NHS Devon

NHS Devon Integrated Care Board (ICB) Meeting

Aperture House, Pynes Hill, Exeter, EX2 5SP

7 February 2024

09.00 – 12.00

One Devon

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

Agenda for meeting in public

The quorum for meetings of the Board is:

a) Chair or Vice Chair
b) At least two Executive Directors
c) At least two additional independent members
d) At least one Partner Member
e) At least one of the members must be a registered clinician.

	Introductory Items	Lead	Action	
1	Welcome, introduction and apologies for absence	Sarah Wollaston, Chair	Discussion	09:00
2	Declarations of Interest	Sarah Wollaston, Chair	Noting	
3	Minutes of the Meeting held on 6 December 2023	Sarah Wollaston, Chair	Approval	
	Citizen Story	**Lead**	**Action**	
4	Equality and Diversity	Andrew Millward, Chief Officer, Communications and Corporate Affairs	Discussion	09:05
	Leadership Reports	**Lead**	**Action**	
5	Chair's Report	Sarah Wollaston, Chair	Noting	09:25
6	Chief Executive's Report	Bill Shields, Interim Chief Executive	Noting	09:35
	National Oversight Framework Segment 4	**Lead**	**Action**	
7	Progress Towards NOF4 Exit	Bill Shields, Interim Chief Executive Anthony Fitzgerald, Chief Delivery Officer	Assurance	09:45
	For Approval and Endorsement	**Lead**	**Action**	
8	One Devon Clinical and Care Professional Leadership Framework – 2023 Interim Update	Nigel Acheson, Chief Medical Officer	Approval	10:00
	Governance, Performance and Assurance Reports	**Lead**	**Action**	
9	Integrated Quality, Performance and Finance Report	Anthony Fitzgerald, Chief Delivery Officer	Assurance	10:15
10	2024-25 Operational Plan Update	Anthony Fitzgerald, Chief Delivery Officer	Assurance	10:30

	BREAK			
	Committee Chairs' Reports	**Lead**	**Action**	
11	Finance & Performance Committee – 11 and 30 January 2024	Kevin Orford, Non-Executive Member	Assurance	10:55
12	Audit & Risk Committee – 10 January 2024	Graham Clarke, Non-Executive Member	Assurance	11:05
13	Quality & Patient Experience Committee – 17 January 2024	Thandiwe Hara, Non-Executive Member	Assurance	11:15
14	Primary Care Commissioning Transition Committee – 14 December 2023	Judy Hargadon, Non-Executive Member	Assurance	11:25
	For Information – to be discussed by exception only	**Lead**	**Action**	
15	Finance Reports i. NHS Devon Month 9 Report ii. ICS Month 9 Report	Kirsty Denwood, Interim Deputy Chief Finance Officer	Noting	11:35
	Item	**Lead**	**Action**	
16	Action Register	Sarah Wollaston, Chair	Approval	11:45
17	Questions from Members of the Public • Public petition in support of Exeter Hospiscare	Sarah Wollaston, Chair	Discussion	11:50
18	Any Other Business	Sarah Wollaston, Chair	Discussion	11:55
	Close			**12:00**

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NHS Devon Board - Declaration of Interest Report 07 February 2024

Interest Type	Name	Role	Decision Making Groups	Interest Description (Abbreviated)	Date Ended
Declaration of Interest	Sarah Wollaston	ICB Independent Chair	Remuneration Committee,One Devon ICP,Integrated Care Board,Primary Care Transformation Commissioning Committee	I am a trustee of Landworks, a Dartington based charity that works with ex-offenders and people at risk of going to prison to support them into employment and reduce the risk of reoffending	
				Relative is a registrar in Obstetrics and Gynaecology on the South West training scheme currently based at RDUH	
				Relative is a registrar in Anaesthetics on the South West training scheme and currently based at Bristol	
				Relative is a GP research registrar based in Devon	
				Husband is a consultant forensic psychiatrist employed by Devon Partnership Trust	
Declaration of Interest	Nigel Acheson	ICB Chief Medical Officer	Executive Team ,Integrated Care Board,One Devon ICP,Audit & Risk Committee,Primary Care Transformation Commissioning Committee,Finance and Performance Committee,Clinical and Professional Cabinet,Senior Management Executive,Devon Investment Group,Peninsula Acute Provider Collaborative,Quality and Patient Experience Committee,System Quality Group	Director of H Smith Safety Associates	
				Patron of the FORCE cancer charity in Exeter	
				Director on the board of the South West Academic Health Science Network	
				Wife works as an associate with the South West Academic Health Science Network	
				Wife works as a Director for H Smith Safety Associates	
				Wife works as a Consultant forensic psychiatrist for DPT	
				Relative consultant Dermatologist at the Royal Devon University Hospital	
				In-law is a GP partner in the Woodbury Practice	
Declaration of Interest	Sheena Asthana	Independent Non-Executive Member	Finance and Performance Committee,Remuneration Committee,Audit & Risk Committee,Integrated Care Board	Director, Plymouth Institute of Health & Care Research (PIHR). It is likely that members of my institute will undertake funded research for NHS Devon partners	
				Member of the Advisory Committee on Resource Allocation (ACRA) which independently advises on NHS funding formulae	
				Member of the project board of the proposed West End Health and Being Centre in Plymouth	
				Director, Plymouth Centre for Health Technology. It is likely that members of my institute will undertake funded research for NHS Devon	
				Co-Director, Plymouth Centre for Coastal Communities. It is likely that members of this centre will undertake funded research for NHS Devon	
Nil Declaration	Helen Braid	Head of Governance	Primary Care Transformation Commissioning Committee,Integrated Care Board,Audit & Risk Committee,Working with Industry Sponsorship Group		
Declaration of Interest	Graham Clarke	Independent Non-Executive Member	Finance and Performance Committee,Primary Care Transformation Commissioning Committee,Audit & Risk Committee,Integrated Care Board	Non Execuitve Member at the Deparment of Health & Social Care	
				Board Chair of HUC (111 and Urgent Care Provider) but term ended 2022	
				Trustee and Treasurer of the Cornwall Community Foundation	
				Spouse is CEO of Cornwall Partnership Foundation Trust	
				Non-Executive Director of Medicine Discovery Catapult	
				Spouse is a Board Member of Cornwall & Isles of Scilly ICB	
Declaration of Interest	Liz Davenport	Chief Executive Torbay and South Devon NHS Foundation Trust	Remuneration Committee,One Devon ICP,Integrated Care Board,Senior Management Executive,Peninsula Acute Provider Collaborative	Director of Torbay Pharmaceuticals	
				Chief Executive Officer, Torbay and South Devon NHS Foundation Trust	
Nil Declaration	Kirsty Denwood	Interim Director of Operational Finance	Audit & Risk Committee,Finance and Performance Committee,Devon Investment Group,Executive Team ,Integrated Care Board,Provider Selection Regime Steering group		
Nil Declaration	John Finn	Deputy Director- In Hospital Commissioning	Devon Investment Group,Finance and Performance Committee,Provider Selection Regime Steering group ,Integrated Care Board		
Nil Declaration	Anthony Fitzgerald	ICB Chief Delivery Officer	Integrated Care Board,Senior Management Executive,Finance and Performance Committee,Executive Team ,Devon Investment Group,Vacancy Control Panel,Primary Care Transformation Commissioning Committee		

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NHS Devon Board - Declaration of Interest Report 07 February 2024

