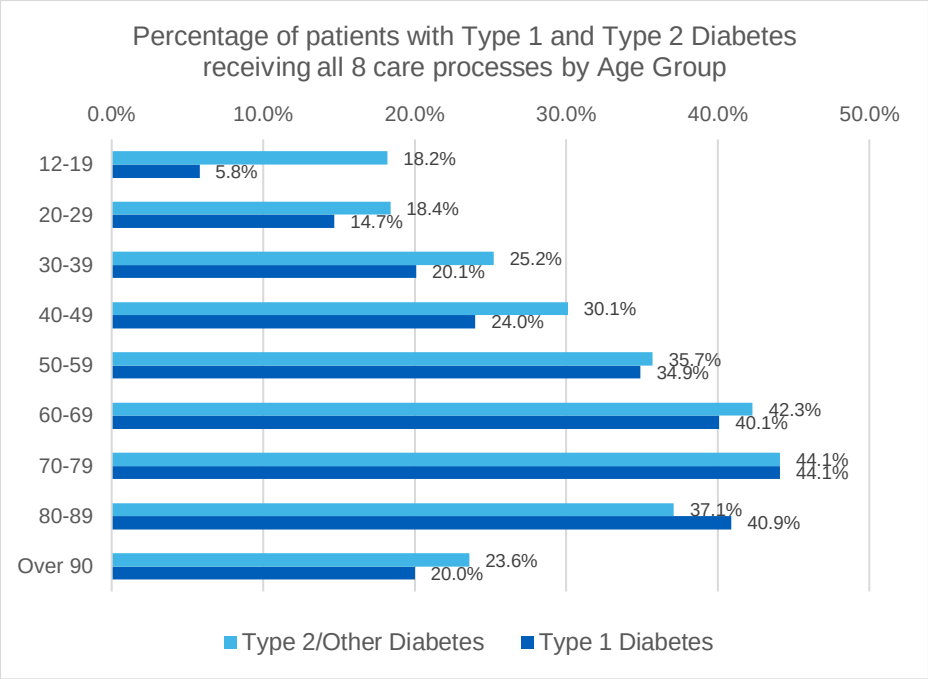


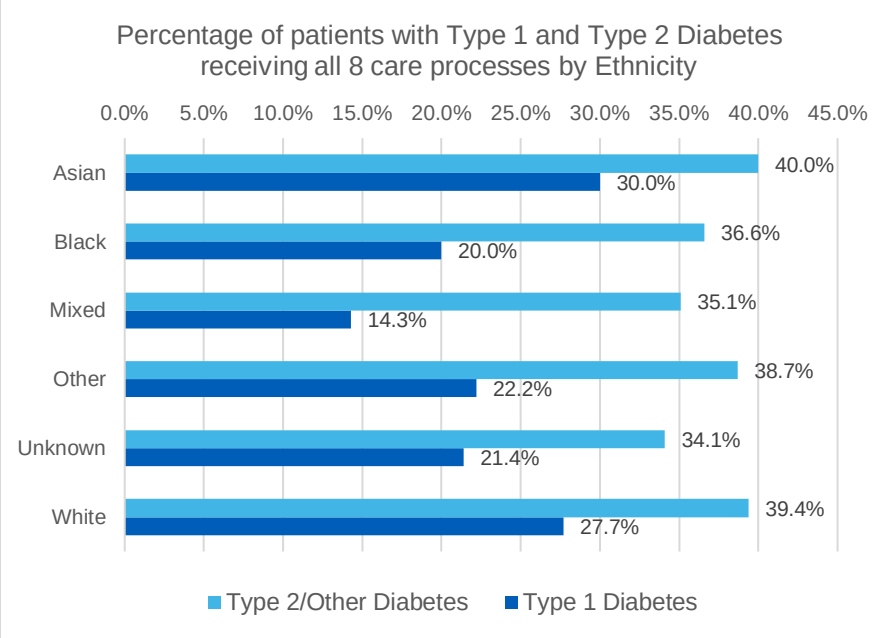

The proportions of GP recorded atrial fibrillation in 2024/25 for age, gender, ethnicity and deprivation quintiles is similar to that reported in 2023/24.

