

Annual report and accounts

1 April 2023 – 31 March 2024



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Foreword from the chair



Thank you for your interest in this year's Annual Report, which provides a moment to reflect on the progress made by NHS Devon Integrated Care Board (ICB) in the last 12-months and our plans to address the major challenges that lie ahead.

2023/24 marked our first full year as an ICB, following our transition from NHS Devon Clinical Commissioning Group (CCG) in July 2022. As a new organisation we have needed to adapt how we work in order that we are able to respond to our changing responsibilities and the increasing pressures on services, including an unsustainable underlying financial deficit.

Our challenges are not unique in England, but our starting position was one of the most difficult. Whilst we are making encouraging progress in some areas, there are others, such as access to urgent and emergency care, where we need to significantly improve performance.

As a result of our service and financial challenges, our organisation and system are subject to the highest tier of oversight and scrutiny by NHS England (segment four of the NHS Oversight Framework [NOF4]). This framework sets out a number of priority areas for improvement. Whilst we address those priorities, we will not lose sight of the importance of prevention of ill-health and reducing inequalities.

We are indebted to our workforce across the county who have worked with great skill and determination to address these challenges and we have seen a host of innovative improvements over the past year. Much of this has been achieved through collaborative and partnership working with partners from across our Integrated Care System (called One Devon) including local authorities and the voluntary sector.

We have made good progress in reducing our elective care waiting lists, in part due to the innovative work at the NHS Nightingale Hospital Exeter, which provides a range of services including eye surgery, diagnostics, rheumatology and orthopaedics. The Nightingale reached several major milestones in 2023/24, including delivering its 1,000th cataract operation, providing elective spinal surgery for the first time, and most recently installing new ultrasound machines.

NHS Devon took on responsibility for dentistry, pharmacy, and optometry services in April 2023, although services continued to be commissioned by a regional centre. We are deeply concerned about the problems that people are experiencing with access to dentistry and are working to address the long-standing problems which impact on access.

In March 2023, along with all ICBs in the country, we were given a significant challenge to reduce our running costs by 30% by 2025/26. Most of our costs relate to staff salaries. The scale of the reorganisation necessitated by this change to our resources will affect everyone in our organisation. This process has not always been easy for the ICB teams, and I would like to give my thanks to them for their continued patience, dedication and compassion during this period of change and uncertainty. My colleagues on the NHS Devon Board have also played a key oversight and assurance role in this process and in many other areas throughout the past year, for which I am hugely grateful.

The change process has required us to make some difficult but necessary decisions to reduce costs in all areas. One key project that was completed in December 2023 was the consolidation of our five offices to a single headquarters, delivering financial savings of £4 million over 10 years.

This year was also marked by the retirement of our Chief Executive, Jane Milligan, who left in October 2023 after more than 30 years' service to the NHS. I would like to express my gratitude to Jane for her dedication to Devon over the past two-and-a-half years and to Bill Shields who carried out the interim Chief Executive role for several months ahead of Steve Moore joining us as our permanent Chief Executive in February 2024. Steve has many years of very senior experience in the NHS and is committed to working with colleagues and partners to help our local NHS provide the best care and support to patients, families and communities.

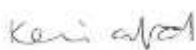
For myself, I took up the role of acting Chair of NHS Devon in June 2024, following the resignation of Dr Sarah Wollaston. I am grateful to have had the opportunity to work with Sarah on our Board and I wish her all the best for the future. I know her compassionate leadership and commitment to delivering the best possible services for local people were an inspiration to my fellow board members and me.

I was honoured to take on the role of Chair and my focus will continue to be on working collaboratively with our One Devon system partners. I strongly believe that despite the challenges we face, we have demonstrated what can be achieved by working in partnership and we should take every opportunity to build on this.

I would also like to pay tribute to the extraordinary work of our partners in the NHS, local authorities, social care, voluntary, community and social enterprise (VCSE) sector and many others for the invaluable role they play in supporting people's health, wellbeing and care.

All partners in our system have come together as One Devon to improve the lives of people in the county. Together, we published our Integrated Care Strategy and Joint Forward Plan in 2023. This set out how we will plan and organise health, care and other support services in order that joined-up, preventive care is available to everyone across the course of their lives. We are due to publish an updated version of the plan this year.

Looking forward, as well as refreshing our Joint Forward Plan, our focus for the coming year is to build a strong and resilient organisation through the restructure and to address the service performance issues which place us in NOF4 NHS England oversight. We remain committed to our vision of improving access to all health and care services and to giving equal chances for everyone in Devon to lead long, happy and healthy lives.



Kevin Orford
Acting 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.

Its predecessor organisation, NHS Devon Clinical Commissioning Group (CCG), ceased to exist as a statutory body on 30 June 2022, when all CCGs were abolished.

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 2023 to 31 March 2024.

Performance overview

Summary from the accountable officer

2023/24 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. Elective care waiting times were also challenged, with some patients waiting for more than two-years (104-weeks) for their treatment.

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.

Service pressures have been compounded by ongoing staff shortages in many disciplines and specialties as well as planned industrial action that took place throughout year. The NHS in Devon is addressing this through peninsula-wide plans for sustainable services. Robust plans to ensure the safety of patients were put in place during periods of industrial action.

Devon's service and financial pressures are well-documented and have resulted in the system being placed 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. NHS Devon took on the commissioning of pharmacy, optometry and dentistry services in July 2022, and work is underway to deliver improvements. As with many areas across the country, access to dental care in Devon has historically been challenging and plans have been put in place to improve access. This includes building more capacity and commissioning more urgent dental appointments.

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 care (GP and other services) acute hospitals, mental health, 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 sector (VCSE)

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 Devon Plan – made up of our 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 the One Devon Integrated Care System and a series of strategic goals to tackle them. In May 2023, NHS Devon published its 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 plan reflects significant input from people and communities throughout Devon, based on an analysis of extensive public feedback about health and care between 2018 to 2022, 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 was updated in March 2024 and is reviewed on an annual basis in consultation with One Devon's Health and Wellbeing Boards.

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 approach to its oversight of NHS organisations for 2023/24, and its monitoring of their performance. It aligns to the areas set out in the 2023/24 priorities and operational planning guidance and the legislative changes made by the Health and Care Act 2022, including the formal establishment of Integrated Care Boards and the merging of NHS Improvement (itself created from a previous merger of Monitor and the NHS Trust Development Authority) into NHS England (NHSE).

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 it has 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	Devon Improvement Areas (2023/24)
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	1. Financial performance, including addressing the long-term deficit 2. Joint ownership and delivery of a coherent strategy that secures sustainable clinical services and improved performance 3. Whole-system approach and collaboration across Devon

The current segmentation for the One Devon Integrated Care System 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), which is chaired by NHSE. Although these meetings were previously held quarterly, in light of performance towards the end of 2023, monthly meetings were re-instated.

To support the delivery of the improvement required across Devon, a System Recovery Programme has been embedded to enable the One Devon Integrated Care System to become financially, clinically and operationally sustainable over the next 3-5 years. This programme is being overseen by the System Recovery Board, which is supported by the Elective Care Improvement Board and the Unscheduled Care Board to drive and monitor the required improvements.

Highlights and achievements

Dartmouth Health and Wellbeing Centre opens



Dartmouth's new £5.4 million Health and Wellbeing Centre, which brings together a range of partners under one roof, was officially opened in June 2023. The building gives local people access to a broad range of health and wellbeing services in one place, by bringing together GPs, community nurses, therapists, and volunteers.

The centre is part of plans across Devon to bring health and care services and the voluntary sector together to make it easier for people to get the care they need, in their community. It also allows the clinicians and specialists involved in providing someone's care to work more closely together to provide seamless joined-up care.

Reducing planned care waiting times

The NHS in Devon has worked collaboratively to reduce the number of patients waiting for surgery, diagnostics or other procedures. Community Diagnostic Centres play a central role in this for diagnostics, along with a host of other schemes. In spinal surgery, for example, the numbers of people waiting for their operation were reduced by nearly 80% between May 2023 and January 2024 by revolutionising the approach to caring for patients.



To achieve this, the One Devon Elective Pilot addressed the issues that were causing long waits for patients by adding surgical resource, supporting clinical and management collaboration and establishing a single point of access system across the region, ensuring equity of access to services and streamlined decision making.

In this and other areas, NHS organisations in Devon have worked with the NHS England Getting It Right First Time (GIRFT) team led by Professor Tim Briggs, as well as NHS England South West regional colleagues and clinicians across the peninsula.

Action for children with special educational needs

Partners across Devon are working together to improve services for children with special education needs and disabilities (SEND) in response to a report from Ofsted and the Care Quality Commission. Plans have been developed in the three local authority areas (Devon County Council, Plymouth City Council and Torbay Council).

Establishing Community Diagnostic Centres

Devon has established Community Diagnostic Centres (CDCs) to help people access timely diagnostic tests. Where the centres are not yet up and running, we have installed mobile scanners in the vicinity so that people can access the diagnostic tests they need, closer to home and without going to hospital.

1. Devon Nightingale CDC

The Devon Nightingale CDC in Exeter has been open since 2021 as a centre of excellence, having been originally helped to treat COVID-19 patients. As a diagnostic centre, it now offers CT and MRI scans, plain film X ray, ultrasound and fluoroscopy, alongside a range of other services on site. Royal Devon University Healthcare NHS Foundation Trust, which runs the hospitals, plans to purchase new MRI and CT scanning machines in 2024.



2. Plymouth CDC

University Hospitals Plymouth NHS Trust was allocated capital and revenue funding to build a new CDC in Colin Campbell Court in Plymouth city centre. Ahead of its scheduled opening in April 2025, a mobile CT scanner adjacent to the building started services in October 2023.

3. Torbay and South Devon CDC

Torbay and South Devon NHS Foundation Trust drew up a business case to work in partnership with the independent provider, InHealth, redeveloping a site in Torquay. The centre was scheduled to open in April 2024, however delays resulting from complex lease arrangements mean this has been delayed until later in the year. In the meantime, extra diagnostic capacity is being delivered by a mobile CT scanner in Newton Abbot.

Devon GPs rated highly

Devon was rated the second best in England for patient satisfaction with GP practices. Eight in 10 people said they were satisfied in the GP Patient Survey.

Satisfaction rates overall have decreased slightly from last year, but Devon is still performing better than other areas. In addition, 72% of those surveyed in Devon said their last GP appointment was face-to-face.

Adult and older adult mental health inpatient care

Progress continues to eliminate inappropriate out-of-area placements, in the context of a nationally challenging position. Since April 2023, inappropriate out of area bed days have increased by 8.5% nationally, whereas in Devon they have reduced by 75.5%.

Additional funding to manage demand

NHS Devon undertook a bed modelling exercise to determine the potential bed gap that would need mitigating in winter 2023/24. Following this, NHS Devon approved an additional funding allocation of £3.1 million to support schemes including extra capacity, acute respiratory infection hubs and primary care admission avoidance.

1. **A scheme to support and reduce acute respiratory infection** is in operation in 27 out of Devon's 31 Primary Care Networks (groups of GP practices). 42,000 additional appointments can be provided within general practice as a result of the project
2. **An admissions avoidance locally enhanced service** is running in 100 of Devon's 120 GP practices. 32,396 patients were coded as at risk of admission, with 50,980 clinical contacts targeted for proactive intervention to help patients avoid ending up in hospital. The scheme is expected to prevent 1,123 emergency department attendances and 641 unplanned hospital admissions
3. The **enhanced access scheme** continues to provide GP appointments outside of normal opening hours. 1,270 hours per week of clinical appointment time is commissioned through Enhanced Access across Devon

Joint working for mental health

A Devon Mental Health, Learning Disability and Neurodiversity Provider Collaborative has made good progress since it was established in July 2022. Over the past 12 months, the collaborative has developed its role and function within the wider strategic system, with the aim of delivering better health outcomes across Devon. This has included developing strong working relationships across provider organisations (statutory, voluntary and community).



The collaborative is developing a Mental Health, Learning Disability and Neurodiversity Joint Forward Plan and is making good progress against its other objectives, including joint working with Cornwall, producing a system dementia strategy, and delivering a financial break-even position for commissioning budgets.

Delivering COVID-19 vaccines

Vaccination continued to be the key defence against the spread of new variants of COVID-19. From September 2023, residents of care homes and people who are housebound began receiving their COVID-19 and flu vaccinations, at the start of the renewed NHS winter vaccinations campaign. In Devon, 3,500 sites provided vaccines – more than ever before – making it as easy as possible for people to get the vaccine.

Digital progress

Devon has continued to make good progress in digital services to increase same day care services including by:

1. Establishing virtual wards with 227 beds
2. 97% of GP practices offering 35% of appointments on the day
3. An urgent community response service available from 8am-8pm, 7 days a week
4. An app being used by social prescribers in all GP practices to help people find services in the community
5. Offering technology-enabled consultations at GP practices. Devon completed 641,958 consultations in between 1 March and 31 December 2023, far more the target of 487,503.

Research and innovation

A Peninsula Research and Innovation Partnership was established to deliver the Peninsula Research and Innovation Strategy. With representation from NHS, university, innovation and research partners across Devon, Somerset and Cornwall and the Isles of Scilly. The partnership has agreed the first wave of projects and is looking to develop in other areas including long-term conditions, mental health, urgent and emergency care, cancer and maternity and neonatal care.

Award-winning teams

A Devon project that makes it easier to access a GP was shortlisted for the prestigious HSJ Awards, recognising an outstanding contribution to healthcare. The 'GP in the Cloud' project enables GPs located anywhere in the UK to carry out consultations with Devon patients from their own devices.

The Post Anaesthetic Care Unit (PACU) team (*pictured*) that cares for people having surgery at Torbay Hospital was shortlisted for a Nursing Times award for its innovative work. The 14-bed PACU cares for everyone who goes through the inpatient theatre suite at Torbay Hospital – around 50 people a day.



Work to tackle domestic abuse and sexual violence received national recognition, with a win for NHS Devon in the national NHS parliamentary awards. The award was in recognition of the work NHS Devon has done to improve how GPs and hospitals respond to people who have experienced domestic abuse or sexual violence.

The simulation team at Devon Partnership NHS Trust was shortlisted in the HSJ Patient Safety Awards for its work on Salus Ward in Torbay – a new, £12 million adult inpatient unit on the Torbay Hospital site.

Key issues and risks to performance

NHS Devon continues to face pressures relating to delivery in urgent care and ensuring treatment for long waiters in elective care. These pressures have been further compounded with planned industrial action through the financial year. Staff shortages and industrial action by nursing, paramedical and medical staff, including junior doctors, has posed a risk to performance.

Across Devon and Cornwall, there remain shortages of clinical staff in many disciplines and specialties. The NHS in Devon is addressing this through peninsula-wide plans for sustainable services. It also has robust plans in place to ensure the safety of patients.

Ongoing underperformance in urgent and emergency care and risks to the financial forecast remain the two key areas of concern within the Devon system.

Following the delegation of commissioning of pharmacy, optometry and dentistry services to NHS Devon, the system now holds accountability for these services. On an operational level, these contracts and services are managed through the NHSE South West collaborative commissioning hub. The hub manages any identified risks on our behalf, with oversight of day-to-day performance issues, but any significant risks are escalated to NHS Devon as the responsible commissioner.

The hub also prepares a monthly performance report that is presented to NHS Devon's Primary Care Commissioning Transitional Committee. Whilst strategic commissioning responsibility sits with NHS Devon, it does not currently have dedicated resource allocated to it. This is captured on the NHS Devon Corporate Risk Register.

Details of the strategic risks to NHS Devon are within the Governance Statement of this report at page 68.

Performance analysis

The NHS Constitution sets out key targets for NHS organisations. All three acute hospital providers and NHS Devon remain in Tier 1 and NOF4 for urgent and emergency care and performance on long waits for elective (planned) care. All three acute providers have exited Tier 1 oversight for cancer in this financial year due to recovery in performance.

Pressure on services was further compounded with planned industrial action during the financial year. Whilst safe staffing levels were maintained throughout these periods, capacity was impacted as elective and diagnostic appointments were reduced or cancelled. Data analysis suggests that over the year industrial action caused delayed bookings and cancellation of appointments equivalent to the loss of 2,911 admitted and 4,475 non admitted procedures. The total lost due to industrial action is greater than the total number of people waiting more than 78 weeks or 65 weeks that was forecast for end of 2023/24.

Whilst joint mutual support arrangements were already in place and working well across the Devon system, even closer joint working between organisations has been an important element of the drive for improvement.

Despite this, NHS Devon has had a challenging year, with many of the key metrics impacted by staffing challenges, capacity in acute hospitals and community, industrial action and infection outbreaks resulting in increased length of stay for patients, with many experiencing a delay to discharge after their procedure. Our growing and ageing population means that we are caring for more people than ever before who are living with complex conditions, leading to unprecedented pressure on services.

Work on the recovery of performance continues with plans developed to achieve or to move closer to achieving national targets and recovery trajectories. To support the delivery of the improvement required across Devon, a System Recovery Programme has been established to enable the One Devon Integrated Care System to become financially, clinically, and operationally sustainable over the next 3-5 years.

The One Devon System Recovery Programme includes detailed workplans for urgent and emergency care and for elective care, with ambitious trajectories to move closer to achieving local and national targets, as well as addressing fragile services across Devon.

The System Recovery Programme is overseen by the System Recovery Board, which is supported by the Elective Improvement Board and the Unscheduled Care Board to drive and monitor the required improvements.

Devon's 2023/24 performance against each of the key national standards is provided in the table below and across the following pages.

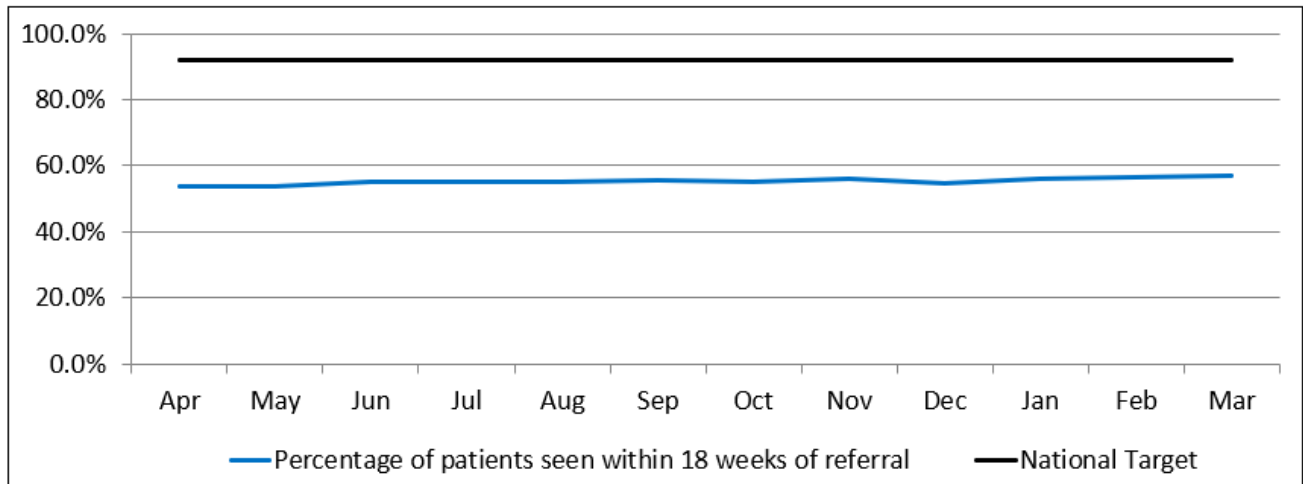
Key performance indicator	Target	Devon	RDUH	UHP	TSD	England
Patients treated within 18 weeks (incomplete pathways)	92.0%	55.3%	54.2%	56.9%	55.4%	58.0%
Patients waiting for more than 52-weeks for treatment	0.0%	6.9%	7.1%	5.6%	8.2%	4.7%
Patients waiting for more than 78-weeks for treatment	0.0%	0.5%	0.6%	0.6%	0.4%	0.13%
Patients waiting for more than 104-weeks for treatment	0.00%	0.03%	0.01%	0.09%	0.00%	0.004%
Patients who received a diagnostic test within six weeks	99.0%	68%	61.42%	74.9%	71.7%	73.8%
Patients seen within four hours at accident and emergency (type 1)	85.0%	51.5%	55.9%	47.0%	48.8%	58.1%
Patients seen within four hours at accident and emergency (all types)*	95.0%	63.9%	64.8%	61.9%	65.2%	72.1%
Ambulance mean response times in minutes (category 2)*	18	47.1	-	-	-	36.2
Ambulance handovers within 30-minutes*	95.0%	82.0%	83.4%	87.9%	77.7%	NA
Patients with suspected cancer referred within four-weeks	75.0%	76.1%	73.5%	77.6%	78.2%	72.9%
Patients with cancer treated within 31-days	96.0%	90.8%	86.7%	93.3%	94.9%	90.0%
Patients with urgent suspected cancer seen within 62-days	85.0%	63.6%	63.6%	62.3%	66.2%	64.6%

Table notes:

- RDUH: Royal Devon University Healthcare NHS Foundation Trust
- UHP: University Hospitals Plymouth NHS Trust
- TSD: Torbay and South Devon NHS Foundation Trust
- UEC metrics available for the full calendar year
- Ambulance handover data is not available at a national level.
- Ambulance mean response times are only available at a system level.

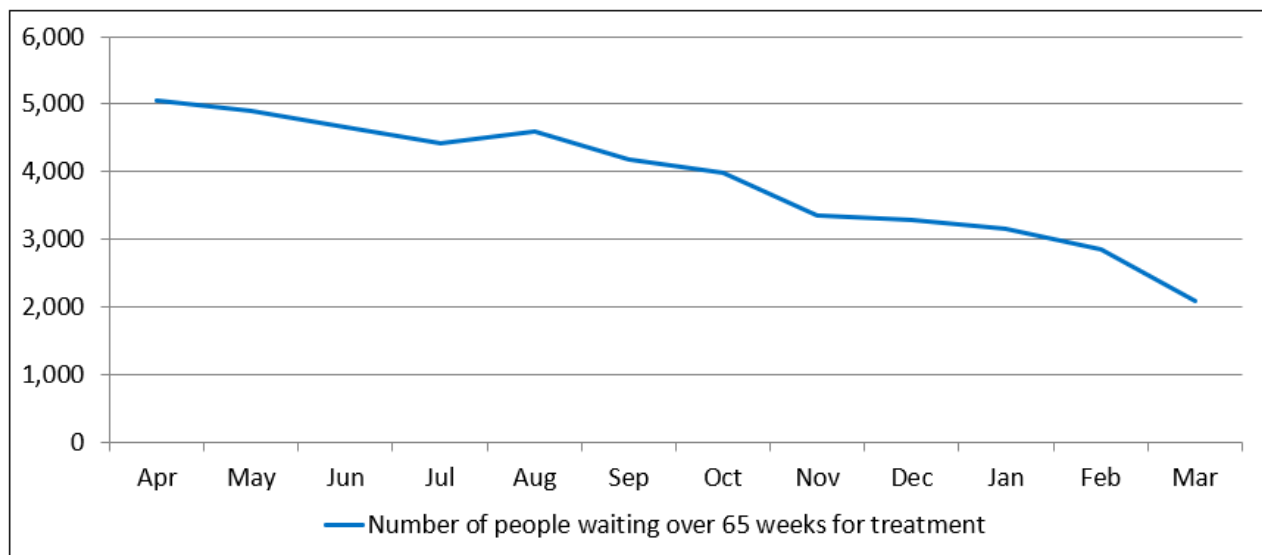
Patients treated within 18-weeks

Devon system saw 55.3% of patients within 18-weeks compared with a national position of 57.2% against a target of 92%. This is a small increase from the 52.7% position in 2022/23. The key focus both locally and nationally this year has been in reducing the number of patients waiting over 65, 78 and 104 weeks.



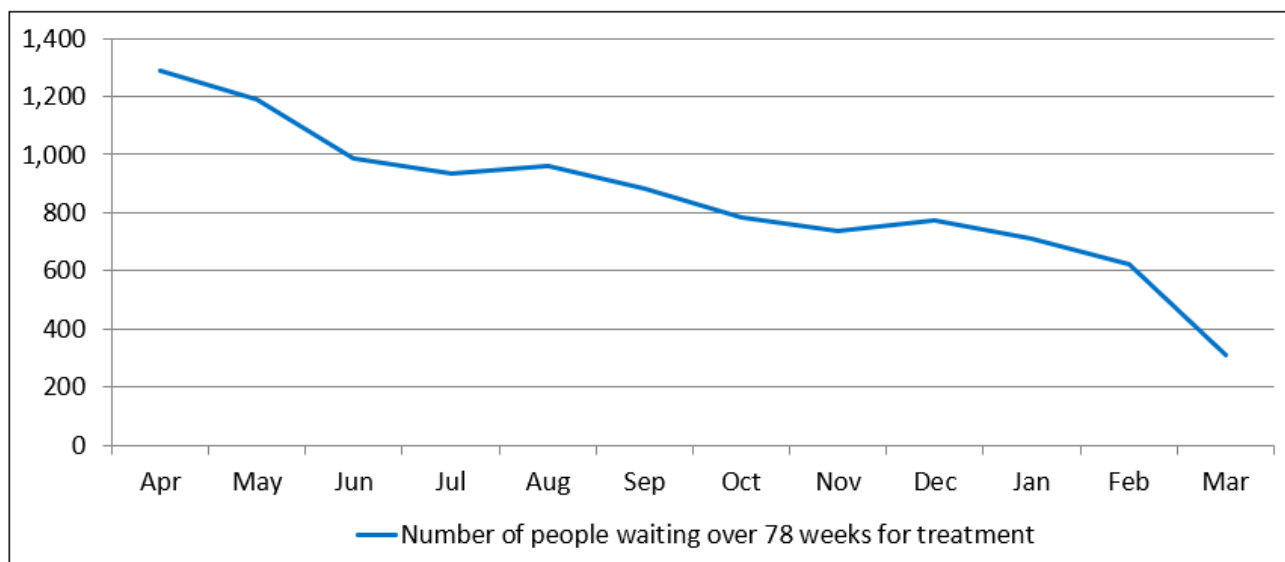
People waiting over 65-weeks for treatment

There has been a significant reduction in the number of people waiting over 65 weeks for treatment. Numbers reduced from 5,056 in April 2023 to 2,083 patients in March 2024. The original system forecast for the end of 2023/24 was to reduce the numbers of patients waiting 65 weeks to 1,707 however the forecast worsened to 2,988 due to a range of factors including industrial action.



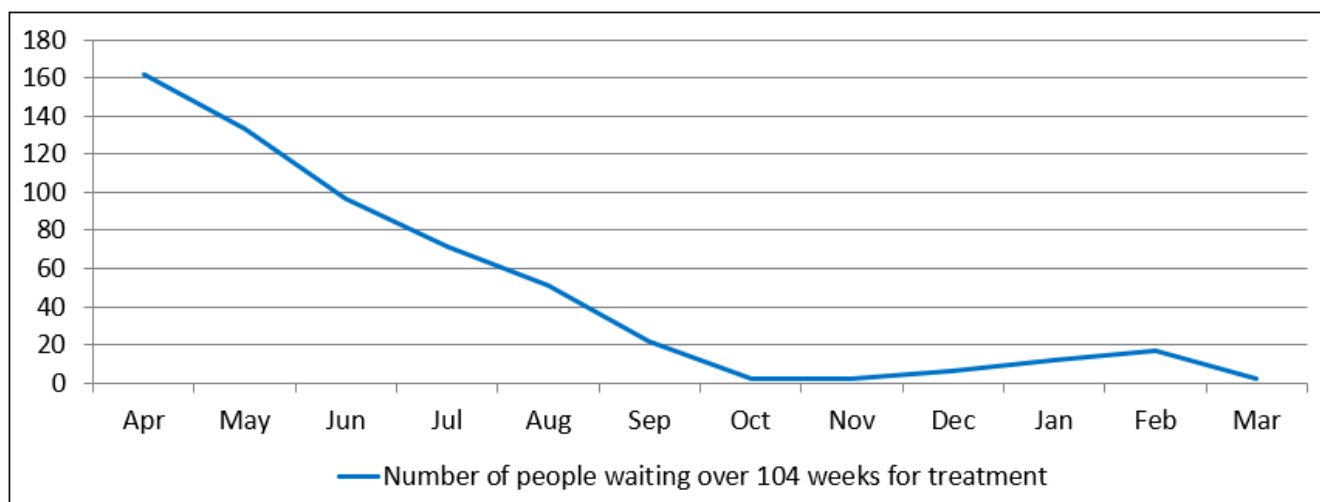
People waiting over 78-weeks for treatment

There has been a significant reduction in the number of people waiting over 78 weeks for treatment. Numbers waiting reduced from 1,288 to 312 over the 12 months to March 2024. The original system forecast for the end of 2023/24 was to reduce the numbers of patients waiting 78 weeks to 0, however the forecast worsened to 673 due to a range of factors including industrial action.



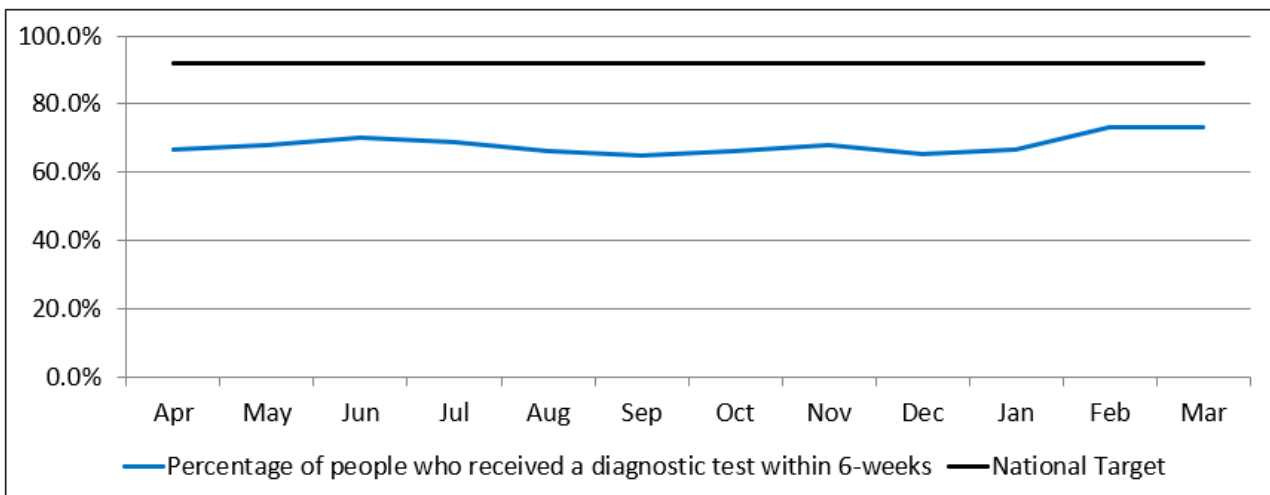
People waiting over 104-weeks for treatment

There has been a significant reduction in the number of people waiting more than two years (104 weeks). Numbers reduced from 1,327 in April 2023 to 2 patients in March 2024. The ongoing impact of industrial action, pressures in unscheduled care and patients choosing to delay treatment is leading to small numbers of patients missing this standard each month.



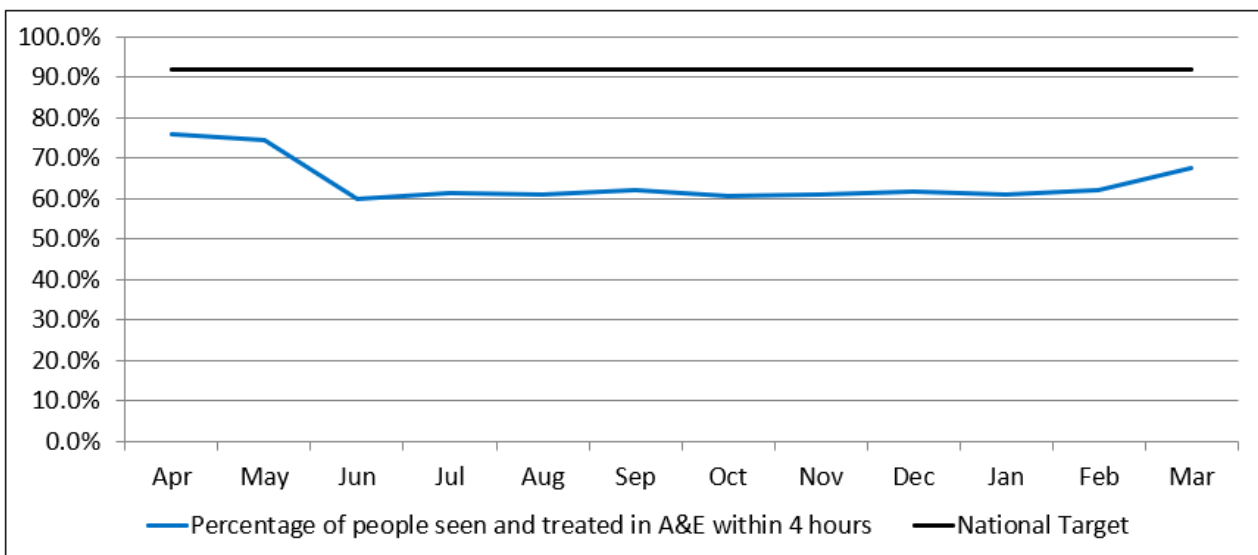
Six-week diagnostic waits

68% of people requiring a diagnostic test (covered by the DM01 category of key tests) were seen within six weeks, which is below the national average of 74.2% and target of 99%. The system position improved from 62.7% in 2022/23 to 73% in March 2024.



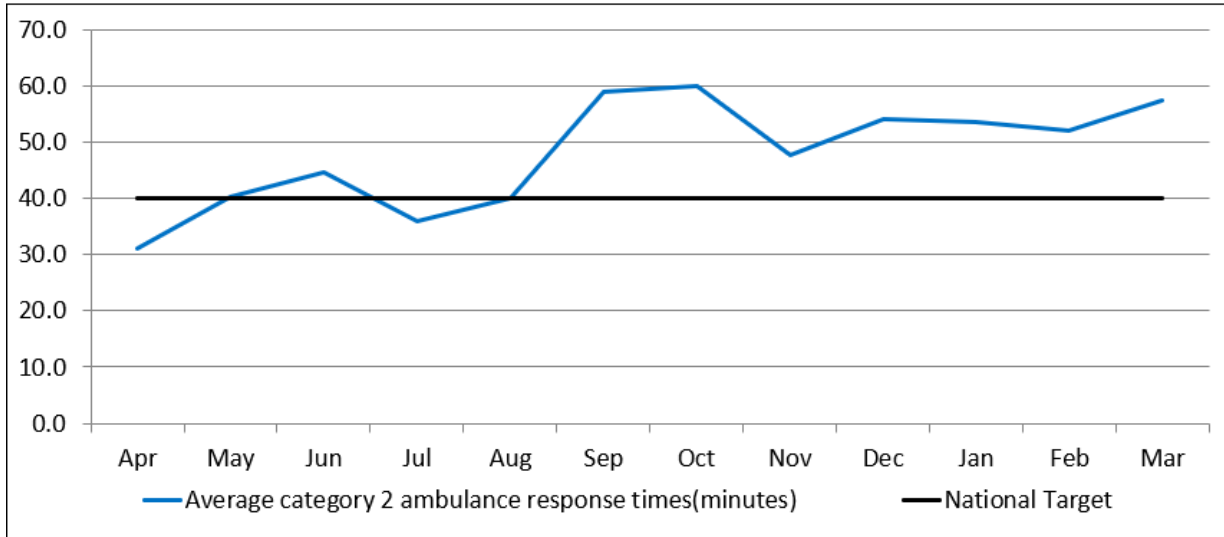
A&E 4-hour waits

A&E performance was below the 95% target during 2023/24. All providers were below target, reflecting the deteriorating national position. The Devon system position remained between 61% and 67% throughout the year which was below the required recovery trajectory and the interim national standard of 76%.



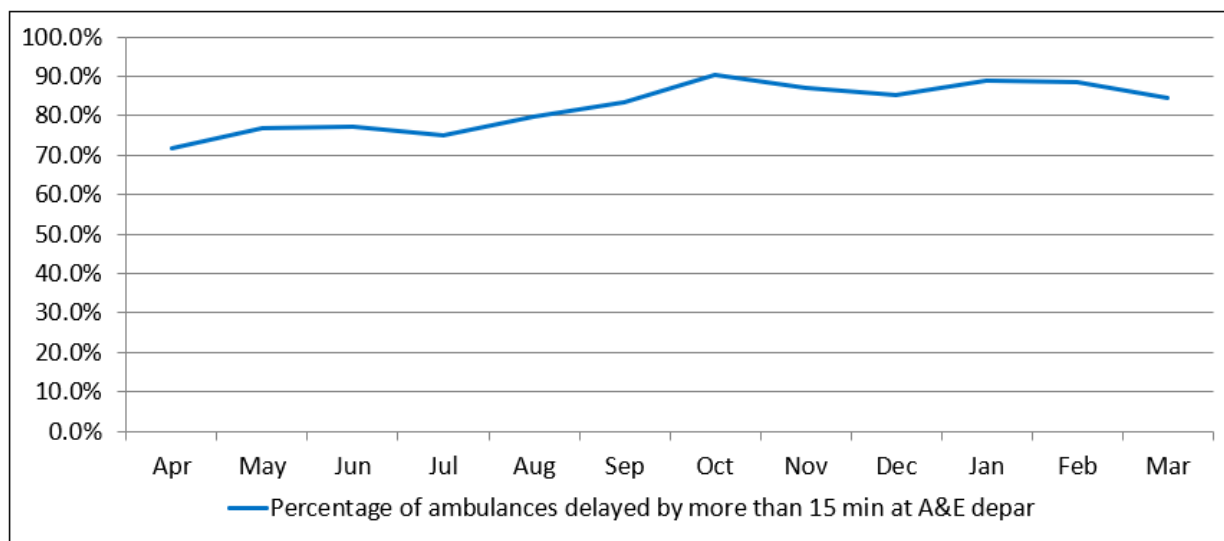
Ambulance response times (category 2)

Devon has not achieved the 18-minute Category 2 ambulance response time target. A regional target of 30 minutes set for 2023/24 was not met in Devon, where performance mainly remained between 40 and 60 minutes. This standard varies each day and poor performance is mainly driven by issues in the south and west of the county.



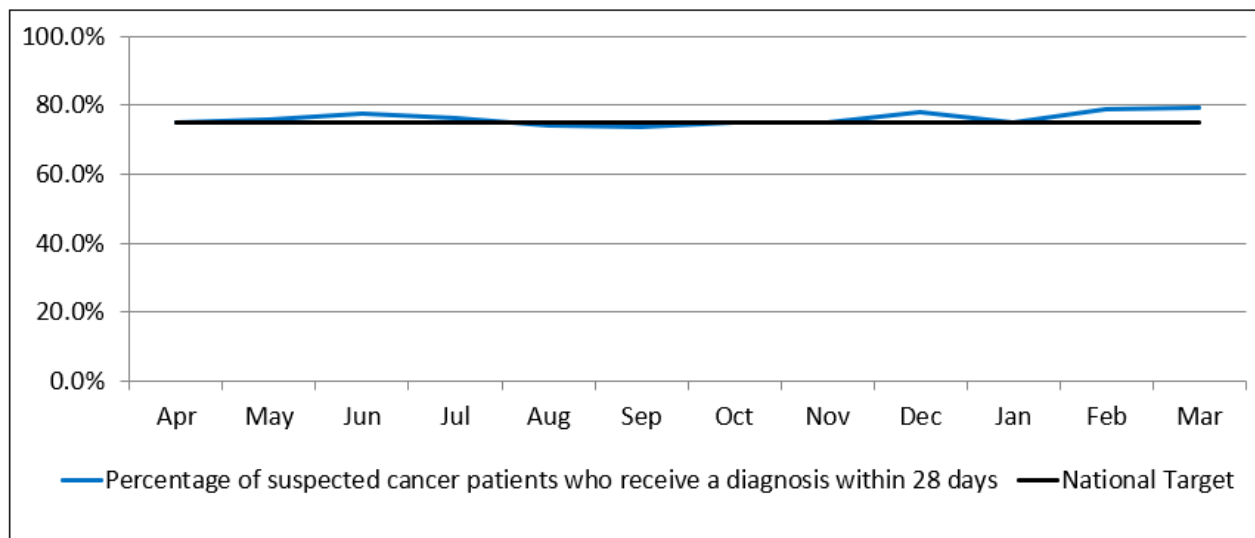
Ambulance handover delays

Devon has not met the target for all handovers between ambulance and A&E to take place within 15-minutes with none waiting more than 30-minutes. The required trajectory for total ambulance hours lost on a monthly basis has not been met with challenges seen at the Royal Devon and Exeter and Torbay hospitals exacerbated by ongoing issues with ambulance handover delays at University Hospitals Plymouth NHS Trust.