Interest Type	Employee	Role	Decision Making Groups	Interest Description (Abbreviated)	Date Ended
Declaration of Interest	Thandiwe Hara	Independent Non-Executive Member	Integrated Care Board,One Devon ICP,Remuneration Committee,Primary Care Transformation Commissioning Committee,People and Culture Assurance Committee,Quality and Patient Experience Committee	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality.	
				Member on the NIHR SW Clinical Research Network Board.	
Declaration of Interest	Philipa Harding	Company Secretary	Finance and Performance Committee,Executive Team ,Senior Management Executive,Audit & Risk Committee,Integrated Care Board,Remuneration Committee,Provider Selection Regime Steering group	Founding Director of Harding Advisory Ltd, a professional services company providing corporate governance expertise.	
Declaration of Interest	Judith Hargadon	Independent Non-Executive Member	People and Culture Assurance Committee,Primary Care Transformation Commissioning Committee,Remuneration Committee,Integrated Care Board	Spouse is Chair of Dartington Hall Trust	
				Brother is a GP in Cornwall	
Nil Declaration	Ruth Harrell	Director of Public Health	Integrated Care Board,Remuneration Committee,System Quality Group		
Declaration of Interest	Donna Manson	Chief Executive Officer Devon Countil	Senior Management Executive,Integrated Care Board,Remuneration Committee	CEO Of Devon County Council	
Declaration of Interest	James McInnes	Chair of One Devon Partnership Board (ICP)	One Devon ICP,Integrated Care Board	Manage Europe, Chief Executive – Governance and Leadership consultancy	
				The Safeguarding Community, Managing Partner – safeguarding governance and practice consultancy	
				Schumacher Institute, Fellow – multiple interest in infrastructure resilience consultancy	
Declaration of Interest	Andrew Millward	Chief Communications and Corporate Affairs Officer	Senior Management Executive,Executive Team ,People and Culture Assurance Committee,Audit & Risk Committee,Remuneration Committee,Integrated Care Board,One Devon ICP,Vacancy Control Panel	Chair of Friends of Eggesford All Saints Trust, a registered charity.	
				Fellow of the Centre for Communications Research, Buckinghamshire New University	
				Non-Executive Board member of Delt Shared Services	
Declaration of Interest	Frank O'Kelly	Partner Member for Primary Care	Clinical and Professional Cabinet,Primary Care Transformation Commissioning Committee,Remuneration Committee,Integrated Care Board,Quality and Patient Experience Committee	GP Partner at Amicus Health	
				Blundell's School Lead Doctor	
				Member of the National Armed Forces Reference Group	
				CQC Manager for Amicus Health	
				Attends Tiverton High School Welfare Meeting fortnightly	
				Contributor to FASD Forum	
				5 adopted children, 2 with recognised learning difficulties both recieving PIP and with residential or supported living in Devon	
				Wife is a book-keeper for STEER Eduction	
				Wife registered Carer for Adopted Child with Learning Difficulties	
				I attend a monthly online meeting of Primary Care Partner Members, which is organised and Chaired by the NHS Confederation	
Declaration of Interest	Kevin Orford	Independent Non-Executive Member	Integrated Care Board,Audit & Risk Committee,Remuneration Committee,Finance and Performance Committee	Non Executive Director on the board of Royal Devon and Exeter NHS FT (Ceased 30.06.22)	
				Non Executive Director on the board of Northern Devon Healthcare NHS Trust (Ceased 30.06.22)	
				Non-Executive Director on the Board of the Intellectual Property office, a government agency in the Department of BEIS.	28/11/2023
Nil Declaration	Kate Shields	Chief Executive Officer, Cornwall and Isles of Scilly ICB	Integrated Care Board		
Declaration of Interest	William Shields	ICB Interim Chief Executive and Chief Finance Officer	Executive Team ,Integrated Care Board,Primary Care Transformation Commissioning Committee,Finance and Performance Committee,Senior Management Executive,Devon Investment Group,Provider Selection Regime Steering group	Secondary employment with Welsh Health Board 10-14 days, no conflict of interest anticipated with NHS Devon ICB	01/10/2023
				Director of Shields Health Advisory Limited (Dormant)	
				Member HMFA Digital Council	
				Deputy Chair, HMFA ICB CFO Forum	
				Co Chair, NHSE Integrated Finance Board	
				Writes a blog for HMFA	
				Occasional presentations for HMFA, EY, KPMG, Channel 3 Consulting and Deloitte	
				Anthony Fitzgerald (Chief Delivery Officer) and I have a longstanding friendship which could result in a perceived conflict of interest if I am called upon to make performance management decisions as Anthony's line manager whilst I am acting as Interim Chief Executive Officer.	

NHS Devon Board - Declaration of Interest Report 07 February 2024

Interest Type	Employee	Role	Decision Making Groups	Interest Description (Abbreviated)	Date Ended
Nil Declaration	Penny Smith	Interim Chief Nursing Officer	Devon Investment Group,Integrated Care Board,Executive Team ,Quality and Patient Experience Committee,System Quality Group ,Provider Selection Regime Steering group		
Nil Declaration	Jonathan Taylor	Strategy Manager	Clinical and Professional Cabinet,Integrated Care Board		
Nil Declaration	Piers Tetley	Associate Director of HR & Organisational	Vacancy Control Panel,Remuneration Committee,Integrated Care Board		
Nil Declaration	Samuel Wadham-Sharpe	Director of Performance and Assurance	Finance and Performance Committee,System Quality Group ,Integrated Care Board		

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DRAFT Minutes of a meeting of NHS Devon Integrated Care Board held in public at the Committee Suite, Devon County Hall, Exeter and via Microsoft Teams on Wednesday 6 December 2023 between 10.00am and 1.45pm	
Name	*Title and organisation*
Board Members:	
Dr Sarah Wollaston	Chair, NHS Devon
Dr Nigel Acheson	Chief Medical Officer, NHS Devon
Professor Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Liz Davenport	Partner Member for NHS Trusts and Foundation Trusts, Chief Executive, Torbay & South Devon NHS Foundation Trust
Sarah-Lou Glover	Partner Member for Mental Health, Director and Founder Member, Parental Minds CIC
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon
Professor Hisham Khalil	Vice-Chair, Non-Executive Member, Quality and Patient Experience, NHS Devon
Dr Frank O'Kelly	Partner Member for Primary Care, GP Partner, Amicus Health
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Bill Shields	Interim Chief Executive and Chief Finance Officer, NHS Devon
Penny Smith	Interim Chief Nursing Officer, NHS Devon
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Matthew Chetwynd (Agenda Item 2 only)	Director of Estates, NHS Devon
Kirsty Denwood	Interim Deputy Chief Finance Officer, NHS Devon
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Philippa Harding	Company Secretary, NHS Devon
Jodie Howland	Senior Governance Officer, NHS Devon
Cllr James McInnes	Chair, Devon Integrated Care Partnership
Andrew Millward	Chief Communications and Corporate Affairs Officer, NHS Devon
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
James Wenman (Agenda Item 4 only)	Associate Director of Urgent Care, NHS Devon
Apologies for absence	
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Dr Ruth Harrell	Partner Member for Local Authorities, Director of Public Health, Plymouth City Council
Paul Renshaw	Director of Strategic Workforce, NHS Devon