# Diabetes

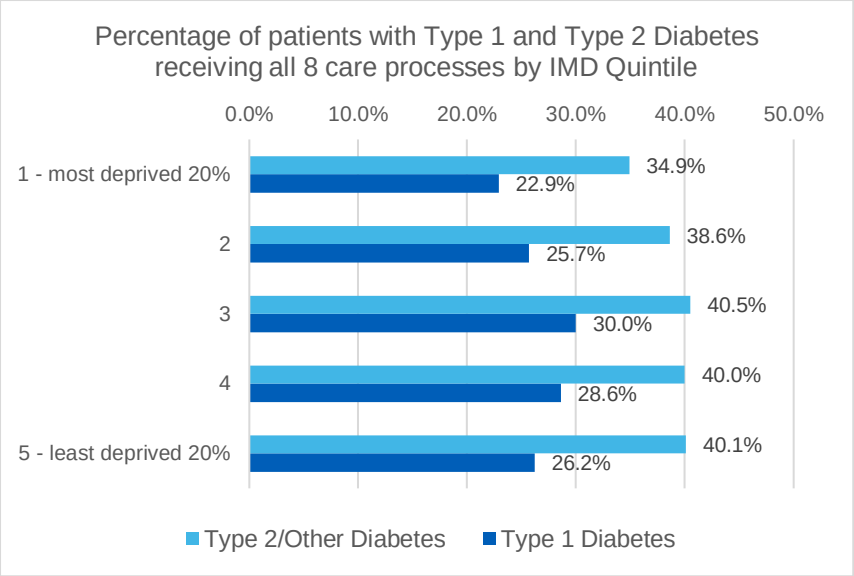
This section looks at the variation between the percentage of people with Type 1 and Type 2 diabetes receiving all eight care processes set out in national guidance. By age group the receipt of these care processes increases by age, peaking between 60 and 90 years old.



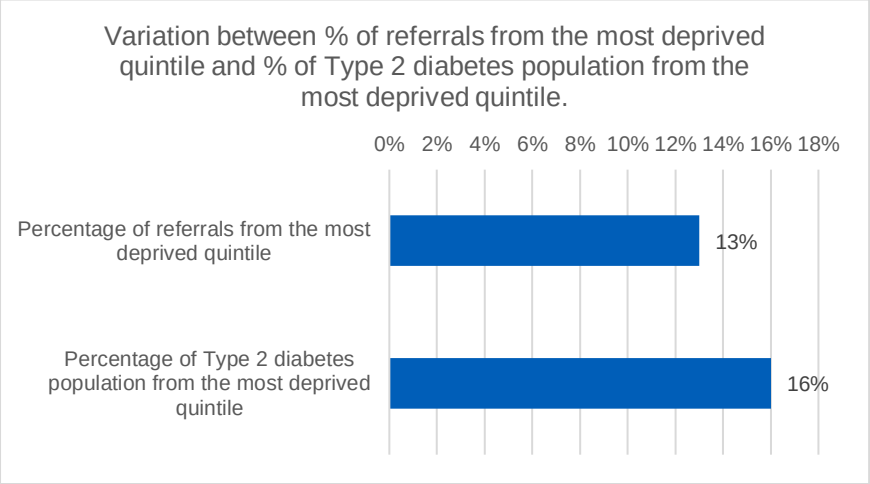

Looking at this measure by ethnicity there is a level of variation, with those with a white or Asian ethnicity seeing higher levels of care processes received compared to mixed, black or other ethnicities.




By deprivation quintile those in the most deprived areas receive the least processes.