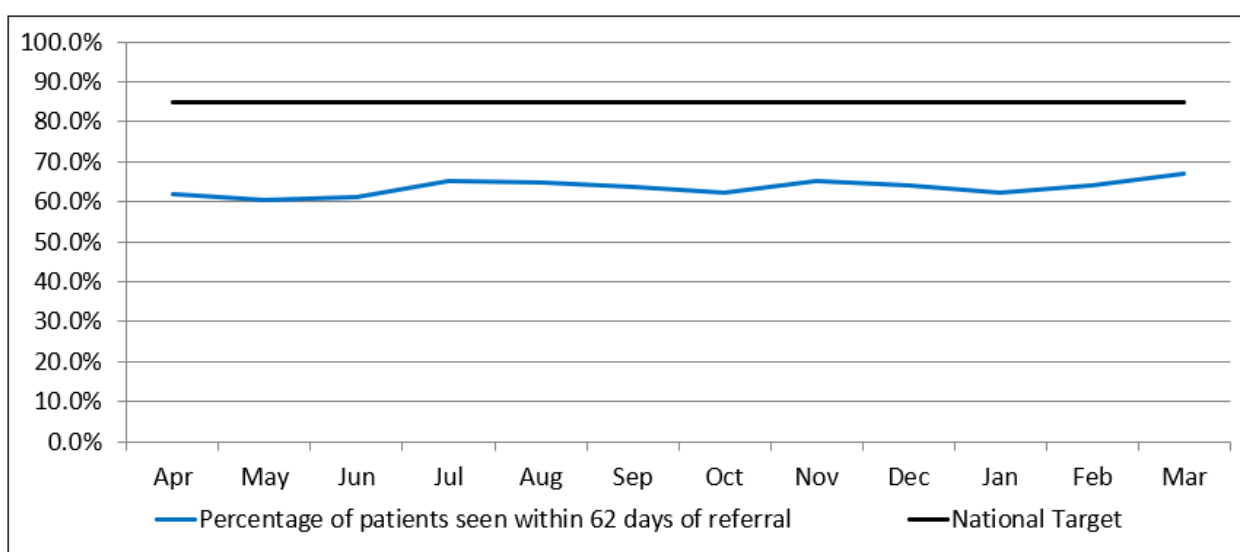
Cancer 28-day waits

Devon achieved the 75% target of diagnosing patients with suspected cancer within 28-days throughout the majority of 2023/24 and remains above the national average of 72.9% with a percentage of 76.1%. Achievement of this performance standard has supported an exit from the national Tier 1 oversight for cancer.



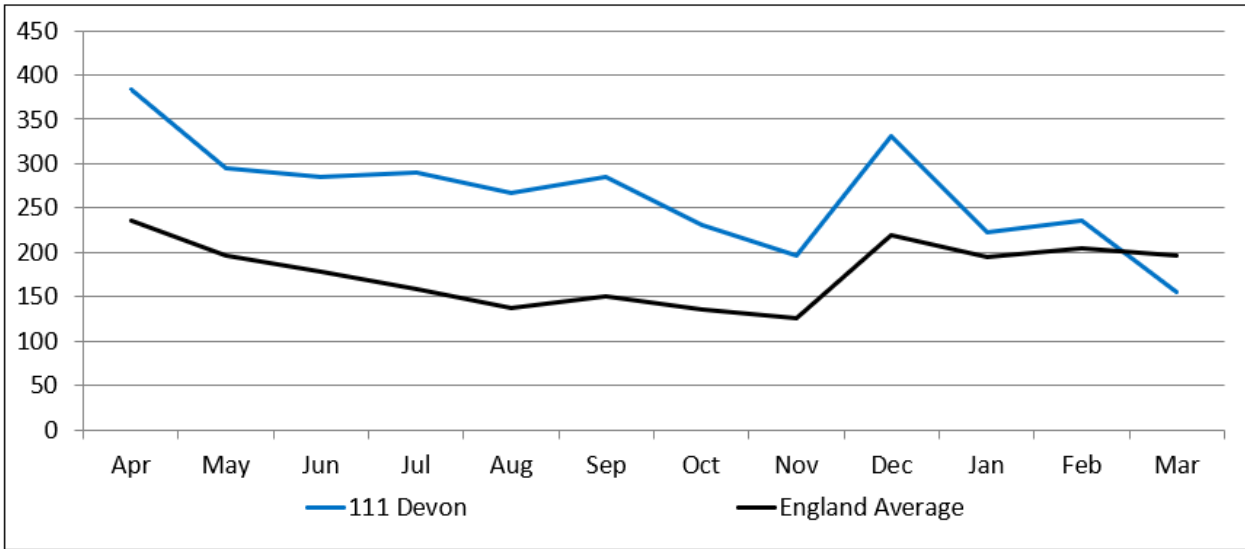
Cancer 62-days waits – combined

Devon has not met the 85% target of seeing patients with urgent suspected cancer, breast symptomatic, urgent screening referrals, or consultant upgrade to a first definitive treatment within 62-days. As at March 2024, the system's average position of 64% closely mirrors the national average of 64.6%. This standard has not been nationally monitored this year with focus being placed on clearing the lists of patients waiting more than 62-days, with or without a diagnosis of cancer. The clearance trajectory standard has been met.



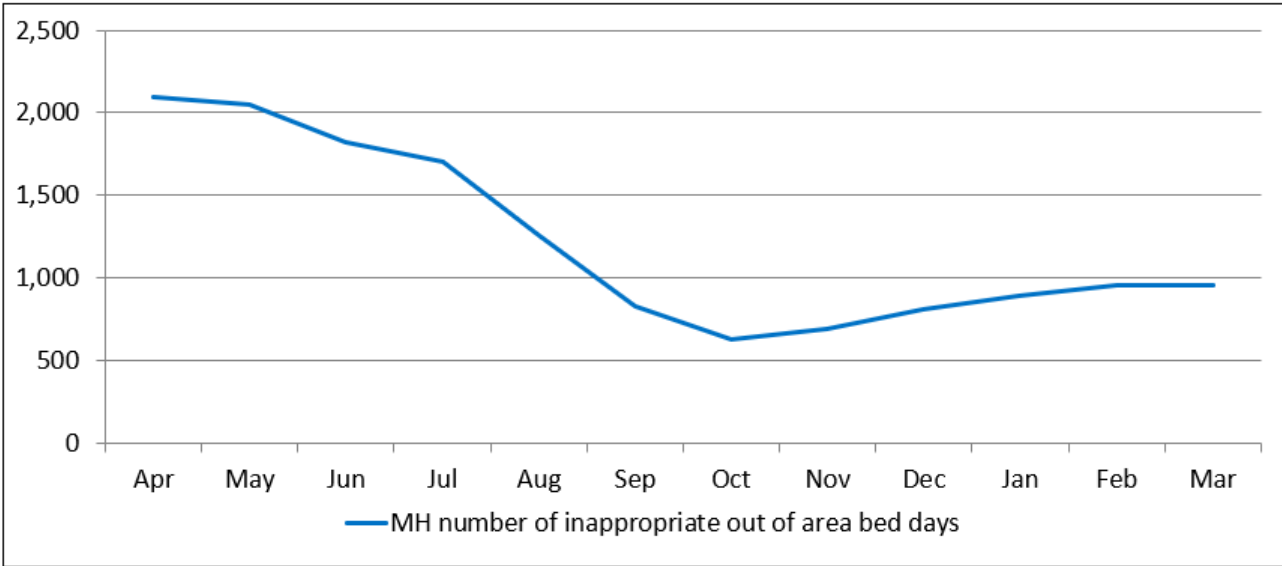
NHS 111 (out-of-hours service) response times

The system average time to answer calls reduced from 383 seconds in April, to 155 in March 2024. As of February 2024, the England year-to-date average was 176 seconds compared with Devon's average of 264 seconds.



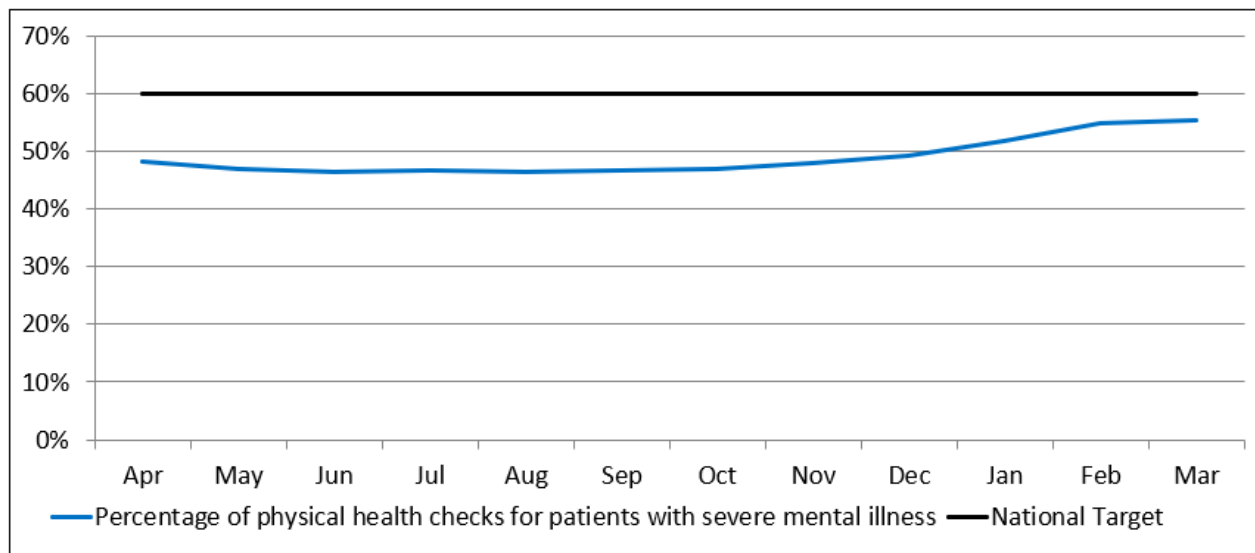
Mental health out-of-area bed days

The Devon system has seen a significantly improved position on the number of inappropriate out-of-area placement bed days which have reduced from 2,095 in April 2023 to 957 in March 2024. Length of stay within mental health acute wards remains a focus for improvement to ensure reliance on out-of-area placements continues to reduce.



Physical health checks for patients with severe mental illness

The latest national performance is 43.8% against a target of 60%, with Devon achieving 46.6% on an improving trajectory.



Financial review

This financial review covers the year ended 31 March 2024, with the comparators covering the 9-month period 1 July 2022 to 31 March 2023 (as NHS Devon Integrated Care Board (ICB) was formed 1 July 2022).

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 £36.4m for the year ending 31 March 2024.

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

Financial Summary	Year ended 31 March 2024	Period ended 31 March 2023
	£ million	£ million
Revenue resource limit	2,981.67	1,996.99
Total net operating cost for the financial period	2,945.25	1,996.85
(Overspend) / Underspend	36.42	0.14

NHS Devon has purchased and leased capital items totalling £3.8m, meeting its capital resource limit.

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

- Running costs contained within the agreed allocation: for the ICB this was achieved with reported expenditure of £23.18m.
- Managing cash resources received from NHS England against a mandated threshold, the annual cash drawdown requirement.
- Compliance with the Better Payment Practice Code

How the ICB funds were spent in the year ended 31 March 2024

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:

Service Type	31-Mar-24		31-Mar-23	
	£'m	%	£'m	%
Acute	1,479.21	50.2%	1,009.63	50.6%
Primary Care	620.31	21.1%	359.30	18.0%
Continuing Care	161.29	5.5%	114.09	5.7%
Community Health Services	339.49	11.5%	256.98	12.9%
Mental Health	308.11	10.5%	210.71	10.6%
Other	13.66	0.5%	26.44	1.3%
Corporate	23.18	0.8%	19.69	1.0%
Total	2,945.25	100%	1,996.85	100%

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 £247,200 (£206,000 excluding VAT) for year ended 31 March 2024, £240,000 (£200,000 excluding VAT) for the period ended 31st March 2023.

Included in the accounts is £18,000 (£15,000 excluding VAT) for an independent review of the 2023-24 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 2024. 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 2023/24 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 2023/24 there have been three compensation payments totalling £9,414.08.

2024/25 financial outlook

NHS Devon and NHS primary and secondary care providers work together, in collaboration with the other One Devon system partners, to plan and ensure that spend does not exceed the resources available. The 2024/25 plans are based on our ambition to improve service performance and productivity, making progress towards delivering the key ambitions in the NHS Long Term Plan.

NHS Devon received recurrent base growth funding in 2024/25 of 2.06% which equates to £45.5m. For the running costs of NHS Devon there is a reduction in base funding from £23.2m in 2023/24 to £19.0m in 2024/25 requiring considerable savings.

Despite the additional funding received the efficiency requirement is going to make 2024/25 very challenging. Our ambition is to further significantly reduce waiting times for services, maximising recovery opportunities, driving system efficiency and reinvesting in less expensive, innovative and more effective integrated care models.

NHS Devon has responsibility for delivering a balanced financial position across Devon. Whilst the ICB has submitted a surplus plan of £28.4m for 2024/25, the overall Devon system has submitted a deficit plan of £80.0m. This financial position has resulted in the categorisation of the ICB and the three Devon acute provider organisations to the highest level (Level 4) of national escalation for both finance and performance in the NHS Oversight Framework level 4 (NOF4).

Organisations which fall within NOF4 receive mandated intensive support that is agreed with NHS England and delivered through the nationally co-ordinated Recovery Support Programme. It consists of a set of interventions designed to remedy the problems within a reasonable timeframe.

The Devon system remains focused on financial recovery and will continue to develop and implement plans that will improve both financial and service performance across the acute provider organisations.

Managing our financial risks

The ICB has faced and continues to face financial challenges and financial risk to delivery of its financial plan both in year and going forward. The key areas of risk across the Devon are as follows:

- Inflation increases above funded levels
- Fragile services due to workforce shortages in specific specialties
- Growing demand on services making reducing waiting lists challenging
- UEC pressures and ambulance handover delays
- Price and volume increases for drugs and prescribing
- Cost and volume of CHC placements and care market availability
- Backlogs in assessments particularly in Childrens and Young Persons.

The 2024/25 NHS Devon plan carries a level of risk, some of which has been mitigated within partner organisations, requiring close collaborative working across Devon.

The plan is dependent on the on-going evaluation and mitigation of a number of broad financial risks through 2024/25:

- The arrangements to maintain our core services and productivity, presents a challenge to the NHS in Devon both from an operational and financial management perspective. We must ensure Devon receives adequate resources to cover the additional resource commitments for the NHS made by the Government, for example the Elective Recovery Fund.
- Funding provider contracts and commitments into 2024/25 and managing in-year financial risk. This will be particularly challenging given the level of system savings required.
- Managing within the new ICB running costs allowance. This will result in a risk of staffing pressures due to workforce requirements of the NHS Devon and system working.

NHS Devon must also play an active role in the mitigation of risk to the overall system position, supporting providers in the delivery of their challenging cost reduction plans.

NHS Devon will achieve its objectives only through effective collaboration with its partners. We continue to work closely with local authorities, primary care services and local hospitals to improve the outcomes and experience of patients. We seek the involvement of service-users and members of the public to enhance our understanding of the health needs and experience of our local population.

It is not possible for NHS Devon to fully mitigate all the risks it faces. Risk is managed within the organisation using a risk register. Risks are scored against the likelihood of occurrence, the potential impact, and the strength of the risk controls in place.

Responsibility for managing each risk is assigned to an appropriate individual. The risk register is reviewed periodically by the Audit and Risk Committee, the Executive Committee and the Board to ensure that appropriate controls are in place.

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 (ICB) 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 2023-24 NHS Devon had a 9.42% MHIS uplift target to achieve.

The table below shows that the 2023-24 annual spend on Mental Health services totalled £293.9m equating to a MHIS uplift of 9.42% (£25.3m) which is in line with the MHIS target.

Financial Years	2022/23 (Unaudited)	2023/24 (Unaudited)
Mental Health Spend	£268.6m	£293.9m
ICB Programme Allocation	£2,305.0m	£2,547.4m
Mental Health Spend as a proportion of ICB Programme Allocation	11.7%	11.5%

The total spend on Mental Health services in 2023-24 equated to an 11.5% proportion of the overall NHS Devon programme allocation. In comparison to the prior year this has decreased slightly by 0.2%

The overall NHS Devon programme allocation has increased by 10.5%

The majority of Mental Health Investments in 2023/24 were placed in core Mental Health provider contracts for adults and CYP services aligning with the priorities of the NHS Long Term Plan. In addition, expenditure increased with voluntary sector organisations, Individual Patient Placements and Continuing Healthcare

In 2023/24, the commissioning landscape has continued to develop for Mental Health both locally and with our regional NHSE and ICS partners.

Locally, the Mental Health, Learning Disability & Neurodiversity Provider Collaborative continues to be developed, hosted by Devon Partnership Trust on behalf of the Devon System. This follows the national direction of travel and seeks to bring system-wide, strategic commissioning expertise and clinical and service user expertise into a more effective overall arrangement. This is modelled on successful provider collaboratives for Mental Health but with a wider scope of provision and complexity.

Regionally, NHS Devon is a participant in the South West Mental Health Programme Board led by NHS England South West. In 2023/24, this programme board arrangement has made a shift to more fully incorporate collective regional working and best practices to support progress in common challenges in mental health commissioning and provision and a consolidated strategic outlook.

In the context of the Urgent Care system, mental health services remain an area of focus in Devon, as well as regionally and nationally. High occupancy of mental health beds, in a low-bedded mental health system, is a feature of current provision. However, Devon has continued to make exemplar progress towards an elimination of inappropriate out-of-area hospital admissions. This progress remains fragile amidst system pressures and a need for beds and is a continued area of focus.

The Mental Health system in Devon attracted a small proportion of new funding to support winter pressures and demand and capacity issues in the system as a whole. These have been directed to support discharge of patients, to support Recovery Practitioner capacity in the VCSE sector and in work with patients who have a high intensity of interaction with the urgent care system.

A core responsibility and accountability of NHS Devon in 2023/24 has been in making progress against the core priorities of the MH Long Term Plan and the 2023/24 Operating Plan priorities in the NHS.

NHS Talking Therapies are achieving 101% of the planned access level and recovery and wait times continue to consistently meet national standards. We remain focussed on talking therapies, the demand for which historically been lower than national predictions. Our focus includes commissioning an exploratory provision for higher complexity patients who have been too complex for existing Talking Therapy provision but not meeting the threshold for Community Mental Health Teams. To undertake this, we took the decision to reduce some counselling provision which, upon review, duplicated other service offerings and to refocus that investment.

Children & Young People's Mental Health is a key priority, recognising an increased volume and complexity through and following the period of COVID-19; and the formative period for mental health that childhood represents. The dynamics of that demand continue to become clearer and this shapes concerted commissioner and provider responses. Progress is celebrated, including the continuing the expansion of Mental Health Support Teams in schools and increased access to digital support offers, strategic and sustainable solutions and further improved access over the long term is fundamental and approached alongside regional NHS colleagues and with Local Authority partners recognising the integrated needs of children.

2023/24 has allowed for the consolidation of service requirements for Early Intervention Psychosis services across Devon to enable more consistent provision to be designed and commissioned subsequently. Together, we are developing a system approach to meet the needs of people who are in an "At Risk Mental State".

Our particular overall challenges locally are reflected regionally and nationally, including Dementia Diagnosis Rates and Physical Health Checks for people with Severe Mental Illness.

Diagnosis of dementia stalled across the country during COVID-19 and recovery has been slow. Post diagnostic support for people with dementia and their families is a core component, though we recognise that the approaches and capacity for these services is variable across Devon and with an over reliance on a stretched VCSE sector. Included in this challenge is the priority some local authority partners have been able to give to these services within their own financially challenging context. Towards the end of this year, NHS Devon hosted a summit to learn from the best examples of regional recovery of

dementia service provision alongside emerging research findings on the most effective and cost-effective models of provision. This allows for a long term plan for dementia services to be developed as 2023/24 closes, taking account of the whole dementia pathway, including complex provision and significantly beyond the focus of the dementia diagnosis rate target.

Finally, Devon has previously undertaken an accelerated implementation of the Community Mental Health Framework; targeting an 18 months period for initial mobilisation. This endeavour targets the needs of those with severe mental illness and has developed a sophisticated integration with and commitment to the professional VCSE sector through contracting with the Devon Mental Health Alliance. An interim Post Implementation Review reports a 27.5% increase in access to secondary mental health planned interventions, with approximately 210 people per month discussed in multiagency teams to ensure the identification of the right services to meet their needs. Amongst those needing intervention, the top three routes to care have been VCSE sector (24%), secondary mental health services (23%) and guidance/shared working between services (16%). This has been matched by a 78% reduction of people waiting for a first intervention in core adult mental health teams in the Devon Partnership footprint over two years. 247 people with complex psychosis now receive a new service of intensive community rehabilitation. The Devon Mental Health Alliance (DMHA) have supported over 900 people in group or 1:1 settings via their Recovery Practitioner workforce, with measurable improvements recorded. Around 250 group sessions have commenced and over 30 grass roots organisations have been onward funded via the DMHA administered Innovation Fund across the county. A further and fuller Post Implementation Review is due towards the end of 2024/25, with interim learning throughout the year.

Safeguarding

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 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 and the counter terrorism strategy including Prevent 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 2022. 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

thus ensuring that safeguarding and promoting the welfare of children and young people becomes core business and everyone's responsibility.

NHS Devon has a quarterly Safeguarding and Protection of Vulnerable People Steering Group, which oversees the work of the Safeguarding team regarding safeguarding controls and issues or concerns arising. Reporting to the Quality and Patient Experience Committee ensures responsibilities and statutory duties are met. The NHS Devon Board routinely receives the Quality and Patient Experience Committee Chair's report which summarises quality and safety matters, including safeguarding activity and related risks. The Steering Group is chaired by the deputy chief nursing officer.

System safeguarding issues and concerns are raised at the One Devon System Quality and Performance Group. This enables ICS 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.

Safeguarding remains a priority during times of pressure and change within the system

Children and young people

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 have taken on lead roles around Prevent and Exploitation. The Designated Doctor for Child Protection post is currently vacant, and work is underway with local paediatricians to progress recruitment to the post. There is additional safeguarding nurse capacity to support NHS Devon in its role as a delegated commissioner for primary care medical services, pharmacy, optometry, and dentistry. The designated nurses for safeguarding children met with the NHSE Child Protection Information Sharing Implementation Lead to explore the possibility of being an early adopter within primary care. This will be developed further when capacity allows. Female Genital Mutilation (FGM) training is embedded in all NHS providers of healthcare safeguarding children training and staff remain vigilant to identify and report incidences of FGM.

The designated nurses attend the Safeguarding and Protection of Vulnerable People Steering Group and maintain a collaborative approach with commissioners in the ICB through attendance at appropriate forums such as Women and Children, and Mental Health Commissioning meetings. They ensure that safeguarding and the voice of children who experience abuse and neglect are prominent in those workstreams. They ensure oversight and communication of provider issues through attendance at the Quality Assurance Meeting.

NHS Devon, as one of the three statutory safeguarding partners, works together 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 identified as the Lead Safeguarding Partner, and the Chief Nursing Officer the Delegated Safeguarding Partner under the newly updated statutory guidance Working Together to Safeguard Children 2023.

Each Safeguarding Children Partnership Executive Meeting is attended by either the chief nursing officer or deputy chief nursing officer. Designated nurses for safeguarding children further support the local arrangements through attendance at Board meetings, and attendance at, and chairing of relevant subgroups. They play a key role in the oversight of action plans and learning arising from Rapid Reviews and Child Safeguarding Practice Reviews, and the dissemination of that learning across the health system.

There is regular designated nurse contribution to the Child Death Overview Panel (CDOP) meetings, and a process has been embedded that supports improved information sharing between CDOP and the safeguarding children's partnerships.

Provision of safeguarding supervision and attendance at provider organisations' internal safeguarding committee meetings support robust monitoring of action plans and recommendations for health partners across the system, in addition to the quality assurance of safeguarding processes through contractual arrangements. Any concerns are escalated by exception to the NHS Devon Quality and Patient Experience Committee.

Further details of the partnership governance structures can be found within the local safeguarding arrangements published on the corresponding partnership websites as below:

[Torbay Safeguarding Children Partnership](#)

[Plymouth Safeguarding Children Partnership](#)

[The Devon Safeguarding Children Partnership \(Devon SCP\)](#)

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:

<http://torbaysafeguarding.org.uk/publications/tscp-annual-reports/>

<https://www.devonscp.org.uk/about/annual-safeguarding-report/>

<https://plymouthscb.co.uk/annual-report/>

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 Partnership websites.

NHS Devon and NHS Cornwall have worked together to commission ICON. ICON 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.

NHS Devon launched its commissioned Primary Care Interpersonal Trauma Response Service 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.

NHS Devon has supported a project in an acute trust to develop trauma informed and shame sensitive practice. The project aims to prevent trauma and shame occurring through the way that care is provided and events, such as loss, are managed, to improve the response to people who have experienced trauma by helping them to feel safe and in control, enabling them to access healthcare appropriately and connecting them to ongoing specialist support where appropriate, and to respond to staff by offering trauma informed welfare and HR approaches, reducing, recognising and responding to trauma experienced by staff both within and without of work.

Significant work has been undertaken by the designated professionals to support the health and safeguarding arrangements for asylum seekers and refugees across the NHS Devon geographical patch. Working with commissioners and the local authority, there is clear oversight of safeguarding concerns.

Children in care and care leavers

The NHS Devon CIC team supports NHS Devon's statutory functions by providing expertise and strategic leadership across the integrated care system. The Designated Nurses attend the quarterly Safeguarding and Protection of Vulnerable People Steering Group, Quality Assurance meetings within the Nursing and Quality Directorate, Women's and Childrens and Mental Health Commissioning meetings.

The CIC team ensures NHS Devon provides regional and national leadership and meets its statutory requirements throughout England via attendance at various NHSE meetings, NNDHP meetings and one of the Designated Nurses sits on the Coram BAAF Health Advisory Committee.

The Designated professionals work collaboratively with all three LAs within Devon and report to their respective Corporate Parenting Boards and to the Health Improvement Boards. The team provide expertise to strategic planning processes including the Children's Transformation plan, Core 20 Plus 5, the Joint Forward Plan and the SEND agenda to address inequalities and ensure that commissioned services incorporate the voice of our care-experienced population.

The CIC team work in collaboration with a wide health community including providers, acute services and primary care and have a local joint action plan in response to the NG205 NICE Guidelines for CIC and Care Leavers. The Designated Nurses provide supervision for the Named Nurses and other professionals and receive peer supervision via the Southwest Designated Nurse network.

NHS Devon has a statutory responsibility for all CIC under the care of the three LAs, whether they live within the NHS Devon footprint or outside of the area. ICBs have a statutory responsibility to notify receiving ICBs of children moving into their area. NHS Devon was a pilot site for data collection and mapping of CIC across England. This is now established practice across the country and will ensure robust monitoring and mapping of all CIC to ensure commissioning of services.

There is work in progress to ensure robust monitoring and analysis of data and health outcomes for our CIC including their statutory health assessments and national outcome measures.

NHS Devon has commissioned a Care Leaver Pilot post hosted by Children and Family Health Devon (CFHD). The learning from this pilot mirrors evidence found in national research and will be used for future procurement and commissioning of services.

The NHS Devon CIC team fulfil statutory duties to specific cared for populations including Asylum Seeking Young people, often referred to as UASC. The Designated professionals attend Corporate Parenting subgroups and NHSE meetings and have supported the commissioning of a youth worker and specialist sexual health training for the professionals working with these young people to ensure they are informed of cultural differences and needs. There is also joint work to address mental health working with the Mental Health Commissioning team, providers, local authorities and the mental health collaborative.

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, including 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 attend Channel Panels and Prevent Partnerships across Devon.

Environmental matters

The One Devon Integrated Care System 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.

In addition, One Devon has developed a [Green Plan](#) which outlines the initiatives, projects and activities they 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.

Our key system highlights for the year include building on the work started during 2022/23:

- The installation of 16,000 LED lights leading to substantial carbon savings and a 30% energy reduction in air ventilation systems.
- The introduction of electric vehicle charging points at our hospital sites
- The installation of new-technology PV points at the Royal Devon University Healthcare NHS Foundation Trust as part of the opportunities for renewable energy and storage deployment on land owned or managed by Devon Climate Emergency partners, which will remove approximately 119,572kg of CO₂e from our environment each year.

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.

Through our Green Plan, we are taking key actions to reach net zero carbon emissions by 2040, for the emissions the NHS controls directly and 2045 for those it can influence.

Workforce and system leadership

- Supporting staff to become carbon champions
- Encouraging staff to be green innovators

- Embedding sustainability in induction, training and development plans and reward sustainability research
- Setting up a monthly sustainability working group

Sustainable models of care

- Considering carbon reduction principles when delivering care across the system
- Reviewing existing estates across the system that could be improved to enhance biodiversity and wellbeing, establishing greenspace clubs and reviewing maintenance procedures

Digital transformation

- Expanding use of telemedicine, embedding a mix of face to face and distance clinical encounters
- Actively promoting digital options for patients
- Reviewing and recommending options for self-monitoring apps and peer support networks

Travel and transport

- Actively supporting and promoting travel that does not use petrol- and diesel-powered vehicles
- Promoting a good balance of home and office working
- Working with local network operators and local authorities to plan for increased capacity for electric vehicle charge points where necessary

Estates and facilities

- Purchasing energy supply from renewable energy sources
- Reducing gas, electric and water use to cut carbon emissions
- Ensuring that sustainability and the green agenda is incorporated in the One Devon Infrastructure Strategy
- RDUH and Devon Partnerships are engaging with the Exeter district heating network to provide low carbon heating solutions at scale
- Devon trusts have applied for over £1m worth of funding through Low Carbon Skills Fund Phase 5 for development of heat decarbonisation plans in line with the requirements set out in the [NHS Estates Net Zero Carbon Delivery Plan](#)

Medicines

- Optimising the use of carbon-friendly medical gases where possible
- Reducing carbon emissions from nitrous oxide manifolds by 98tCO₂e in 2023/24
- Prioritising the prescribing of lower carbon inhalers
- Reducing the use of single-use plastics.
- Decommissioning Desflurane across the system in line with the latest [NHS guidance](#).

Supply chain and procurement

- Applying the Social Value Act in all procurement processes
- Having an ambition for all construction and capital spend to be net zero carbon, with all tenders including a minimum of a 10% weighting value.

Food and nutrition

- Offering healthier, lower carbon options for staff, patients and visitors
- Where applicable to system operations, identifying sources of healthier, seasonal and locally sourced food including certified produce, recognised standards and organic marking and disseminate information to trusts.

Climate adaptation

- Working with system partners, including local authorities, to align with their climate emergency plans and develop and deliver mitigation actions.
- Ensuring people are prepared for future extreme weather conditions.

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 drives improved effectiveness and safety of services and the quality of experience for patients.

NHS Devon is fully aligned to the principles and directions of the National Quality Board in its commitment to quality. 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

NHS Devon is committed to offering patients up to five suitable alternative providers to patients on an elective care pathway. Clinical safety, practicability and complexity may vary this option; however, patients will be offered a choice where there are suitable alternative providers through the Devon Referral Support Service (DRSS). Additional options for patient choice are offered through the validation programme, which seeks to ensure all patients waiting over 12 weeks will be validated, and through the uptake of the NHS Patient Initiated Digital Mutual Aid Service (PIDMAS) which provides patients access to other potential providers on a national footprint. In addition to this, patients are also able to access the NHS Right to Request process where they are likely to wait over 18 weeks for their treatment.

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. NHS England supports management of complex, significant and/or recurrent risks which cannot be managed at system level.

NHS Devon's Quality and Patient Experience Committee

The Committee was established 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 Committee scrutinises the robustness of and 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.

The Committee continues to support a single framework of governance that enables NHS Devon and its Local Care Partnerships to collaboratively 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's Quality Group (SQG)

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.

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 to meet the following aims:

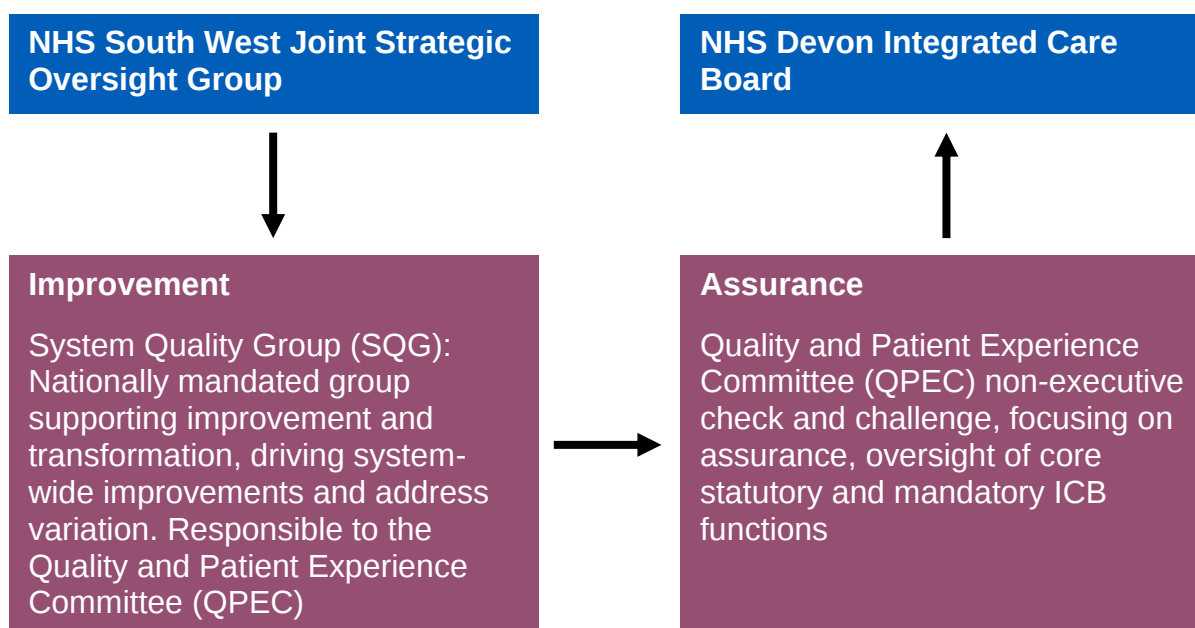
- To seek positive assurance that statutory duties are being met, concerns and risk are addressed, and improvement plans are having the desired effect
- To seek confidence in the ongoing improvement of care quality, drawing on timely diagnosis, insight and learning. This includes confident that inequalities and unwarranted variation are being met
- Ensure timely insight and intelligence sharing over opportunities for learning and improvement
- Identify issues that need to be addressed and escalated

Examples of work that has come through SQG include; System assurance around Martha's Law, developing the improved Quality Monitoring Process and ensuring a consistent process around quality and equality impact assessments across Devon.

NHS Devon quality governance structure

A defined governance and escalation process for quality ensures that risks are identified, mitigated and escalated effectively through the One Devon Integrated Care System Quality Group (SQG), as described below.

The SQG continues to form a key part of the governance structure for system partners to address quality and safety risks, share learning and drive improvement.



Quality metrics to inform governance processes

Quality metrics are essential to inform quality processes, and Devon has further improved its use of quality data across workstreams. In addition, in early 2023, NHS Devon became one of four pilot sites for the testing of the National Quality Board Early Warning Score (QEWS).

The framework builds on a tried-and-tested Healthcare Improvement Scotland framework, updated to align with the National Quality Board guidance and structured to align with CQC's well-led quality statements. It summarises the key drivers and signs that should be considered to help identify early warning signs. The metrics include additional information on workforce, experience (patients and staff) and leadership. Once the pilot is assessed, a final set of metrics will be agreed.

This work will enable Devon to feedback on the final iteration, at the same time as further improving its quality governance processes; QEWS can potentially alert system leaders, NHSE and wider partners (e.g. regulators) when there are early warning signs, signals and insights relating to deteriorating care quality.

Quality Equality Impact Assessments (QEIA)

One of the main ways NHS Devon complies with the Public Sector Equality Duty is by undertaking Quality Equality Impact Assessments (QEIAs). QEIAs 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 from inclusion health and vulnerable groups. They also ensure services are appropriate, equitable and accessible for everyone.

NHS Devon's QEIA 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.

QEIAAs 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 QEIA provides a framework for undertaking and completion of impact assessments. This enables the QEIA to show 'due regard' to the Public Sector Equality Duty and ensures that consideration is given prior to any decisions made by the NHS Devon Board or Executive Committee that may impact on equality.

QEIAAs undertaken include those for changes to Minor Injuries Units, Crisis Cafes (Mental Health), Care Home and Carer projects and the Operating Plan. Our processes ensure that any areas which need further consideration to ensure completion of a robust QEIA will be highlighted and developed. This ensures a robust process across the Devon System.

[The Public Sector Equality Duty \(PSED\) | EHRC \(equalityhumanrights.com\)](#)

[Public sector equality duty - GOV.UK \(www.gov.uk\)](#)

Devon's 'Harm Profile'

Patient safety and quality within pathways of care

The One Devon Integrated Care System continues to face significant challenges in urgent, elective, community and primary care services. Multiple factors contribute to an increase in risk, including unprecedented demand for urgent care, leading to increased patient attendance in emergency departments, which can lead to stepping down of some planned procedures. Against a backdrop of national industrial action, there can be an associated impact on patient safety and experience.

Quality remains the golden thread through the system boards and committees, including the Elective Care Improvement Board and the Urgent and Emergency Care Board; quality information, including escalated risks, are highlighted, and actions driven by boards to ensure improvement. Through collation of evidence across the system, including incidents and complaints, the impact on patients continues to be monitored. This information informs the risk profile and actions required to improve patient safety and experience.

Other work includes 'Validation' of waiting lists through communication with patients, Mutual Aid by Devon's main providers, sharing of learning through incidents and the Waiting Well Service, which is a non clinical support to patients who are on waiting lists for elective NHS care.

Devon Mortality Group

There were approximately 14,000 deaths in Devon in 2022. As we also provide health services to people who live outside of the county, Devon has more deaths than births and a slightly higher number of deaths than would naturally be expected from a population of its size.

Analysis of mortality data focuses on the scale of preventable or premature deaths rather than the absolute number. Therefore, the remit of the Devon Mortality Group is to facilitate the coordination of work of key organisations to identify, analyse and explain changes and

variation in population mortality in Devon and to share best practice in improving mortality outcomes.

In addition, the group aims to monitor and develop the effectiveness of mortality review processes across health providers in Devon, by bringing together representatives from provider organisations and from people with this specific area of interest. The Group ensures the sharing of best practice, with the ultimate outcome to reduce avoidable deaths.

The group has developed a System Devon Mortality Report will provide a basis for the group to begin deep dives into mortality, commencing 2024. The report includes both acute and in-hospital data, but also community and primary care information, ensuring a robust, complete picture of mortality. The group has plans to further develop the report in 2024.

The group shares learning, from regular partner updates, incidents and Learning from Death Reports. This information is also shared more widely within the group's update to the Regional Mortality Group.

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 their 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 figures from 1 April 2023 – 31 March 2024 show an overall increase in patient experience reporting. The number of formal complaints has doubled (25 compared to 14 last year). The delegation to ICBs of the commissioning of pharmacy, optometry and dentistry services has led to a significant increase in the volume of contacts with the patient experience team. A regional hub for formal complaints of pharmacy, optometry and dentistry is in place to assist.

Patient experience reports have included these three new services and cover issues with access. There has been an increasing volume of patient experience contact in relation to GP services, including issues relating to access to services and quality of care.

With an increasing contact volume, the timeliness of responses has fallen in the more complex, formal cases. 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. Continuing Healthcare remains a significant theme within patient experience. Learning from these complaints has begun to improve processes in these services.

There has been development towards a patient experience network for professionals across the One Devon Integrated Care System. It is hoped this learning from patient experience issues can develop across providers.