Item	Discussion
1	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting, with special mention of Penny Smith, Interim Chief Nursing Officer and Allison Williams, System Improvement Director who were attending their first meeting of the Board in public. Welcome was also extended to members of the Seaton Hospital Steering Group and the League of Friends who were in attendance. It was noted that apologies for absence had been received from Ruth Harrell, Thandiwe Hara and Paul Renshaw. The meeting was deemed quorate.
2	**Questions from Members of the Public** The Chair informed the meeting that, as a petition of some 9000 signatures had been received from Seaton Community Hospital campaigners in respect of the surrender of former ward accommodation, the order of the agenda would be changed to allow those campaigners to present their questions at the beginning of the meeting. The receipt of the petition was formally noted and the subject of the petition would be included within the agenda of the next meeting in public of the Board, which would take place in February. The Chair confirmed that a meeting had been held with the campaigners on 5 December 2023, which had been constructive and had led to the agreement of a plan of action. The Director of Estates, Matthew Chetwynd (MC), then read out the following questions which had been submitted by the campaigners, together with responses from NHS Devon: <u>Question 1: Were Finance Committee and Board members informed, before their meetings in September and October respectively, that Seaton Hospital was established on the initiative of and part-funded by the League of Friends, on the understanding that the building would be run as an NHS hospital, and that the building of the wing in question was paid for 100 per cent by public donations?</u> Response: The Finance and Performance Committee, who made the decision about handing back the ward under delegated authority from the full Board, was made aware that the proposed disposal would likely be met with high levels of community concern and disappointment. The papers also confirmed that the community had raised money towards the cost of the hospital. Members were also informed that the building now belongs to NHS Property Services (NHSPS). <u>Question 2: Does the Board now accept that, in the light of these considerations, it should have consulted with Seaton stakeholders before making this decision?</u> Response: We understand why local people are concerned about the idea of losing the ward building that they funded. It was always the intention of the Integrated Care Board (ICB), as set out in the supporting communications and engagement plan, to engage with the local community about the decision. However, we would not formally consult about a decision of this nature as no services are being affected. NHS Devon's duty is to commission services and it does not own the building. Responsibility for the future of space handed back to NHSPS by other parts of the NHS sits with NHSPS and not NHS Devon. It is important to note that the ward has stood empty for six years. We engaged with local stakeholders during the summer and no viable options were found. The supporting communications plan clearly set out the process for engaging with local people. We continue to engage with the community, and as Sarah has said, we held a constructive meeting with steering group representatives yesterday.

	Question 3: Does the Board now accept that it was mistaken to quote the 2016-17 consultation on the withdrawal of the beds in justification of its recent decision? First, the consultation did not concern the future use of ward space. Second, its results showed that Seaton residents were overwhelmingly opposed to the withdrawal, and the last-minute switch of Seaton's beds to Sidmouth, without proper justification, discredited the outcome in the eyes of the local community? Response: Information on the 2016/17 Your Future Care consultation is provided as background on the governance process that has been followed, not justification. During the consultation, the Clinical Commissioning Group (CCG), our predecessor organisation, consulted on *services* – commissioning *services* is our responsibility. We are not responsible for consulting on the future of buildings as we don't own them. In this case, further public involvement on the future of the site would be the responsibility of the building owner, NHSPS. The reason for this work is to reduce the amount of money we spend on empty buildings, driven by our severe financial challenges. Question 4: Will the Board agree to the request of the Devon Health and Adult Care Scrutiny Committee (OSC) that the proposed disposal is not implemented until they have explored and discussed the long-term future provision of NHS/health and wellbeing services for Seaton and Colyton residents, and reported on this to the Scrutiny Committee, as it has requested, in January 2024? Response: The decision to hand back the space was, in effect, taken by the Board under powers delegated to the Finance and Performance Committee, in September 2023, before the OSC meeting. That decision still stands and work on the hand back continues. We are currently talking to NHSPS about the hand back process as part of a period of negotiation. Although, if a viable solution came forward, we would be interested to hear about it, given the time elapsed since discussions with local partners began, at this stage we need to make sure conversations are happening with NHSPS as owner of the building and the organisation for deciding what to do with the space we are handing back. The Secretary of Seaton Hospital Steering Committee expressed disappointment at the responses provided and that the accommodation would be handed back to NHSPS as the Committee's wish was for the ward to be used for the provision of health and wellbeing services for the local community. However, the conversation that had taken place on 5 December 2023 had been heartening, in particular with regard to the understanding of the support and funding that the League of Friends had provided to the hospital over the years and that NHS Devon would work with the League of Friends to discuss the issue with NHSPS to try and find an acceptable solution. The Chair thanked the campaigners for attending and confirmed that NHS Devon would be working with them over the coming months. It was reiterated that the project was not to close any services but rather hand back a ward which was costing a significant amount of money to maintain and yet had not been used in over six years.
3	**Declarations of Interest** Members **noted** the Register of Interests
4	**Minutes of Previous Meeting** The minutes of the meeting in public held on 4 October 2023 were considered. A proposal had been made to remove a sentence from the minutes at Section 10 - Equity Update. The Board **approved** the minutes of the meeting in public held on 4 October as an accurate record, subject to removal of the following sentence: "It was highlighted that the funding formula had been contentious for some time, with some members of the Accounting and Corporate Regulatory Authority (ACRA), contending that it may be responsible for a systematic pattern of overspend across the country due to the unintended consequences."
5	**Citizen Story** The Chair introduced the Associate Director for Urgent Care, James Wenman (JW), to present information about the Care Co-Ordination Hub and how this had positively impacted upon the patient experience of Devon citizens.

	The following points were highlighted: • The Hub was a collaboration of NHS acute, ambulance, community, mental health and commissioning partners which aimed to facilitate early clinical conversations to safely connect patients to the right care for their needs. The multi-disciplinary and senior clinical decision-makers supported paramedics on scene to support caring for patients safely in the community and triaged lower acuity 999 calls to achieve the same aim. • There were three very distinct localities within Devon and access to pathways varied across those localities. When the "spokes" of the hub model were established in the localities the local nuances, demographics and protocols would be incorporated. • This approach required the right decision-making capability in the hub and, in order to build resilience, wider multidisciplinary opportunities should be considered. However, it was essential that the right people were in the hub in terms of how they operated and the way in which they could broker relationships to unlock care pathways. • Feedback from those who had used the service indicated that they had found the service hugely beneficial when they were told that they did not need to be admitted to hospital, particularly for those cases which involved end of life, palliative care and mental health. • Working as a multi-disciplinary team had enabled a greater understanding of the capabilities of clinical colleagues which had empowered good decision-making at all levels and increasing levels of trust. • This approach was a cultural change and required the management of risk; therefore colleagues needed to accept the level of risk associated with alternative approaches and support those decisions. • Evaluation of the work of the hub would focus on whether it made a difference. For example, if the hub had not been available to support, would a patient have been conveyed to an emergency department when there were alternative pathways? A thorough audit of added value was required as this service may be provided at the cost of another. • There had been significant investment in the hub, which had been funded through winter monies and a decision would need to be made before the end of the financial year as to whether it would be supported on an ongoing basis. • One element of the evaluation will be around the impact of the service upon those with mental health needs. Livewell and Devon Partnership NHS Trust had been involved in the work which had enabled access to advice lines, whilst the mental health desk at the ambulance trust had supported the identification of available first response services. • Evaluation across Devon and Cornwall would be beneficial, as would joint development work, as similar challenges were being faced across both counties. The Board **noted** the presentation. **Actions:** • The VCSE Assembly to be approached regarding involvement in the work of the care co-ordination hub. • An evaluation report in respect of the outcomes achieved through the Care Co-ordination Hub be presented to the Finance and Performance Committee before the end of the 2023/24 financial year.
6	**Chief Executive's Report** The Interim Chief Executive, Bill Shields (BS), introduced his report which provided updates in relation to the NHS Oversight Framework, the NHS Devon organisational re-structure, the organisation's upcoming accommodation move and briefings with Devon MPs and Helen Whately, Minister of State for Health. BS highlighted the following: • Part of his focus was to ensure the short and medium-term changes required to tackle the performance and financial pressures being faced by the system were made. • The system was forecasting a deficit for 2023-24 of £42.3m and was not currently on track to deliver this.