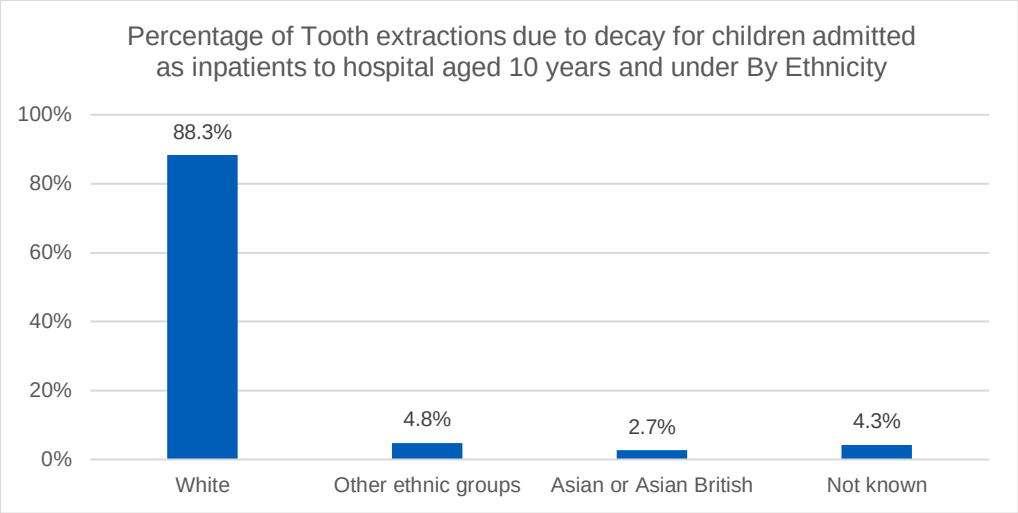



The chart below shows the variation between the percentage of referrals from the most deprived quintile and the overall share of Type 2 diabetes population from the most deprived quintile. There is a 3% difference from the expected level (less care processes received than would be expected) given the population.

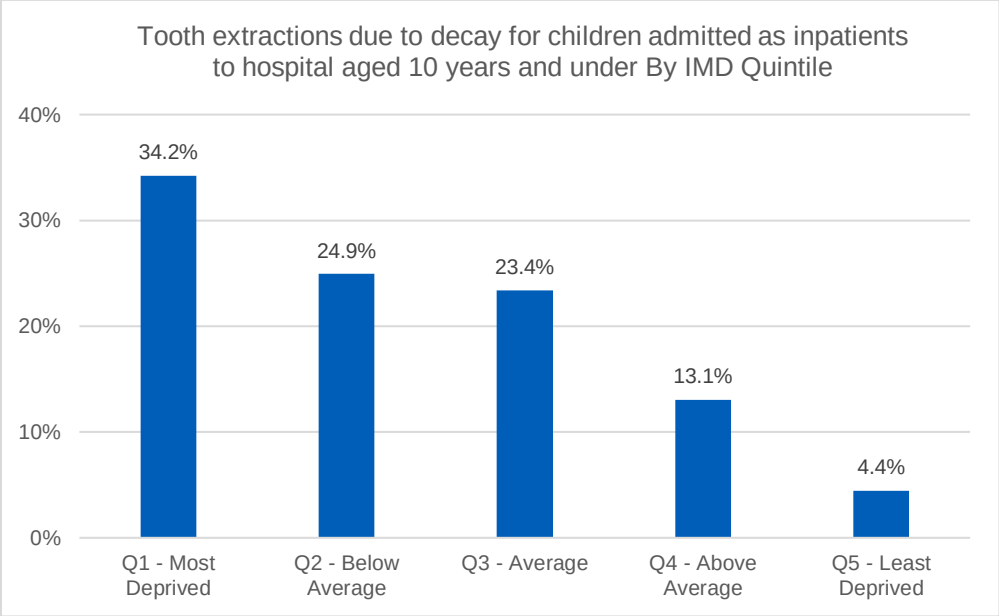



# Oral health

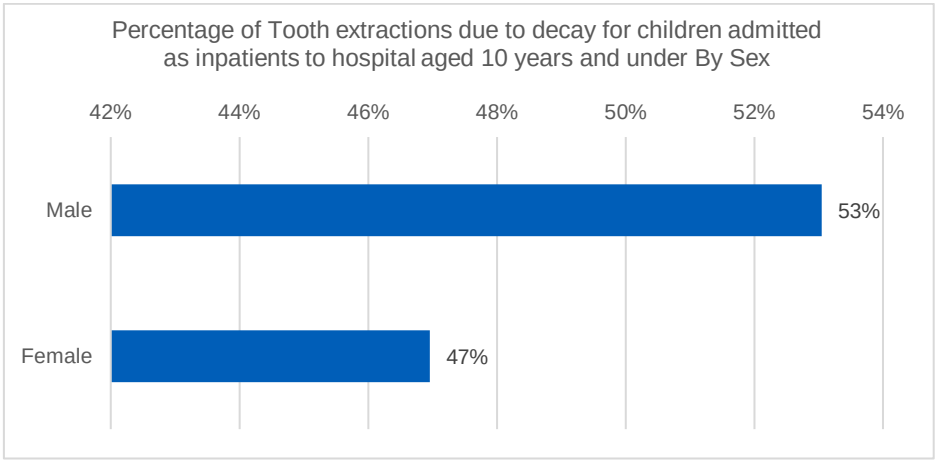
This section looks at tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under (number of admissions not number of teeth extracted) for the 2024 calendar year.  Please note that the majority of activity in Plymouth is not recorded. By ethnicity the proportions of tooth extractions generally represent the population ethnic mix.