This year has seen the closure of our PITCH processes that enabled providers (mainly primary care) to report issues to NHS Devon. This has been 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.

Safety

Incidents and the Patient Safety Incident Response Framework

NHS Devon has been working closely with its providers, as part of each of their stakeholders' groups, in the development and implementation of the Patient Safety Incident Response Framework (PSIRF). Each provider has presented its new plans and policies for the management of adverse patient safety events. These have been reviewed by the NHS Devon PSIRF steering group which has provided feedback and expertise when agreeing onwards strategies.

While the new style of investigations and reporting develops, NHS Devon will continue to have oversight and approval of all serious incident investigations from providers. Incidents reported prior to organisations go-live on PSIRF will be investigated through the serious incident process.

NHS Devon is developing its own Patient Safety Incident Response Plan (PSIRP) to detail how it will support multi-agency events, share learning between providers, compassionately engage with those involved in incidents and provide proportionate learning response to incidents.

The plan for patient safety partners working in NHS Devon has developed down the path of volunteers. Their voice, placing the patient's voice in the strategic system workplace, is developing.

The new national reporting database for the recording of all levels of incidents, known as the Learning from Patient Safety Events has been adopted by all our providers. It is replacing the National Reporting and Learning System and the Strategic Executive Information System. The development of this system to enable theme analysis and reporting within the ICBs is undertaken by the national team.

The patient safety specialist and safety systems team continue to have oversight on national patient safety alerts, ensuring that all relevant alerts are actioned timely by providers and closed within the required time allocated. 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 has continued to provide an overview of the mandated monitoring of healthcare associated infections (HCAIs) to the relevant committee. There has been an increase in these infections over the last year in our secondary care and community establishments since the end of the COVID-19 pandemic. We review the levels of infection in collaboration with our providers.

Overall, the picture, when matched with previous reporting years, demonstrates a steady downward trend. IPC 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 continues to participate in the provision of antimicrobial stewardship and resistance reduction through participation in an enhanced Peninsula Antimicrobial Management Group, with the system lead acting as co-chair. This involves liaising closely

with the medicine's optimisation lead in connection with the CQUIN requirements in this area.

The IPC team participates at both regional and national level in NHS England collaboratives around HCAI management as well as other projects such as the rehydration project as this should lead to a reduction in urinary tract infections - a common result of poor hydration, especially in elderly people. The system lead remains currently the influenza lead for NHS Devon which provides our compliance with both 14Z34 and 14Z35 of the Health and Care Act 2022 (Health Inequalities).

Continuing Healthcare

Continuing Healthcare (CHC) is a key NHS Devon 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 in table 1. Detail is also included against the overall activity of the team.

Key achievements include:

1. NHS Devon's CHC team meets the national quality targets*
2. CHC assessment to conversion to full CHC funding remains at 15%. This is consistent with performance over the last five years
3. NHS Devon has worked on improving the patient experience. It is noted for the majority of concerns and complaints, that clear communications are an issue. Letter templates to individuals and families have been revised, with clear outcomes and contact details for the CHC teams
4. Team training has been revised, to ensure that assessments are jargon free, and terms and processes clearly explained
5. All CHC policies have been rewritten, so detail is more clearly explained
6. 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
7. In preparation for CQC inspection, the team undertook preparatory assessments to ensure the CHC team could meet the expectations of the inspection process.

Metric	2023/24
Total CHC Eligible	1,665
Standard CHC Eligible (average over the 12m)	837
Fast Tracks (total over 12m)	828
Referral Conversion Standard	15%
*% of referrals completed in an acute hospital setting. (Standard 0%)	0%
*% of referrals concluded within 28 days (Standard is 80%)	82%

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 and technology appraisals and Getting it Right First Time (GIRFT) reports.

Transformation and quality improvement

Despite significant challenge over the last 12 months, local transformation and improvement priorities have continued to reflect Devon's commitment to keep quality at the heart of commissioned services. These include maternity, learning disabilities and autism, screening programmes, continuing healthcare, personal health budgets, infection prevention and control, digital transformation programmes and clinical pathways.

This year has seen a significant shift towards whole system quality improvement. For example, system quality leads undertook safety training together, as we move into the new incident reporting model.

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

- [Data on specialty treatments](#)
- [Data on services](#)
- [Data on health and wellbeing](#)

Care Quality Commission inspection – Integrated Care Boards

From 1 April 2023, both the regulatory scope and regulatory process undertaken by the Care Quality Commission changed, with NHS Devon being subject to regulation compliance and review. NHS Devon has undertaken work ensuring our CQC preparedness. NHS Devon looks forward to the opportunity of working closely with both system partners and the regulator to demonstrate its commitment to improving provision of safe, effective, high-quality care across the Devon footprint.

Involving people and communities

NHS Devon continues its comprehensive approach to involving the people and communities of Devon in its work, not only to be compliant with our legal duties but to also ensure we understand the needs of our population who can directly inform our commissioning work.

In October 2023 NHS Devon received assurance, under section 14Z45 of the National Health Services Act 2006, from NHS England South West (NHSESW) that the ICB is delivering the 10 principles of good engagement (as set out in NHS England Working in partnership with people and communities: statutory guidance, 2022).

NHS Devon also received special recognition from NHSESW of our proactive approach towards engagement of its local authorities, particularly local Overview and Scrutiny Committees (OSCs), in order to promote greater shared understanding about the role of Integrated Care Boards (ICBs), support partnership working between NHS Devon and local authorities, and to meet our duties under the NHS Act 2006.

In 2023 NHS Devon refreshed its Equality, Diversity and Inclusion (EDI) Strategy to bring it into line with the updated NHS England EDI Improvement plan, to meet our duties under the Equality Act 2010, and as a key contribution to the NHS Devon Joint Forward Plan refresh.

The refreshed EDI Strategy is still subject to final approval.

The full EDI strategy and our approach to involving people in it, can be found on the One Devon website: <https://onedevon.org.uk/about-us/equality-diversity-inclusion/>

The following sets out how NHS Devon has involved people and communities in its work over the last year.

Involvement with people and communities

We spoke to people in Devon's four Emergency Departments (ED) to better understand the patient journey through the health system to ED. The findings showed that 98% of people are aware of the NHS services available to them, 68% had accessed their GP practice prior to attending ED, and 86% of people who accessed ED as a first choice, felt it was the right place for them. The full report is available here:

<https://healthwatchdevon.co.uk/report/feedback-report-emergency-departments-in-devon/>

We held focus groups with clinicians and the public to discuss women's health hubs, menopause, support for women in the workplace and what is important to women when seeking support. The findings have been used to develop the women's health service model which forms an integral part of the funding business case sent to the Department of Health and Social Care (DHSC).

NHS partners in Devon held conversations with families about acute paediatric services, including focus groups and surveys to understand people's experiences of paediatric acute services. Key findings included that patient record systems need to be more joined up, patients and families need to feel heard, and there should be more awareness of people with learning disabilities and physical disabilities. Feedback from the voluntary and community sector professionals and other health professionals echoed many of the points raised by patients and families.

The Devon Involvement Network has brought together involvement professionals from across Devon's NHS, VCSE and health and care sectors to support involvement activities with engaging people. The group meets regularly throughout the year.

Equality, Diversity and Inclusion (EDI)

Devon has engaged with many communities to discuss and run activities to increase vaccine confidence and uptake among communities where the uptake was low. Some of the groups included people who are experiencing homelessness, faith and belief groups, Gypsy, Roma and traveler communities, people with a learning disability, neurodiversity or severe mental illness, LGBTQ+ communities, and ethnically diverse communities. In total, more than £34,000 has been granted to 11 different vaccine outreach initiatives across Devon via the Vaccine Outreach Management fund. The insights gathered will be used to inform Devon vaccine outreach approach and future involvement campaigns to address health inequalities.

Devon also introduced vaccine innovation funding to increase the uptake and access to all vaccinations, reduce inequalities, and enable GP practices to do focused work on groups who lower uptake or who are more at risk. £526,224.25 of funding was provided to 107 GP practices to implement projects. Full analysis and reviews will take place in April 2024.

The vaccine outreach team has engaged with communities to address inequalities in uptake and increasing access to flu and covid vaccinations across Devon, including through involvement with relevant networks and VCSE organisations, social media, and public meetings. From April 2023 to 31 December 2023, 558 outreach clinics were

organised, providing 60,184 vaccinations. Winter vaccine campaigns has also helped to increase vaccine uptake for specific cohorts.

A Quality and Equality, Impact Assessments (QEIA) involvement campaign was held to better understand the barriers that people face in accessing health and care services and how services can be more accessible for diverse communities. A series of 20 targeted focus groups were held covering rural deprivation, mental health, children and young people, learning disabilities and neurodiversity, LGBTQ+ communities and Gypsy, Roma and traveler communities. The insights gained will be included in the QEIA document to be considered as part of any service change process.

NHS Devon organised inclusive recruitment training for staff to support them to be more aware of their unconscious bias as the organisation undertakes recruitment processes as part of the organisational change programme.

VCSE organisations representing vulnerable communities in Devon and those more likely to experience health inequalities were engaged to understand people's experiences when accessing urgent emergency health services as part of the Peninsula Acute Sustainability Programme (PASP). The organisations involved included Living Options Devon, The Village Hub, Teignbridge CVS, Dartmouth Caring, Citizens Advice Exeter and Citizens Advice Torbay Rock2Recovery, Devon Communities Together, British Red Cross Assisted Discharge Service, and The Young Ones.

Political involvement: Health and wellbeing boards, Overview and Scrutiny Committees, MPs, and elected members

We have regularly engaged with our three local authority Overview and Scrutiny Committees on topics including Teignmouth Community Hospital, dental, pharmacy, digital, Seaton hospital, winter planning, Better Care Fund, and psychiatric medication supervision.

- [Devon County Council meetings papers and minutes](#)
- [Plymouth Health meeting papers and minutes](#)
- [Torbay Council meeting papers and minutes](#)

We have regularly engaged with our three Health and Wellbeing Boards topics including the Joint Forward Plan, vaccination programme, pharmacy and women's health.

- [Devon County Council meeting papers and minutes](#)
- [Plymouth City Council meeting papers and minutes](#)
- [Torbay meeting papers and minutes](#)

We engage and meet with our 12 MPs on a range of topics including dental access, individual constituent queries, pharmacy, and finances. We hold quarterly briefings and published a monthly e-bulletin.

We held an online masterclass with district councillors on dental services to provide a better understanding of dental access in Devon.

Voluntary, Community and Social Enterprise Sector (VCSE)

People living in Ilfracombe and North Dartmoor were engaged through face-to-face sessions to understand the main barriers to accessing health care and community support now available for people with mental health issues and COPD as part of the Core20 Plus 5 (2023).

Meetings were held with North Devon Primary Care Network staff to understand whether a VCSE-led Waiting Well Community Helpline could support Primary Care. as a result, the helpline was established.

VCSE organisations were engaged to understand whether a Torbay, Plymouth and Devon VCSE Assembly would best represent the sector as an anchor institution. The organisations agreed and an Assembly was created.

Royal Devon East staff accident and emergency staff were engaged to understand whether a social prescriber would ease the pressure on A&E staff. NHS Devon has since commissioned a service.

Well Leg clinical staff in all four of Devon's Hospital trust sites were engaged to understand whether a social prescriber ease would ease the pressures on staff. As a result, NHS Devon commissioned a service in all four Well Leg clinics.

Focus groups with people with protected characteristics were led by a network of VCSE organisations to understand the main barriers to healthcare for their communities. A toolkit is now be used by people completing EQIAs.

The network of VCSE organisations has also held focus groups with rural communities to understand what is available in towns and villages that could be used as a community asset. A Rural Health and Community Wellbeing Asset Map has been created from this work.

GPs and Social Prescribers were engaged to discuss a referral and case management system that supports social prescribers. The JOY App has since been commissioned and is currently being used by 80% of PCNs with over 13,000 referrals.

Social media

NHS Devon has used social media (Facebook, Twitter, Instagram and YouTube) to communicate and engage with people and communities across the county. Topics have included signposting to emergency dental services, NHS advice about infection control, engagement with parents of young children in Plymouth to reduce unnecessary ED attendance, the HANDi App for parents of young children, and flu and COVID-19 vaccinations for people with learning disabilities and their carers.

Reducing health inequalities

One of the four core aims of every ICB is to tackle inequalities in outcomes, experience and access. In the past year, Devon has made progress in identifying and reducing inequalities through various programmes and projects including the CORE20Plus5 framework for adults and children, elective care waits for people with learning disabilities, and population health management.

During 2023, the NHS Devon population health team took responsibility for the delivery of population health management as well as health inequalities and prevention to develop a more holistic focus on improving the health of our population. The team continues to deliver a challenging programme of work through the direct delivery of projects and through supporting all parts of NHS Devon and other stakeholders to maintain a focus on population health as part of everything we do as well as developing the relationships and networks that are vital to creating sustainable improvements in health outcomes.

This section sets out key achievements in 2023/24, actions, ambitions and framework for future work in this area.

Delivery and governance structures

In recognition of the importance of this area, NHS Devon established a Population Health Improvement Committee in September 2023, which has been meeting in shadow form in advance of its formal establishment (expected to be in 2024/25). The purpose of the committee, which is chaired by a non-executive member of the Board, 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 the One Devon Integrated Care System 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.

A wide range of partners have been involved in developing the governance and delivery structures that maximise focus on action and impact. To do this, we have spent time in clarifying roles and responsibilities as set out in the table below. Some of the population health funding has been delegated to the Local Care Partnerships to focus on areas where they can make most impact on addressing inequalities. The funding is being used on a range of projects including those involving the voluntary, community and social enterprise (VCSE) sector. As well as delivering health improvements, the projects are helping to improve relationships and infrastructure that will be important for the future.

Working with whole systems to improve population health by improving outcomes, reduce inequalities and shift from treatment to prevention

The people who live in Devon

- People feel in control of their lives and are able to exercise choice over their behaviours
- People understand the factors that influence health outcomes and use this information to make healthy choices
- Participate in screening, vaccination and prevention offers when invited
- Feedback on experiences of health and social care
- Feel a sense of belonging and connectedness so they can work together as communities to build strong neighbourhoods and communities.

Population Health Programme (team, delivery group and steering group)

- Identification and sharing of good practice through networking, research, innovation and exploration
- Provide support and guidance (including development of resources) to all parts of the system to minimise duplication of effort
- Evaluation, sharing and learning
- Oversight of Core20+5 and other reporting requirement

- Co-ordination of PHM Programme to maximise efficiency and effectiveness
- Work with Devon Intelligence Function to develop the information and intelligence needed to improve population health.
- Support culture change, training and development
- Work with Public Health to increase focus on prevention
- Identify and obtain additional sources of funding
- Support the digital inclusion programme
- Develop co-ordinated approach to Inclusion Health

System leaders and decision-makers

- Think about the long-term impact of their decisions and work better with people, communities and each other to prevent persistent problems such as poverty, health inequalities and climate change.
- Ensure all decisions are based on an understanding of the impacts on population health
- Ensure Boards have oversight of health inequalities, prevention and population health and are committed to making real change.
- Ensure all organisations deliver health inequalities duties

Strategic commissioners

- Think and act in partnership via the ICS recognising that whole systems produce outcomes
- Allocate resources to address health inequalities
- Utilise Value Based approach and outcomes framework to prioritise development.
- Develop strategies based on evidence of good practice and long-term focus on improving population health Ensure commissioned pathways incorporate prevention as well as treatment
- Maximise opportunities of recovery programmes to improve population health
- Develop as a Human Learning System

Local Care Partnerships

- Work with local people and the VCSE to develop a people-led approach to health and care
- Use the PHM approach to identify local health inequalities and develop solutions to reduce them
- Develop and deliver prevention programmes which respond to the needs of local population
- Implement plans to support High Intensity Users

Health and Care Providers (including collaboratives)

- Work to reduce health inequalities in terms of access, experience and outcomes
- Implement reasonable adjustments
- Use high quality information to monitor progress
- Ensure all staff understand their role in improving population health
- Deliver services which are trauma informed.
- Develop as Anchor Institutions to support local communities

The Population Health Programme

The Population Health Programme continues to be overseen by the Population Health Steering Group, comprising senior representatives of key partners. The meeting is co-chaired by the director of public health for Torbay and the independent chair of the Voluntary and Community Sector Alliance. The Population Health Delivery Group meets on a more frequent basis to co-ordinate the actions required to meet the objectives we have set ourselves

Population Health is threaded through our Joint Forward Plan (JFP) so, as this document was refreshed, we reviewed progress with the Population Health Programme to ensure it was still fit for purpose and supported the delivery of the goals set out in the JFP. We also ensured that the programme was aligned to other national guidance such as the National Health Inequalities Improvement Strategy, Major Conditions Strategy and Inclusion Health Framework.

Our key areas of focus are:

- The Joint Forward Plan
- Accountability and infrastructure
- Social and economic development
- Prevention
- Data and intelligence
- Working with people, places and communities
- Core20 Plus 5 including children and young people

In June 2023, we held an event that was attended by more than 100 senior leaders from across the system to focus on population health. During a series of workshops, action plans and structures were agreed to deliver in some of our key priority areas, but we also had the opportunity to focus people's minds on population health and discuss how we can make this part of everyone's role. Feedback from the event is being used to develop a Population Health Charter which will be used to increase commitment from individuals and organisations and how they can get involved.

Population Health Management

2023 saw the roll out of Population Health Management (PHM) Programme across the system. PHM involves using data to improve the health of a population, by understanding general trends and needs, and identifying individuals to target for improved care. Over the past few years, detailed work has been undertaken to join up the data and information that is held by health and care organisations including primary care. We are now able to use

this information to identify those parts of our population that are experiencing inequalities and implement changes to the way that we work that will address these inequalities.

More than 400 people have been trained in the PHM approach and have attended action learning sets to agree how they will use these techniques to improve health. We are in the process of evaluating progress so far with our research partners to agree how we will continue to embed PHM in everything we do.

In addition to this frontline work we have developed our reporting arrangements using the NHS England's Statement on Information on Health Inequalities (duty under section 13SA of the NHS Act 2006) as a basis for reporting in the first year. This information is contained at Appendix 2. This reporting will be further developed following feedback from our Boards and localities to ensure a focus on priority areas. We will also use the information to identify areas of good practice where approaches can be shared on a system basis. A Population Health Data and Digital Group has been established (reporting into the Population Health Improvement Committee) with multi-agency membership to lead the use of data to support the population health programme and maximise the opportunities from shared datasets.

Elective recovery

As part of our ongoing efforts to recover performance after COVID-19, we have established a working group which is focused on addressing inequalities in elective recovery. This group has undertaken an Equality Health Impact Assessment of the plans for elective recovery and identified a series of actions which will mitigate against inequalities in access and outcome.

Using relevant information, the group, including representation from all NHS providers, identifies specific groups and parts of the population who may be disadvantaged by new ways of working and ensures that the actions are taken to prevent this. We have undertaken waiting list analysis for elective care against deprivation and ethnicity which will help us identify actions to support 'Waiting Well' initiatives across the system.

One example that the group has supported is patients with learning disabilities who are often impacted most by waiting for surgery. As a result, we are reviewing the way waiting lists are structured so that people with learning disabilities do not have to wait so long and are provided with the support they need while they wait through our Waiting Well programme.

Core20Plus5

We have continued to use the CORE20Plus5 framework (below) to help us identify the parts of our population who experience the most inequalities. We have agreed the following groups as the "plus" population in the One Devon Integrated Care System:

- 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



There is a wide range of activity being undertaken to address the inequalities which are reported in the appendices. Below are a few examples:

High-intensity users

Work is underway to establish a One Devon approach to connect with and better understand the physical, mental and social health needs of people with the highest levels of attendances at emergency departments. Our approach is consistent with NHS England expectations and is rooted in our own local context. We are placing an emphasis on 'learning' at the centre of this work in order that we are better able to respond to the needs of people before they become people with High Intensity Use of Emergency Departments.

Complications of excess weight

NHS Devon is leading a piece of work under the banner of 'Healthy Devon Learning Lab' to explore 'complication of excess weight' from a system perspective. The work includes a broad cross section of partners spanning peer health coaching, Active Devon, local food networks, schools, weight management services and clinical specialists. The work is an example of our leadership role in the context of the One Devon Integrated Care System to address complex health and wellbeing issues as a system. We are producing an actionable Theory of Change which will help us generate innovative approaches to this growing challenge.

Cardiovascular disease

The use of information from the One Devon Integrated Care System dataset has helped us identify those parts of the population who are most likely to have hypertension. We are working in these areas to identify the people who have hypertension and make sure that we are treating them as effectively as possible. This work is being co-ordinated by a multiagency group who are supporting work on education, information and communication as well as looking at how we can work best with individuals and local communities to help people make the best choices about their health and lifestyles.

Inclusion Health

The system-wide Inclusion Health Steering Group has been meeting for some time to bring together partners across statutory and non-statutory services to improve services and outcomes. This group is now taking responsibility for delivering the Inclusion Health Framework and has developed an action plan to 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 build on services already in place and, most importantly, on the feedback we have received from service users on their experiences of existing services.

Children's Core20Plus5

We are continuing to use the Children's Core20PLUS5 framework to identify children in our population who experience the most inequalities. The illustration below outlines the Core20PLUS5 approach for children and young people.

Alongside the population groups identified within the adults Core20PLUS5, children in care have been identified as a key priority for this year. We will be working alongside children in care nurses to consider pathways and approaches for these children within the priority clinical areas.

We have established a children and families health inequalities lead post who has mapped the activity, health inequalities issues and improvement opportunity against each of the focus areas. 2023/24 will see us move to action on developing the opportunities to impact health inequalities and promote prevention.

We will be working alongside Public Health colleagues to support the family hubs offers and with maternity teams to support actions from their Equity and Equality Plan.



Social and economic development: anchor institutions

Anchor institutions are large organisations that have a significant stake in a local area and are unlikely to relocate, such as the NHS and local authorities. They have sizeable resources and assets that can be used to support the health and wellbeing of their local community.

The public sector in Devon employs more than 60,000 staff and is responsible for £5.4 billion of spend, while VCSE organisations account for an additional £1.5 billion and employ 55,000 people. There are also thousands of businesses across the county which have a turnover of more than £13 billion.

A summary of the many anchor institutions in the county is shown below.



Devon has an Anchor Steering Group, which hosted a learning event this year to raise the profile of the anchor agenda and the value it can have in relation to population health. Several areas of opportunity were identified following the event that are being progressed, including:

- Expanding careers hubs to include care leavers and young people 'Not in Education Employment of Training'
- Enhancing support for people with learning disabilities and mental health challenges to access education training and employment
- Promoting staff volunteering days linked to organisational priorities and wellbeing at work
- Identifying opportunities to build local markets to respond to ICB commissioning opportunities
- Contributing to the establishment of a Regional Anchor Leadership Group

Health and wellbeing strategy

NHS Devon works with the three local authorities – Devon County Council, Plymouth City Council and Torbay Council, all of which have Joint Health and Wellbeing Strategies. The Joint Forward Plan for the One Devon Integrated Care System brings together the key plans and strategies for Devon into one document which reflects the Health and Wellbeing Strategies of our local authority partners. Each of the Health and Wellbeing Boards has confirmed that the Joint Forward Plan takes into account their health and wellbeing strategy.

This year, NHS Devon has contributed to the following achievements as part of the Joint Forward Plan programmes of work:

Acute services

- The number of people waiting for more than 104-weeks for their treatment has reduced significantly.
- Implementation of a clinical co-ordination hub and spoke model to support the delivery of right care, first time for patients.
- New 111/out of hour provider in place delivering improved call performance targets - call abandonment rate has reduced, while clinical call back and validation rates have improved

Primary and community care

- Increased ability to offer same day care including through virtual wards with more than 200 beds, 97% of GP practices offering 35% of appointments on the day, and an urgent community response service offer of 8am to 8pm, 7 days a week (variation across services still to be addressed).
- Primary care admission avoidance scheme in place to actively identify high risk frail and end of life patients for review by the multidisciplinary team, medication review and referral to support services.
- JOY app to support people to find services in the community being used by social prescribers in all GP practices.
- Resilience support programme in place for GPs and increase in 'good' CQC ratings.

Mental health

- NHS Talking Therapy services in Devon are achieving 101% of the planned access level while recovery and wait times continue to achieve the national standards.
- Over the last six months, there has been consistent improvement in the number of people diagnosed with dementia. Devon is convening a system workshop to develop a collaborative response to dementia.

- Physical health checks for people with severe mental illness: since 2020/21, access to physical health checks for people with severe mental illness has grown by 252%. While Devon remains short of the target, significant and consistent progress is being achieved
- Inappropriate out of area acute mental health admissions: nationally these have been increasing over the last six months, while Devon has continued to achieve significant and sustained progress towards eliminating them
- Early intervention in psychosis: services now have a consistent service specification and across Devon the national waiting time standard is now being achieved. Together, we are developing a system approach to the needs of people who are in an 'at risk mental state.'
- Perinatal mental health: Devon achieved the national ambition for at least 10% of women and people giving birth across the system accessing perinatal mental health support in 2023/24

Learning disability and autism

- We have reduced the number of inpatient admissions for this community to 16, within our national target of 20 for 2023/2024.
- Our learning disability register continues to become more comprehensive.
- National agreement for capital investment of £20.5 million to develop a new mental health inpatient unit specifically designed to cater for our learning disability and autism community.
- Housing specialist, HACT, commissioned to support the Devon system to think about complex and specific housing needs and required approach for sustainable models of delivery.
- Developing conversations of complex needs and the end-to-end pathway associated with the Line Drains and Airway inpatient developments and community delivery.

Children, young people and women's health

- Reduced waiting times, with no children and young people waiting more than 104-weeks in acute settings.
- Co-produced integrated neurodevelopmental assessment pathway which, when launched, will help to make the request for assessment clearer and consistent for referrers including primary care, education, parents and young people.
- Developed a needs assessment for speech, language and communication needs that will inform how we commission and provide speech and language therapy, getting help to children earlier.
- Training delivered to more than 1,000 professionals on complex trauma and the effects on communication and language development within two age ranges: pre-birth and the early years and older children/adolescents.
- More than 500 staff are trained with the knowledge and skills to care for children with asthma, with our first schools achieving accreditation through the Asthma Friendly Schools programme.
- Special Educational Needs and Disabilities (SEND) graduated response in Torbay has been implemented across all schools, helping children and families to get the help and support sooner.
- By working collaboratively with a range of stakeholders, an antenatal education model has been developed to provide free, consistent and evidence-based information to support choice for all women, birthing people and families in Devon.

Population health

- The population health management programme has been rolled out with more than 400 representatives joining action learning sets and taking forward implementation of local initiatives.
- The Population Health Improvement Committee has been established to ensure that population health is considered in all aspects of system working. We have worked across Devon to improve our response to high intensity use of services and ensure that we meet the needs of the most vulnerable members of our population. The multi-agency Cardiovascular Disease Prevention Group has been established and developed a plan which will impact significantly on the use of services as well as patient outcomes.

Health protection

- A Peninsula Antimicrobial Resistance Group has been established.
- Reduction strategies are in place for healthcare associated infections across NHS Devon.
- Excellent uptake in care home residents of flu and COVID vaccinations, increased co-administration, continued focus on vulnerable populations and inequalities and success in outreach accessibility.
- The multi-agency Devon Maximising Immunisation Uptake Group has been established with an initial focus on uptake of the measles, mumps and rubella vaccine. A dashboard has been developed to review data at ICS, locality, practice and school level.
- A new school age immunisation provider is now in place across the ICS with positive relationships being built and plans in place to improve uptake across all immunisations.
- West Devon breast screening programme has secured new static site in central Plymouth.
- Data analysis undertaken to identify GP practices with lowest coverage for cervical cancer screening.
- Support packages developed for targeted work with practices and under-served cohorts such as people with learning disability.
- The GAAP tool has been developed and measures are being taken to strengthen assessment and treatment pathways in outbreaks of disease across all target settings.

Suicide prevention

- Suicide prevention training has been delivered to 440 people since 1 April 2023. In the last 12 months, suicide bereavement support has been provided to 364 individuals and 14 organisations. Local suicide prevention action plans 2024/25 have been agreed for Devon, Plymouth and Torbay. The local action plans have been presented to NHS Devon Suicide Prevention Oversight Group and have been or are planned to be presented to Health and Wellbeing Boards.

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 2023 to 31 March 2024 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 policies 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.

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, set 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

Composition of NHS Devon's Board

The members of the NHS Devon Board as of 31 March 2024 are as shown below, with all members commencing their tenure on 1 July 2022, unless indicated. The Chair of NHS Devon left the organisation on 10 June 2024 and Kevin Orford became Acting Chair as of that date. A full recruitment process will be run to appoint a new Chair for the organisation.

In accordance with the NHS Devon Constitution, the Board has 16 members. As of 31 March 2024 eight Board members were female and six were male. Two Board roles were vacant.

Biographies for our Board members are available on our website:

<https://devon.icb.nhs.uk/nhs-devon-board/board-members/>



Sarah Wollaston

Independent Chair



Steve Moore

Chief Executive Officer
(CEO) (from 12/2/24)



Bill Shields

Chief Finance Officer
and Deputy CEO (from
7/11/22) and Interim
CEO (between 1/11/23
and 11/2/24)



Nigel Acheson

Chief Medical Officer



Penny Smith

Interim Chief Nursing
Officer (from 1/12/2023)



Graham Clarke

Independent Non-
Executive Member,
Audit and Risk



Kevin Orford

Independent Non-
Executive Member,
Finance and
Remuneration



Judy Hargadon

Independent Non-
Executive Member,
Primary Care



Sheena Asthana

Independent Non-
Executive Member
Health Inequalities and
Population Health



Thandiwe Hara

Independent Non-
Executive Member,
Citizen and Community
Involvement



Vacancy

Independent Non-
Executive Director,
Quality and Performance



Liz Davenport

NHS and Foundation
Trust Partner Member



Frank O'Kelly

Primary Care Partner
Member



Donna Manson

Local Authority Partner
Member (from 1/1/23)



Ruth Harrell

Local Authority Partner
Member (from 22/8/23)



Vacancy

Mental Health Member

Membership of the Audit and Risk Committee and 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 2023 and 31 March 2024 were:

Name	Role	Term of Office
Jane Milligan	Chief executive officer	1 July 2022 – 31 October 2023
Darryn Allcorn	Chief nursing officer	1 July 2022 – 31 October 2023*
Naomi Chapman	Interim chief nursing officer	15 May 2023 – 30 September 2023
Susan Masters	Interim chief nursing officer	11 September 2023 – 1 October 2023
Natasha Goswell	Interim chief nursing officer	1 October 2023 – 1 December 2023
Professor Hisham Khalil	Independent non-executive member for quality and performance	1 July 2022 – 8 December 2023
Tracey Lee	Local authority partner member	1 July 2022 – 20 June 2023
Steve Brown	Local authority partner member	1 July 2022 – 21 July 2023
Sarah-Lou Glover	Mental health member	1 July 2022 – 8 December 2023

*Seconded to University Hospital Plymouth NHS Trust from 1 May 2023

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 delivery officer
- Director of strategic workforce
- Interim chief people officer

Register of interests

NHS Devon maintains a register of interests and a register of gifts and hospitality declarations. 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://nhsdevonibc.mydeclarations.co.uk/home>

Personal data related incidents

Personal data breaches are reported to 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 2023 – 31 March 2024, NHS Devon reported 116 internal incidents. The majority of incidents were graded as 'green' and therefore considered as minor incidents with no/low risk.

No incidents were reported to the Information Commissioner's Office during this period.

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 2024 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 (ICB) 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

27 June 2024

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 2024, 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 2023/24 NHS Devon and NHS England agreed that the following criteria must be met before NHS Devon moves out of NOF4:

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

Strategy

- Delivery of phase 1 of the Acute Services Sustainability Programme

Urgent and Emergency Care

- Make demonstrable progress towards achieving national objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement.
- Achieve the defined expectations of the National Taskforce

Elective Recovery

- 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
- System performance improvements are delivered in accordance with agreed plans (cancer and elective long waiters)

Finance

- Develop and deliver a short-term financial plan (2023/24) that is signed off regionally and nationally
- Develop an outline longer-term financial plan that shows non-recurrent balance in 2024/25 and recurrent balance for 2025/26, that has Board agreement from all Devon organisations and is signed off regionally and nationally
- Develop and agree a Capital Plan that is clearly aligned to system strategic priorities

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 System Recovery Programme assurance groups, including the Elective Care Board, the Unscheduled Care Board, the System Recovery Board and the SIAG. This report is aligned to NHS Devon Board's Integrated Quality, Finance and Performance Report, where appropriate.

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 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 did not meet the agreed criteria to exit NOF4 at Q1 2024/25 as planned and therefore it remains in NOF4 with new exit criteria to be agreed.

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 (ICB), 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 <https://onedevon.org.uk/download/nhs-devon-icb-governance-handbook/?hilite=governance+handbook>

The Board has seven committees reporting to it. This includes two statutory committees (the Audit and Risk Committee and the Remuneration and Internal ICB Workforce Committee), and Executive Committee and an additional four committees (the Quality and Patient Experience Committee, the Finance and Performance Committee, the Primary Care Commissioning Transitional Committee, and the People and Culture Committee).

I confirm that NHS Devon has maintained a strong focus on effective governance. An internal review of governance during 2023/24 resulted in a number of changes to the Board and its committees. Changes made include:

- The establishment of an Executive Committee
- Re-alignment of the focus of the Board's Assurance Committees with responsibility for performance moving from the Quality and Patient Experience Committee to the Finance and Performance Committee.

Other governance updates have included the establishment of a Devon Investment Group and of a Provider Selection Regime Steering Group, together with amendments to the Scheme of Reservation and Delegation to reflect these changes.

<https://onedevon.org.uk/download/nhs-devon-icb-governance-handbook/?hilite=governance+handbook>

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 2023-24 Board Development Plan is set out below:

2023-24						
May 2023	June 2023	September 2023	November 2023	January 2024	February 2024	March 2024
Learning from each Member - Board Survey presentation	LCP Development Update	Children & Young People's Services - Deep Dive	Current regulatory context	Governance Review: Board composition skills and experience; committees (including ICP); and Charter	Safeguarding Training	NCSC Assured Cyber Security for Boards
Facing the reality of where Devon is	Actions following April Board Development Session (including Board Forward Planner)	Eastern LCP - Family Minds Partnership	Role of the Board Respective Roles and Responsibilities	Risk: Approach to BAF and Risk Appetite	Strengthening Board working	Operational Plan Development
What is the role of the Board in 2023-24			Collective and Individual Accountability	Joint Forward Plan	Risk Approach – Board Assurance Framework and Risk Appetite	Annual Plan Development
				Peninsula Acute Sustainability Programme		

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 is being required to significantly reduce its running costs. In order to meet this reduction, and to evolve the organisation into its new system role, a complete re-design of its organisational structures is being 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. The re-design of the organisation will continue into 2024/25.

Directorates have confirmed that their structures identified as part of phase 2 of the organisational change programme provide the necessary capability and capacity to undertake all of the ICB's statutory duties.

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. Since the appointment of a dedicated risk manager, a significant amount of work has been undertaken during 2023/24 to improve the risk management arrangements.

A new Risk Management Policy was adopted by the NHS Devon Board in October 2023, which 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 Executive Committee 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 also to assist in management of risks that impact 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, approved by the NHS Devon Board at its meeting in March 2023 along with its strategic risks resulting in the Board Assurance Framework in operation from the start 2023/24.

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 company secretary 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 2023/24 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 2024 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.

Operational Risks (Corporate Risk Register)

On 31 March 2024 the Corporate Risk Register contained 15 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 2023/24 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 2023/24 financial plan, transference of delegated commissioning for pharmacy, optometry and dentistry from NHS England to NHS Devon, Population Health Management (PHM), workforce, quality and safety risks.

Strategic Risks – Board Assurance Framework (BAF)

The Executive Committee 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 2024 the BAF contained the following risks:

Improve Population Health

Anchor

If the 'Anchor Organisation' programme of work is not part of a more strategic plan, then there will be a lack of focus to address the social detriments of health. As a consequence, the partner and community organisations will become disengaged, and NHS Devon will fail to achieve this objective.

Inequalities & Prevention

If there is insufficient capacity and capability in NHS Devon to ensure that the system focuses on the necessary, work to improve population health management and prevention then it will not successfully reduce health inequalities and shift to prevention. The consequence will be that health inequalities will continue across Devon and worsen in some areas.

Improve Services and Reduce Unwarranted Variation**Recovery (Unscheduled Care)**

If the system fails to ensure that the delivery of urgent and emergency care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.

Recovery (Elective Care)

If the system fails to ensure that the delivery of elective care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.

Primary Care

If NHS Devon does not support the post-Covid recovery and transformation of general medical, dental, pharmaceutical, and optical practice then Devon will not have adequate Primary Care Services, resulting in increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.

MHLD (Mental Health and Learning Disabilities)

If NHS Devon does not improve access to mental health, learning disability and neurodiversity services then patients will continue to experience significant waits for specialist care which means more people are likely to access healthcare when in crisis, resulting in a worsening in mental health conditions leading to poor health outcomes. This may lead to an increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.

Community

If NHS Devon does not drive change required in working practices across the system then people and communities will not be supported to stay healthy and live independently, resulting in poorer outcomes for the population of Devon.

Make More Efficient Use of Resources**Finance**

If the NHS Devon fails to obtain commitment from all partners in the ICS to achieve financial balance, then our ability to move greater resource to prevention and our ability to exit the NHS England National Oversight Framework Level 4 status (NOF4) will be undermined.

Workforce

If the One Devon Health & Care System does not produce an agreed system wide workforce strategy and deliver a coherent strategic workforce numerical plan that meets the health and care needs of the population, is affordable and can be delivered by system partners, then it will continue to have high costs and be unable to ensure resilient, safe, and effective services, resulting in a failure to meet statutory constitutional targets.

Digital

If we fail to resource and work collaboratively towards the common priorities presented in the Digital Strategy, we will not be able to maximise the benefits afforded by the advances in digital and data.

Green Plan

If NHS Devon does not embed the principles for Healthier Planet, Healthier People then it will not ensure that it is as green and sustainable an organisation as possible in order to contribute to the NHS target of reaching net zero by 2040 (for emissions it controls directly and by 2045 for those it can influence (such as the supply chain)). The consequence will be that we fail in our responsibilities to tackle the impact of the climate emergency on the health of the population and for future generations.

Develop Our Culture and How We Operate

Culture

There is a risk that the organisational change work being undertaken by the NHS Devon to enable it to meet the required 30% running cost reduction distracts staff from focusing on the transformational change required to improve the provision of care and services for the people of Devon. There is also a risk that the restructure has a knock-on impact of the work underway to strengthen system working as part of the 'One Devon' partnership.

Operating Model

If NHS Devon does not set clear timescales and expectations for the development of the system operating model as a result of the inertia (inactivity) caused by operational pressures, then some partners will become disengaged and unable to focus on wider system objectives. The consequence will be a break down in trust between partners, which will undermine the relationships needed to fully develop an integrated care system.

The NHS Devon Board has agreed a new approach to the BAF for the 2024/25 financial year, closely aligning it to the six themes as set out within the NHS Oversight Framework:

- 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.

This new approach simplifies 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.

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 me with their opinion on the system of internal control through their Auditor's Annual Report, 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, Executive Committee and Board Assurance Committees are produced by the Corporate Governance team.

The 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 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 monthly or quarterly. 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 Head of Contracting and the appropriate ICB 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 Primary Care Commissioning and Transition Committee.

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

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management.

Throughout 2023/24 NHS Devon has maintained good oversight on managing its conflicts of interest. This has included the introduction of a Conflicts of Interest Policy and of the web based Civica Declare conflict management system to improve compliance monitoring. A two part internal audit review was carried out during 2023-24 which focussed upon these introductions. The first review, which assessed the appropriateness of the new policies and procedures for managing Conflicts of Interest and Standards of Business Conduct received an opinion of significant assurance with it being noted that these were robust documents which reinforced and provided additional information on the processes in place. The second review focused on the implementation of the Civica Declare system and concluded that the system had been implemented effectively and appropriate supporting had been introduced. A satisfactory assurance opinion was received and an action plan to address minor issues in respect of minor errors, legacy data and changes in staffing is being implemented.

I can confirm there have been no conflict of interest breaches reported between 1 April 2023 and 31 March 2024.

Data Quality

The data used by 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.