	• Whilst progress has been made in reducing the number of patients waiting more than two years for care, there remained more to achieve in respect of urgent and emergency care. • In response to NHS England's target for Integrated Care Boards to reduce running costs by 30%, phase one of the organisational re-structure has been completed with the Executive and Senior Leadership Team now finalised and consolidation of five offices into one site in Exeter was nearing completion. • Steve Moore had been appointed as Chief Executive Officer of NHS Devon and would commence in post on 12 February 2024. The Board **noted** the Chief Executive's Report.
6	**Chair's Report** The Chair introduced her report which included an update on the appointment of the new NHS Devon Chief Executive and visits and speaking engagements. The Chair took the opportunity to formally thank Professor Hisham Khalil (HK), who was stepping down from his role as Independent Non-Executive Member for NHS Devon. The expertise and experience that he had brought to the Board, together with his role as Chair of the Quality & Patient Experience Committee had been appreciated and it was welcomed that going forward he would become a co-opted member of the Audit & Risk Committee. HK thanked the Chair and informed the meeting that it had been a pleasure and an honour to work with fellow Board members. The Chair also informed the meeting that, since her report had been circulated, notification had been received from Sarah Lou Glover (SLG), Partner Member for Mental Health, that she would be stepping down from the Board and this would be her last meeting. The Chair thanked SLG for the level of insight into the lived experience of service users she had brought to the Board. SLG thanked the Chair and Board colleagues for their support and expressed her confidence that there were others on the Board who would consider the impact of services for individuals who used mental health services, children and young people, as well as the involvement of the voluntary sector in service provision. The Board **noted** the Chair's Report.
7	**National Oversight Framework (NOF) - NHS Devon Segmentation, Governance and Assurance** The NHS England (NHSE) System Improvement Director, Allison Williams**,** introduced a report which reminded the Board of the NOF segmentation process and the rationale for NHS Devon's assessment as Segment 4 (NOF4), to enable the Board to review its accountabilities (with partners) in relation to delivering the improvements that will enable de-escalation and exit from NOF4; consider the internal line of sight and scrutiny processes aligned to improvement plans; and review the requirements for reporting to the relevant sub-committees and the Board. The following points were noted: • The Board was responsible for the planning and allocation of resources to meet the core aims of the Integrated Care System (ICS). As a unitary board, this was the responsibility of both executive and non-executive members. • It was essential that there was a very clear line of sight to the actions and the improvements that were being made to the national team, via the Board and into the organisation, so that there was clarity of purpose and clear monitoring was enabled. • For the monthly assurance meeting with the NHSE regional team there was a requirement for a written report and proposal within the report was that this should be aligned to Board reporting, as well as being presented to the Finance & Performance Committee for detailed scrutiny. • The reference to the lack of a clinical strategy was in relation to the work of the Peninsula Acute Provider Collaborative (PAPC). The PAPC had established its governance structure to

	ensure the appropriate engagement and reporting. The first phase of work in respect of scenarios had been completed and work was underway with system partner Boards to obtain a mandate for the second phase of work, which would enable the move from a set of ideas and solutions into the basis of the clinical strategy. • The importance of incorporating work around dispersed clinical care and professional leadership in the development of the clinical strategy and that this had been included within the principles of the work. • The Clinical and Professional Care Cabinet was being re-established within the restructured organisation. It would be co-chaired by the Chief Nursing Officer, the Chief Medical Officer and a Local Authority colleague. Membership would be wide, encompassing all sectors including the Voluntary and Community Sector Enterprise (VCSE) Assembly. • The December meeting of the Finance & Performance Committee would be undertaking a deep dive into aspects of the governance arrangements required to obtain assurance on these for the Board and the outcome of this work would be reported to the February meeting of the Board. The Board: 1. **Noted** the report. 2. **Agreed** that the assurance and oversight mechanisms for exiting NOF4 set out in this report were appropriate.
8	**Progress Towards NOF4** BS and Chief Delivery Officer, Anthony Fitzgerald (AF), introduced a report that set out NHS Devon's oversight and assurance mechanisms for exiting NOF4 and proposed a new approach to reporting through NHS Devon's corporate governance structures as well as to the System Improvement and Assurance Group (SIAG) Chaired by NHS England (NHSE). The following points were highlighted: • Future reports to the Board would set out performance against each of the NOF4 exit criteria. This report showed that the financial position was not where it needed to be and, as a consequence, there was doubt as to whether the system would be able to exit NOF4 by the first quarter of 2024-25. • Work with system partners was being re-focused with regard to how the financial position could be delivered and performance was being monitored through the System Recovery Board and onto the Finance & Performance Committee. • All Chief Executives in the system had received a letter setting out further workforce and non-pay controls which were effective immediately which would require a detailed vacancy control process. • The governance of the Urgent and Emergency Care Board had been strengthened to support more focused conversations across the system. • In unscheduled care there had been a stablisation of the 4 hour wait performance target and continued improvements in the No Criteria to Reside (NCTR) position, although the latter varied across the system. The target remained to achieve single figure percentage in this area. • Ambulance handovers remained a concern and work was being undertaken with colleagues in Warrington to improve this position. • There had been continued progress in terms of elective recovery; however, that progress had been within the context of insourcing and outsourcing work which had a financial impact. Work was now focused on reducing the number of patients experiencing long waits for treatment, sustainability and productivity. • It was intended to replace insourcing and outsourcing activity with a more sustainable model which focused on the eight key areas of productivity. • There were capacity opportunities to be realised using existing facilities, but for this to be achievable there had to be a system approach, so that all capacity was used for all patients. • The new models of care work had not yet delivered the improvements that had been anticipated and work was now underway to understand whether this could be delivered through the Peninsula Acute Provider Collaborative. • NHSE had supported the appointment of a system-wide Programme Management Office (PMO) director who would be supported by re-deployed individuals to focus on urgent and

	emergency care and financial performance. This would result in the ICB becoming less reliant upon consultancy support and have a positive impact upon momentum. • The NHSE regional team had contacted ICBs regarding the role of system quality groups in looking at harm reviews beyond individual cases. This would be important for Devon, as there had been a surprisingly small number of serious incidents related to harm in light of the performance challenges being faced. • While colleagues directly involved in patient care will continue to ensure safe and high quality services and continue their focus on improving service delivery, Boards in the Devon system need to be focused also on the detail of criteria to exit NOF4 and ensure that the cumulative effort of the NHS and Social care workforce can deliver this to the target exit date. The Board: • **Noted** the current performance position against the NOF4 exit criteria. • **Noted** that the Devon Health and Care System could currently not provide assurance of meeting the target NOF4 exit date of Q1 2024/25
9	**Winter – Additional Assurance** AF introduced a report that provided an updated Winter Plan 2023/24 and additional assurance on plans and preparations which had been agreed to deliver safe and effective quality care for the population of Devon. The following points were highlighted: • The position with regard to bed availability was significantly improved on the previous year's position and further opportunities to improve had been identified, with the discussion around what can and cannot be funded being progressed with regional and national colleagues. • The strategic co-ordination centre would be key to how winter and emergency care was to be delivered going forward. The centre was utilizing "SHREWD" (Single Health Resilience Early Warning Dashboard), which not only captured lived data, but could build in some degree of predictability in terms of algorithms forecasting what would happen without any intervention. • During the previous winter a number of expensive placements had been made and there was a balance to be achieved between sustainable decision-making and meeting targets around NCTR; this would require the approach to holding risk to be re-considered. • An evaluation of the funding for projects agreed by the Board in July 2023 would be presented to the Finance & Performance Committee and whilst previously this funding had been focused at individual provider level the future approach would be to look across the breadth of services already in place and what other opportunities there may be. • Modelling was currently being undertaken around the impact of the recently announced industrial action, with submissions being made to NHSE by 8 December 2023. • There had been a disproportionate increase in demand across Devon and work was being undertaken with regional and public health colleagues to understand the cause of this and report back through the appropriate governance route. The Board **took assurance** from the report.
10	**Governance Arrangements** Company Secretary, Philippa Harding (PH), introduced a report which set out a number of proposed amendments to the governance arrangements of NHS Devon, including the establishment of a formal Executive Committee of the NHS Devon Board and associated amendments to the Scheme of Reservation and Delegation; the adoption of refreshed Terms of Reference for the Remuneration and ICB Workforce Committee; and the adoption of a Policy for Co-option to Board Committees. The report also set out a number of amendments to ways of working associated with the NHS Devon corporate governance framework, as well as plans for a more detailed governance review. The following points were highlighted:

	• There were some proposed amendments to the Terms of Reference for the Remuneration & Internal ICB Workforce Committee in that it would be helpful to make it clear that the Chief People, Officer and Director of Governance will be expected to be in attendance at every meeting of the Committee; that meetings should not take place without the chair or vice chair of the meeting being present; and to emphasise the role of the committee role in relation to the Board appraisal process. • There was a conversation to be had as part of the governance review around separating out the statutory remuneration element of the current work of the Committee from broader workforce issues and where workforce challenges and developments across the system, including for NHS Devon, were considered. • Whilst workforce needed to be considered in the context of the NHS Long Term Workforce Plan, thinking should be broader than the NHS, not only for the current transformation but the future supply of workforce. The Board: 1. **Approved** the establishment of a formal Executive Committee and associated amendments to the Scheme of Reservation and Delegation; 2. **Approved** the Terms of Reference for the Executive Committee, subject to the reference to NHS Sussex being amended to NHS Devon; 3. **Approved** the adoption of refreshed Terms of Reference for the Remuneration and ICB Workforce Committee subject to the comments set out above and paragraph 3.10 being amended to include "Review the outcomes of the NHS Devon Board performance evaluation process, including thematic outcomes from appraisals, that relate to the performance and effectiveness of the NHS Devon Board"; and 4. **Approved** the proposed Policy for Co-option to Board Committees.
11	**Provider Selection Regime** The Interim Deputy Chief Finance Officer, Kirsty Denwood (KD), introduced a report that provided an overview of the proposed Provider Selection Regime (PSR) that was due to come into force on 1 January 2024 and its implications for NHS Devon. The report highlighted the need to amend the current NHS Devon Procurement Policy and the establishment of a PSR Steering Group. It also contained a proposed amendment of the NHS Devon Scheme of Reservation and Delegation (SoRD). The following points were noted: • Responsibility for compliance with the regime sat with the Executive, who would be responsible for providing assurance with regard to this to the Board. • The Steering Group would be a sub-group of the Executive Committee which would provide assurance to the Audit & Risk Committee. • Detailed guidance was awaited in respect of the Appeals Process. • NHSE had been leading training in respect of the new regime and a record was being maintained to identify those staff who required training and that this had been undertaken. A staff briefing had also been held to increase awareness. • Whilst the internal audit plan for 2023-24 had been agreed, it was proposed that a review of the implementation of the PSR was included in the 2024-25 plan. The Board: 1. **Noted** the briefing provided in relation to the proposed Provider Selection Regime that is due to come into force on 1 January 2024; 2. **Noted** the establishment of a Provider Selection Regime Steering Group and its Terms of Reference; and 3. **Agreed** the proposed amendment of the NHS Devon Scheme of Reservation and Delegation.
12	**Board Assurance Framework** PH introduced a report that provided an update on the previously identified high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. The report also proposed a new approach to the Board Assurance Framework

(BAF) for the remainder of the 2023/24 financial year, which was aligned to the risks associated with the organisation's exit from NHS Oversight Framework Segment 4 (NOF4).

The following points were highlighted:

- The proposal to align the risk associated with the NOF4 exit criteria had been supported by the Chairs of the Audit & Risk Committee and of the Finance & Performance Committee. Internal Audit colleagues were also supportive of the proposal.
- A re-worked BAF would be taken to the Audit & Risk Committee on 10 January 2024 for recommendation to the next meeting in public of the Board in February 2024.
- Any items that were removed from the BAF as a result of the re-working would be incorporated into the Corporate Risk Register so that they were not lost.
- It was important that issues such as the green agenda, which would have a long term impact upon the delivery of care, were not lost and that in addition to those challenges being incorporated within the Corporate Risk Register they would also be considered as part of the refresh of the Joint Forward Plan.
- The increased risk scores for the health inequalities priorities were due in part to the current financial constraints and also the focus on key areas such as urgent emergency care and elective recovery. In addition, a number of the Health Inequalities Team had been on short term contracts which had not been renewed as part of the running cost savings to be achieved. Going forward there was a commitment of £3.7m for the health inequalities and prevention agenda in the 2024-25 business plan together with the post of Director of Population Health Management within the new organisational structure which would provide an opportunity to re-focus.
- Concern that, by focussing only on the risks of exiting NOF4, the key risks which had previously been identified as likely to prevent NHS Devon achieving its objectives would be lost and whether it would be possible to enhance the existing BAF with a few more objectives rather than starting again as a number of the current risks related to exiting NOF4.
- That the current BAF was becoming a difficult document to engage with and the importance of the BAF was having a document that was clear and provided a structure to enable the Board to identify its key risks and the actions being taken to manage those key risks.
- Concern as to the variation in the detail and quality of the different sections in the BAF and whether this was reflective of the strength of the strategy being adopted to manage certain identified risks. It was accepted that this concern was for Executive Members to address, to ensure that the same high quality of information was evident in all sections of the BAF.
- Why there was no reference to the safeguarding of children and young people within the BAF or of the significant work being undertaken in this area to the change the system's approach, including the new key performance indicator system for children and young. A narrative was required in this respect.
- Reference was made to a project in respect of children's safeguarding being delivered through the prevention workstream that was no longer being supported by NHS Devon and whether there would be visibility on projects such as these if the BAF risk around health inequalities was no longer visible. It was noted that the BAF risks had promoted a new approach to the organisational re-structure and provided an opportunity to refresh and re-focus, not just as NHS Devon but also across the system with partners by building a team and approach to the whole children and young people's agenda.
- The perception of the Board not focusing upon statutory requirements if they are not included within the BAF and whether it would lead to these requirements being lost.
- There was an opportunity at the Board development session in January to have a further discussion around risk and risk appetite.

The Board:

1. **Approved** the content of the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon; and
2. **Approved** that work to align the BAF, subject to the comments set out above, for the remainder of the 2023/24 financial year, to the risks associated with the organisation's exit from NOF4 continue, with reference to the risks around meeting statutory requirements also being incorporated.