By deprivation quintile there is a clear pattern of the most deprived areas showing much higher rates of tooth extractions in hospital for children than the least deprived areas.




The split by gender shows boys are more likely to have tooth extractions in an acute inpatient setting than girls.



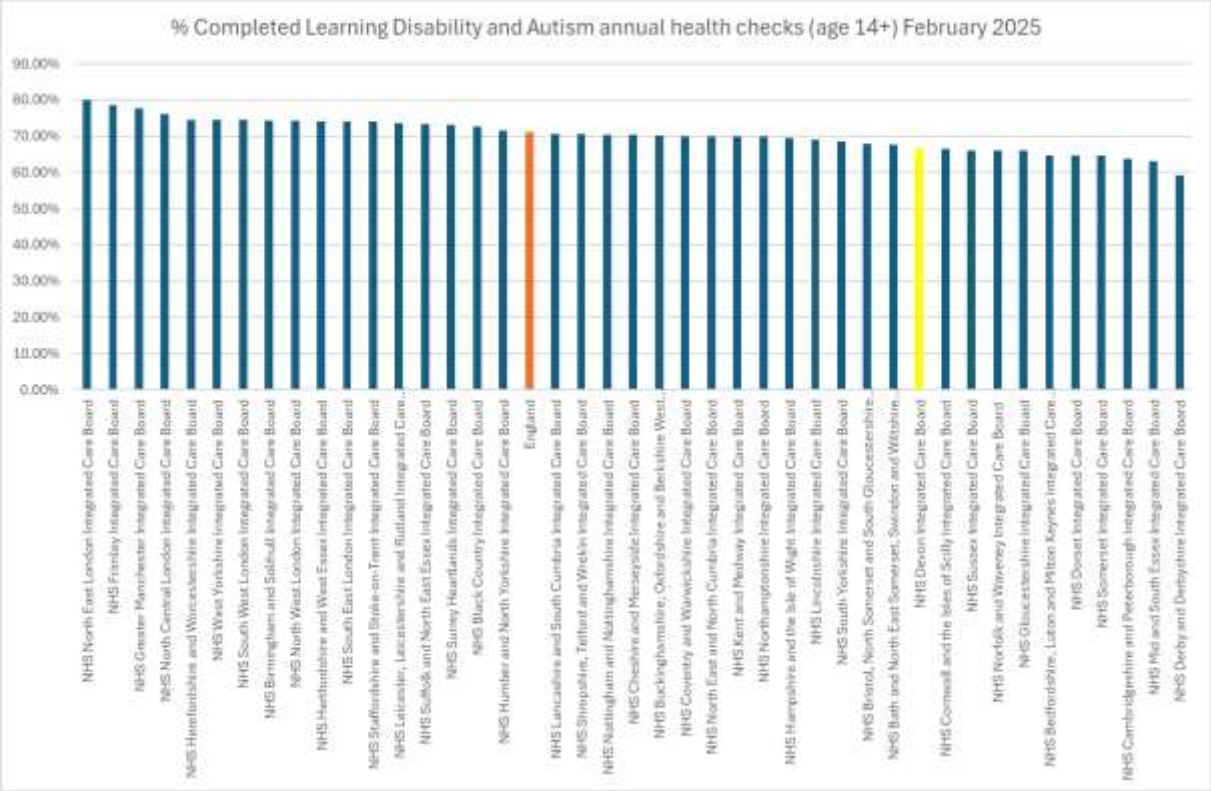

The proportions of tooth extractions in an admitted hospital setting for 10 and under in 2024/25 for gender, ethnicity and deprivation quintiles is similar to that reported in 2023/24.