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 a data security and protection 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 2022/23 was 30 June 2023 which covered the period 1 July 2022 to 30 June 2023. NHS Devon successfully published a 'standards met' toolkit on 28 June 2023. The 2023/24 DSPT will be published before the deadline of 30 June 2024 and NHS Devon is on track to submit a 'standards met' DSPT for 2023/24. NHS Devon published a baseline submission at the end of February 2024.

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. This includes the risk identified due to the increase in home-working and shared working premises with non-NHS Devon employees.

As a result of continued improvements for safer working, NHS Devon has further embedded staff training and 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 at least every six months.

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 ensured 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.

No incidents were reported to the Information Commissioner's Office in the reporting period.

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 Third Party Assurance Report in respect of NHS Shared Business Services – Finance and Accounting Services
- ISAE Third Party Assurance Report in respect of NHS Business Services Authority – Prescription Payments
- ISAE Third Party Assurance Report in respect of NHS Business Services Authority – Dental Payments
- ISAE 3000 Third Party Assurance Report in respect of NHS Business Service Authority - Electronic Staff Record (ESR)
- ISAE 3000 Third Party Assurance report in respect of Internal Controls (Type II) Calculating Quality Reporting Services (CQRS) National

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)

The key messages in the Independent Service Auditor's section of all five reports were that description in the report fairly represents the process and system that was designed and implemented throughout the reporting period; controls were suitably designed to provide reasonable assurance that the control objectives would be achieved; and the controls operated effectively to provide reasonable assurance.

Control Issues

During 2023/24 NHS Devon remained in the National Oversight Framework Segmentation 4 (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; 12-hour trolley wait; and ambulance handover delays
- Ambulance Services – Category 2 response times
- Return to Treatment – 52, 64, 78 and 104 week waits
- Elective Activity - not delivering the levels of elective activity detailed in the 2023/24 operating plan
- Childrens Services – community paediatric waiting lists, ADHD waiting times and SLT waiting times

The Devon System Recovery Plan includes a range of actions to address these challenges and monitor improvement including appointment of a winter director and urgent and emergency care programme director; enhanced on-call arrangements; an elective pilot; additional insourcing and outsourcing; together with undertaking a full productivity review and plan as part of the operating plan. Reporting in respect of NOF4 exit progress is reported to the Finance and Performance Committee and to the NHS Devon Board.

In May 2023, NHS Devon's internal auditors, Audit South West, undertook a review in relation to the circumstances surrounding the payment of two invoices which did not appear to have gone through expected procurement processes. The Audit and Risk Committee (ARC) received the final report of the review in September 2023.

The review highlighted a number of areas of concern and control failures, not only with regard to compliance with financial and governance arrangements in this case, but also in relation to a lack of consistent oversight and monitoring of service delivery, including adequate commissioning and due diligence of non-framework suppliers.

The Chief Executive of NHS Devon subsequently commissioned an independent review of the appropriateness of the systems and processes referred to within the ASW report (i.e. procurement procedures, and contract performance management arrangements). On receipt of the findings of this review in December 2023, NHS Devon agreed an action plan, which was further amended at the end of 2023/24. Progress against all agreed actions has been reported to the ARC for assurance.

Review of economy, efficiency and 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 newly

introduced 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 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 Joint Commissioning Committee (AJCC) which functions as a corporate decision-making body for the management and exercise of these commissioning functions. The AJCC 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 Integrated Performance and Quality report, which is presented to the Executive Committee, 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. The Board receives assurance on the discharge of these functions through the Primary Care Commissioning Transitional Committee and receives regular reports from the committee's chair.

Delegated functions are set out in the articles of the [constitution](#), [scheme of reservation and delegation](#) or the [standing orders](#).

An internal audit has been undertaken to evaluate the ICB's arrangements for commissioning Pharmaceutical, Ophthalmic and Dental (POD) services, focusing on Dental services. Overall arrangements were rated as satisfactory and 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 the ICB, in accordance with the Memorandum of Understanding

There was one area identified for urgent attention which relates to compliance with NHSE's Primary Care Commissioning Assurance Framework and an action plan to address has been presented to the Audit & Risk Committee.

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 10 January 2024 and the NHS Devon Board on 7 February 2024. 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 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 2023-24 local proactive exercises were undertaken in respect of recruitment processes and personal health budgets.

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

- Publishing "Fraud Counts" newsletters which focussed on a range of issues around cyber scams and cyber security.
- Raising awareness of the Economic Crime and Corporate Transparency Bill,
- Highlighting emerging risks in respect of delegated commissioning and simultaneous employment.
- Issuing a true story video via the NHS Devon Staff Bulletin demonstrating the harmful effects of cybercrime.
- Notifying the Finance Team of the Fraud Prevention Notice Salary Sacrifice schemes to ensure that the recommended safeguards are in place at the ICB.

In addition, the NHS Devon Audit and Risk Committee receives an annual report against each of the Standards for Commissioners. Part of this report includes the Trust's submission of its "Counter Fraud Functional Standard Review" to the NHS Counter Fraud Authority. The 2023/24 CFFSR assessed NHS Devon with an overall rating of Green – to be updated upon receipt of LCFS report.

During the reporting period an investigation was undertaken into the validity of an invoice. Initial checks undertaken by the LCFS were unable to validate the banking information quoted, however, following assistance from financial investigators at NHSCFA, we were able to confirm the legitimacy of the bank details provided.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2023 – 31 March 2024 for NHS Devon, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control. The Head of Internal Audit concluded that:



My overall opinion on the internal control, governance and risk management arrangements for the ICB remains as limited assurance.

Whilst the ICB has undertaken a significant programme of work to improve and strengthen its core governance, internal control and risk management arrangements, many of these revised practices are yet to fully embed within day-to-day business activities."

During the reporting period, Internal Audit issued the following audit reports as part of their 2022/23 and 2023/24 Internal Audit Plans:

2022/23 Internal Audit Plan

Area of Audit	Issued	Level of Assurance Given
DSPT (Information Governance)	6 June 2023	Moderate (NHSD rating)
ICB Preparedness for Pharmaceutical, Ophthalmic and Dental (POD) Services and Delegation	24 April 2023	Limited
Management of Staff Declarations regarding ownership of private businesses	26 May 2023	Satisfactory
Primary Care Commissioning	20 June 2023	Satisfactory
People Plan Implementation Oversight	7 July 2023	Satisfactory
ICP Strategy	18 September 2023	Significant
Capital Programme and Business Case Approval	3 January 2024	Satisfactory

With regard to the review of NHS Devon's preparedness for the Delegation of Pharmacy, Ophthalmic and Dental Services from 1 April 2023, whilst it was confirmed that there were appropriate governance arrangements in place to complete the Safe Delegation Checklist required by NHSE, there were significant risks involved with taking on these services. These risks were included within the Corporate Risk Register and are now overseen by the Executive Committee.

2023/24 Internal Audit Plan

Area of Audit	Level of Assurance Given
High Level Financial Controls	Significant
Financial Management (including productivity and delivery of financial plan)	Limited
Budgetary Control	Satisfactory
Single Tender Waivers	Limited

Board Assurance Framework and Risk Management	Part 1 – Satisfactory Part 2 – Satisfactory
Managing Conflicts of Interest	Part 1 – Significant Part 2 – Satisfactory
Workforce Policy Compliance – Absence Management	Significant
DSPT (Information Governance)	Part 1 – Moderate Part 2 – Substantial
Pharmaceutical, Ophthalmic and Dental (POD) Commissioning and Delivery Arrangements	Satisfactory / Limited
Payroll	Satisfactory
Continuing Health Care Governance	Satisfactory

The Single Tender Waiver Review found that whilst the ICB's Procurement Policy outlined the use of single tender waivers, the application of the policy and controls needed to be tightened. In addition, whilst all tenders reviewed did have a Single Action Waiver form completed, they were completed to varying degrees of detail and a number were completed retrospectively.

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.

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.

Detail of the POD Commissioning and Delivery Arrangements review can be found at page 77 of this report.

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 Quality and Patient Experience Committee

- Internal audit

Conclusion

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



Steve Moore

Accountable Officer, Chief Executive Officer

NHS Devon Integrated Care Board

27 June 2024

Remuneration and Staff Report

Remuneration Report

Remuneration and Internal ICB Workforce Committee

The Remuneration and Internal ICB Workforce 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 both executive members and non-executive members of the board. 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	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	18%	Not Applicable
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	5%	Not Applicable

The increase in respect of the highest paid director is due to the appointment of the new chief executive and is in line with the rates of similar sized Integrated care boards.

The increase in respect of employees of the entity relate to the 5% consolidated pay increase for 23/24.

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 2024 was £ 232,500 (£230,000-£235,000) (period 1 July – 31 March 2022/2023 was £197,500 (£195,000-£200,000)). 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.

2023/24 / (2022/23)	25th percentile	Median pay ratio	75th percentile pay ratio
Total remuneration (£)	30,639/ (26,282)	50,056 / (41,659)	68,525 / (56,164)
Salary component of total remuneration (£)	30,639/ (26,282)	50,056 / (41,659)	68,525 / (56,164)
Pay ratio information	7.59 / (7.51)	4.64 / (4.74)	3.39 / (3.52)

This was 7.59 (7.51) times the 25th percentile of remuneration of the workforce, which was £30,639 (£26,282), 4.64 (4.74) times the median remuneration of the workforce, which was £50,056 (£41,659) and 3.39 (3.52) times the 75th percentile of remuneration of the workforce, which was £68,525 (£56,164).

Movements have been impacted by the vacancy freeze NHS Devon has been operating within for 2023/24. The workforce has shrunk by 92 FTE's, 64% of which were on salaries less than the average.

During the reporting period 2023/24, no employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £15,668 (£14,923) to £210,000 (£197,000).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not 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 2023/24 (subject to audit).

Senior manager remuneration (including salary and pension entitlements) April-March 2023/24 (subject to audit)

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		15-20	300			-	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 15th 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 Devon ICB 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.

Senior manager remuneration (including salary and pension entitlements) July-March 2022/23 (subject to audit)

Name and Title	Note	July-March 2022/23					
		(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		105-110	100			55-57.5	160-165
Darryn Allcorn Chief Nurse		100-105	0			30-32.5	130-135
Sheena Asthana Independent Non Executive Director Population Health Management, Health Inequalities and Digital Transformation	1	10-15	0			0	10-15
Graham Clarke Independent Non Executive Director Audit and Risk	2	10-15	0			0	10-15
John Dowell Chief Finance Officer	3	55-60	0			0	55-60
Anthony Fitzgerald Chief Delivery Officer	4	45-50	1600			12.5-15	65-70
Sarah Lou Glover Ordinary member - Mental health	5	15-20	0			0	15-20
Thandiwe Hara Independent Non Executive Director People and Culture	6	10-15	0			0	10-15
Judith Hargadon Independent Non Executive Director Primary Care		10-15	0			0	10-15
Hisham Khalil Independent Non Executive Director Quality and Performance	7	10-15	0			0	10-15
Jane Milligan CEO ICS for Devon		145-150	100			22.5-25	170-175
Andrew Millward Chief Communications and Corporate Affairs Officer		105-110	0			30-32.5	135-140
Frank O'Kelly Ordinary member - Primary care	8	25-30	0			0	25-30
Kevin Orford Independent Non Executive Director Finance and Remuneration	9	10-15	100			0	10-15
Paul Renshaw Director of Workforce Strategy		95-100	600			20-22.5	115-120
Bill Shields Chief Finance Officer	10	75-80	13200			0	85-90
Simon Tapley Chief Transformation and Strategic Planning Officer		110-115	200			30-32.5	145-150

Name and Title	Note	July-March 2022/23					
		(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
Sarah Wollaston Chair ICS for Devon		45-50	0			0	45-50

Note:

1. Sheena Asthana began role on 1 July 2022
2. Graham Clarke began role on 1 July 2022
3. John Dowell finished role on 4 November 2022
4. Anthony Fitzgerald began role on 1 November 2022
5. Sarah Lou Glover began role on 1 July 2022
6. Thandiwe Hara began role on 1 July 2022
7. Hisham Khalil began role on 1 July 2022
8. Frank O'Kelly began role on 1 July 2022
9. Kevin Orford began role on 1 July 2022
10. Bill Shields began role on 7 November 2022 and opted not to be covered by the pension arrangements during the period.

Additional governing body members and attendees not receiving remuneration from NHS Devon in 2022/23

Steve Brown is Director of Public Health - Devon County Council. No payments are made for attendance.

Liz Davenport is Chief Executive Officer, Torbay and South Devon NHS Foundation Trust. No payments are made for attendance.

Tracey Lee is Chief Executive, Plymouth City Council. No payments are made for attendance.

Kate Shields is an invited attendee CEO, NHS Cornwall and Isles of Scilly ICB. No payments are made for attendance.

Pension benefits April–March 2023/24 (subject to audit)

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 Devon ICB even if the member has a split role but are pro rata to time spent in senior management position.

Pension benefits April–March 2023/24 (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500) £000	(b) Real increase in pension lump sum at pension age (bands of £2,500) £000	(c) Total accrued pension at pension age at 31 March 2024 (bands of £5,000) £000	(d) Lump sum at pension age related to accrued pension at 31 March 2024 (bands of £5,000) £000	(e) Cash Equivalent Transfer Value at 1 April 2023 £000	(f) Real increase in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value at 31 March 2024 £000	(h) Employer's contribution to stakeholder pension £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.

Negative values are not disclosed in this table but are substituted with a zero. 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 2024. HM Treasury published.

Lay members do not receive pensionable remuneration; there are no entries in respect of pensions for lay members.

Pension benefits – July-March 2022/23 (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500) £000	(b) Real increase in pension lump sum at pension age (bands of £2,500) £000	(c) Total accrued pension at pension age at 31 March 2023 (bands of £5,000) £000	(d) Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000) £000	(e) Cash Equivalent Transfer Value at 1 July 2022 £000	(f) Real increase in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value at 31 March 2023 £000	(h) Employer's contribution to stakeholder pension £000
Nigel Acheson Chief Medical Officer	2.5-5	2.5-5	75-80	150-155	1448	65	1568	0
Darryn Allcorn Chief Nurse	0-2.5	0	50-55	95-100	825	25	882	0
John Dowell Chief Finance Officer	0	0-2.5	55-60	100-105	1168	0	0	0
Anthony Fitzgerald Chief Delivery Officer	0-2.5	0	40-45	110-115	825	13	880	0
Jane Milligan Designate CEO ICS for Devon	0-2.5	0	70-75	150-155	1358	27	1436	0
Andrew Millward Chief Communications and Corporate Affairs Officer	0-2.5	0	55-60	125-130	1186	37	1265	0
Paul Renshaw Director of Workforce Strategy	0-2.5	0-2.5	15-20	0-5	212	9	240	0
Simon Tapley Chief Transformation	0-2.5	0	60-65	115-120	1005	29	1072	0

Pension benefits – July-March 2022/23 (subject to audit)

NHS Business Services Authority (NHS BSA) only provide information as of 31 March each year. With the ICB commencing 1 July 2022, figures had to be re-calculated on a pro rata basis to 31 March 2023. This was determined to be the best available approach given NHS BSA information was only available for 31 March 2022 and 31 March 2023.

John Dowell's CETV is disclosed as of 1 April 2022 as no value was attainable as of 30 June 2022.

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 the ICB exceeds that allowed as a tax-free amount by HMRC, or the total annual amount paid by the ICB 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 2024 amounting to £172,357, 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 2024.

Year ended 31 March 2024	Total			Admin			Programme		
	Total	Permanent Employee s	Othe r	Total	Permanent	Othe r	Total	Permanent	Othe r
	£000	£000	£000	£000	Employee s £000	£000	£000	Employees £000	£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

The table below sets out the breakdown of employee benefits for the period ending 31 March 2023.

Period ended 31 March 2023	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	23,392	20,424	2,968	11,438	10,769	669	11,954	9,655	2,299
Social security costs	2,208	2,208	-	1,499	1,499	-	709	709	-
Employer Contributions to NHS Pension scheme	3,567	3,567	-	2,633	2,633	-	934	934	-
Other pension costs	9	9	-	8	8	-	1	-	-
Apprenticeship Levy	89	89	-	89	89	-	-	-	-
Termination benefits	264	264	-	264	264	-	-	-	-
Gross employee benefits expenditure	29,529	26,561	2,968	15,931	15,262	669	13,598	11,299	2,299
Less recoveries in respect of employee benefits	(448)	(448)	-	(403)	(403)	-	(45)	(45)	-
Net admin employee benefits	29,081	26,113	2,968	15,528	14,859	669	13,553	11,254	2,299

Staff Report

Number of senior managers

The number of senior managers is set out below in the Gender Profile and Senior Staff Composition table.

Staff numbers and costs

The average number of ICB staff is presented below:

	Permanent	Other	Total
Average number of full time equivalent staff (2023/24)*	466.13	26.36	492.49

* Non-Executive Directors and staff on outward secondment have been excluded

Staff composition

As at 31 March 2024, the ICB employed 514 employees in 440.36 full-time equivalent posts. The breakdown of these employees by staff grouping is presented below.

Staff Grouping	Total (FTE)
Medical and dental	9.19
Administration and estates	328.17
Healthcare assistants and other support staff	4.4
Nursing, midwifery and health visiting staff	59.24
Scientific, therapeutic and technical staff	39.36
Social Care Staff	0
Total	440.36

The gender profile and senior staff composition for the ICB as at 31 March 2024 is presented below:

Category	Male (%)	Female (%)	Total Number
ICB Board ¹	37.5%	62.5%	8
Very Senior Managers (Executives)	83.33%	16.67%	12
Employees	20.85%	79.15%	494

¹ - Members of the Executive team who sit on the ICB Board have been counted within the Very Senior Managers data only.

Sickness absence data

The sickness rate for the ICB from 1 April 2023 – 31 March 2024 was 4.27% (calculated as FTE calendar days lost divided by total FTE calendar days within the period).

Sickness absence data for NHS Devon ICB is available at the following link:

[NHS Sickness Absence Rates - NHS Digital](#)

Staff turnover percentages

The staff turnover rate (FTE) for the ICB from 1 April 2023 – 31 March 2024 was 23.8% (calculated as total FTE leavers divided by average FTE of staff within the period).

The rate is inflated this year due to a TUPE transfer of staff out of the organisation and staff who left due to an organisation change process. As a comparison point, the turnover rate for last year was 11.7%.

Staff turnover for the ICB is included in the NHS workforce statistics reported on the NHS Digital website. A link has been provided below:

[NHS workforce statistics - NHS Digital](#)

Staff engagement percentages

The ICB participates in the NHS Staff Survey and detailed survey results can be found at the following link: [Working together to improve NHS staff experiences | NHS Staff Survey \(nhsstaffsurveys.com\)](#)

In 2023, NHS Devon ICB's staff survey results declined after five years of positive results and continual improvement. Staff engagement results were in line with the overall trend, and the NHS Devon ICB staff engagement score reduced from 7.0 (out of 10) in 2022 to 6.2 (out of 10) in 2023.

The decline in staff survey results is a significant concern for the Board and senior management. The ICB recognises that it needs to take action to improve the experience for employees at work, in 2024.

The ICB works with the Board and staff each year to review survey results and act on feedback. Various actions have been agreed at Board level, and staff engagement will be one of the areas of focus in 2024.

Staff policies

The ICB has a range of human resources policies in place to provide guidance to employees and managers and to ensure clear, fair and transparent practices across the organisation. All policies are approved by the Staff Partnership Forum and Executive and available to all staff on our intranet.

A review of all HR policies was carried out last financial year as part of the transition from a Clinical Commissioning Group to an Integrated Care Board. Updates and changes made as a result of the review were approved by the Staff Partnership Forum and the Executive.

All HR policies have been equality impact assessed to ensure they are not detrimental to any staff with protected characteristics, including persons with disabilities. All policies are developed with due regard to the Equality Act and the Public Sector Equality Duty and are in line with Agenda for Change Terms and Conditions, where applicable.

NHS Devon is committed to promoting diversity and equality of opportunity and providing an inclusive working environment in which all staff feel valued and supported. We are an accredited “Disability Confident” employer, which ensures all applicants who have declared that they have a disability are guaranteed an interview if they meet the essential requirements of the person specification of a role.

The recruitment policy and process outlines the requirement for recruiting managers to make reasonable adjustments for candidates with disabilities. Several inclusive recruitment training sessions were provided for managers in 2023 to reinforce key messages and the importance of following policy, legislation and challenging personal bias to ensure that good practice is embedded throughout the organisation. The ICB has also been preparing to implement the Oliver McGowan Mandatory Training and the first tier 1 session is due to take place in summer 2024.

All staff with a declared disability or who become disabled during their employment will have access to appropriate training courses, and career development opportunities, and access to promotional opportunities. Reasonable adjustments are made to support these people with accessing and benefitting from these opportunities.

The 2023 staff survey results show that 87.5% of NHS Devon staff feel that the organisation made reasonable adjustments to enable them to carry out their work (compared to an average score for ICBs of 78%).

Trade Union Facility Time Reporting Requirements

The trade union (facility time publication requirements) regulations 2017 came into force on 1 April 2017. In line with these regulations, all organisations employing more than 49 staff, must publish information on facility time, which is agreed time off from an individual's job to carry out a trade union role.

The information provided below is for the relevant period of 1 April 2023 to 31 March 2024. It captures details of employee's time spent on duties carried out for a trade union or as a union learning representative, for example, attending meetings, accompanying an employee to disciplinary or grievance hearing etc. It also applies to, if applicable, training received, and duties carried out under the Health and Safety at Work Act 1974.

It is important to note that the ICB's formal consultation mechanism is through the Staff Partnership Forum. Representatives of the forum are staff members who are not required to be part of a Trade Union or indeed be a representative of a Trade Union and therefore this information does not reflect staff time spent on forum duties.

Table 1: the number of trade union representatives in your organisation

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
3	440.36

Table 2: the percentage of time spent on facility time

Percentage of time	Number of employees
0%	
1-50%	3
51-99%	
100%	

Table 3: the amount spent on facility time

First column	Figures
Provide the total cost of facility time	£2,888
Provide the total pay bill	£32,725,049
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time/total pay bill) x 100	0.01%

Table 4: the percentage of paid facility time spent on paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period/total paid facility time hours) x 100	100%
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Other employee matters

Health and safety and staff wellbeing

The ICB is committed to providing a safe, attractive and inclusive working environment that values wellbeing and diversity. We recognise our wider legal and moral obligation to provide a safe and healthy working environment for employees, visitors and members of the public and we manage and comply with our legal duties outlined in the Health and Safety at Work Act 1974. Health and safety training is provided by e-learning for all staff.

The ICB has a sickness absence policy in place to ensure that staff are treated fairly and equitably, and supported when experiencing and recovering from illness, and this policy is applied across the organisation. We are committed to supporting staff with health and wellbeing and, in addition to the work we do to support absence management, the ICB also has trained mental health first aiders and a group of long-established group of health and wellbeing champions which is comprised of staff who volunteer their time to sit on the group and support colleagues.

The group focuses on raising awareness, regularly providing useful information and resources, and developing and implementing initiatives which will support colleagues in improving their health and wellbeing. The group regularly presents at the fortnightly

staff briefing to ensure all staff are aware of, and signposted to, the support which is available.

ICB staff have access to a free and confidential employee assistance programme and all staff are also able to self-refer or be referred to the Devon Wellbeing Hub which provides support to anyone struggling with any aspect of wellbeing. They also support teams who may benefit from support and run free virtual workshops on a range of wellbeing topics.

Consultation

The ICB is committed to involving and communicating with staff across a range of matters. This is done through a variety of channels such as our weekly staff bulletin and fortnightly staff briefings, and engagement groups such as the Staff Partnership Forum, and our Health and Wellbeing Champions.

The ICB's formal consultative body is the Staff Partnership Forum which was established to provide a regular and formal means of information, consultation and negotiation between managers, elected SPF members and trade union representatives.

The forum is involved with consulting on key issues affecting the terms and conditions of employment and representatives have the opportunity to influence decisions and their application. It helps to ensure staff views are taken into account and staff are informed of all relevant matters, including the performance or and plans for NHS Devon, and supported with consultation and employment issues.

In common with all ICBs, NHS Devon commenced a process of organisation change in 2023. The SPF and trade unions were closely involved with the proposals and the process as a whole. They played a key role in acting as the formal consultative body for the organisation change process and ensuring that staff were represented throughout. The organisation change process will continue into 2023/24.

Expenditure on consultancy

During the year ended 31st March 2024 the ICB spent £4.33 million (2022/23 £1.21 million) on consultancy costs.

Off-payroll engagements

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as at 31 March 2024, for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2024	3
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	2
for between one and two years at the time of reporting	
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	

for 4 or more years at the time of reporting

*The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

The ICB confirms that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2023 to 31 March 2024, for more than £245(1) per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2023 to 31 March 2024	6
<i>Of which:</i>	
No. not subject to off-payroll legislation ⁽²⁾	
No. subject to off-payroll legislation and determined as in-scope of IR35 ⁽²⁾	
No. subject to off-payroll legislation and determined as out of scope of IR35 ⁽²⁾	6
the number of engagements reassessed for compliance or assurance purposes during the year	
Of which: no. of engagements that saw a change to IR35 status following review	

⁽¹⁾ The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

⁽²⁾ A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2023 to 31 March 2024:

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period ⁽¹⁾	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant	0

financial responsibility”, during the reporting period. This figure should include both on payroll and off-payroll engagements. ⁽²⁾

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¹ There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months

² As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero.

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			1	£8,000.00	1	£8,000.00		
£10,000 - £25,000	1	£14,580.67	1	£11,836.25	2	£26,416.92		
£25,001 - £50,000	1	£33,333.33	3	£108,049.91	4	£141,383.24		
£50,001 - £100,000	1	£60,000.00	3	£207,954.62	4	£267,954.62		
£100,001 - £150,000			6	£828,389.65	6	£828,389.65		
£150,001 – £200,000			3	£480,000.00	3	£480,000.00		
>£200,000								
TOTALS	3	107,914.00	17	£1,644,230.43	20	£1,752,144.43		

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 the NHS Devon ICB has agreed early retirements, the additional costs are met by the 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	15	£1,587,630.43
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice*	1	£48,600.00
Exit payments following Employment Tribunals or court orders	1	£8,000.00
Non-contractual payments requiring HMT approval**		
TOTAL	17	£1,644,230.43

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

Parliamentary Accountability and Audit Report

NHS Devon Integrated Care Board is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on losses and special payments in this Accountability Report at page 25. An audit certificate and report are also included in this Annual Report.

Annual accounts

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**Statement of Comprehensive Net Expenditure for the year ended
31 March 2024**

		Year ending 31 March 2024	Period ending 31 March 2023
	Note	£'000	£'000
Income from sale of goods and services	2	(30,892)	(448)
Other operating income	2	(83,181)	(18,977)
Total operating income		(94,053)	(19,425)
Staff costs	4	38,707	29,534
Purchase of goods and services	5	2,994,425	1,984,953
Depreciation and impairment charges	5	848	552
Other Operating Expenditure	5	5,138	1,206
Total operating expenditure		3,039,118	2,016,245
Net Operating Expenditure		2,945,065	1,996,820
Finance income	8	-	-
Finance expense	8	82	32
Other gains and losses	9	100	-
Net expenditure for the Period		2,945,247	1,996,852
Comprehensive Expenditure for the Period		2,945,247	1,996,852

As of 1 July 2022, NHS Devon ICB assumed the commissioning functions, assets and liabilities previously held by NHS Devon CCG. Consequently, the comparative figures span a nine-month period from 1 July 2022 to 31 March 2023.

The notes on the following pages form part of this statement

Statement of Financial Position as at
31 March 2024

		Year ending 31 March 2024	Period ending 31 March 2023
	Note	£'000	£'000
Non-current assets:			
Property, plant and equipment	11	1,162	621
Right-of-use Assets	12	4,842	2,243
Intangible assets	13	0	167
Other financial assets	16	0	0
Total non-current assets		6,004	3,031
Current assets:			
Inventories	14	1,903	1,212
Trade and other receivables	15	38,800	5,576
Cash and cash equivalents	17	0	1,013
Total current assets		40,703	7,801
Total assets		46,707	10,832
Current Liabilities			
Trade and other payables	18	(219,063)	(146,588)
Lease liabilities	12	(689)	(625)
Borrowings	19	(1,767)	(2,497)
Provisions	20	(1,952)	-
Total current liabilities		(223,471)	(149,710)
Total Assets less Current Liabilities		(176,764)	(138,878)
Non-current liabilities			
Other financial liabilities		-	-
Lease liabilities	12	(4,127)	(1,899)
Borrowings	19	-	-
Provisions	20	(251)	-
Total non-current liabilities		(4,378)	(1,899)
Assets less Liabilities		(181,142)	(140,777)
Financed by Taxpayers' Equity			
General fund		(181,142)	(140,777)
Total taxpayers' equity:		(181,142)	(140,777)

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 27 June 2024 and signed on its behalf by:



Steve Moore
Chief Executive

NHS Devon ICB - Accounts Year ending 31 March 2024

Statement of Changes In Taxpayers Equity for the year ended
31 March 2024

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for Year 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	<u>(140,777)</u>	<u>(140,777)</u>
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	<u>(2,945,247)</u>	<u>(2,945,247)</u>
Net funding	2,904,882	2,904,882
Balance at 31 March 2024	<u>(181,142)</u>	<u>(181,142)</u>

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for Period ending 31 March 2023		
Balance at 01 July 2022	-	-
Transfer between reserves in respect of assets transferred from closed NHS bodies	10 (126,174)	(126,174)
Adjusted ICB balance	<u>(126,174)</u>	<u>(126,174)</u>
Changes in NHS ICB taxpayers' equity for Period ending 31 March 2023		
Net expenditure for the financial period	(1,996,852)	(1,996,852)
Net Recognised NHS ICB Expenditure for the Financial Period	<u>(1,996,852)</u>	<u>(1,996,852)</u>
Net funding	1,982,249	1,982,249
Balance at 31 March 2023	<u>(140,777)</u>	<u>(140,777)</u>

The notes on the following pages from part of this statement

**Statement of Cash Flows for the year ended
31 March 2024**

		Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Cash Flows from Operating Activities			
Net expenditure for the financial year		(2,945,407)	(1,986,852)
Depreciation and amortisation	5	848	552
Movement due to transfer by Modified Absorption	10	-	868
Interest paid	8	80	32
Other Gains & Losses	9	100	-
Unwinding of Discounts	8	2	-
(Increase)/decrease in inventories	14	(691)	(1,212)
(Increase)/decrease in trade & other receivables	15	(33,224)	3,290
(Increase)/decrease in other current assets		-	0
Increase/(decrease) in trade & other payables	18	72,256	11,704
Increase/(decrease) in other current liabilities		-	-
Increase/(decrease) in provisions	20	2,201	-
Net Cash Inflow (Outflow) from Operating Activities		(2,903,835)	(1,981,818)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment	11	(531)	(243)
(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		(630)	(243)
Net Cash Inflow (Outflow) before Financing		(2,904,465)	(1,981,861)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		2,904,882	1,982,249
Repayment of lease liabilities	12	(700)	(114)
Net Cash Inflow (Outflow) from Financing Activities		2,904,182	1,982,135
Net Increase (Decrease) in Cash & Cash Equivalents	17	(283)	274
Cash & Cash Equivalents at the Beginning of the Financial Period		(1,484)	-
Transfer from other public bodies under absorption (including bank overdrafts)		-	(1,758)
Cash & Cash Equivalents at the End of the Financial Period		(1,767)	(1,484)

The notes on the following pages form part of this statement

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 2023-24 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 Health and Social Care Bill was introduced into the House of Commons on 6 July 2021. The Bill allowed for the establishment of ICBs across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.

The Department of Health and Social Care Group Accounting Manual 2023-24 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 2023-24 Annual Report for the year ended 31 March 2024 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. Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Usually, where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs. However, transfers from CCGs to ICBs fall under the modified absorption approach in which the corresponding debit/credit to reflect the gain/loss on transfer is recognised directly in reserves.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

From 1 July 2022 NHS Devon ICB took on the commissioning functions, assets and liabilities of NHS Devon CCG.

1.4. 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.

1.5. 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.

1.6. Employee Benefits

1.6.1. 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.

1.6.2. 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.

1.7. 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.

1.8. 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.

1.9. Property, Plant & Equipment

1.9.1. 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.

1.9.2. 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.

1.9.3. 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.

1.10. Intangible Assets

1.10.1. 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.

1.10.2. 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.

1.10.3. 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.

1.11. 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.

1.11.1. 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 3.51% (0.95%) is applied for leases commencing, transitioning or being remeasured in the 2023 (2022) calendar year; and 4.72% to new leases commencing in 2024 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.

1.12. 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.

1.13. 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.

1.14. 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 4.26% (2022-23: 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 4.03% (2022-23: 3.20%) 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 4.72% (2022-23: 3.51%) 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 4.40% (2022-23: 3.00%) 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.

1.15. 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.

1.16. 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.

1.17. 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.

1.18. 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.

1.18.1. 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.

1.18.2. 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.

1.18.3. 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.

1.18.4. 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.

1.19. 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.

1.19.1. 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.

1.19.2. 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.

1.19.3. 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.

1.20.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.

1.21.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.

1.22.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.

1.23.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.

1.23.1 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 1.4 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:

1.23.2. 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 2024 to 31 March 2025 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 multiplying the anticipated reduction in staff by the average redundancy cost.

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.

1.24.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 Standard and Interpretation to be applied for the period ended 31 March 2024.

- IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted. This standard will apply to companies that write insurance contracts and as such would have no effect on the ICB's financial position.

2 Other Operating Revenue

	Year ending 31 March 2024 Total £'000	Period ending 31 March 2023 Total £'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	15,350	-
Dental fees and charges	14,171	-
Income generation	-	-
Other Contract income	-	-
Recoveries in respect of employee benefits	1,371	448
Total Income from sale of goods and services	30,892	448
Other operating income		
Non cash apprenticeship training grants revenue	39	47
Other non contract revenue	63,122	18,930
Total Other operating income	63,161	18,977
Total Operating Income	94,053	19,425

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 reimbursements 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

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

4.1.1 Employee benefits

	Total		Period ending 31 March 2023
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	20,424	2,972	23,396
Social security costs	2,208	-	2,208
Employer Contributions to NHS Pension scheme	3,568	-	3,568
Other pension costs	9	-	9
Apprenticeship Levy	89	-	89
Termination benefits	264	-	264
Gross employee benefits expenditure	26,562	2,972	29,534
Less recoveries in respect of employee benefits (note 4.1.2)	(448)	-	(448)
Total - Net admin employee benefits including capitalised costs	26,114	2,972	29,086
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	26,114	2,972	29,086

4.1.2 Recoveries in respect of employee benefits

	Year ending 31 March 2024			Period ending 31 March 2023
	Permanent Employees £'000	Other £'000	Total £'000	£'000
Employee Benefits - Revenue				
Salaries and wages	(1,134)	-	(1,134)	(439)
Social security costs	(112)	-	(112)	(4)
Employer contributions to the NHS Pension Scheme	(125)	-	(125)	(5)
Other pension costs	-	-	-	-
Other post-employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Total recoveries in respect of employee benefits	(1,371)	-	(1,371)	(448)

4.2 Average number of people employed

	Year ending 31 March 2024			Period ending 31 March 2023		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	474.93	25.38	500.32	491.49	35.47	526.96

Of the above:
Number of whole time equivalent people engaged on capital projects

- - -

4.3 Staff Annual Leave Accrual Balances

	Year ending 31 March 2024			Period ending 31 March 2023		
	Total £000s	Permanent Staff £000s	Temp/Agency £000s	Total £000s	Permanent Staff £000s	Temp/Agency £000s
	(299)	(299)	-	(296)	(296)	-

4.4 Exit packages agreed in the financial year

	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	14,561	1	11,836	2	26,417
£25,001 to £50,000	1	33,333	3	136,050	4	141,383
£50,001 to £100,000	1	60,000	3	207,965	4	267,965
£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

	Period ending 31 March 2023 Compulsory redundancies		Period ending 31 March 2023 Other Agreed Departures		Period ending 31 March 2023 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	3	66,497	1	11,047	4	77,543
£25,001 to £50,000	1	26,000	-	-	1	26,000
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	1	160,000	-	-	1	160,000
Over £200,001	-	-	-	-	-	-
Total	5	252,497	1	11,047	6	263,543

	Year ending 31 March 2024 Departures where special payments have been made		Period ending 31 March 2023 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 2024 Other agreed departures		Period ending 31 March 2023 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	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	48,600	1	11,047
Exit payments following Employment Tribunals or court orders	1	8,000	-	-
Non-contractual payments requiring HMT approval ¹	-	-	-	-
Total	17	1,644,231	1	11,047

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.

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

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 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM

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 (taking into account recent demographic experience), and to recommend contribution rates payable by employees

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

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 2024 Total £'000	Period ending 31 March 2023 Total £'000
Purchase of goods and services		
Services from other ICBs and NHS England	2,422	1,148
Services from foundation trusts	1,289,941	883,568
Services from other NHS trusts	695,899	475,126
Purchase of healthcare from non-NHS bodies	330,382	236,360
Purchase of social care	44,762	32,110
General dental services and personal dental services	50,081	-
Prescribing costs	243,227	170,549
Pharmaceutical services	44,575	-
General Ophthalmic services	11,795	522
GPMS/APMS and PCTMS	258,569	173,115
Supplies and services – clinical	733	586
Supplies and services – general	2,186	1,512
Consultancy services	4,330	1,212
Establishment	9,777	5,437
Transport	192	121
Premises	3,051	1,365
Audit fees	247	326
Other non statutory audit expenditure		
Internal audit services	-	-
Other services	18	24
Other professional fees	1,018	351
Legal fees	582	464
Education, training and conferences	599	1,010
Non cash apprenticeship training grants	39	47
Total Purchase of goods and services	2,994,425	1,984,953
Depreciation and impairment charges		
Depreciation	771	494
Amortisation	77	58
Total Depreciation and impairment charges	848	552
Other Operating Expenditure		
Chair and Non Executive Members	188	143
Grants to Other bodies	-	1,017
Clinical negligence	1	1
Research and development (excluding staff costs)	50	-
Expected credit loss on receivables	4,899	(148)
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	-	-
Inventories consumed	-	-
Other expenditure	(0)	193
Total Other Operating Expenditure	5,138	1,206
Total operating expenditure	3,000,411	1,986,711

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 £206,000 plus VAT totalling £247,200 for the year ended 31 March 2024 (2022-23 £240,000 including VAT).

Other services obtain from KPMG UK LLP is £15,000 plus VAT, totalling £18,000 (2022-23 £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.

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6.1 Better Payment Practice Code

Measure of compliance	Year ending 31 March 2024 Number	Year ending 31 March 2024 £'000	Period ending 31 March 2023 Number	Period ending 31 March 2023 £'000
Non-NHS Payables				
Total Non-NHS Trade Invoices paid in the Year	78,486	864,694	50,005	471,252
Total Non-NHS Trade Invoices paid within target	78,287	858,400	49,760	468,711
Percentage of Non-NHS Trade Invoices paid within target	99.71%	99.05%	99.53%	99.46%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,244	1,961,927	965	1,367,003
Total NHS Trade Invoices Paid within target	1,235	1,960,571	965	1,366,369
Percentage of NHS Trade Invoices paid within target	99.28%	99.93%	97.97%	99.95%

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.

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
6.2 The Late Payment of Commercial Debts (Interest) Act 1998		
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.

8.1 Finance income

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Investment income		
Investment income (cash)	-	-
Investment income (non-cash)	-	-
Interest Other	-	-
Total Interest	-	-
Unwinding of discount on receivables	-	-
Total finance income	-	-

8.2 Finance expense

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Interest		
Interest on lease liabilities	80	32
Other interest expense	-	-
Total Interest	80	32
Other finance costs	-	-
Provisions: unwinding of discount	2	-
Total finance costs	82	32

9 Other Gains & Losses

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
(Gain) / Loss on disposal of right-of-use assets other than by sale	190	-
(Gain) / Loss on disposal of intangible assets other than by sale	(50)	-
(Gain) / Loss on disposal of financial assets other than held for sale	-	-
Total	100	-

There was a loss of £160k as a result of surrendering the leases for Stone Barn and County Hall, as well as a gain of £80k on receiving a credit for an intangible asset previously capitalised.

10. Net gain/(loss) on transfer by absorption

As of the 1 July 2022, NHS Devon ICB assumed the commissioning functions, assets and liabilities previously held by NHS Devon COG. Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Usually, where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs. However, transfers from COGs to ICBs fall under the modified absorption approach in which the corresponding debit/credit to reflect the gain/loss on transfer is recognised directly in reserves.