	Actions: • An update to be provided as to where the narrative around safeguarding and services for children and young people was located, if this was not within the BAF. • The next iteration of the BAF to be presented to the Board seminar session in January 2023 for consideration in advance of its submission to the Board for approval in February 2024.
13	**Integrated Quality, Performance and Finance Report (IQPR)** The Chief Delivery Officer, Anthony Fitzgerald (AF), introduced the IQPR, which provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the Integrated Care System (ICS), at both place and system level that issues are being identified and addressed. The following was highlighted: • The elimination of 104 week waits for treatment being experienced by patients in the system had been missed by two patients only. One was due to patient choice and the other due to delays during the importation of a prosthesis. • The indicators included within the report were mostly mandated nationally and formed part of the operating framework. • Re-forecasting of performance was now being undertaken following the announcement of further industrial action. • Work was underway to link the urgent and emergency care elements of the report with mental health services and those for children and young people. The way in which primary care pressures are reported was also being reviewed. • Whilst adult social care was not included within the IQPR it was important that the Board was sighted on the performance of these services as they represented a significant part of the health and social care system. A question was raised around whether benchmarking was undertaken with other ICBs with regard to the access of young people in care and of care leavers to mental health services, with it being noted that work could be undertaken with colleagues as to how this information, which was supplementary to the IQPR could be provided. The Board noted that it was important to make the distinction between its statutory accountabilities and the performance of the wider system. There was a reporting requirement for the ICB around performance and this not the same for those areas where there was a wider partnership role. The Board took **assurance** from the current performance position against the Key Performance Indicators measured through the Integrated Quality, Performance and Finance Report. **Actions:** • Performance information in respect of young people in care accessing mental health services will be circulated to the Board. • Consideration to be given to how wider system performance which was not included within the IQPR might be reported to the Board.
14	**Committee Chair's Reports: Finance & Performance Committee** Non-Executive Member for Finance, Kevin Orford (KO), introduced the reports which which provided the Board with an overview of the issues considered by the Committee at its meetings on 31 October and 28 November 2023. At the request of the Board, the Committee had reviewed an update to the response from NHS England regarding the submission of a revised plan for the remainder of 2023-24. The Committee had taken assurance from the process followed to determine the submission and limited assurance on some of the actions required to achieve the revised plan. A deep dive in respect of the risks to delivering the revised plan was to be undertaken by the Committee at its next meeting.

	The Committee had considered a proposal with respect to the disposal of the former ward accommodation, associated link corridors and ancillary space at Okehampton Community Hospital which had stood unused since 2017. Upon reviewing the outcome of the stakeholder engagement process, the risks and potential benefits associated with the proposal and that there was currently no financially viable option for the use of the ward space, the Committee agreed that an application should be submitted to NHS Property Services to undertake a surrender of the former ward space, associated link corridors and ancillary space. The Board **took assurance** from the Chair's Reports from the Finance & Performance Committee.
15	**Committee Chair's Reports: Quality & Patient Experience Committee – 18 October and 15 November 2023** Non-Executive Member for Quality & Patient Experience, Hisham Khalil (HK), introduced the reports which which provided the Board with an overview of the issues considered by the Committee at its meetings on 18 October and 15 November 2023. It was noted that the Committee considered that there was a need for the real time reporting of harm, due to the impact of delays in urgent and emergency care and also of the outcomes of cancer care. The Committee had escalated to the Board concerns around capacity within the Patient Safety Team to deal with the increased number of complaints that were being received following the delegation of pharmaceutical, optometry and dental services from NHSE. There were also capacity concerns with regard to infection prevention and control. The interim Chief Nursing Officer, Penny Smith (PS), informed the meeting that she was working with her team to identify the capacity risks and how partnership working with providers can be used to ensure that statutory obligations were being met. PS noted that consideration needed to be given to the quality and equality impacts of decisions being made during this period of financial recovery. Work would be undertaken at a system level to consider how best to allocate quality resources to maintain patient safety and experience and how such an approach can be governed. The Board: 1. **Noted** the issues of concern in respect of capacity; and 2. Took **assurance** from the Chair's Reports from the Quality & Patient Experience Committee. **Action:** The proposed approach to quality at a system level to be reported to the Quality & Patient Experience Committee.
16	**Committee Chair's Report: Primary Care Commissioning Transitional Committee – 5 and 12 October and 9 November 2023** The Non-Executive Member for Primary Care, Judy Hargadon (JH), introduced the reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 5 and 12 October and 9 November 2023. The concerns of the Committee around dentistry services were highlighted, as challenges in accessing services was causing people to suffer oral health issues. The Chair sought assurance as to the work being undertaken to address the challenges being experienced in respect of access dental services by the community and, in particular, for the most underserved and disadvantaged cohorts. It was noted that a lead for dentistry was being identified for NHS Devon, who would be leading on a business case to use some of the dental underspend to meet the needs of looked after children who need to access dental services. The issues being experienced in Plymouth would be a priority and discussions were ongoing with other ICBs across the region who were facing similar challenges in delivering dentistry services. In addition, concern as to the current situation had been escalated to NHSE colleagues as it required resolution.

	A concern was raised in respect of other services which were due to be delegated by NHSE, as once dentistry services were being delivered locally they had been subject to scrutiny which had identified significant gaps in the system and whilst the workload had increased, the resourcing had not. This should be taken into account when the delegation of Specialised Commissioning was considered. JH highlighted the pressure being experienced within the primary care sector with one contract being handed back due to the lack of available GPs. It was noted that there was currently engagement with parties interested in taking on the contract and the Team had met with the local council around the possible options. It was noted that the Committee wished to escalate concerns around the further delays in approving the Teignmouth Health & Wellbeing Centre as the extended decision-making around the estates element had caused significant issues for the primary care practices looking to re-locate to the centre. It was confirmed that an options paper was due to be considered at the next meeting of the Executive Committee and that a comprehensive approach to estate strategy was being developed and approved through the appropriate governance process. The Board: 1. **Noted** the issues of concern is respect of Teignmouth Health & Wellbeing Hub; and 2. Took **assurance** from the Chair's Reports from the Primary Care Commissioning Transitional Committee. **Action:** The NHS Lead for Dentistry, once appointed, should liaise with Local Authority colleagues around the engagement with children and young people in care about how they access dental services.
17	**Committee Chair's Reports: Remuneration & Internal ICB Workforce Committee – 14 September and 30 October 2023** Non-Executive Member for Finance, Kevin Orford (KO), introduced the reports which which provided the Board with an overview of the issues considered by the Committee at its meetings on 14 September and 30 October. KO informed the meeting that whilst Freedom to Speak Up updates would now be considered by the Audit & Risk Committee, rather than the Remuneration & Internal ICB Workforce Committee, he would remain NHS Devon's Non-Executive Lead for Freedom to Speak Up. The Board: 1. **Noted** that Freedom to Speak Up reports would now be considered by the Audit & Risk Committee; and 2. Took **assurance** from the Committee Chair's Reports of the Remuneration and Internal ICB Workforce Committee.
18	**Finance Month 7 Reports** The Board received the NHS Devon and One Devon System Month 7 finance reports which sought to provide assurance to the Board on the current and projected financial position for the year ended 31 March 2024. It was noted that the system remained significantly off plan at Month 7, with a number of local, regional and national discussions having taken place in respect of the position and mitigations are in place to deliver the plan. The Financial Improvement Director, Steve Webster, was engaged in detailed conversations with providers to understand whether the risks identified to delivering the agreed position were in fact pressures. As an Integrated Care Board, NHS Devon had a role to undertake this detailed financial work with providers which had not been the case as the previous Clinical Commissioning Group. The Board **noted** the Month 7 year to date financial performance and the forecast position as well as the risks to delivery of that forecast.

19	**Action Register** The Board: 1. **Approved** the closure of Actions 31, 35, 39 40 and 44 to 51 inclusive; and 2. **Noted** the update in respect of Action 37 in that the review of the hip and knee assessment pathway has been undertaken and will be considered by the Elective Recovery Board in January 2024.
20	**Any Other Business** None
	Meeting Closed: 13.45pm

NHS Devon Integrated Care Board

Chair's Report

Date of meeting	Date report produced
07 February 2024	09 January 2024

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager	**Name and title:**	Sarah Wollaston, Chair
Phone:		**Date:**	30 January 2024
Email:	Sam.cush@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
This report provides updates from the chair, including Board and leadership updates and Seaton Community Hospital.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
N/A

Key recommendations and actions requested
1. The Board is asked to **note** the report.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	N/A
Improve services and reduced unwarranted variation	N/A
Make more efficient use of our resources	N/A
Develop our culture and how we operate	N/A

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	None
Legal	None
Digital and Data	None
Involvement, Engagement and consultation	Engaging communities and stakeholders in our work

Chair's Report

Leadership update

1. I would like to begin by expressing my thanks to Bill Shields for carrying out the Chief Executive Officer role on an interim basis over the past five months.