# Learning disability and autistic people

## Annual Health Checks

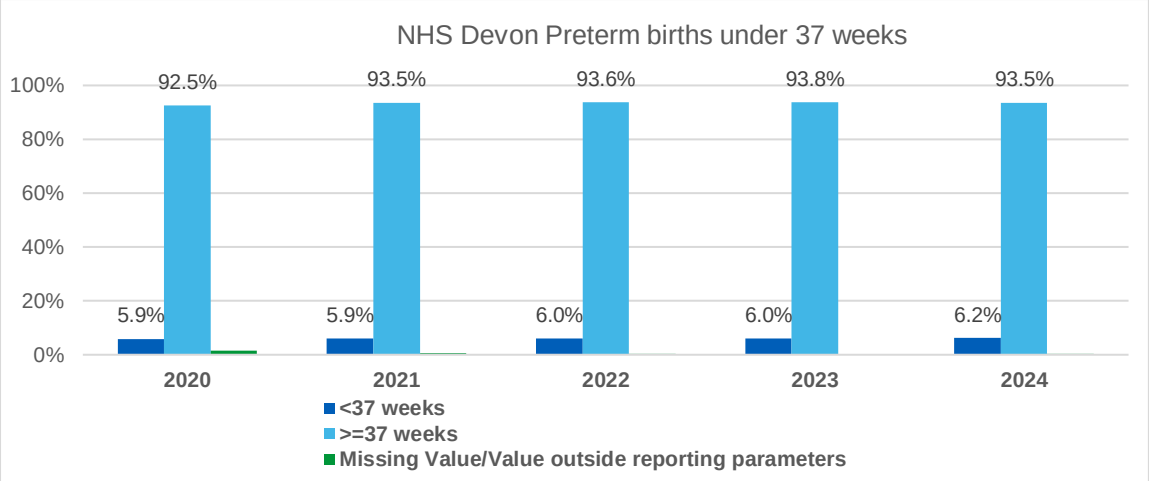
In Devon up to February 2025 66.7% of annual health checks were completed for people with a Learning Disability or Autism. This compares to the national position of 70.9%. nationally there has been a considerable increase in the percentage of annual health checks, Devon has increased in line with this development.

Devon PCN-level coverage ranged from 81.8% to 33.3%, suggesting there is scope to review variation in the timing and volume of checks offered. The national ICB comparison is shown below.



# Maternity and neonatal

This section looks at pre-term births under 37 weeks. Overall, numbers have remained fairly static over the past four years, with around 6% of births being under 37 weeks.




By ethnicity black or white groups are more likely to have pre-term births, although this is based on relatively small numbers with a high level of unknown or blank ethnicities recorded which makes it difficult to produce an accurate comparison. The percentage of pre-term births for black groups has decreased from 13.9% in 2023/24.

| YearOfBirthBaby | 2024 | | |
|---|---|---|---|
| ICB | NHS DEVON ICB | | |
| | | | |
| Percent | Gestation Length | | |
| Ethnic Group | <37 weeks | >=37 weeks | Missing Value/Value outside reporting parameters |
| Asian or Asian British | 3.8% | 95.9% | 0.3% |
| Black or Black British | 6.4% | 93.1% | 0.5% |
| Mixed | 5.0% | 95.0% | 0.0% |
| Other ethnic groups | 3.3% | 96.1% | 0.7% |
| White | 6.3% | 93.4% | 0.3% |
| (blank) | 11.7% | 88.3% | 0.0% |
| Not known | 33.3% | 66.7% | 0.0% |
| Grand Total | 6.2% | 93.5% | 0.3% |

By deprivation quintile pre-term births rise with increased deprivation, being over 1% higher for patients from the most deprived areas than the least deprived.

| YearOfBirthBaby | 2024 | | |
|---|---|---|---|
| Ethnic Group | (All) | | |
| ICB | NHS DEVON ICB | | |
| | | | |
| Percent | Gestation Length | | |
| IMD_Quintile | <37 weeks | >=37 weeks | Missing Value/Value outside reporting parameters |
| Q1 - Most Deprived | 6.3% | 93.7% | 0.00% |
| Q2 - Below Average | 7.1% | 92.5% | 0.34% |
| Q3 - Average | 6.3% | 93.4% | 0.24% |
| Q4 - Above Average | 5.6% | 94.0% | 0.36% |
| Q5 - Least Deprived | 4.7% | 95.1% | 0.24% |
| Grand Total | 6.2% | 93.5% | 0.25% |

The proportions of pre-term births in 2024/25 for deprivation quintiles is similar to that reported in 2023/24.