The table below identifies the Statement of Financial Position at 1 July 2022 for NHS Devon ICB, disclosed within the Statement of Changes in Taxpayers Equity for the period ending 31 March 2023.

	Transfer 1 July 2022 £'000
Transfer of property plant and equipment	559
Transfer of right of use assets	2,287
Transfer of intangibles	225
Transfer of inventories	896
Transfer of cash and cash equivalents	731
Transfer of receivables	8,866
Transfer of payables	(134,864)
Transfer of Right Of Use liabilities	(2,317)
Transfer of borrowings	(2,466)
Transfer of PUPOC liability	(29)
Net loss on transfers by absorption	(128,174)

11 Property, plant and equipment

Year ending 31 March 2024

	Buildings £'000	Plant & machinery £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2023	-	4	1,453	74	1,531
Additions purchased	-	-	749	-	749
Disposals other than by sale	-	-	(424)	-	(424)
Impairments charged	-	-	-	-	-
Transfer (to)/from other public sector body	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-
Cost/Valuation at 31 March 2024	-	4	1,778	74	1,856
Depreciation 01 April 2023	-	4	835	72	911
Disposals other than by sale	-	-	(424)	-	(424)
Charged during the year	-	-	206	1	207
Transfer (to)/from other public sector body	-	-	-	-	-
Depreciation at 31 March 2024	-	4	617	73	694
Net Book Value at 31 March 2024	-	(0)	1,161	1	1,162
Purchased	-	-	1,161	1	1,162
Total at 31 March 2024	-	-	1,161	1	1,162

Revaluation Reserve Balance for Property, Plant & Equipment

	Buildings £'000	Plant & machinery £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Balance at 01 April 2023	-	-	-	-	-
Revaluation gains	-	-	-	-	-
Impairments	-	-	-	-	-
Release to general fund	-	-	-	-	-
Other movements	-	-	-	-	-
Balance at 31 March 2024	-	-	-	-	-

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 2024 £'000	Period ending 31 March 2023 £'000
Land	-	-
Buildings	-	-
Plant & machinery	4	4
Transport equipment	-	-
Information technology	113	424
Furniture & fittings	60	60
Total	177	488

11.2 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	-	5
Furniture & fittings	-	1

12 Leases Right-of-use assets

Year ending 31 March 2024	Land £'000	Buildings £'000	Total £'000	Of which: leased from DHSC group bodies £'000
Cost or valuation at 01 April 2023	-	2,652	2,652	1,174
Additions	-	4,215	4,215	-
Upward revaluation gains	-	-	-	-
Lease remeasurement	-	-	-	-
Modifications	-	(973)	(973)	-
Disposals on expiry of lease term	-	-	-	-
Derecognition for early terminations	-	(122)	(122)	-
Transfer (to) from other public sector body	-	-	-	-
Cost/Valuation at 31 March 2024	-	5,772	5,772	1,174
Depreciation 01 April 2023	-	408	408	196
Charged during the year	-	564	564	224
Impairments charged	-	-	-	-
Reversal of impairments	-	-	-	-
Disposals on expiry of lease term	-	-	-	-
Derecognition for early terminations	-	(42)	(42)	-
Transfer (to) from other public sector body	-	-	-	-
Depreciation at 31 March 2024	-	930	930	420
Net Book Value at 31 March 2024	-	4,842	4,842	754
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				754
Net Book Value at 31 March 2024				754

Revaluation Reserve Balance for Right-of-use-assets

	Land £'000	Buildings £'000	Total £'000
Balance at 01 April 2023	-	-	-
Revaluation gains	-	-	-
Impairments	-	-	-
Release to general fund	-	-	-
Other movements	-	-	-
Balance at 31 March 2024	-	-	-

12 Leases Right-of-use assets cont'd

12.1 Lease liabilities

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Lease liabilities at 1 April 2023	(2,524)	-
Additions	(3,965)	(305)
Interest expense relating to lease liabilities	(80)	(32)
Repayment of lease liabilities (capital and interest)	700	114
Lease remeasurement	-	17
Modifications	973	-
Derecognition for early terminations	80	-
Transfer (to) from other public sector body	-	(2,317)
Rounding	-	(1)
Lease liabilities at 31 March 2024	(4,816)	(2,524)

12.2 Lease liabilities - Maturity analysis of undiscounted future lease payments

	Year ending 31 March 2024 £'000	Of which: leased from DHSC group bodies £'000	Period ending 31 March 2023 £'000	Of which: leased from DHSC group bodies £'000
Within one year	(780)	(259)	(661)	(261)
Between one and five years	(2,514)	(612)	(1,413)	(778)
After five years	(2,313)	-	(548)	(93)
	<u>(5,607)</u>	<u>(871)</u>	<u>(2,622)</u>	<u>(1,132)</u>
Effect of discounting	791	37	98	63
<i>Included in:</i>				
Current lease liabilities	(689)	(240)	(625)	(235)
Non-current lease liabilities	<u>(4,127)</u>	<u>(594)</u>	<u>(1,899)</u>	<u>(834)</u>
Total	(4,816)	(834)	(2,624)	(1,069)
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		<u>(834)</u>		<u>(1,069)</u>
Balance as at 31 March 2024		(834)		(1,069)

12.3 Amounts recognised in Statement of Comprehensive Net Expenditure

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Depreciation expense on right-of-use assets	564	312
Interest expense on lease liabilities	80	32

12.4 Amounts recognised in Statement of Cash Flows

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Total cash outflow on leases under IFRS 16	700	114
Total cash outflow for lease payments not included within the measurement of lease liabilities	37	21

The ICB's leases relate to its various office locations, including County Hall (Exeter), Stone Barn (South Molton), and Pomona House (Torquay). As part of the ICB's strategy to consolidate its property portfolio, it moved into a new headquarters, Aperture House (Exeter), relinquishing its leases at County Hall, and Stone Barn.

Irrecoverable VAT is not included in the measurement of leases and so the ICB has an estimated £922k of future VAT payments related to the leases disclosed above.

13 Intangible non-current assets

Year ending 31 March 2024	Computer Software: Purchased £'000	Total £'000
Cost or valuation at 01 April 2023	244	244
Additions purchased	-	-
Disposals other than by sale	(150)	(150)
Upward revaluation gains	-	-
Transfer (to)/from other public sector body	-	-
Cost / Valuation At 31 March 2024	94	94
Amortisation 01 April 2023	77	77
Disposals other than by sale	(60)	(60)
Impairments charged	-	-
Charged during the year	77	77
Transfer (to) from other public sector body	-	-
Amortisation At 31 March 2024	94	94
Net Book Value at 31 March 2024	0	0

Revaluation Reserve Balance for intangible assets

	Computer Software: Purchased £'000	Total £'000
Balance at 01 April 2023	-	-
Revaluation gains	-	-
Impairments	-	-
Release to general fund	-	-
Other movements	-	-
Balance at 31 March 2024	-	-

The disposal relates to the ICB receiving an in year credit relating to previously capitalised spend.

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 2024 £'000	Period ending 31 March 2023 £'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 £'000	Consumables £'000	Other £'000	Total £'000
Balance at 01 April 2023	-	1,140	72	1,212
Additions	-	691	-	691
Inventories recognised as an expense in the period	-	-	-	-
Write-down of inventories (including losses)	-	-	-	-
Reversal of write-down previously taken to the statement of comprehensive net expenditure	-	-	-	-
Transfer from other public sector body by Absorption	-	-	-	-
Balance at 31 March 2024	-	1,831	72	1,903

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.

16.1 Trade and other receivables

	Current Year ending 31 March 2024 £'000	Non-current Year ending 31 March 2024 £'000	Current Period ending 31 March 2023 £'000	Non-current Period ending 31 March 2023 £'000
NHS receivables: Revenue	1,944	-	2,176	-
NHS accrued income	43	-	183	-
Non-NHS and Other WGA receivables: Revenue	17,866	-	1,365	-
Non-NHS and Other WGA prepayments	724	-	1,219	-
Non-NHS and Other WGA accrued income	4,902	-	1,083	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	17,788	-	-	-
Expected credit loss allowance-receivables	(5,480)	-	(581)	-
VAT	1,013	-	131	-
Total Trade & other receivables	38,890	-	6,678	-
Total current and non current	38,890	-	6,678	-

As at 31 March 2024 there were no non-current trade and other receivables (none as at 31 March 2023).

There are no prepaid pensions contributions as at 31 March 2024 (none as at 31 March 2023).

The great majority of trade is with NHS England. As NHS England is funded by Government to provide funding to ICB's to commission services, no credit scoring of them is considered necessary.

16.2 Receivables past their due date but not impaired

	Year ending 31 March 2024 DHSC Group Bodies £'000	Year ending 31 March 2024 Non DHSC Group Bodies £'000	Period ending 31 March 2023 DHSC Group Bodies £'000	Period ending 31 March 2023 Non DHSC Group Bodies £'000
By up to three months	117	8,159	386	57
By three to six months	17	7,849	118	294
By more than six months	5	1,455	27	115
Total	139	17,463	531	466

£1.0m of the amount above has subsequently been recovered post period end as at 22 April 2024.

The ICB did not hold any collateral against receivables outstanding at 31 March 2024.

Receivables past their due date are stated at the consideration agreed at the date of the transaction and the carrying amount and terms have not been renegotiated.

	Trade and other receivables - Non DHSC Group Bodies £'000	Other financial assets £'000	Total £'000
Balance at 01 April 2023	(581)	-	(581)
Transfer by Absorption from other entity	-	-	-
Lifetime expected credit loss on credit impaired financial assets	(4,899)	-	(4,899)
Lifetime expected credit losses on trade and other receivables-Stage 2	-	-	-
Lifetime expected credit losses on trade and other receivables-Stage 3	-	-	-
Credit losses recognised on purchase originated credit impaired financial assets	-	-	-
Amounts written off	-	-	-
Financial assets that have been derecognised	-	-	-
Changes due to modifications that did not result in derecognition	-	-	-
Other changes	-	-	-
Total	(5,480)	-	(5,480)

16 Other financial assets

16.1 Non-Current: capital analysis

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. Due to the immaterial value it is not visible in the annual accounts.

17 Cash and cash equivalents

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Balance at 01 April 2023	(1,484)	-
Transfer from other public bodies under absorption	-	(1,758)
Net change in year	(283)	274
Balance at 31 March 2024	(1,767)	(1,484)
Made up of:		
Cash with the Government Banking Service (GBS)	(0)	1,012
Cash in hand	0	1
Cash and cash equivalents as in statement of financial position	0	1,013
Bank overdraft: Government Banking Service	(1,767)	(2,497)
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	(1,767)	(2,497)
Balance at 31 March 2024	(1,767)	(1,484)

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 £511,522 while the BACS payment £2,278,448 is in progress. NHS England funds are deposited into the ICB account on the day the general practices payments leave the account.

If the comparators were adjusted to include the ICB's technical overdraft, the Cash with GBS would be £nil, and the Bank overdraft with GBS would be £1,485k.

	Current	Non-current	Current	Non-current
	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000
18 Trade and other payables				
NHS payables: Revenue	4,336	-	5,104	-
NHS payables: Capital	-	-	-	-
NHS accruals	45,641	-	10,505	-
NHS deferred income	-	-	-	-
Non-NHS and Other WGA payables: Revenue	43,172	-	17,211	-
Non-NHS and Other WGA payables: Capital	218	-	-	-
Non-NHS and Other WGA accruals	98,262	-	72,184	-
Non-NHS and Other WGA deferred income	785	-	1,830	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	327	-	357	-
VAT	-	-	-	-
Tax	336	-	332	-
Payments received on account	-	-	-	-
Other payables and accruals	25,976	-	39,065	-
Total Trade & Other Payables	219,063	-	146,588	-
Total current and non-current	219,063	-	146,588	-

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.

NHS Devon ICB - Accounts Year ending 31 March 2024

	Current	Non-current	Current	Non-current
	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000
19 Borrowings				
Bank overdrafts:				
- Government banking service (GBS)	1,767	-	2,497	-
- Commercial banks	-	-	-	-
Total overdrafts	1,767	-	2,497	-
Total	1,767	-	2,497	-
Total current and non-current	1,767		2,497	

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	Other	Total
	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	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

	Department of Health	Other	Total
	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000
Within one year	-	2,497	2,497
Between one and two years	-	-	-
Between two and five years	-	-	-
Between one and five years	-	-	-
After five years	-	-	-
Total	-	2,497	2,497

NHS Devon ICB - Accounts Year ending 31 March 2024

20 Provisions

	Current Year ending 31 March 2024 £'000	Non-current Year ending 31 March 2024 £'000	Current Period ending 31 March 2023 £'000	Non-current Period ending 31 March 2023 £'000								
Pensions relating to former directors	-	-	-	-	-	-	-	-	-	-	-	-
Pensions relating to other staff	-	-	-	-	-	-	-	-	-	-	-	-
Restructuring	-	-	-	-	-	-	-	-	-	-	-	-
Redundancy	1,952	-	-	-	-	-	-	-	-	-	-	-
Agenda for change	-	-	-	-	-	-	-	-	-	-	-	-
Equal pay	-	-	-	-	-	-	-	-	-	-	-	-
Legal claims	-	-	-	-	-	-	-	-	-	-	-	-
Clinician Tax Charge	-	-	-	-	-	-	-	-	-	-	-	-
Continuing care	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	251	-	-	-	-	-	-	-	-	-	-
Total	1,952	251	-	-	-	-	-	-	-	-	-	-
Total current and non-current	2,203	-	-	-	-	-	-	-	-	-	-	-

	Pensions Relating to Former Directors £'000	Pensions Relating to Other Staff £'000	Restructuring £'000	Redundancy £'000	Agenda for Change £'000	Equal Pay £'000	Legal Claims £'000	Continuing Care £'000	Other £'000	Total £'000
Balance at 01 April 2023	-	-	-	-	-	-	-	-	-	-
Arising during the year	-	-	-	1,952	-	-	-	-	249	2,201
Utilised during the year	-	-	-	-	-	-	-	-	-	-
Reversed unused	-	-	-	-	-	-	-	-	-	-
Unwinding of discount	-	-	-	-	-	-	-	-	2	2
Change in discount rate	-	-	-	-	-	-	-	-	-	-
Transfer (to) from other public sector body	-	-	-	-	-	-	-	-	-	-
Transfer (to) from other public sector body under absorption	-	-	-	-	-	-	-	-	-	-
Balance at 31 March 2024	-	-	-	1,952	-	-	-	-	251	2,203
Expected timing of cash flows:										
Within one year	-	-	-	1,952	-	-	-	-	-	1,952
Between one and five years	-	-	-	-	-	-	-	-	251	251
After five years	-	-	-	-	-	-	-	-	-	-
Balance at 31 March 2024	-	-	-	1,952	-	-	-	-	251	2,203

Redundancy

ICBs are subject to a 30% real terms reduction in Running Cost Allowances by 2025/26, with at least 20% delivered in 2024/25. In response, Devon ICB has been working through this requirement, reviewing and amending its structure to align with the new statutory responsibilities. 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 multiplying the anticipated reduction in staff by the average redundancy cost.

Other

During the year 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, disposition costs are factored in and provided for as a provision to be utilised in due course. The disposition provision has been estimated based on the latest averages and cost per square metre.

£10k is included in the provisions of NHS Resolution as at 31 March 2024 in respect of the Liabilities to Third Parties Scheme of the ICB (EN11 31 March 2023).

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 2024.

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 2024 £'000	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000
Trade and other receivables with NHSE bodies	1,851	-	1,851	2,226	-	2,226
Trade and other receivables with other DHSC group bodies	233	-	233	246	-	246
Trade and other receivables with external bodies	40,459	-	40,459	2,335	-	2,335
Cash and cash equivalents	0	-	0	1,013	-	1,013
Total	42,643	-	42,643	5,820	-	5,820

22.3 Financial liabilities

	Financial Liabilities measured at amortised cost	Other	Total	Financial Liabilities measured at amortised cost	Other	Total
	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000
Loans with external bodies	1,767	-	1,767	2,497	-	2,497
Trade and other payables with NHSE bodies	1,175	-	1,175	1,217	-	1,217
Trade and other payables with other DHSC group bodies	51,139	-	51,139	15,568	-	15,568
Trade and other payables with external bodies	170,107	-	170,107	129,807	-	129,807
Other financial liabilities	-	-	-	-	-	-
Total	224,188	-	224,188	149,089	-	149,089

Loans with external bodies are the outstanding payments yet to leave the bank account and has resulted in a technical overdraft.

22.4 Maturity of financial liabilities

	Payable to DHSC	Payable to Other bodies	Total	Payable to DHSC	Payable to Other bodies	Total
	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000
In one year or less	51,720	168,341	220,061	15,951	131,239	147,190
In more than one year but not more than two years	247	359	606	240	210	450
In more than two years but not more than five years	347	1,068	1,415	501	405	906
In more than five years	-	2,106	2,106	93	450	543
Total	52,314	171,874	224,188	16,785	132,304	149,089

23 Operating segments

The ICB consider they have only one segment, commissioning of healthcare services.

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning of Healthcare Services	3,039,300	(94,053)	2,945,247	46,707	(227,849)	(181,142)

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.

NHS Devon ICB - Accounts Year ending 31 March 2024

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				Amounts recognised in Entities books ONLY			
			Year ending 31 March 2024				Period ending 31 March 2023			
			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	1,903	-	32,883	74,983	1,212	-	21,528	52,236
Plymouth Integrated Fund	Plymouth City Council	Provision of integrated care	-	-	12,857	175,570	-	-	8,483	145,803
Joint Community Equipment Store	Torbay Council	Provision of community equipment	-	-	-	884	-	-	-	637
Better Care Fund Torbay	Torbay Council	Provision of integrated care services	-	-	-	13,862	-	-	-	9,240

24.2 Interests in entities not accounted for under FRS 10 or FRS 11

Name of entity	Description of principal activities	Basis for treatment eg materiality
DELT Shared Services Ltd	IT Services	Materiality

25 Related party transactions

Year ending 31 March 2024

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:

	Payments to Related Party £'000	Receipts from Related Party £'000	Year ending 31 March 2024 Amounts owed to Related Party £'000	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.

25 Related party transactions

Period ending 31 March 2023

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:

	Period ending 31 March 2023			
	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	from Related Party £'000
DELT Shared Services Ltd	7,004	-	-	-
Devon County Council	88,688	(2,457)	7,662	(253)
Plymouth City Council	52,913	(11,198)	907	-
Torbay Council	4,628	(44)	139	(416)

The related party figures above have been restated, as shown, from the original disclosures in 2022/23 as a number of transactions were not included in the report used.

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.

26 Events after the end of the reporting period

26.1 ICB reorganisation

Prompted in part by reduced funding the ICB has been working towards reorganising its workforce. This restructuring initiative aims to streamline operations, optimise resource utilisation, and enhance overall operational efficiency. Phase 1 of this initiative was executed during the year, while the final phase, phase 2, is scheduled for implementation after the reporting period. To account for decisions made before year-end, a redundancy provision has been incorporated into the financial statements.

26.2 Financial Statements

The financial statements were approved by the Board and authorised for issue on 27 June 2024.

The above mentioned post balance sheet events have no material effect on the accounts for the period ended 31 March 2024.

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 2024 Target £'000	Year ending 31 March 2024 Performance £'000	Period ending 31 March 2023 Target £'000	Period ending 31 March 2023 Performance £'000	Year ending 31 March 2024 Duty Achieved?	Period ending 31 March 2023 Duty Achieved?
Expenditure not to exceed income	3,078,637	3,043,122	2,016,943	2,016,808	Y	Y
Capital resource use does not exceed the amount specified in Directions	3,811	3,821	531	531	Y	Y
Revenue resource use does not exceed the amount specified in Directions	2,861,872	2,846,247	1,996,987	1,996,852	Y	Y
Revenue administration resource use does not exceed the amount specified in Directions	24,882	28,177	15,690	15,690	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 £36.425m.

Summary of Programme and Administration, Income and Expenditure

	Year ending 31 March 2024 £000	Period ending 31 March 2023 £000
Programme Expenditure	3,015,371	1,996,030
Administration Expenditure	23,929	20,247
Total Expenditure	3,069,300	2,016,277
Programme Income	(93,301)	(18,868)
Administration Income	(752)	(567)
Total Income	(94,053)	(19,435)
Total Net Expenditure for the financial period	2,846,247	1,996,852
Revenue Resource Limit (RRL)	2,861,872	1,996,987
Surplus/(Deficit)	98,425	135
Surplus/(Deficit) % of Revenue Resource Limit	1.22%	0.01%

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 2023/24 the NHS Devon Board has covered a wide range of issues, with the main focus being around the system recovery programme and strengthening the governance arrangements for NHS Devon and the wider One Devon Integrated Care System.

The Board agreed the oversight and assurance mechanisms for exiting NOF4 and received regular updates of the current performance against the agreed exit criteria. In addition, regular updates were received in respect of financial performance, the mitigation of risks set out in the Board Assurance Framework (BAF) and service delivery through the Integrated Quality, Performance and Finance Report (IQPR). In addition, assurance on the performance of NHS Devon was received through the reports to the Board from the Chairs of the Board's Assurance Committees.

The Board considered whistleblowing and Freedom to Speak Up arrangements alongside the Policy at its meeting on 04 October 2024.

During the reporting period the Board approved the Joint 5 Year Forward Plan, the ICS Workforce Strategy, Primary Care Access Recovery Plan and Risk Management Policy.

The establishment of an Executive Committee and a Provider Selection Regime Steering Group was approved. 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.

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	10/11
Darryn Allcorn	Chief Nursing Officer, NHS Devon	Chief Nursing Officer	0/0
Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health, NHS Devon	Non-Executive Member	10/11

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Steve Brown	Director of Public Health, Communities and Prosperity, Devon County Council	Partner Member for Local Authorities	3/3
Naomi Chapman	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	2/3
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon	Non-Executive Member	11/11
Liz Davenport	Chief Executive Officer, Torbay and South Devon NHS Foundation Trust	Partner Member for NHS Trusts and Foundation Trusts	9/11
Sarah Lou Glover	Chief Executive, Parental Minds	Mental Health Member	7/7
Natasha Goswell	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	2/2
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon	Non-Executive Member	10/11
Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon	Non-Executive Member	8/11
Ruth Harrell	Partner Member for Local Authorities, Director of Public Health Plymouth City Council	Partner Member for Local Authorities	6/8
Hisham Khalil	Non-Executive Member, Quality and Patient Experience, NHS Devon	Non-Executive Member	7/7
Tracey Lee	Partner Member for Local Authorities, Chief Executive Plymouth City Council	Partner Member for Local Authorities	2/2
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council	Partner Member for Local Authorities	7/8
Jane Milligan	Chief Executive Officer, NHS Devon	Chief Executive Officer	5/5
Sarah Wollaston	Chair, NHS Devon	Independent Chair	10/11
Susan Masters	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	1/1
Steven Moore	Chief Executive Officer, NHS Devon	Chief Executive Officer	2/3
Frank O'Kelly	General Practitioner, Amicus Health	Partner Member for Primary Care	10/11
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon	Non-Executive Member	10/11
Bill Shields*	Chief Finance Officer, NHS Devon	Chief Finance Officer	11/11

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Penny Smith	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	3/5

Table Notes

Start dates for NHS Devon Board membership are below: • Donna Manson – 01 August 2023 • Ruth Harrell – 22 August 2023 • Steven Moore – 12 February 2024 • Penny Smith – 01 December 2023 (interim) • Naomi Chapman – 15 May 2023 (interim) • Susan Masters – 11 September 2023 (interim) • Natasha Goswell – 1 October 2023 (interim) Bill Shields was interim Chief Executive Officer between 1 November 2023 and 11 February 2024 when he reverted to his substantive role of Chief Finance Officer.	End dates for NHS Devon Board membership are below: • Darryn Allcorn – 30 April 2023 (commenced secondment) • Steve Brown – 21 July 2023 • Sarah Lou Glover – 08 December 2023 • Professor Hisham Khalil - 08 December 2023 • Tracey Lee – 20 June 2023 • Jane Milligan – 31 October 2023 • Naomi Chapman – 30 September 2023 • Susan Masters – 1 October 2023 • Natasha Goswell – 1 December 2023
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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 been in respect of the development of NHS Devon's Board Assurance Framework and risk management arrangements, receiving regular updates on the implementation of process and systems, together with reviewing the Risk Management Policy and recommending its approval to the NHS Devon Board.

The Committee approved the 2023/24 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.

Corporate compliance has been a fixture for agendas with annual reports in respect of Conflicts of Interest, Gifts and Hospitality, Health and Safety, and Information Governance being received, and policies being recommended for approval including Standards of Business Conduct, Conflicts of Interest, Risk Management and Information Governance.

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 Committee agreed to the establishment and recruitment of a Freedom to Speak Up Guardian.

The Committee convened an Audit Panel to oversee the process for appointing external auditors for NHS Devon, subsequently making its recommendation to the NHS Devon Board.

The Committee Chair has established and acts as Chair of an Audit Chairs' Forum for the One Devon Integrated Care System NHS partners.

Name	Job Title / Organisation	Meeting Role	Attended/Eligible
Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health, NHS Devon	Non-Executive Member	5/7
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon	Non-Executive Member, Committee Chair	6/7
Hisham Khalil*	Non-Executive Member, Quality and Patient Experience, NHS Devon	Non-Executive Member	6/7
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon	Non-Executive Member	5/7

*Table notes

- Professor Hisham Khalil stood down as a Non-Executive Member of the NHS Devon Board on 08 December 2023 and was appointed as a co-opted member of the Audit and Risk Committee from 01 January 2024.

Remuneration and Internal ICB Workforce Committee

During the 2023/24 the main focus of the Committee has been in respect of the implementation of the Organisational Change Programme required to deliver the 30% running cost reduction required of all ICBs. The Committee received updates from the Organisational Change Programme Oversight Group and was consulted on proposals with regard to the application of the Voluntary Redundancy Scheme.

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.

Regular review of the Human Resources Dashboard enabled the Committee to be aware of key themes and trends, together with any areas of concern in respect of the experience of staff at NHS Devon.

Responding to the possible loss of Non-Executive Member knowledge and experience from the NHS Devon Board, the Committee recommended a Policy for Co-Option to Board Committees.

The Terms of Reference of the Committee were also subject to review, with amendments being made to reflect required attendees, quoracy and the responsibility of the Committee in relation to the wellbeing of NHS Devon staff.

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health, NHS Devon	Non-Executive Member	4/11*
Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon	Non-Executive Member	8/11
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon	Non-Executive Member	10/11
Kevin Orford	Non-Executive Member, Finance and Performance, NHS Devon	Non-Executive Member	11/11
Sarah Wollaston	NHS Devon Chair	Member	6/11

*Where attendance levels are low informal conversations are held with the individuals concerned. There have been no constitutional breaches in respect of attendance during 2023-24.

Finance and Performance Committee

The financial position of NHS Devon and the One Devon Integrated Care System has driven the work of the Finance and Performance Committee during 2023/24 period, with monthly consideration being given to the resourcing of the System Recovery Support and financial risks. From December 2023 the Committee considered progress against the NOF4 exit criteria at each meeting.

During the year the Committee has approved a system Risk Share Agreement and the Lead Commissioner Arrangements for the South Western Ambulance NHS Foundation Trust. It has also recommended approval of the Medium-Term Finance Plan, the Winter Plan and the preferred bidder for the Patient Transport Service and, in response to a request from the Board, also advised upon the financial implications of proposals for additional bed capacity for those with Learning Disabilities and Autism.

Other areas of focus have included the estates portfolio, the system's investment process and approach to financial risk management.

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Nigel Acheson	Chief Medical Officer, NHS Devon	Chief Medical Officer	7/11
Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health, NHS Devon	Non-Executive Member	8/11

Mat Chetwynd	Director of Estates, NHS Devon	Director of Estates	7/11
Graham Clarke (non-voting)	Non-Executive Member, Audit and Risk, NHS Devon	Non-Executive Member	8/11
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon	Chief Delivery Officer	9/11
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon	Non-Executive Member, Committee Chair	10/11
Mark Sowden*	Associate Director – Workforce Strategy, Planning and Capacity, NHS Devon	Associate Director – Workforce Strategy, Planning and Capacity	8/10
Bill Shields	Chief Finance Officer, NHS Devon	Chief Finance Officer	10/11

Table notes:

- Mark Sowden was appointed to the Finance and Performance Committee as of 1 May 2024.

Quality and Patient Experience Committee

The Committee has covered a wide range of issues during 2023/24 with risk management, incident reporting thematic analysis and patient safety featuring on each agenda, together with feedback from Healthwatch as to the perspective of citizens in respect of healthcare services across the system.

Regular reporting was received in respect of the work of the System Quality and Performance Group and the Mortality Workstream, together with the impact on patient experience and safety in light of the periods of industrial action throughout the year and the pressures being faced across the system.

Briefings were received in respect of the new national incident reporting system (PSIRF), proposals for the delegation of Specialised Commissioning from NHS England and for a system-wide approach to Quality, Equality Impact Assessments.

The Committee has re-focussed its approach to quality in line with National Quality Board guidance and reviewed its roles and responsibilities against those of the System Quality and Performance Group, resulting in an amended forward plan of work and proposed amendments of its Terms of Reference.

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Nigel Acheson	Chief Medical Officer, NHS Devon	Chief Medical Officer	4/11*
Darryn Allcorn	Chief Nursing Officer, NHS Devon	Chief Nursing Officer	1/1
Naomi Chapman	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	0/4

Susan Masters	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	1/1
Natasha Goswell	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	2/2
Penny Smith	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	3/3
Thandiwe Hara	Non-Executive Member, NHS Devon	Non-Executive Member, Committee Chair	5/5
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon	Non-Executive Member	7/7
n/a	Chief Nursing Officer, Provider Trust	Acute Provider Representative Member	0/11
Hisham Khalil	Non-Executive Member, Quality and Patient Experience, NHS Devon	Non-Executive Member, Committee Chair	7/8
Frank O'Kelly	Partner Member for Primary Care, Amicus Health	Partner Member	5/7

***Table Notes**

Start dates for the Quality and Patient Experience Committee membership are below: • Naomi Chapman – 15 May 2023 (interim) • Susan Masters – 11 September 2023 (interim) • Natasha Goswell – 1 October 2023 (interim) • Thandiwe Hara – 1 October 2023 • Penny Smith – 01 December 2023 (interim)	End dates for the Quality and Patient Experience Committee membership are below: • Darryn Allcorn – 30 April 2023 (commenced secondment) • Professor Hisham Khalil - 08 December 2023 • Naomi Chapman – 30 September 2023 • Susan Masters – 1 October 2023 • Natasha Goswell – 1 December 2023 • Judy Hargadon – 18 October 2023
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Primary Care Commissioning Transition Committee

Throughout 2023/24 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 issues around individual providers within the system.

Each meeting also received an update in respect of the implications of the delegation of Pharmacy, Optometry and Dental services from NHS England on 1 April 2023, with a recommendation that the support being received for these services be reviewed by the NHS Devon Board.

The Committee has received briefings in respect of primary and secondary care interface inefficiencies, the development of the Devon Collaborative Board, the work of the Peninsula Radiology Imaging Network and the Plymouth Primary Care Summit.

During the reporting period the Committee has endorsed the criteria for the Estates Toolkit Prioritisation Process, the establishment of the LMC Joint Operational Resilience Team, and the recommendation to go out to tender for a Homeless Healthcare service. In addition, the Committee recommended approval of the Primary Care Access Recovery Plan to the NHS Devon Board.

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Nigel Acheson	Chief Medical Officer, NHS Devon	Chief Medical Officer	6/14*
Derek Blackford	Locality Director, NHS Devon	Representative of Local Care Partnership Management	7/14*
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon	Non-Executive Member, Committee Chair	14/14
Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon	Non-Executive Member	12/14
Steve Harris	Strategic Clinical Lead for Primary Care	Clinical Strategic Lead for Primary Care	11/14
Darryn Allcorn	Chief Nursing Officer	Chief Nursing Officer	0/1
Naomi Chapman	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	0/5
Susan Masters	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	0/1
Natasha Goswell	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	0/3
Penny Smith	Interim Chief Nursing Officer, NHS Devon	Chief Nursing Officer	0/4
Frank O'Kelly	Partner Member for Primary Care, Amicus Health	Partner Member	13/14
Bill Shields	Chief Finance Officer, NHS Devon	Chief Finance Officer	0/14*
Jo Turl	Director of Out of Hospital Commissioning, NHS Devon	Director with responsibility for Primary Care	9/14
Su Smart	Deputy Director of Commissioning, NHS Devon	Deputy Director of Out of Hospital Directorate	4/14
Emily Youngman	Consultant in Public Health, Devon County Council	Public Health Representative	6/11
Tina Henry	Deputy Director of Public Health, Devon County Council	Public Health Representative	1/3

Table Notes

Start dates for the Primary Care Commissioning Transition Committee are below: • Naomi Chapman – 15 May 2023 (interim) • Susan Masters – 11 September 2023 (interim) • Natasha Goswell – 1 October 2023 (interim) • Penny Smith – 01 December 2023 (interim) • Tina Henry – 1 February 2024 • Bill Shields was interim Chief Executive Officer between 1 November 2023 and 11 February 2024 when he reverted to his substantive role of Chief Finance Officer.	End dates for Primary Care Commissioning Transition Committee are below: • Darryn Allcorn – 30 April 2023 (commenced secondment) • Naomi Chapman – 30 September 2023 • Susan Masters – 1 October 2023 • Natasha Goswell – 1 December 2023 • Emily Youngman – 31 January 2024
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People and Culture Committee

During 2023/24 the main focus of the Committee has been the development of the One Devon Integrated Care System Workforce Strategy together with the associated Learning and Education Strategy.

The Committee has received briefings on the work of the Devon Learning Academy, the Health and Social Skills Accelerator Programme and heard from Chief Medical Officer regarding NHS Devon's research, innovation, and improvement work.

Specific issues of focus included the development of the One Devon Collaborative Staff Bank, international recruitment of nurses and social care staff, outcomes of the 2023 staff survey, the Devon Wellbeing Hub and workforce data in respect of agency spend, staff turnover and workforce productivity.

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Alex Degan	ICS Primary Care Medical Director	ICB Primary Care Lead	2/3
Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon	ICB Non-Executive Member, Committee Chair	3/3
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon	ICB Non-Executive Member, Vice Chair	3/3
Tracey Lee	Chief Executive Officer, Plymouth City Council	Local Authority Chief Executive Officer	2/2
Jane Milligan	Chief Executive Officer, NHS Devon	ICB Chief Executive Officer	1/3

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Andrew Millward	Chief Communications and Corporate Affairs Officer, NHS Devon	Chief Communications and Corporate Affairs Officer	1/3
Paul Renshaw	Director of Strategic Workforce, NHS Devon	Director of Strategic Workforce	3/3
Michelle Thomas	Chief Executive Officer, Livewell Southwest	Provider Organisation Chief Executive Officer	1/3
Donna Manson	Chief Executive Officer, Devon County Council	Local Authority Chief Executive Officer	1/1

Table Notes

Start dates for the People and Culture Committee are below:	End dates for the People and Culture Committee are below:
Donna Manson – 1 August 2023	Tracey Lee – 20 June 2023

One Devon Integrated Care Partnership (One Devon)

During 2023/24 the main focus of the One Devon Partnership was to develop and publish Devon's Integrated Care Strategy. The strategy drew on a number of different sources of information and intelligence, including Joint Strategic Needs Assessments, insight from engagement activity with people in Devon and the recent Change Leaders Event.

The Committee has identified areas of focus for future work and will support access and coordination in these areas.

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Nigel Acheson	Chief Medical Officer/ Chair Clinical and Professional Cabinet, NHS Devon	Clinical Lead	2/2
Jasmine Allen	Torbay Health and Wellbeing Network	Voluntary Community and Social Enterprise Representative, Torbay	1 / 2
Councillor Mary Aspinall	Cabinet Member for Health and Adult Social Care, Plymouth	Health and Wellbeing Chair Plymouth	1/1
Andrea Beacham	Programme Manager, One Northern Devon	North Local Care Partnership Representative	1 / 2

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Julia Boas	Deputy Chief Executive Officer, Intercom Trust	Voluntary Community and Social Enterprise Representative, Devon	2/2
Jeff Chinnock	Head of Stakeholder Communications and Engagement, Royal Devon United Hospitals	East Local Care Partnership Representative	1 / 2
Liz Davenport	Chief Executive TSDFT	NHS Acute Provider Collaborative Chair	2/2
Thandiwe Hara	Non-Executive Member for citizen engagement and outreach, NHS Devon	Non-Executive Member	2/2
Pat Harris	Chief Executive Officer	Healthwatch Representative	2/2
Ann James	Chief Executive Officer, University Hospitals Plymouth	Plymouth Local Care Partnership Representative	0/2
Adel Jones	Director of Transformation, TSDFT	South Local Care Partnership Representative	0/2
Rachael Lankshear	Practice Manager	Primary Care Representative	2/2
Councillor James McInnes	Cabinet Member for Adult Social Care and Health Services	Chair	2/2
Lincoln Sargeant	Director of Public Health/Health Inequalities System Senior Responsible Officer	Health Inequalities and Prevention Programme	2/2
Bill Shields	NHS Devon Chief Executive Officer (interim)	NHS Devon, Chief Executive Officer	1/1
Ian Smith	Co-Director, Food Plymouth CIC	Voluntary Community and Social Enterprise Representative, Plymouth	1/1
Michelle Thomas	Chief Executive Officer Livewell Southwest	West Local Care Partnership Representative	2/2
Councillor Hayley Tranter	Chair Health and Wellbeing Board	Health and Wellbeing Chair Torbay	0/1
Stephen Walford	CEO, Mid-Devon District Council	District Council Representative	1 / 2

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Melanie Walker	Chief Executive Devon Partnership Trust	Mental Health Provider Collaborative Chair	0/2
Joanna Williams	Director of Adult Social Care	Director of Adult Social Care	2/2
Dr Sarah Wollaston	Chair, NHS Devon	Vice Chair	2/2
Julian Wooster	Director of Childrens Services, Devon	Director of Childrens Services	1 /2
Jane Milligan	Chief Executive Officer, NHS Devon	NHS Devon, Chief Executive Officer	0/1

Table Notes

Start dates for the One Devon Integrated Care Partnership are below: • Councillor Mary Aspinall – membership from 15 June 2023 • Councillor Hayley Tranter – membership from 15 June 2023 • Ian Smith – membership from 21 November 2023 Bill Shields was interim Chief Executive Officer between 1 November 2023 and 11 February 2024 when he reverted to his substantive role of Chief Finance Officer.	End dates for the One Devon Integrated Care Partnership are below: • Councillor Dr John Mahony – 14 June 2024 • Councillor Jackie Stockman – 14 June 2023 • Jane Milligan – 31 October 2023
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Appendix 2 – Health inequalities reporting

Inequalities

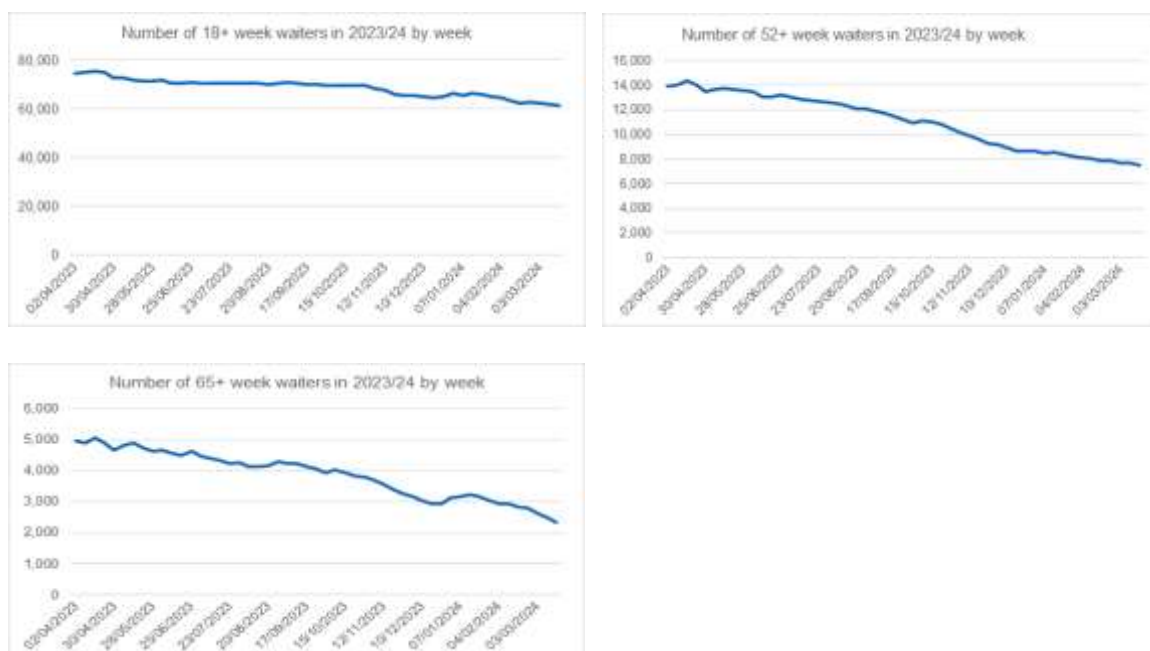
Under duty s.13SA of the National Health Service (NHS) Act 2006 NHS England is required to publish a Statement on Information on Health Inequalities setting out:

- 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.