2. Bill's expertise, drive and vision has been invaluable to our Board and staff during what has been a challenging winter on top of our organisational change process and accommodation move.

3. We look forward to welcome Steve Moore, our new Chief Executive Officer, on 12 February 2024.

Seaton Community Hospital

4. We received a petition at our Board meeting on 6 December 2023 regarding the decision, taken by the Finance and Performance Committee on behalf of the Board, to proceed with a hand back of the vacant ward at Seaton Community Hospital to building owners NHS Property Services (NHSPS).

5. The Finance and Performance Committee received an update at its meeting on 30 January 2024, which is included in this month's Board papers.

Sarah-Lou Glover steps down

6. I would like to formally note that Sarah-Lou Glover, Member for Mental Health, learning disabilities and neurodiversity, stepped down from her role on the Board in December 2023.

7. Sarah-Lou has been a valuable Board member over the past 18-months and has always had the best interests of patients and communities at heart. We wish her all the best in her future endeavours.

8. In line with the requirements of our constitution, we will be launching an open recruitment process in the near future.

Urgent decision taken on behalf of the Board

9. Board members will be aware that the NHS Devon Standing Orders allow for urgent decisions to be taken by the Chair and Chief Executive Officer when it is not possible to convene a Board meeting:

Urgent decisions

4.1.1 In the case urgent decisions and extraordinary circumstances, every attempt will be made for the board to meet virtually. Where this is not possible the following will apply.

4.1.2 The powers which are reserved or delegated to the board, may for an urgent decision be exercised by the Chair and Chief Executive (or relevant lead director in the case of committees) subject to every effort having made to consult with a minimum of two Non-Executive Members in the given circumstances.

4.1.3 The exercise of such powers shall be reported to the next formal meeting of the board for formal ratification and the Audit Committee for oversight.

10. NHS Devon was notified in December 2023 that NHS England required Month 9 reporting to reflect the re-forecast position. All system partners, including NHS Devon, were required to take the revised positions through their local governance processes ahead of the Month 9 submission to NHS England w/c 15 January 2024.

11. Bill Shields and I took the decision on Monday 15 December 2024, having consulted members of the Finance and Performance Committee informally at its meeting on 11 January 2024 and then via correspondence after the meeting, to report to NHS England that NHS Devon's position was a surplus of £36.4m.

12. In November 2023, the Board delegated authority to approve the initial submission to NHS England to the Chair and Chief Executive Officer, having consulted with the Chair of the Finance and Performance Committee and the Chair of the Audit and Risk Committee. This was agreed and submitted in November 2023, with the NHS Devon position being a surplus of £23.4m. This was in order to accommodate a change in the forecast with regard to the system's position as a whole. By making final adjustments to the NHS Devon position it was not necessary to go through the governance of all partner organisations for a second time.

13. Further work has been undertaken with NHS England and system partners to agree the overall system position, which meant that it was necessary in January 2024 to move the adjustments originally captured in the NHS Devon position to the correct organisations, leaving NHS Devon with a surplus position of £36.425m.

NHS Devon Integrated Care Board

Chief Executive Officer's Report

Date of meeting	Date report produced
07 February 2024	09 January 2024

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager	**Name and title:**	Bill Shields, Interim Chief Executive
Phone:		**Date:**	29 January 2024
Email:	Sam.cush@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
This report provides an update from the Chief Executive Officer on system pressures, organisational change, accommodation and the work of the Executive Committee.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
N/A

Key recommendations and actions requested
1. The Board is asked to **note** the report

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	N/A
Improve services and reduced unwarranted variation	System pressures update outlines how all partners are working hard to manage winter pressures
Make more efficient use of our resources	The aim of the organisational change process is design a structure that enables us to most effectively use our resources
Develop our culture and how we operate	The new office will help to improve our culture and help us to embed more collaborative working

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	None
Legal	None
Digital and Data	None
Involvement, Engagement and consultation	Engaging communities and stakeholders in our work

Chief Executive's Officer's Report

System pressures

1. The start of 2024 saw our system facing extreme pressures due to a combination of winter pressures, staff sickness and industrial action.

2. As a result of the continued pressure, the system entered the highest level of escalation on Friday 05 January 2024.

3. All partners worked hard to take action to mitigate the disruption and deployed additional measures, including some hospitals reducing visiting hours or re-directing people from hospital emergency departments to other services which was more appropriate for their medical needs, when it was safe to do so.

4. We have continued to encourage people who need medical help to come forward – using 999 and A&E in life threatening emergencies and 111 online for everything else alongside their GP practices and pharmacies.

5. We have also issued advice to local people to help the NHS by:

    - not visiting loved ones in hospital if they have symptoms of a cough, cold, respiratory illness, diarrhoea or vomiting;
    - washing their hands frequently with soap and water as this is the best way to stop norovirus spreading; and
    - getting their covid-19 and flu vaccines.

6. I'd like to thank colleagues in NHS Devon and across the system for their dedication to support our patients and system partners during this exceptionally busy period.

7. I am pleased to say that, thanks to the efforts of staff across the county, we were able to step down our system escalation level on Tuesday 09 January 2024.

8. It is important that we continue to maintain our focus as our system remains under pressure.

Executive Committee meetings

9. The Board agreed to formally establish an Executive Committee that is accountable to the NHS Devon Board. The Executive Committee Terms of Reference require a report to be provided at each NHS Devon Board meeting, to demonstrate how the Committee has discharged its responsibilities (since the last meeting of the NHS Devon Board).

10. The Executive Committee met on 19 December 2023, 02 January 2024 and 16 January 2024. Set out overleaf is a summary of the business that was transacted.

19 December 2023

11. The Executive Committee discussed the outcomes of the NHS Devon Board meeting on 06 December 2023 and the actions that needed to be taken in preparation for the NHS Devon Board meeting on 07 February 2024.

12. Consideration was given to a proposal from the South West Provider Collaborative to commission and independent review of the care received by an individual from multiple health and care service providers. The Executive Committee agreed to support the review and referred the report to the Quality and Patient Experience Committee meeting on 17 January 2024, as it was recommended that this Committee should take responsibility for seeking assurance in respect of any action to be taken in response to the findings of the review.

13. The Executive Committee noted the forward plan of interactions between NHS Devon and Local Authority Overview and Scrutiny Committees and Health and Wellbeing Boards.

14. An update was received on the status of deployments that had been made to support the NHS Devon re-set and re-focus on its exit from NHS Oversight Framework Segment 4 (NOF4). The Executive Committee was assured in respect of the assessments of the work that would be paused or managed differently to support these deployments and agreed the principle of deploying further resources to the NHS Devon System Programme Management Office (PMO).

15. Each year, NHS England undertakes a formal Emergency Planning Preparedness and Resilience (EPRR) assurance process to assess the state of emergency preparedness in the NHS. This assurance is based upon the NHS England Cores Standards for EPRR. The Executive Committee reviewed the outcome of this process and referred the report to the Audit and Risk Committee meeting on 10 January 2024.

02 January 2024

16. The Executive Committee received information about how the organisation was managing conflicts of interest, both in terms of compliance with established systems and process, and the development of new policies. The Executive Committee referred the report to the Audit and Risk Committee meeting on 10 January 2024.

17. The timeline and process for the production of the 2023/24 Annual Report and Accounts was agreed by Executive Committee members.

18. A report on losses and special payments was considered by the Executive Committee and referred to the Audit and Risk Committee meeting on 10 January 2024.