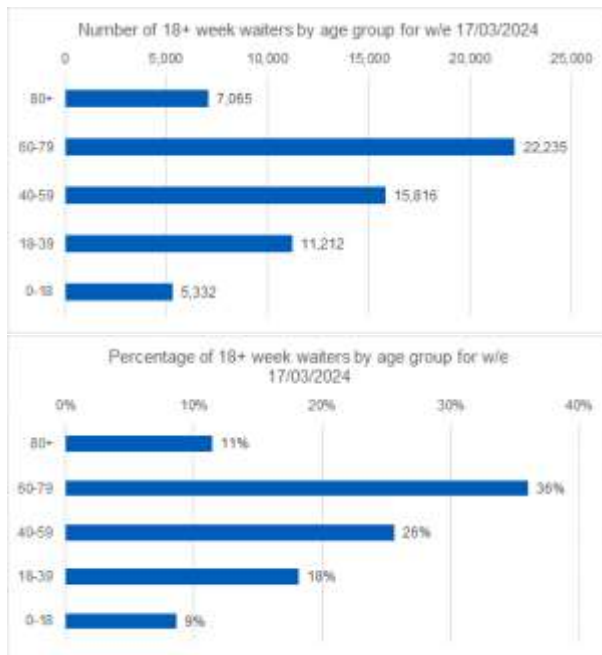
The current Statement provides information on how powers should be exercised in connection with health inequalities information for the period 1 April 2023 to 31 March 2025, and includes a requirement for all NHS organisations to report on inequalities for specified indicators in their annual reports. This section of the report covers those indicators.

Elective recovery

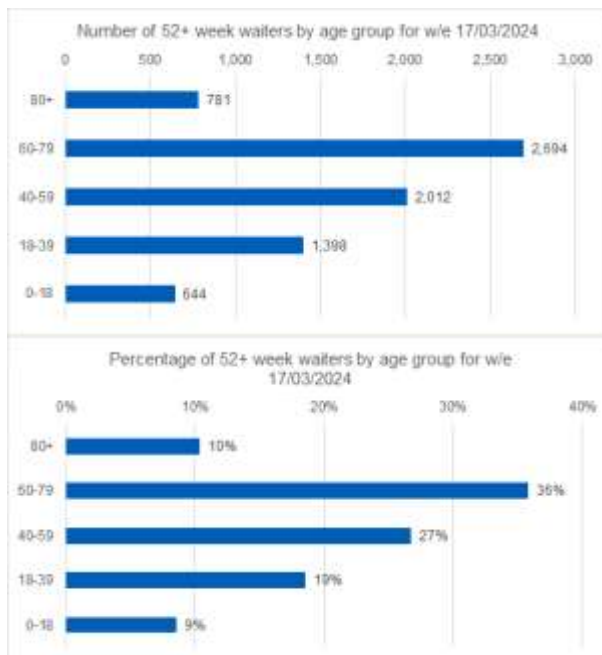
The number of long waits for elective treatment continued to reduce in Devon during 2023/24, with positive progress being made at all providers. The charts below show a falling number of over 18, 52 and 65 week waits for treatment, with particular progress being made in reducing the longest wait patients (those waiting above 65 weeks):



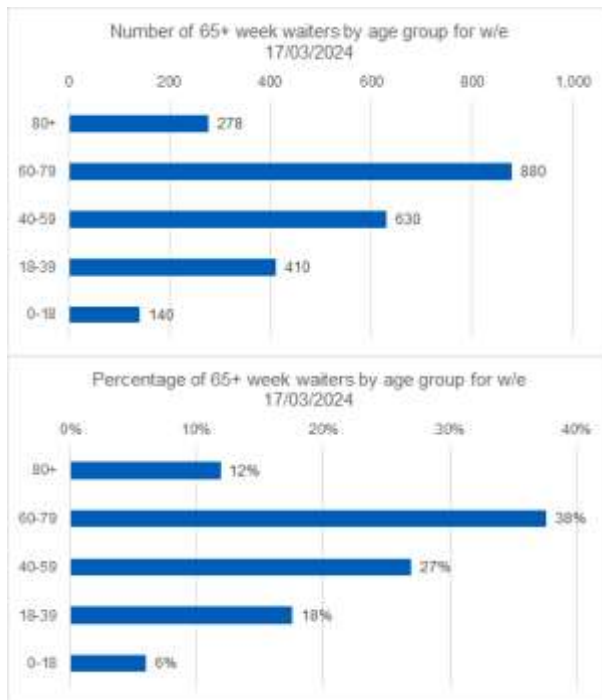
When looking at the number of over 18 week waits by age band, we can see the waiting list is representative of Devon's comparably older population, with almost half the patients aged over 60.



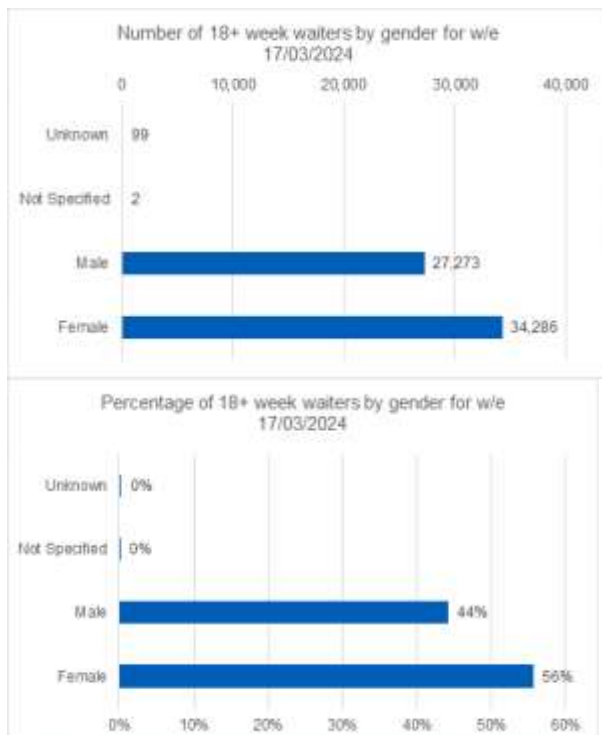
This picture is almost exactly the same for over 52 week waits, with very similar proportions of patients split between the different age groups. This consistency suggests patients waiting a long time are not skewed towards any single age group.



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.



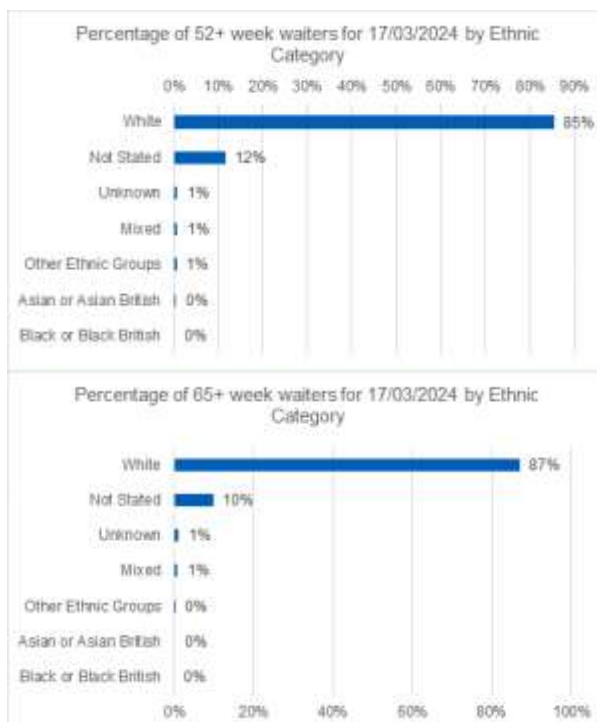
Looking at the elective waiting list by gender, the majority of patients waiting over 18 week are female, but again this is fairly representative of the population, particularly as the proportion of females in the population rises as age increases.



However, 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.

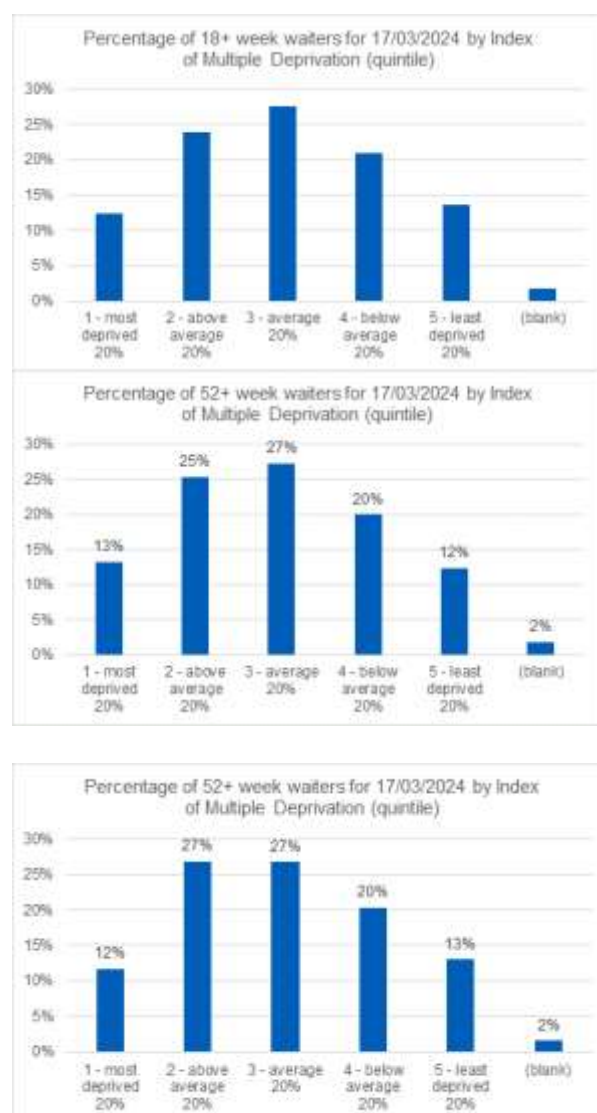


When looking at elective waits by ethnicity it is difficult to draw conclusions around any inequalities due to the very low number of patients recorded in any category other than white. 98% of over 52 week waits are recorded as either white, unknown or as not stated, with the remaining 2% spread across 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 the same for over 18, 52 and 65 week waits, suggesting deprivation does not correlate with longer waiting times.

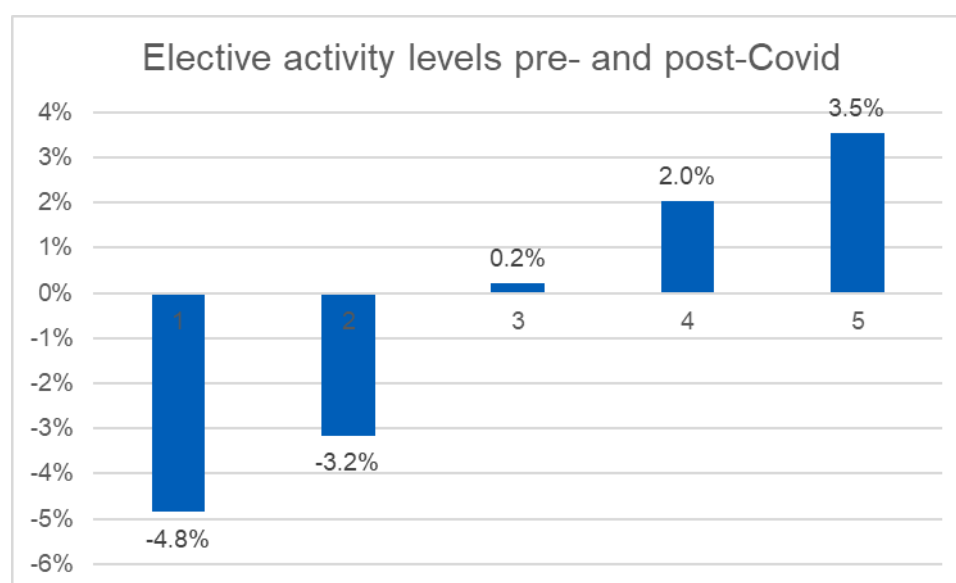


Activity Rates Compared To Pre-Pandemic

When comparing elective activity against pre-pandemic levels for under 18s and over 18s we see the following patterns:

- Overall elective activity was 10% higher than pre-Covid
- Overall elective activity was 17% higher for men and 4% higher for women than pre-Covid
- Overall elective activity increased more for older people, with activity for over 80s rising by almost 40% and 60-79 year olds growing by 15%. However, younger age ranges have continued to see lower levels of activity than pre-Covid, with 18-39 year olds 9% lower and under 18s 13% lower.

Comparing pre-pandemic elective activity by deprivation we see that activity levels for people from more deprived areas have failed to recover but for least deprived areas there has been growth:



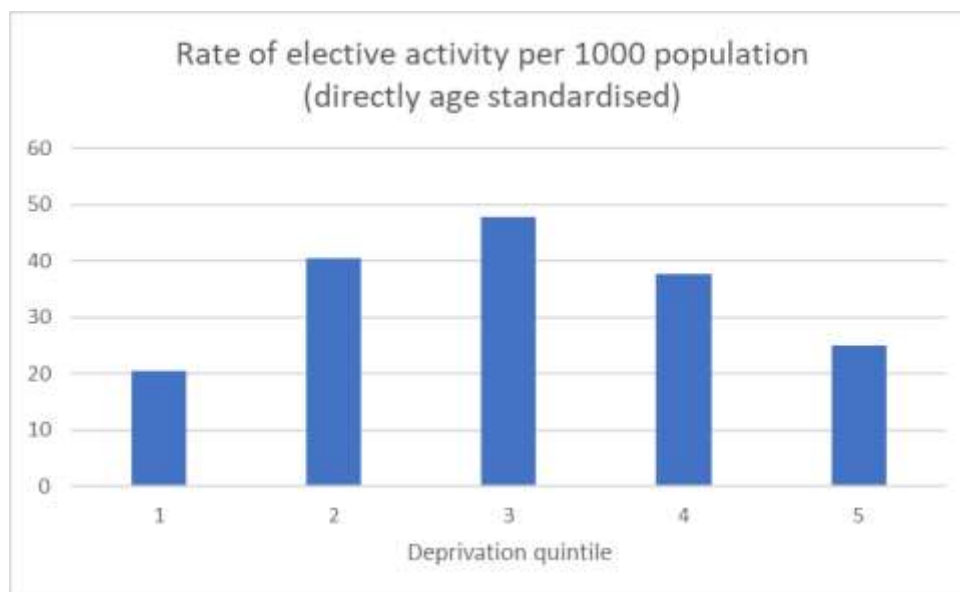
When viewed by ethnicity, changes in the number of unknown recorded ethnicity affect the ability to assess comparable difference between ethnic groups, but overall those with an ethnicity of white have seen a slight fall in activity compared to pre-Covid (-6%) and those of other ethnic groups have seen a rise (16%). However, caution should be taken with these figures due to the recording gaps.

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 64.4 procedures per 1000 population for women and 57.8 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:

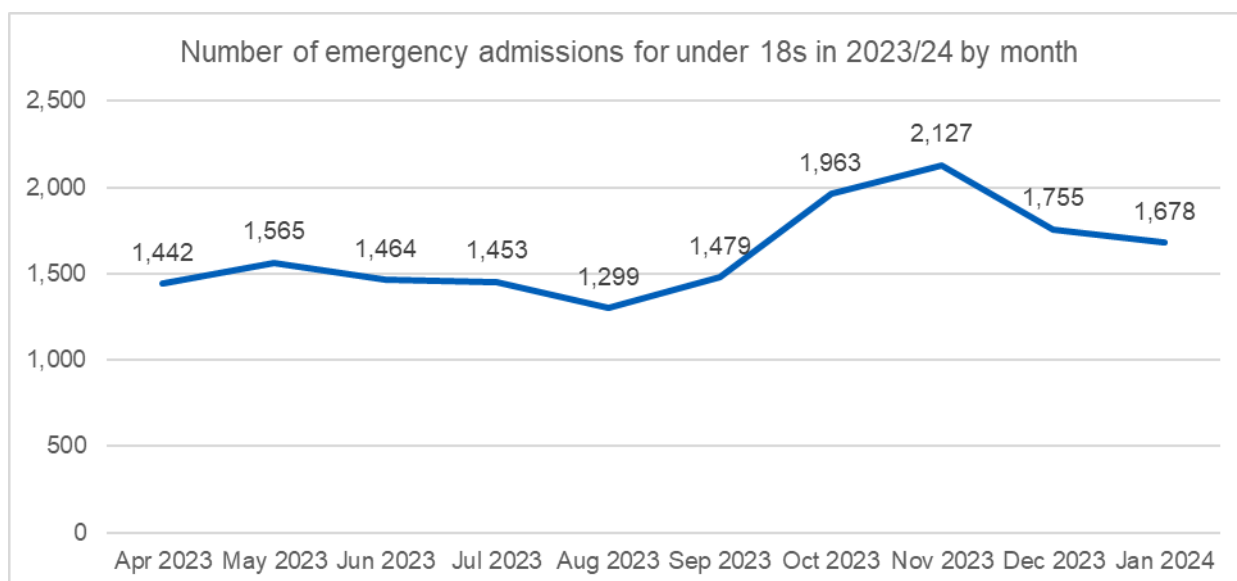


When viewed by ethnicity numbers are not sufficient to draw conclusions around rates of activity per population (many ethnic groups are lower than 1,000 which is generally the population used to calculate rates).

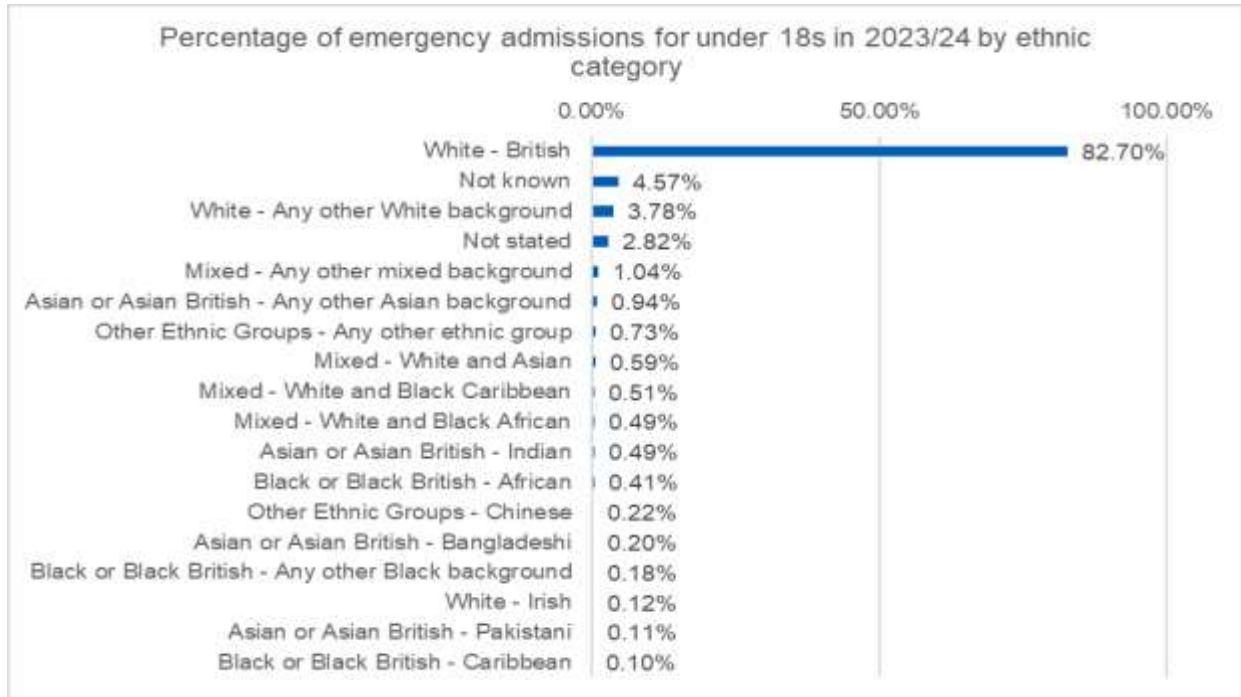
Urgent and emergency care

Emergency admissions for under 18s

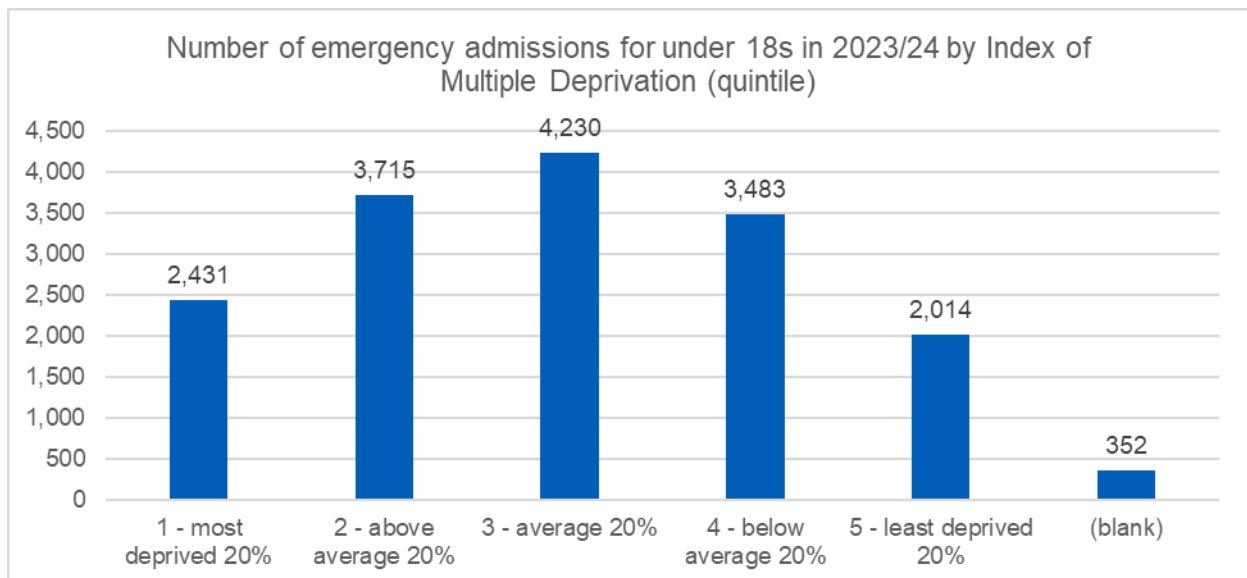
Emergency admissions for children and young people (CYP) have followed a fairly typical pattern in 2023/24, with relatively stable levels for much of the year but with an increase in winter months linked to increasing respiratory admissions for generally very young children and babies (cases of Respiratory Syncytial Virus – or RSV - generally peak in December).

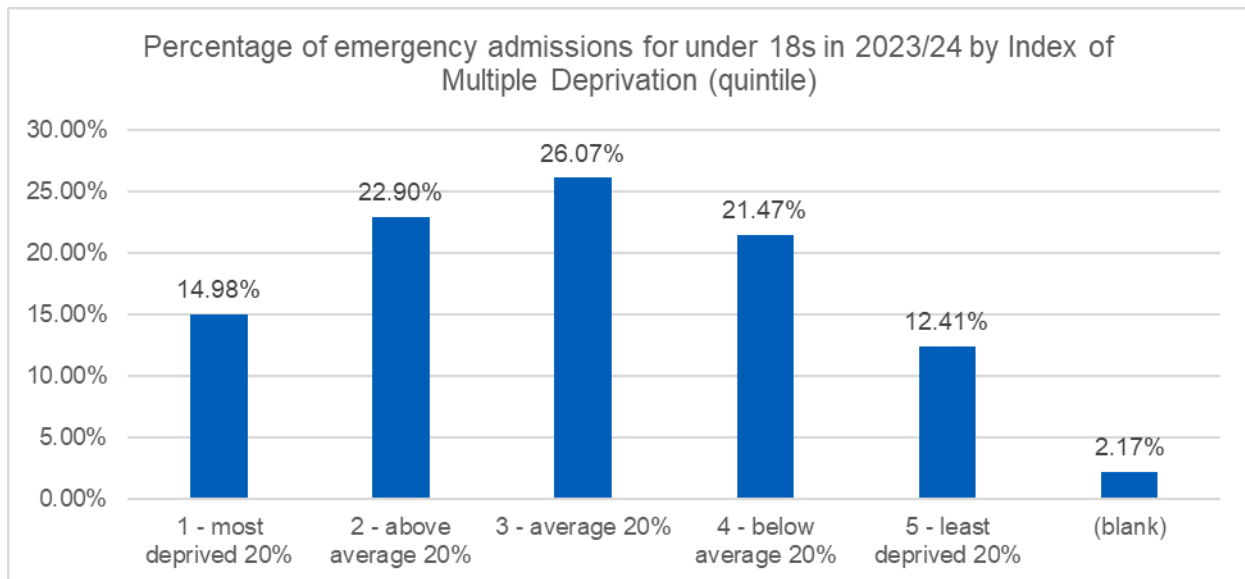


Looking at these emergency admissions by ethnic category we broadly see a reflection of the ethnic position of the general population in Devon.



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 slightly above those in lowest deprivation areas (15% vs 12%).





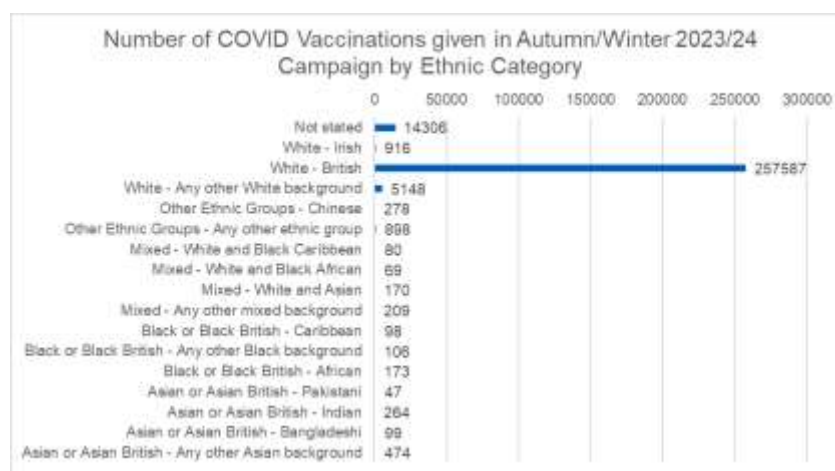
Respiratory

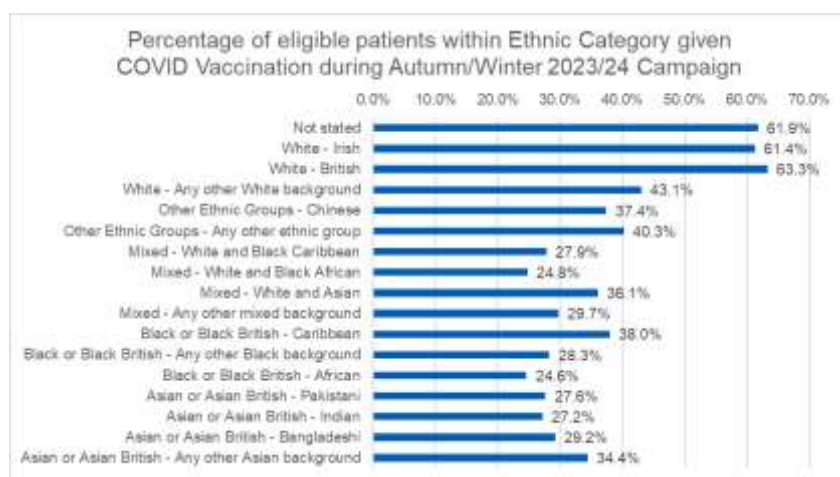
This section looks at the uptake of COVID and flu vaccinations by sociodemographic group.

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 2023/24 campaign.

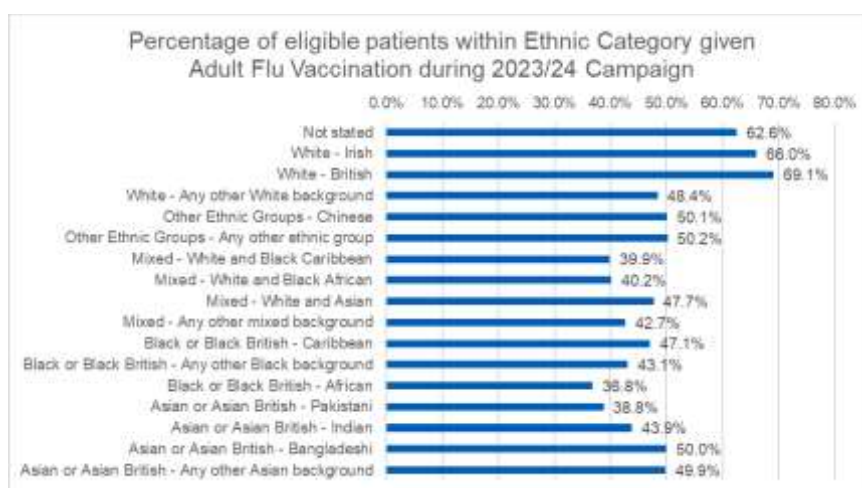
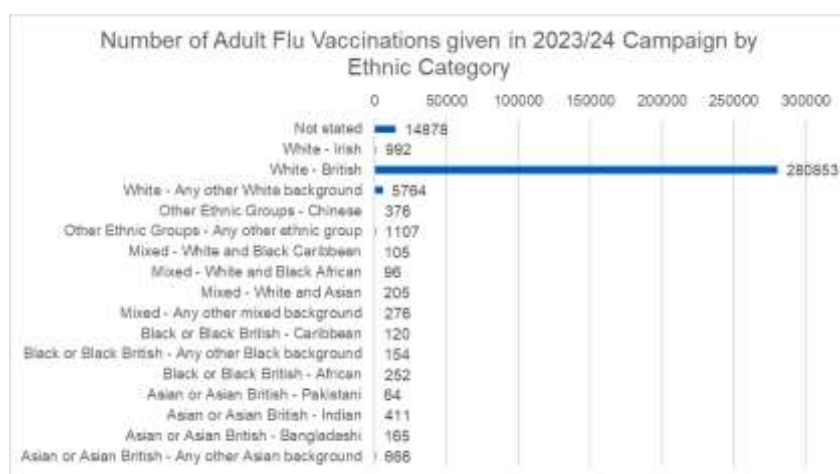
For flu this is the number and percentage of eligible patients (patients aged 65+ by 31.03.2024, or patients aged 18-64 and in an at-risk group) who received an adult flu vaccination during the 2023/24 flu season.

The charts below show the number of percentage of people receiving a Covid vaccination. Percentages are the number of patients given the relevant vaccine out of all eligible patients within that sociodemographic group.

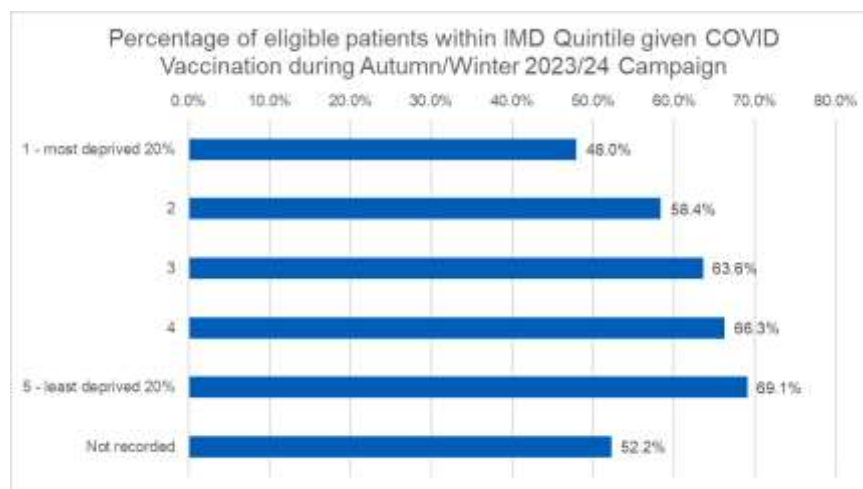
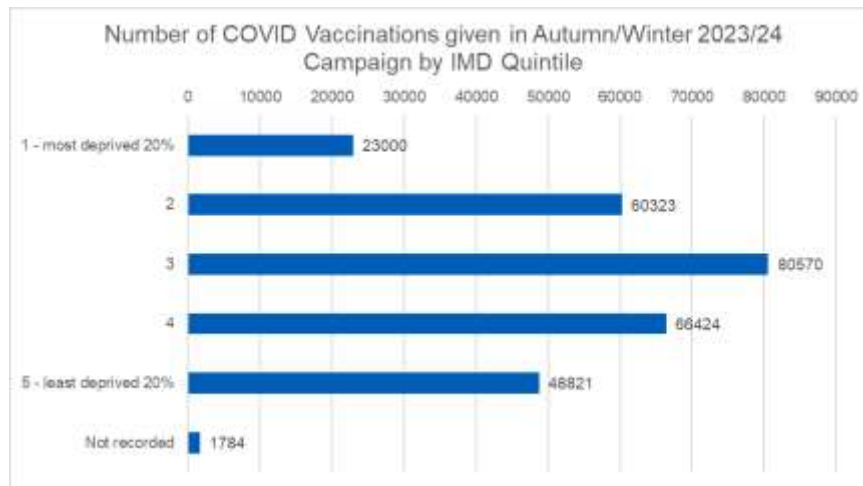




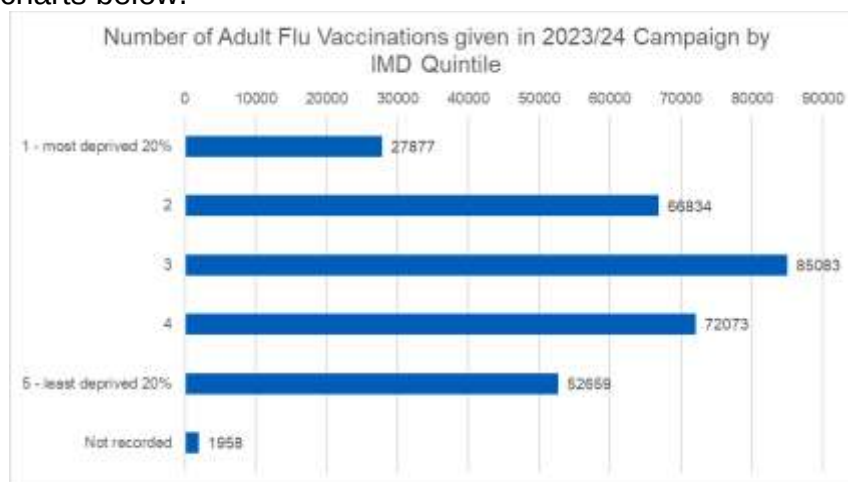
The uptake of Covid vaccinations varies between ethnic groups, with white groups seeing around double the uptake in this time period. A similar position is true of flu vaccinations, albeit with the variation slightly lower but still significant.

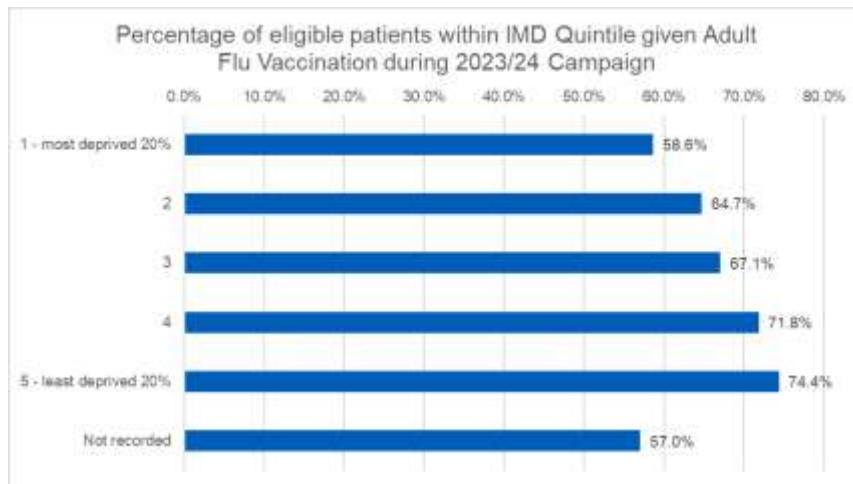


Uptake of the Covid vaccinations by IMD Quintile also shows a clear picture, this time of reducing uptake as deprivation rises. There is a 20% difference in uptake between the least deprived and most deprived areas.

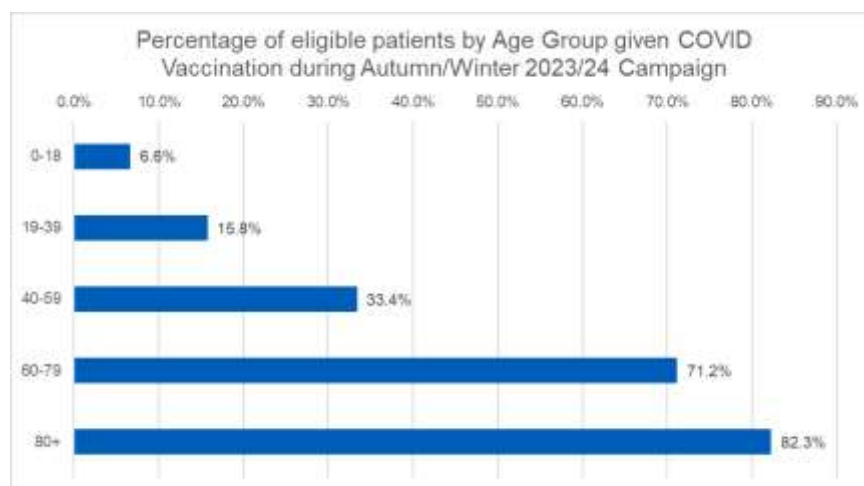
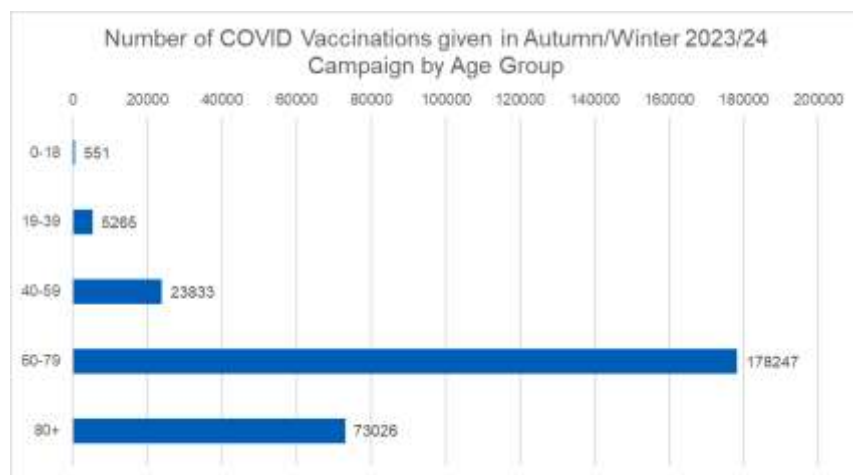


Perhaps unsurprisingly this pattern holds true for flu vaccinations too, as can be seen in the charts below.

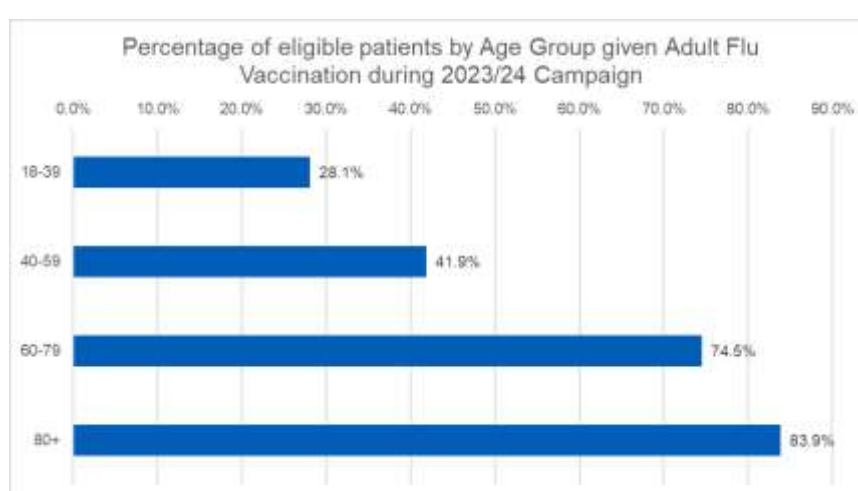
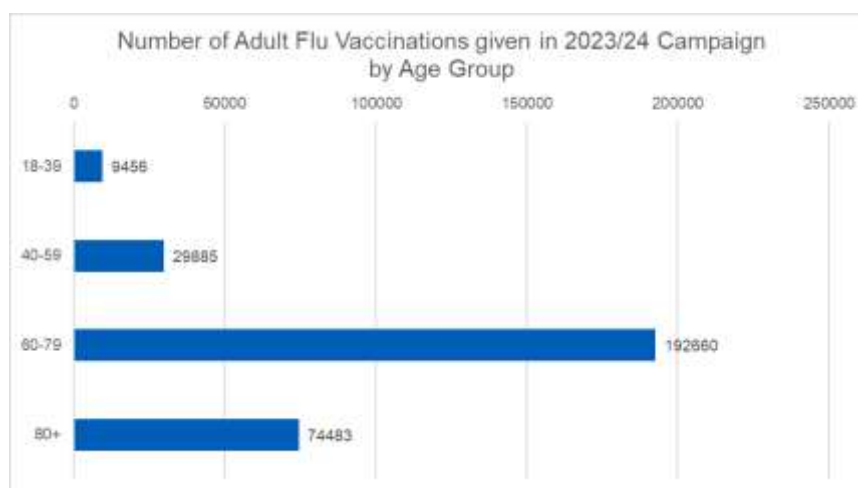




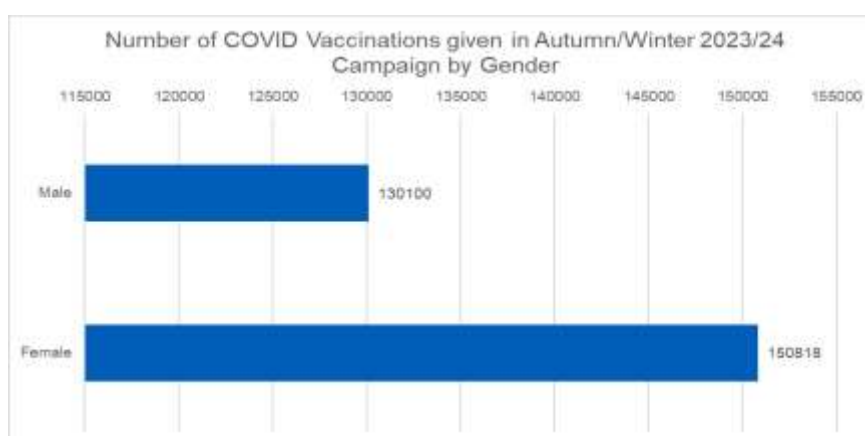
When looking at uptake of Covid vaccinations by age group we see a huge disparity in uptake, with older people significantly more likely to choose to be vaccinated than younger age groups, albeit in the context of significantly higher numbers of vaccinations being offered to older people.

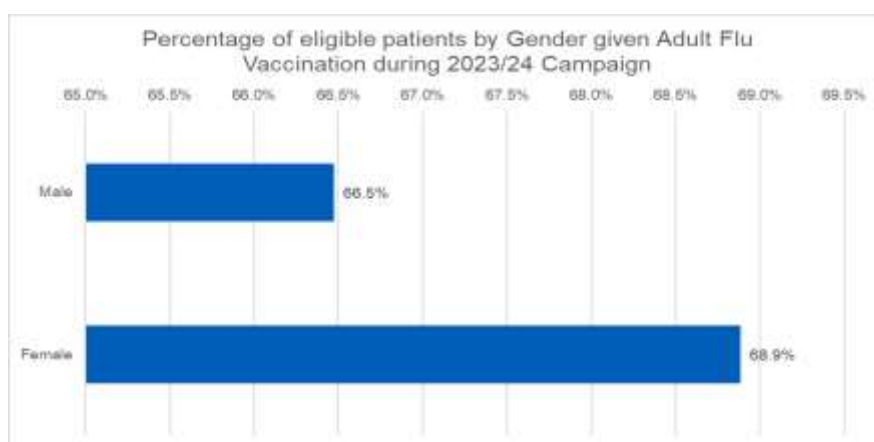
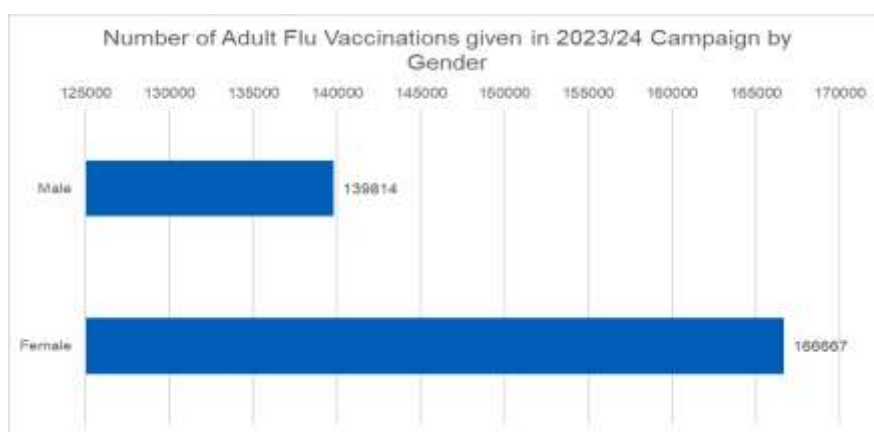
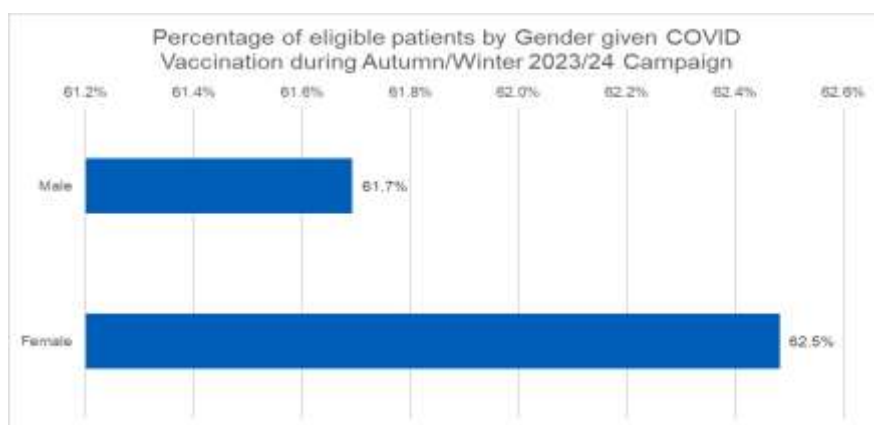


The same pattern can be seen for flu vaccinations, although less marked.



The variation by gender is much less obvious, although females are slightly more likely to choose to be vaccinated than men for both Covid and Flu.



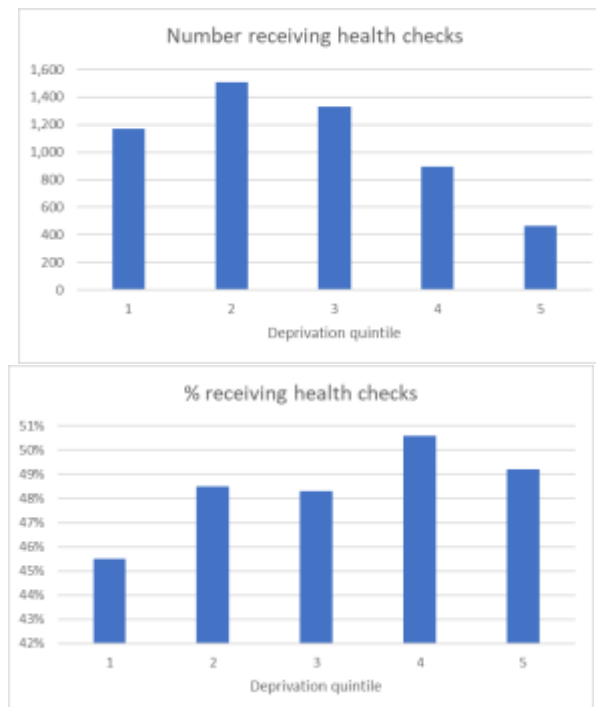


Mental health

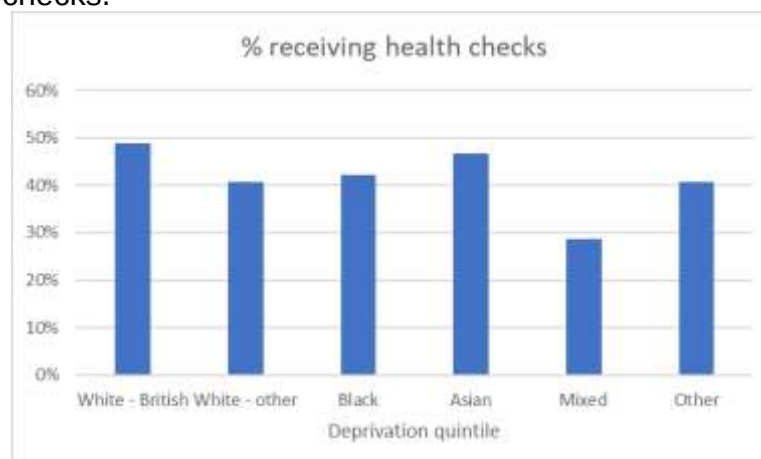
Severe mental illness (SMI) physical health checks

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.

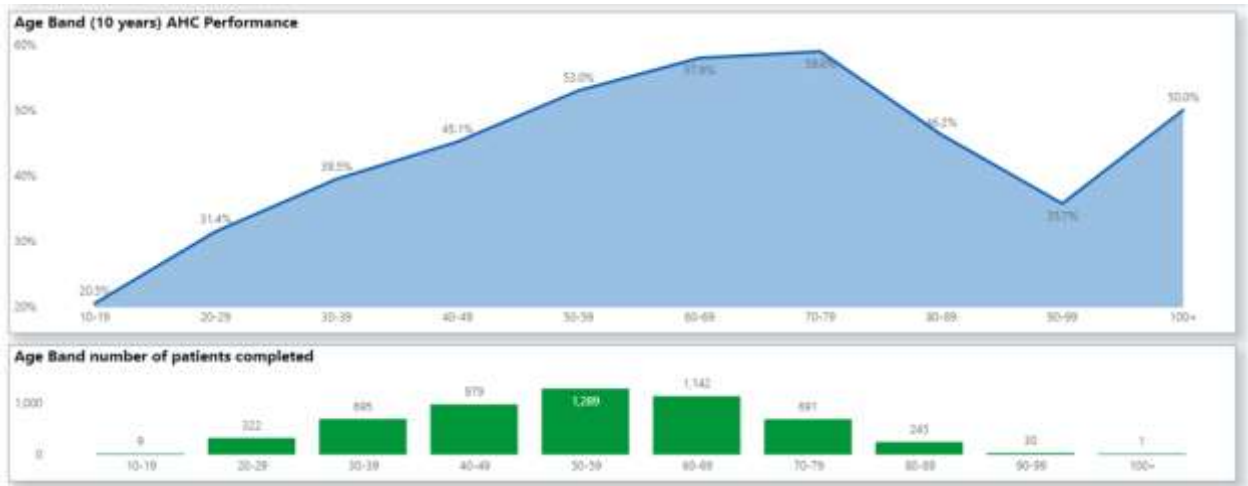
Looking by deprivation quintiles the volume of people receiving health checks is higher in more deprived and averagely deprived areas when compared to least deprived areas. However, the proportion of those receiving checks is lower for the most deprived areas.



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.



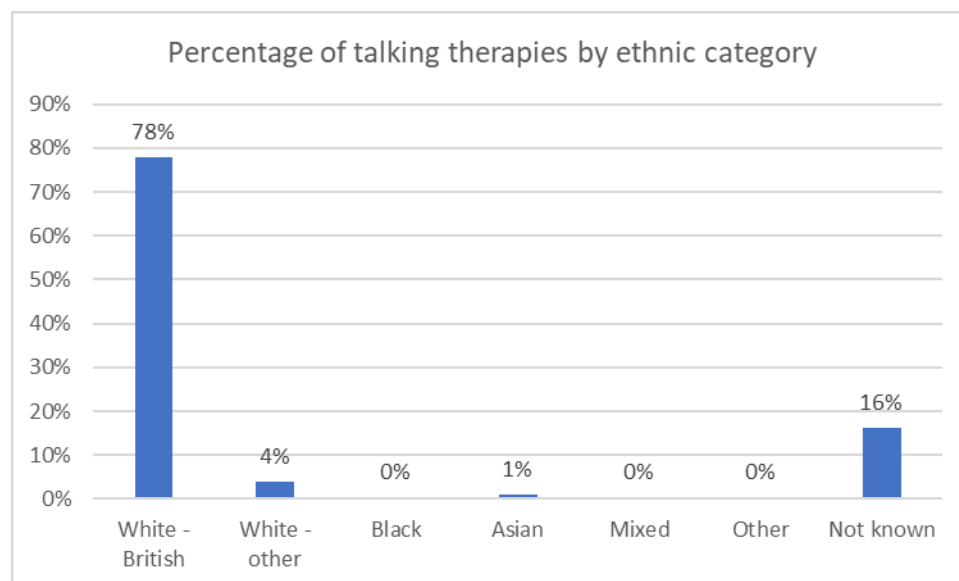
By gender females (49.6%) are more likely to receive a health check than men (46.9%), despite there being very similar numbers of eligible people. By age there is a correlation with younger age groups receiving comparatively less health checks than older people (up to 80 years old).



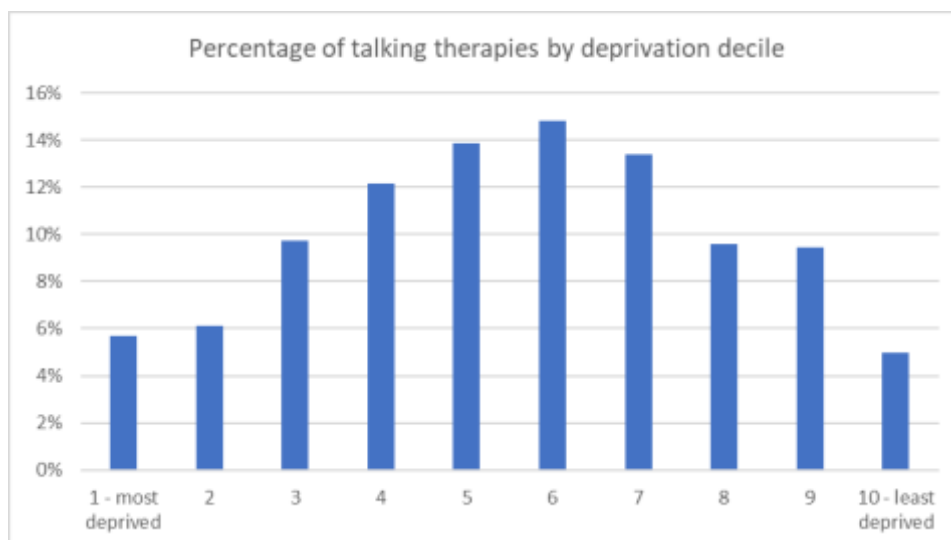
NHS Talking Therapies (formerly IAPT) recovery

68% of talking therapies are received by women and 71% by patients aged between 26 and 65, with 18% between ages 18 and 25 and 10% for over 65s.

Looking at ethnicity, the majority of talking therapies are received by White British, although 16% of patients have an unknown/unstated ethnicity.

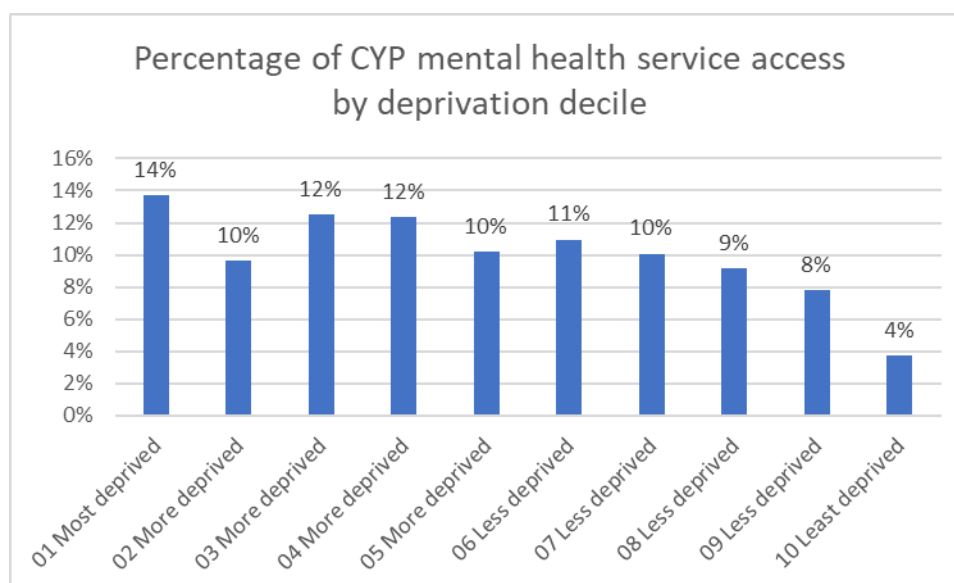


By deprivation, the majority of talking therapies are received by patients living in medium deprived areas, reflecting the general population split.

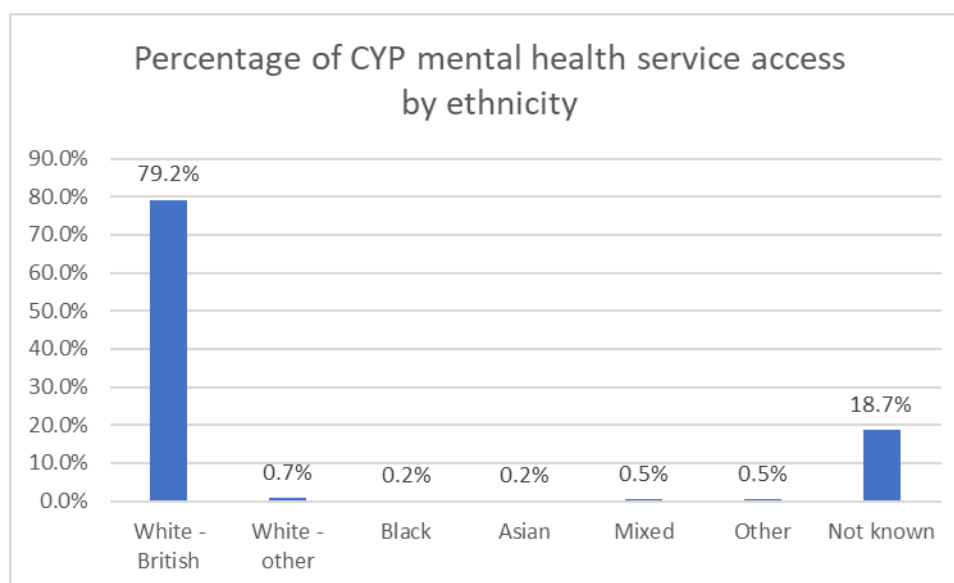


Children and young people's mental health access

61% of children accessing CYP mental health services are female, with 37.1% male and 1.6% non-binary. 60% of children are aged 11 to 15, a quarter are over 16 and 15% 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.



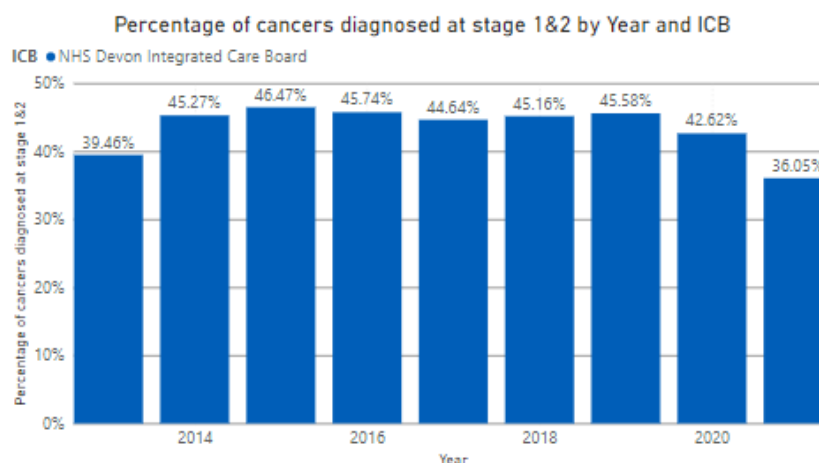
By ethnicity almost 19% of ethnicity is not stated or unknown, with 79% of children receiving CYP mental health services being White British.



Cancer

This section looks at the percentage of cancers diagnosed at stage 1 and 2, case mix adjusted for cancer site, age at diagnosis, sex.

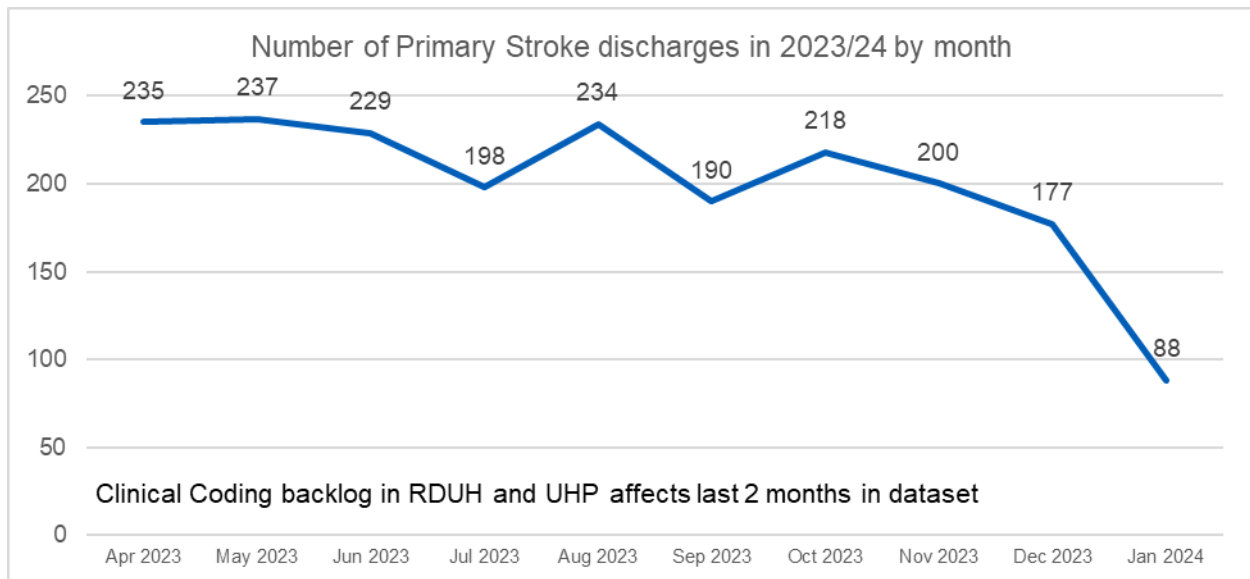
The percentage of cancers diagnosed at stage 1 and 2 in Devon remained relatively static at around 45-46% for many years until a significant fall during Covid.



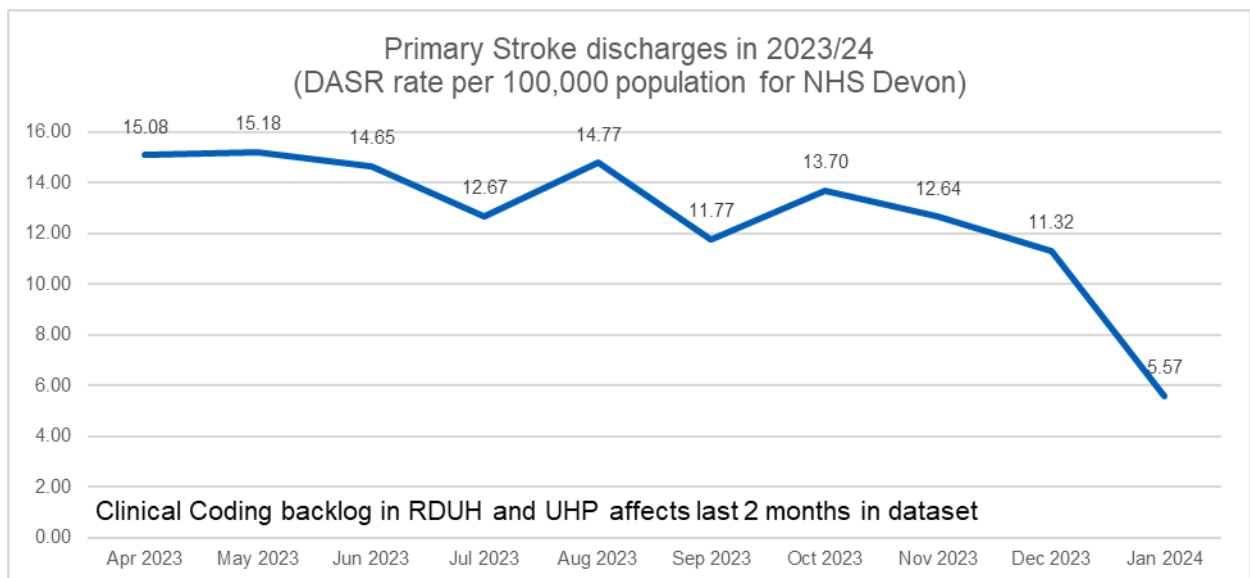
Cardiovascular disease

Stroke

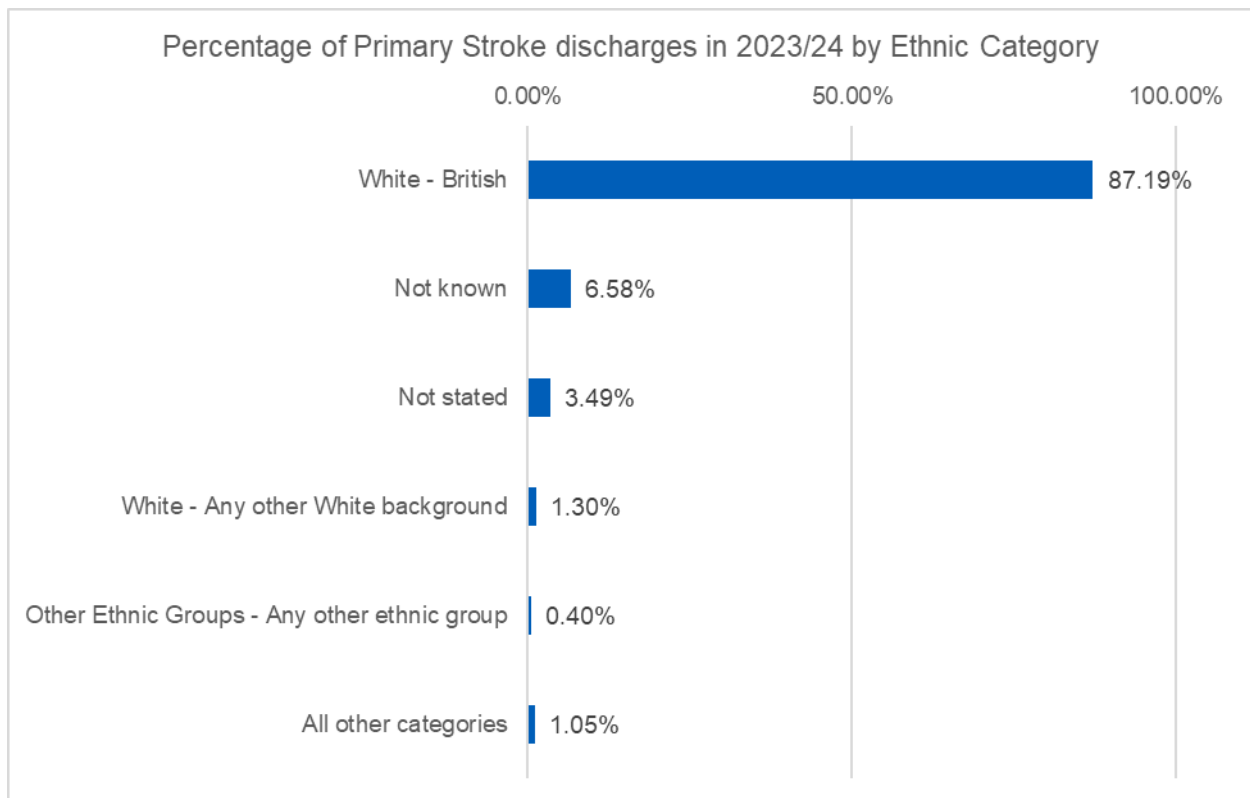
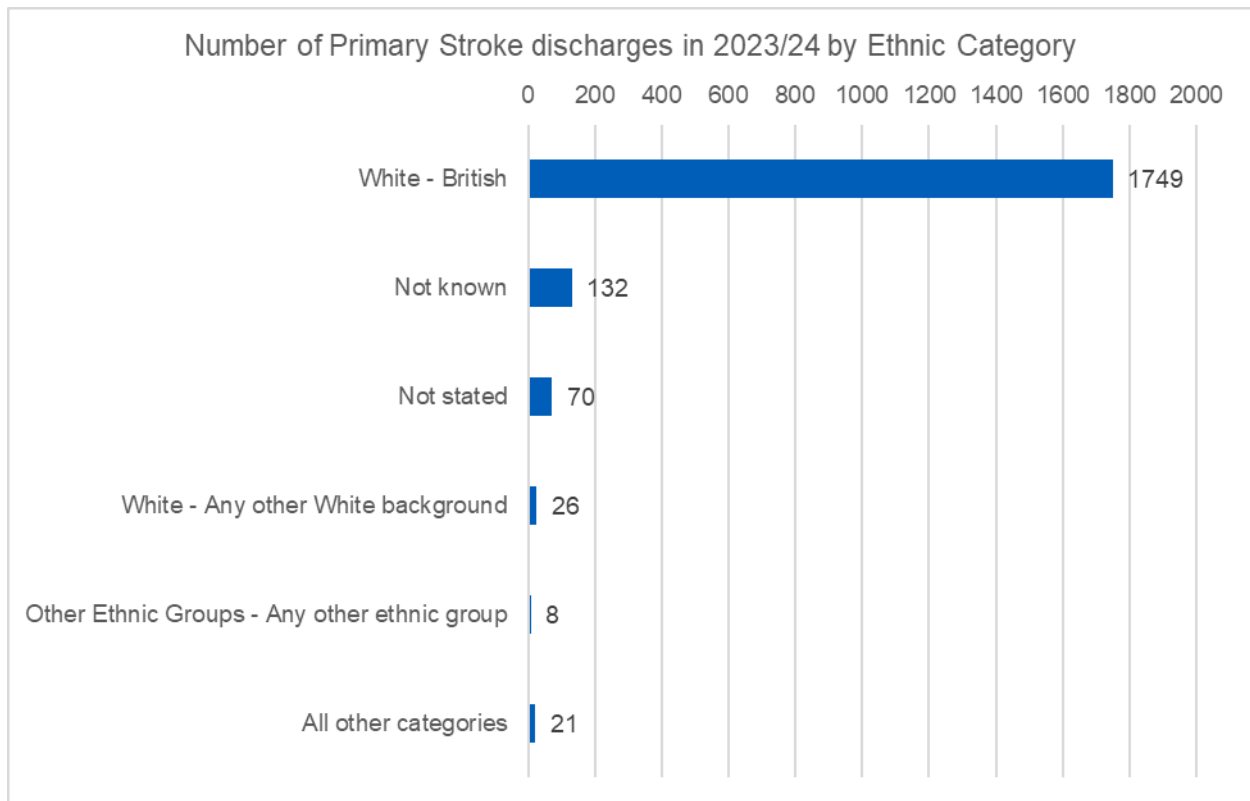
This section looks at the rate of non-elective admissions for stroke (per 100,000, age-sex standardised). The number of patients admitted and then discharged from hospitals in Devon is shown in the chart below and shows a generally consistent picture, although please note that coding backlogs affect later months.



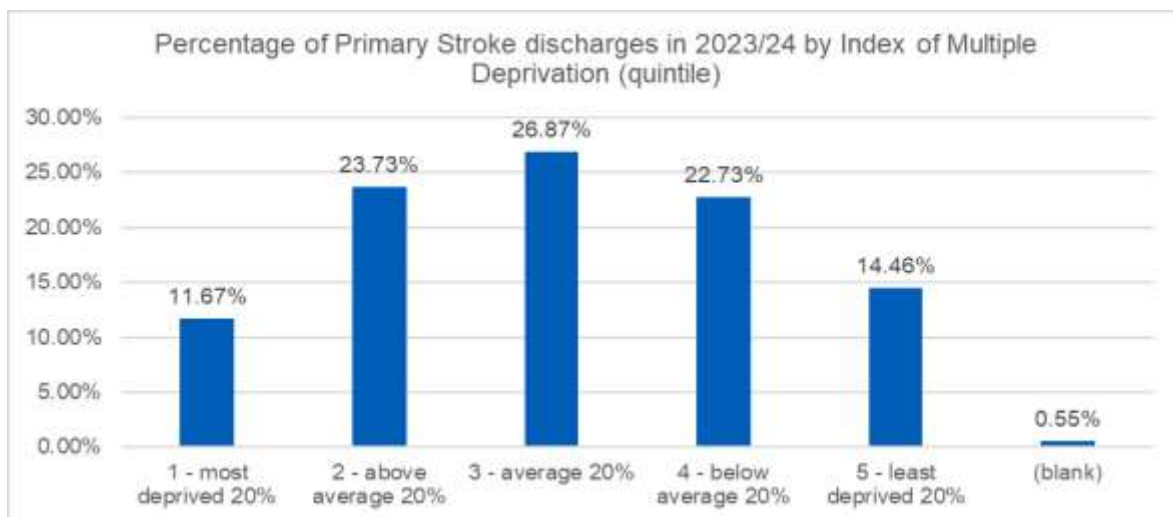
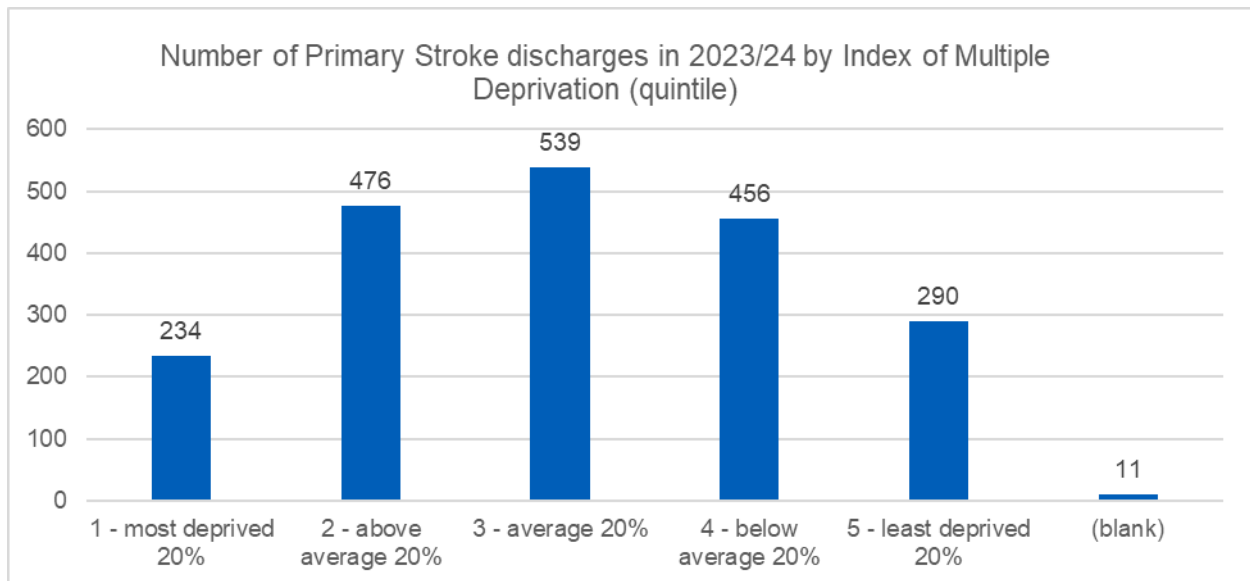
The rate of stroke discharges remains relatively steady.



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.

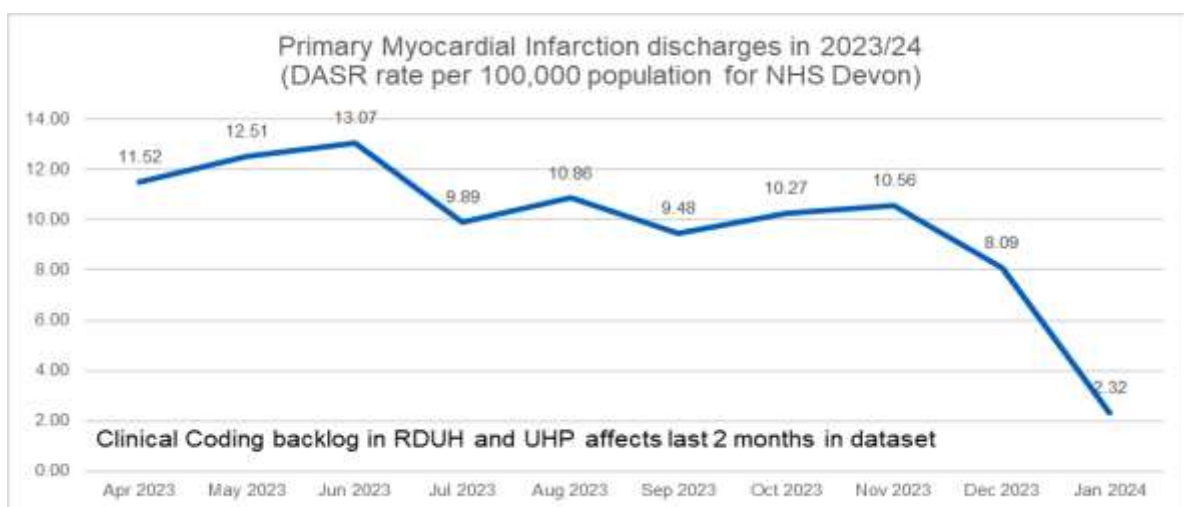
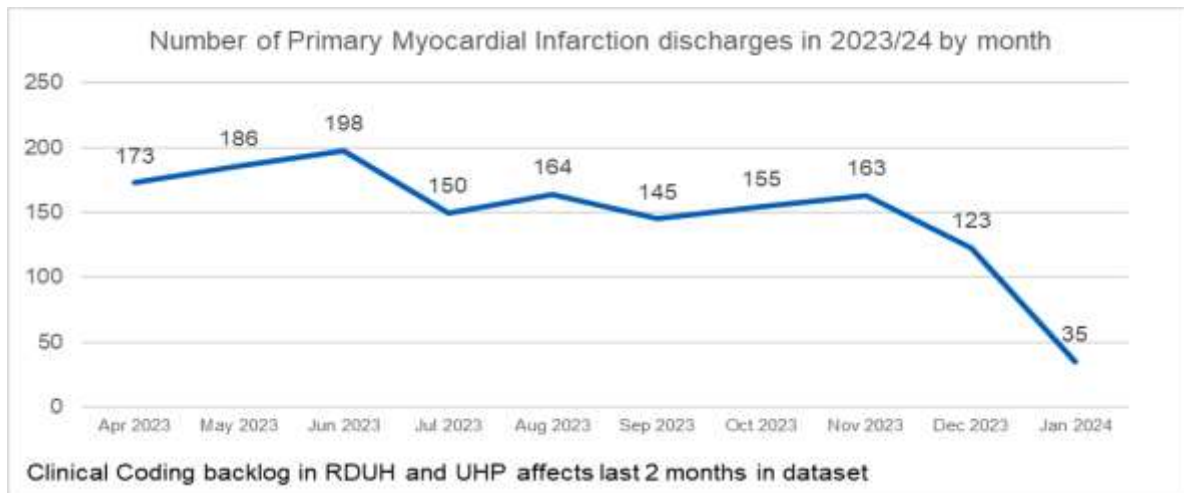


Looking at stroke discharges by deprivation quintile, the balance matches the deprivation make-up of Devon, although slightly higher levels of stroke are seen in the least deprived group than the most, which may suggest different levels of access.

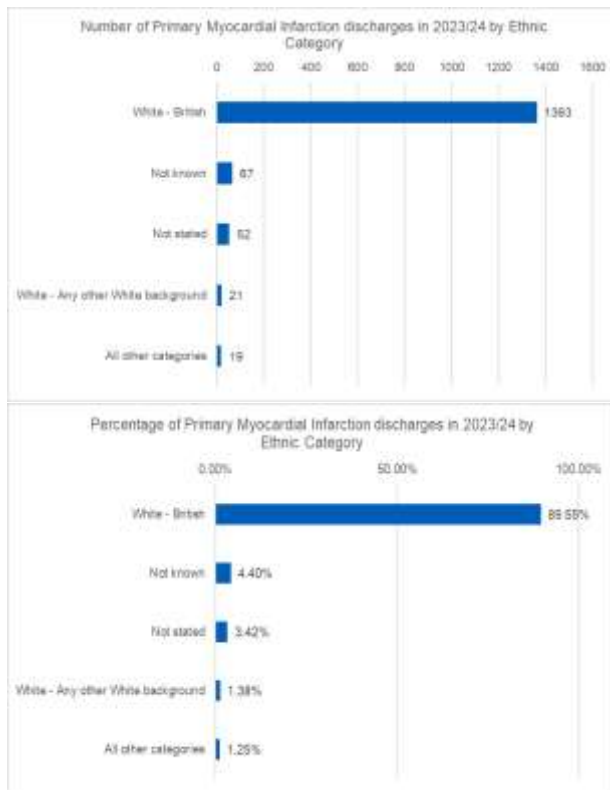


Myocardial Infarction (Heart Attack)

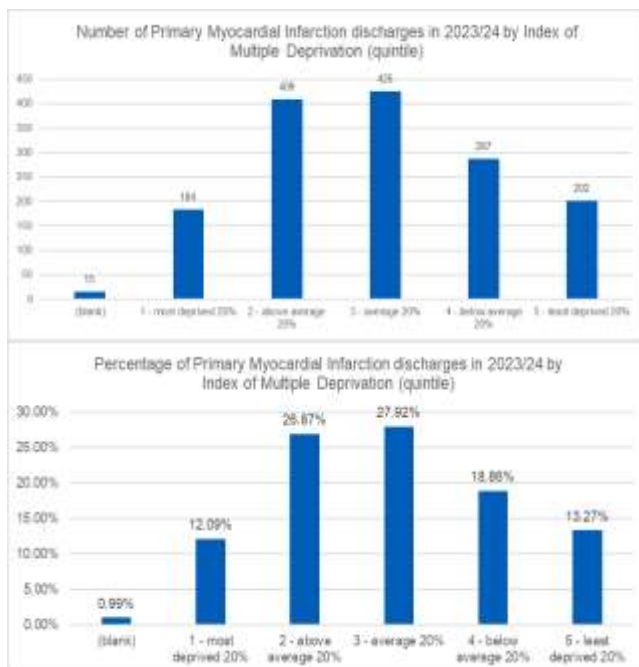
The number of and rate of non-elective admissions for heart attacks in Devon (per 100,000 age-sex standardised) has remained at around expected levels (please note, later months affected by delays in coding).



The ethnic category of heart attacks shows a consistent position with the population demographics.

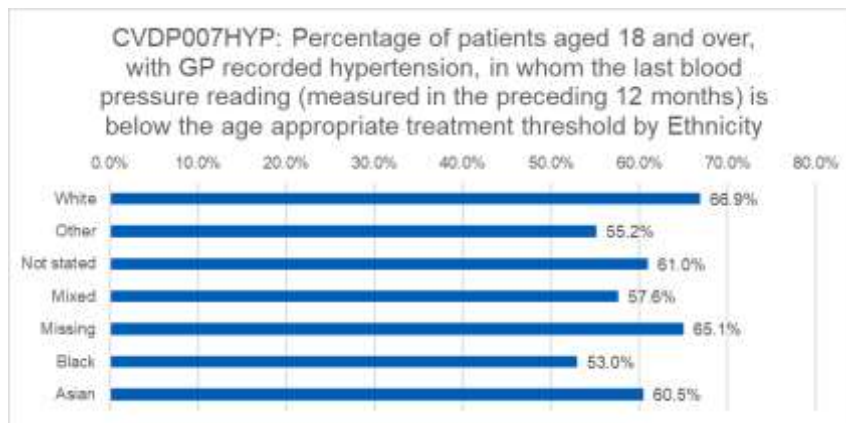


Looking at heart attacks by deprivation quintile, a slightly lower number of below-average deprivation patients are seen than might be expected, with a slightly higher number of above-average deprivation patients, which may be linked to the spread of risk factors between the deprivation groups.

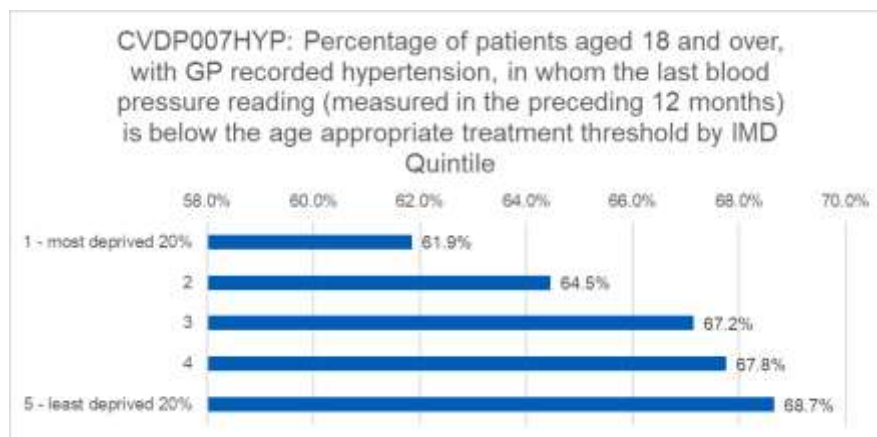


Hypertension

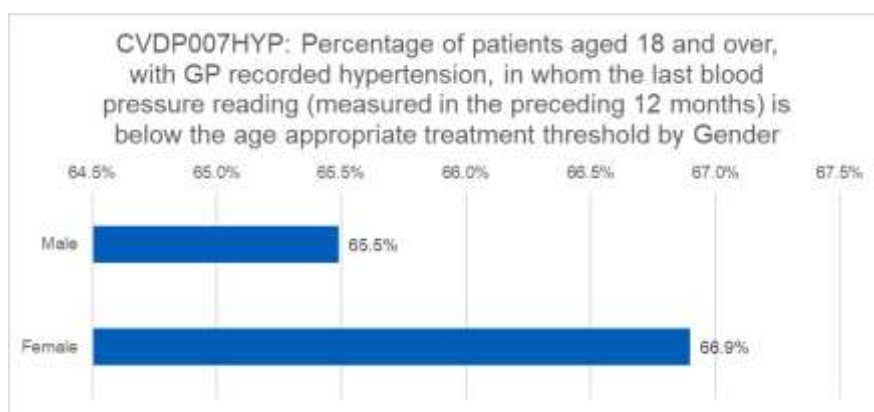
This section looks at three measures associated with hypertension, with the first being the percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. By ethnicity 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 target for this measure is 77%.



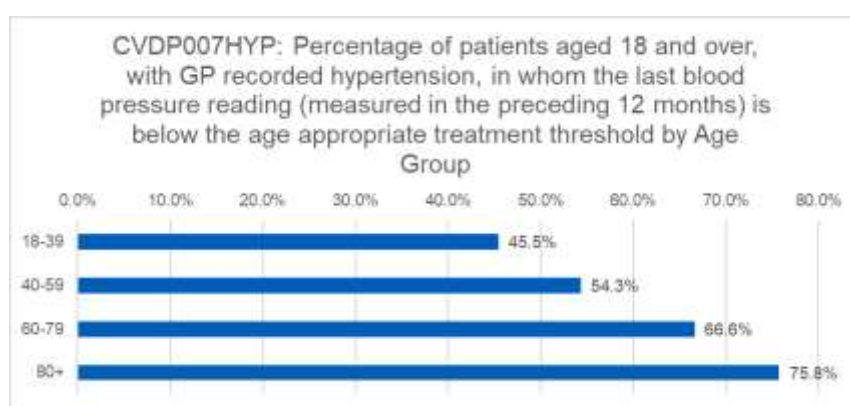
By deprivation quintile patients from the most deprived areas receive poorer outcomes for this measure, with a noticeable difference compared to patients from average of least deprived areas.



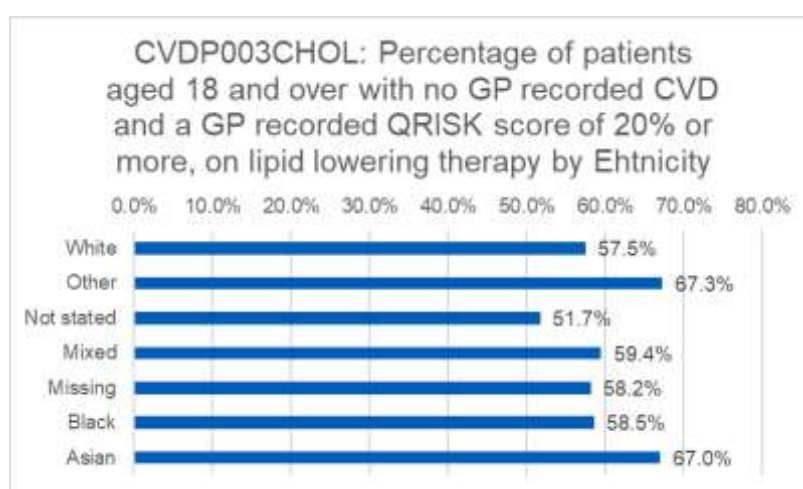
Outcomes for males are slightly lower than for females, but the difference is not significant.



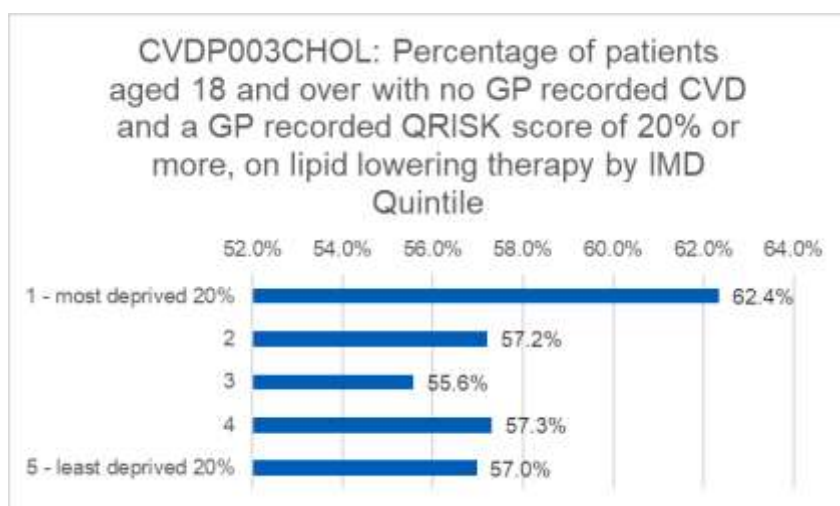
Looking by age, there is a clear increase in readings within the threshold for older people, with a progressive increase as age rises.



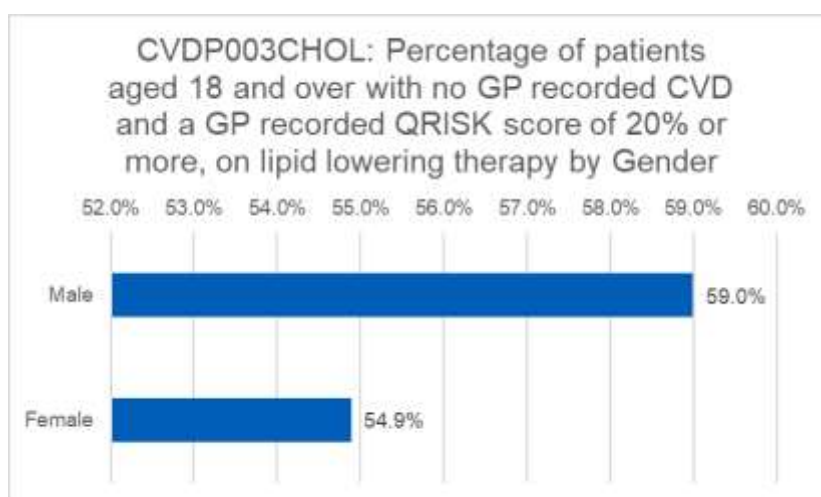
The percentage of patients aged 18 and over with no GP recorded Cardiovascular Disease (CVD) and a GP recorded QRISK score of 20% or more, on lipid lowering therapy shows general low variability when viewed by ethnicity, with the exception of higher rates for those recorded as Asian or Other (note: higher prescribing rates are linked to better outcomes).



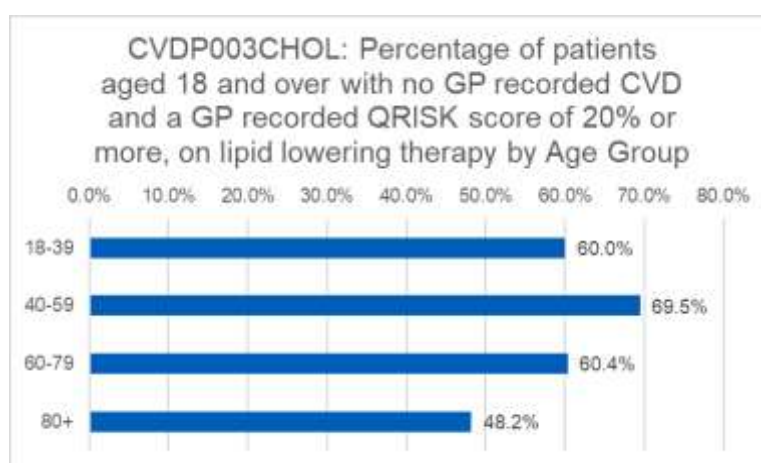
Looking at deprivation for the same measure, patients from the most deprived areas show a higher prescribing rate for appropriate LLT medication.



By sex, males are more likely to be prescribed appropriately for LLT medication.

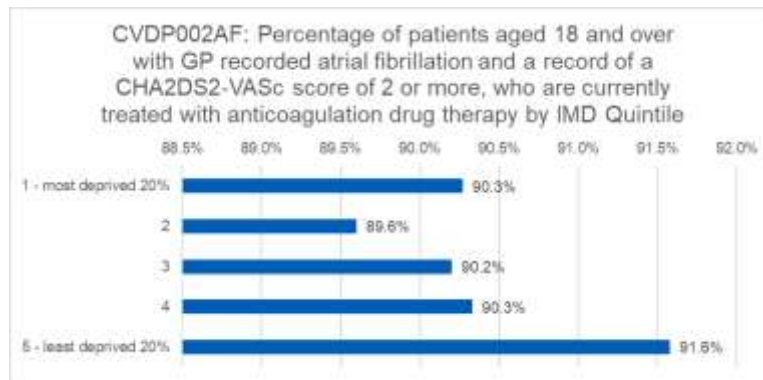
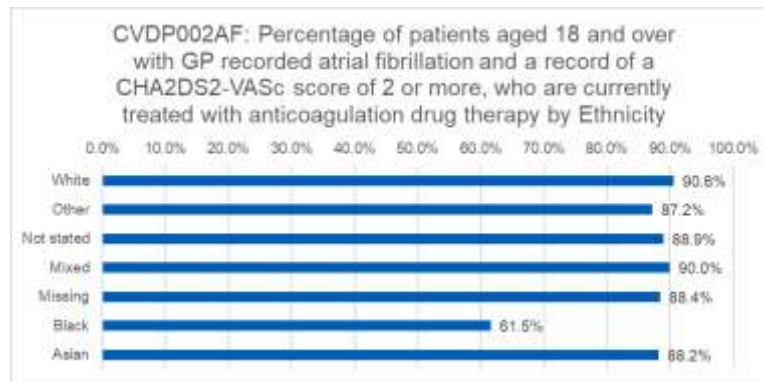


By age group, older people over 80 years old are least likely to be prescribed appropriately for LLT medication

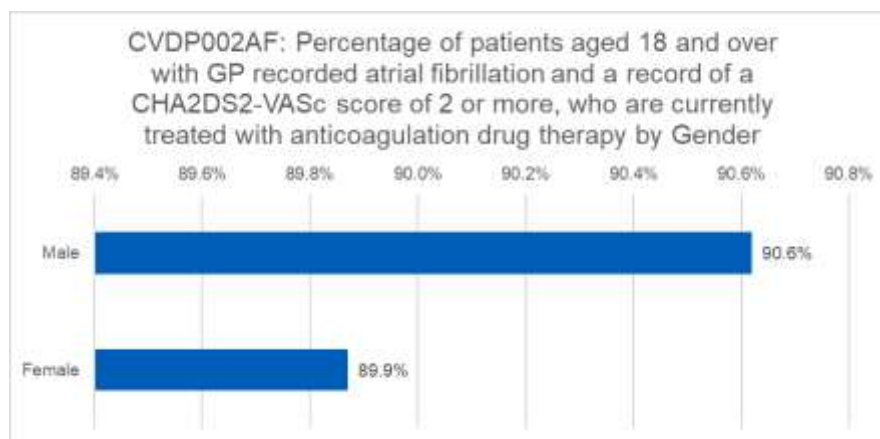


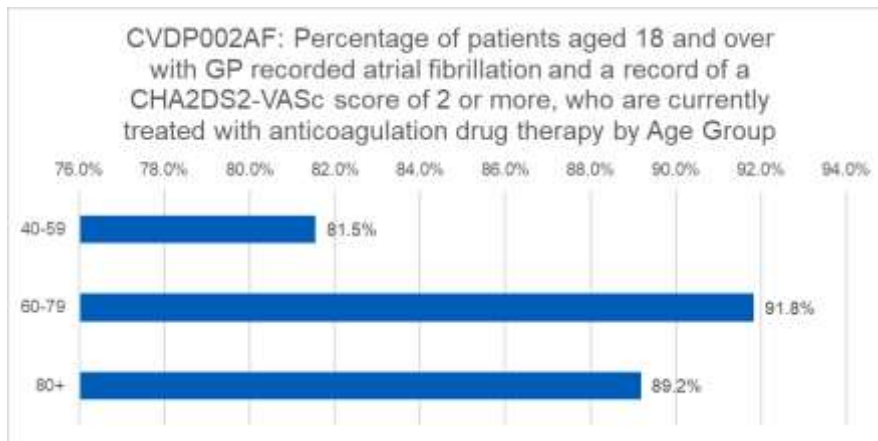
The percentage of patients aged 18 and over with GP recorded atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, who are currently treated 19

anticoagulation drug therapy is significantly lower for people with a black ethnicity compared to other ethnicities. When looking by deprivation the least deprived areas have slightly higher likelihood of being treated with drug therapy than those in more deprived areas.



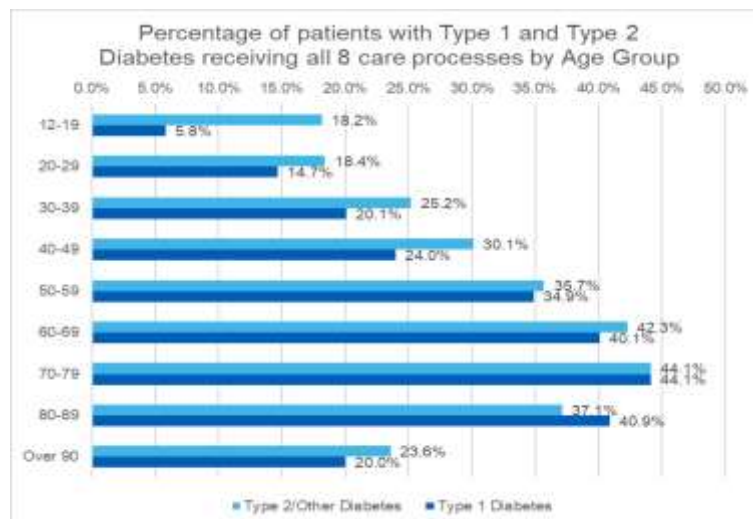
By sex there is very little difference in prescribing between males and females, whilst by age group the 40-59 age range has a lower level of prescribing but this is based on small numbers of patients and so a level of variation is to be expected.



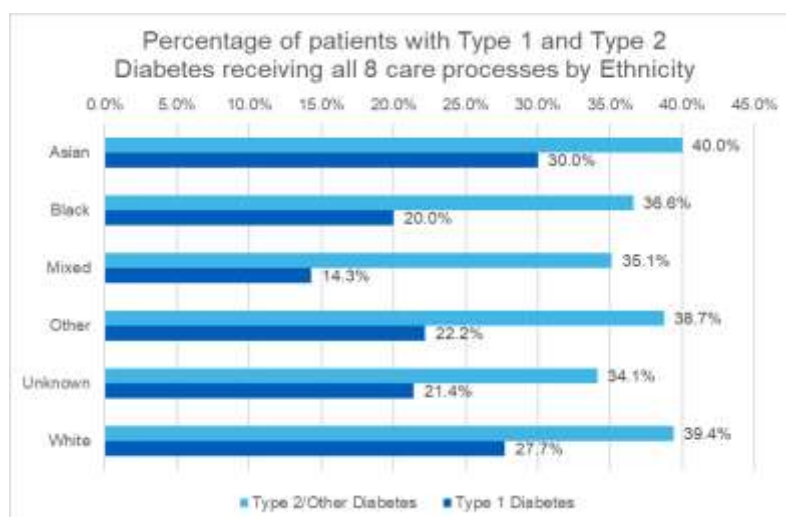


Diabetes

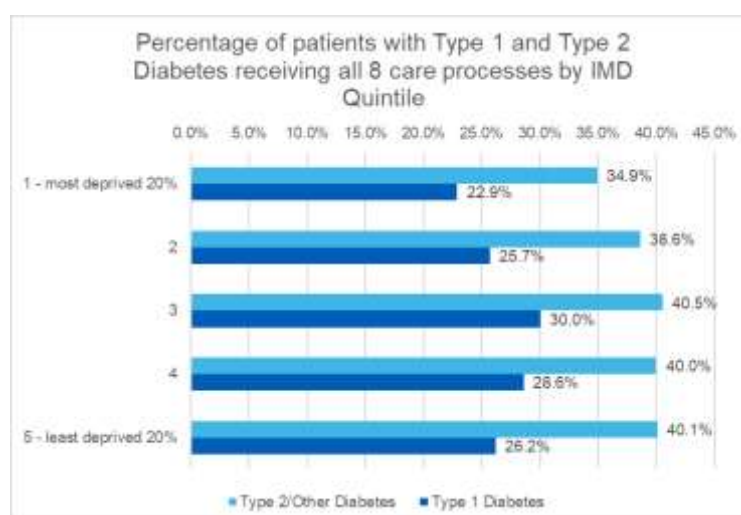
This section looks at the variation between the percentage of people with Type 1 and Type 2 diabetes receiving all eight care processes set out in national guidance. By age group the receipt of these care processes increases by age, peaking between 60 and 90 years old.



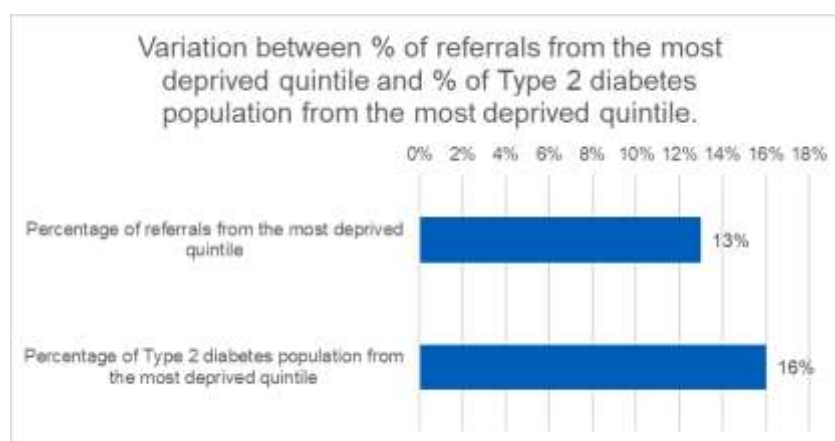
Looking at this measure by ethnicity there is a level of variation, with those with a white or Asian ethnicity seeing higher levels of care processes received compared to mixed, black or other ethnicities.



By deprivation quintile those in the most deprived areas receive the least processes.

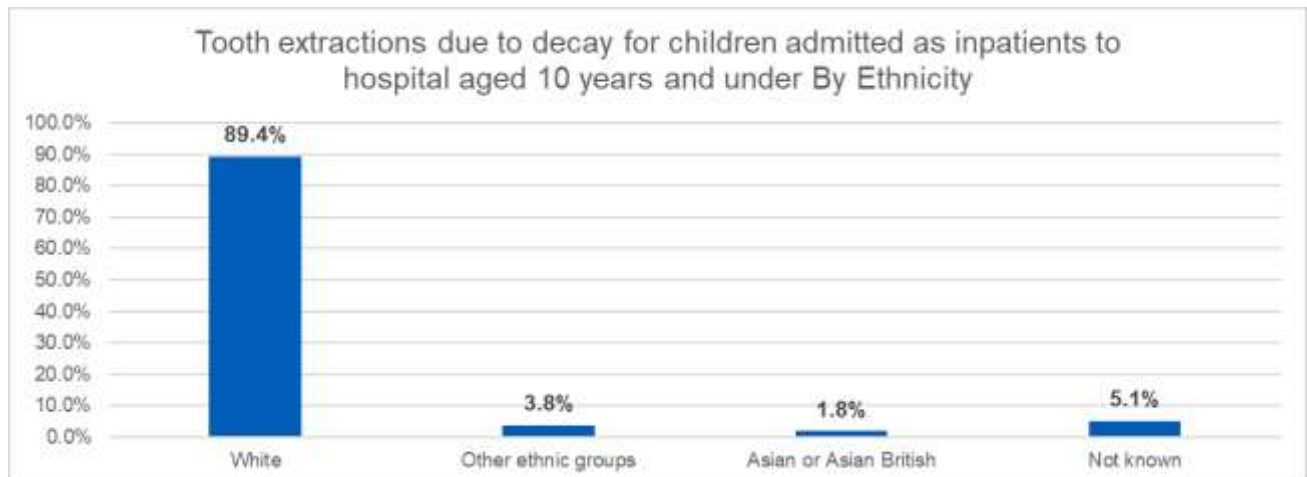


The chart below shows the variation between the percentage of referrals from the most deprived quintile and the overall share of Type 2 diabetes population from the most deprived quintile. There is a 3% difference from the expected level (less care processes received than would be expected) given the population.

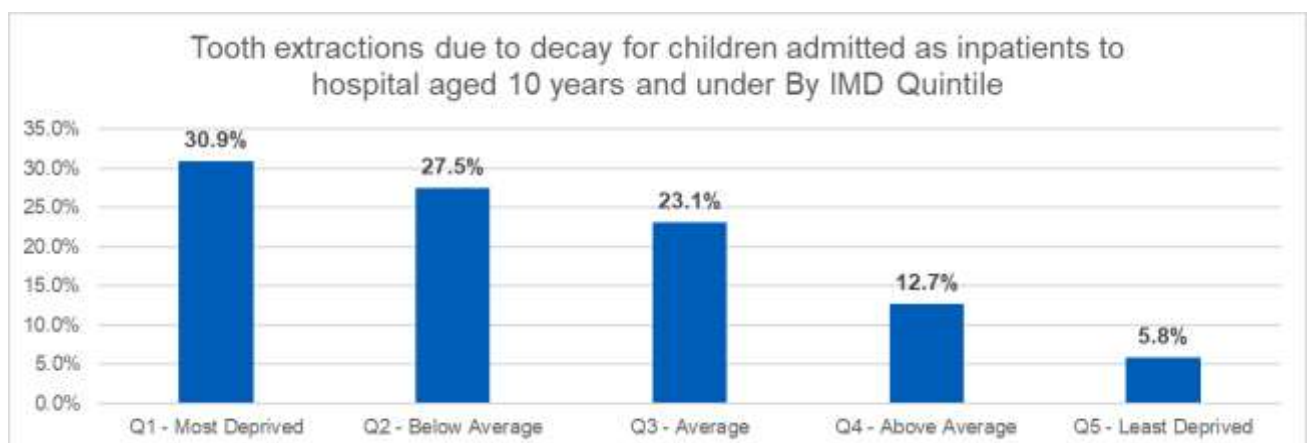


Oral health

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). 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.

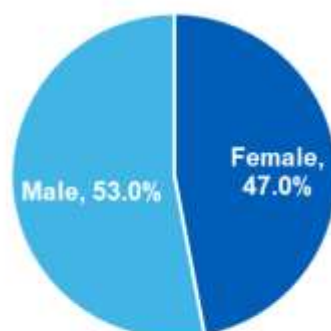


By deprivation quintile there is a clear pattern of the most deprived areas showing much higher rates of tooth extractions in hospital for children than the least deprived areas.



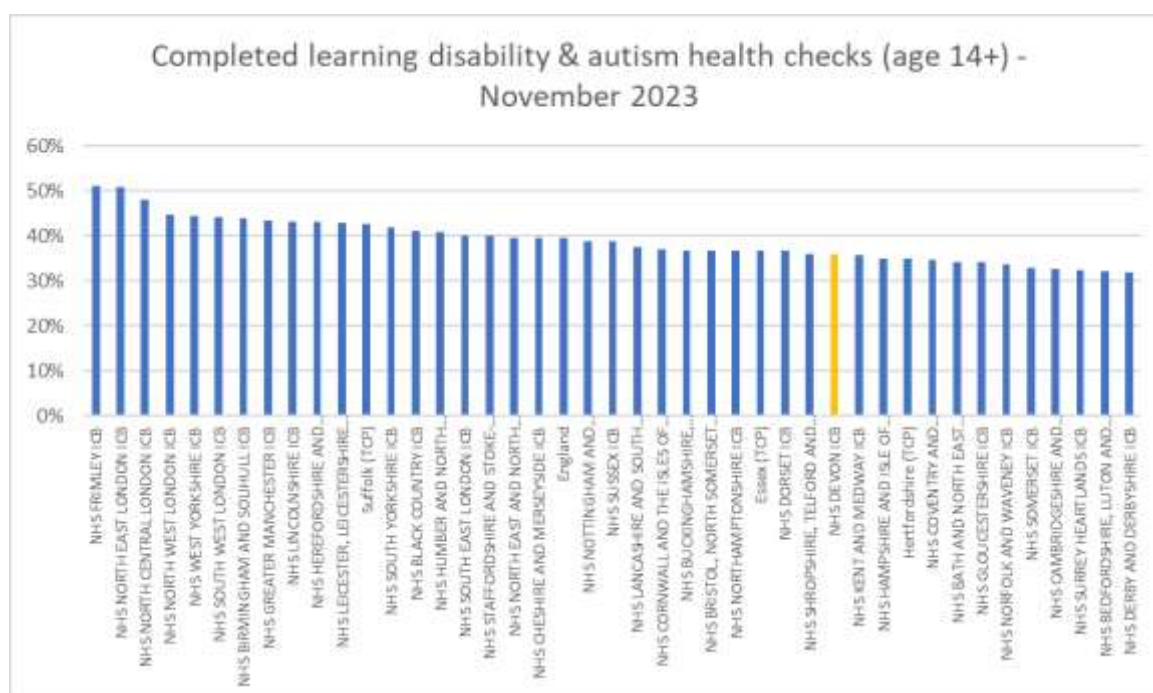
The split by gender shows boys are more likely to have tooth extractions in an acute inpatient setting than girls.

Tooth extractions due to decay for children admitted as inpatients to hospital aged 10 years and under By Gender

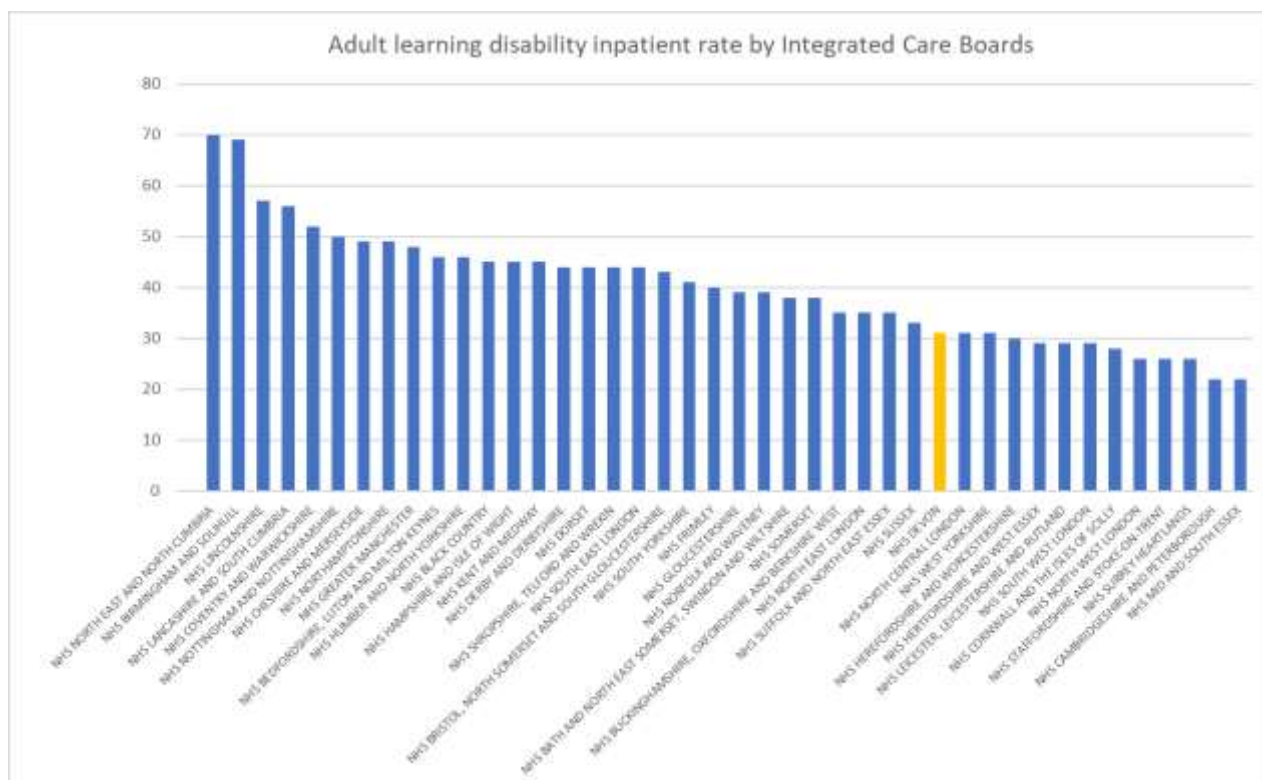


Learning disability and autistic people

In Devon up to November 2023 35.8% of annual health checks were completed for people with a learning Disability. This compares to the national position of 39.6%. PCN-level coverage ranged from 67.8% to 19.3%, suggesting there is scope to review variation in the timing and volume of checks offered. The national ICB comparison is shown below.

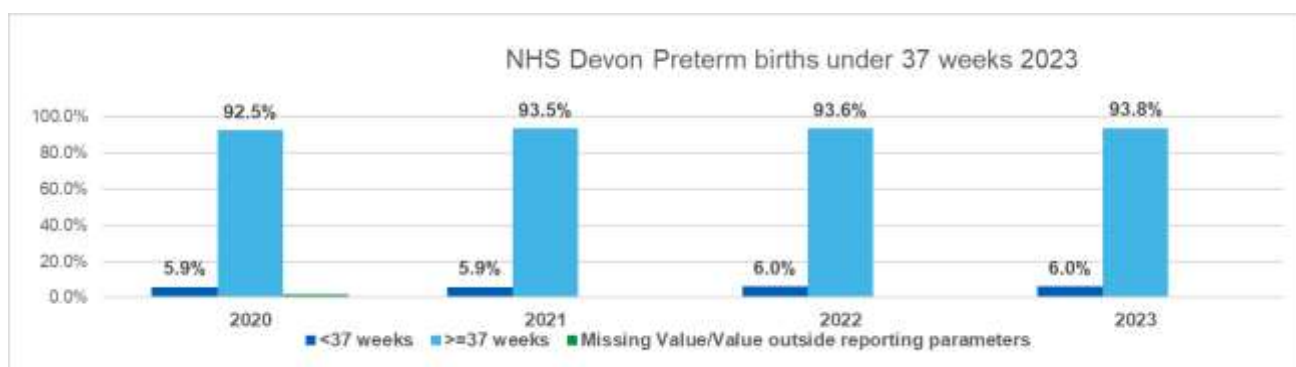


The rate of adult mental health inpatient rates for people with a learning disability and autistic people are relatively low in Devon, at 31 per million compared to the national position of 41 and the South West average of 37 (up to January 2024).



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 other ethnic groups are more likely to have pre-term births, although this is based on relatively small numbers which makes it difficult to produce an accurate comparison.

Ethnicity	<37 weeks	>=37 weeks	Missing Value/Value outside reporting parameters
Asian or Asian British	6.45%	93.55%	0.00%

Black or Black British	13.89%	86.11%	0.00%
Mixed	5.69%	93.59%	0.71%
Not known	5.56%	94.44%	0.00%
Other ethnic groups	11.88%	88.12%	0.00%
White	5.91%	93.89%	0.21%
(blank)	5.43%	94.57%	0.00%
Grand Total	6.04%	93.76%	0.21%

By deprivation quintile pre-term births rise with increased deprivation, being 2% higher for patients from the most deprived areas than the least deprived.

Row Labels	<37 weeks	>=37 weeks	Missing Value/Value outside reporting parameters
Q1 - Most Deprived	6.6%	93.3%	0.16%
Q2 - Below Average	6.3%	93.6%	0.14%
Q3 - Average	6.2%	93.5%	0.30%
Q4 - Above Average	5.7%	94.1%	0.19%
Q5 - Least Deprived	4.6%	95.2%	0.23%
Grand Total	6.0%	93.8%	0.21%

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 2024 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 2024 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 22 April 2024 as being relevant to ICBs in England and included in the Department of Health and Social Care Group Accounting Manual 2023/24; 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.

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, verify that the expenditure had been recognised in the correct 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.

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.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2023/24. We have nothing to report in this respect.

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 2023/24.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page [X], 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.

Significant weakness – Financial sustainability

We identified a significant weakness in the ICB's arrangements in relation to financial sustainability in our audit for the period ended 31 March 2023, 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.

The final financial plan for the Devon ICS for 2024/25 is for the delivery of a £80.0 million deficit for the system as a whole. The plan is reliant on the delivery of a Cost Improvement Programme (CIP) of 7.4% for the system, which is greater than the CIP delivered in the current year. Given the system's historic performance in delivering its CIP targets, there is a risk that this will not be achieved.

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 CIP schemes are deliverable 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 [X], 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 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 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 this respect.

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.

Certificate of completion of the audit

We certify that we have completed the audit of the accounts of NHS Devon ICB for the year ended 31 March 2024 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Jonathan Brown

for and on behalf of KPMG LLP

Chartered Accountants

66 Queen Square

Bristol

BS1 4BE

28 June 2024