19. The Executive Committee reviewed the following reports that can be found elsewhere on the agenda for this meeting of the NHS Devon Board, agreeing the action to be taken in response to the issues highlighted:

    - Progress towards NOF4 Exit
    - Integrated Quality and Performance Report
    - NHS Devon (ICB) and One Devon (ICS) Finance Reports

20. Consideration was given to the risk management processes required by NHS Devon and the Executive Committee agreed an indicative budget to enable the procurement of a single risk management system. Executive Committee members also considered proposed revisions to the Corporate Risk Register and the Board Assurance Framework and agreed to refer these to the Audit and Risk Committee meeting on 10 January 2024, in advance of a Board Development discussion on 07 February 2024.

21. Executive Committee members reviewed progress against the 2023/24 internal audit plan and actions arising from completed internal audit reviews.

22. Other reports reviewed by the Executive Committee:

    - Information Governance Update Report
    - Devon Investment Group Outcomes
    - Peer Review into our Diabetic Foot Care Services

16 January 2024

23. The Executive Committee reviewed proposed amendments to the One Devon Clinical and Care Professional Framework. Further information about this can be found elsewhere on the agenda for this meeting of the NHS Devon Board.

24. Consideration was given by Executive Committee members to the proposed structure and content of the refreshed One Devon Joint Forward Plan and the way forward for the Peninsula Acute Sustainability Programme.

25. The draft agenda of the Finance and Performance Committee was reviewed by the Executive Committee, as were the initial results of the NHS Staff Survey and information about absence management within NHS Devon.

26. The Executive Committee considered the status of Teignmouth Health and Wellbeing Centre and agreed that this should be discussed with the Chair and Chief Executive of Torbay and South Devon NHS Foundation Trust.

Organisational change

27. Integrated Care Boards (ICBs) across the country have been set a challenge to reduce running costs by 30% by 2025/26. To achieve this, we started a restructure of the organisation in 2023 to make these savings.

28. We are making progress with our organisational change process and have now largely finalised our executive and senior leadership team structures.

29. All individuals were required to express interests in roles they felt able to do and I am pleased to report that we have filled the majority of the posts.

30. I'd like to thank my colleagues for the professionalism they have shown throughout the process.

31. Work has now begun on designing the structures for the remainder of the organisation, which involves looking at what we are statutorily required to do, what we could do differently and what could be stopped.

32. This work, which is driven by the national ask for all ICBs to reduce their running costs by 30% by 2025/26, is not straightforward and involves making difficult decisions.

33. We are aiming to finalise our structure by the end of February, ahead of starting a consultation with all staff.

New office opens

34. We officially opened our new office, Aperture House, in mid-December and held a series of induction events for our staff.

35. The move, which was driven by the need to reduce our running costs by 30% by 2025/26, will save us in the region on £4 million over 10 years.

36. It also provides an opportunity to embed a more collective and co-operative culture as a new and different organisation, following the creation of integrated care boards and the restructure we are currently undertaking.

37. Staff who attended the induction events were impressed with the site including its professional look and feel, and the versatility of the spaces.

NHS Staff Survey results

38. As I write this in early January, we have just received our NHS Staff Survey results. We will be reviewing the data in detail over the next few weeks and will present a summary and action plan to the Board.

NHS Devon

NHS Devon Integrated Care Board

Progress towards NOF4 Exit

Date of meeting	Date report produced
07 February 2024	27 January 2024

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe Director of Performance and Assurance	**Name and title:**	Bill Shields Interim Chief Executive Officer
Phone:		**Date:**	30 January 2024
Email:	s.wadham-sharpe@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
This report sets out NHS Devon's oversight and assurance mechanisms for exiting NHS Oversight Framework Segment 4 (NOF4). It details the assurance reporting on progress against exiting NOF4 against the 5 key domains of leadership, clinical strategy, Urgent and Emergency Care (UEC), Elective Care and Finance. This report will cover the key performance data for December 2023 for UEC and November 2023 for Elective.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – 30 January 2024 Finance and Performance Committee – 30 January 2024 Since presentation of this report to the Executive Committee and the Finance and

Performance Committee, further information has been received from NHS England resulting in amendments to the year end forecast position.

Key recommendations and actions requested
1. The Board is asked to **note** the current performance position against the NOF4 exit criteria.
2. The Board is asked to **note** the new trajectories for UEC, Elective and the updated finance position following H2 review.
3. The Board is asked to **note** that system can currently not provide assurance of meeting the target NOF4 exit date of Q1 2024/25.

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	Exit from NOF4 impacts on all of the areas.
Objective 2	
Objective 3	
Objective 4	

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	Exit from NOF4 impacts on all of the areas.
Health inequalities	
Workforce	
Resources and finance	
Legal	
Digital and Data	
Engagement and consultation	

NOF4 Assurance Reporting

Introduction and background

1. NHS Devon is currently in Segment 4 of the National Oversight Framework (NOF) and in receipt of mandated support from NHS England (NHSE) as set out in the national Recovery Support Programme (RSP). 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.

2. The expectation is that when NHS Devon's Board considers that the NOF4 exit criteria have been met, with the associated evidence, a proposal will be presented for evaluation by the NHSE South West Regional Team, and a recommendation made to the national team for a change in segmentation. The same applies to all NHS provider trusts within Devon, who would also require NHS Devon's support of their assessment.

Oversight and assurance mechanisms for exiting NOF4

3. The scope of the NOF covers 6 domains with NHS Devon's NOF4 categorisation based upon three key areas for improvement:

SOF Domains

Devon Improvement Areas (2023-24)

- Financial performance including addressing the long-term deficit.
- Joint ownership and delivery of a coherent strategy that secures sustainable clinical services and improved performance.
- Whole-system approach and collaboration across Devon

4. The current segmentation for the Devon Integrated Care System (ICS) is as follows:

Organisation	NOF segment
Devon ICB	**NOF4**
University Hospitals Plymouth NHS Trust	**NOF4**
Royal Devon University Hospitals NHS Foundation Trust	**NOF4**
Torbay and South Devon NHS Foundation Trust	**NOF4**
Devon Partnership Trust	**NOF2**

5. The NOF includes an oversight process which follows an ongoing cycle of monitoring performance against the 6 NOF Domains. As the Integrated Care Board (ICB), NHS Devon has a key role alongside NHSE in assessment of local Trusts.

6. 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 will 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 had moved to quarterly in the past, in light of recent performance a monthly meeting has now been re-instated.

7. To support the delivery of the improvement required across Devon a System Recovery Programme has been embedded to enable the Devon ICS 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.

Progress against NOF4 exit criteria – December 2023

8. NHS Devon has assessed itself as on target with 2 of the 9 NOF4 exit criteria. The remainder of this report details achievements against plans and performance trajectories, plus any emerging risks and mitigations as of the end of November 2023.

9. In December it was recommended to agree 1 change to the risk rating of the 9 exit criteria – the exit criteria related to the delivery of the in-year financial plan has changed from Green to Amber in line with the review undertaken at the last SIAG.

Key to Ratings:
On track and with clear evidence to meet the exit criteria by the planned date
Emerging risk of inability, or no clear evidence of ability to meet exit criteria by the planned exit date
Off track with high risks of inability to meet exit criteria by planned date
Exit criteria achieved and embedded
Resources just deployed, too early to tell

NOF Domain(s): Leadership and Capability
Local Strategic Priorities

NOF4 Exit Criteria	Senior Responsible Officer	Rating (self-assessment)	Previous rating (self-assessment)
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.	Bill Shields		
Strategy Delivery of phase 1 of the Acute Services Sustainability Programme.	Liz Davenport		

10. The planned reset of the executive governance arrangements within NHS Devon alongside the organisational change arrangements has commenced with the formal establishment of an Executive Committee. Further proposed revisions to strengthen Board Committees are being worked through and will be tested with the incoming Chief Executive Officer (CEO) with a view to implementation before the end of the year.

11. Sam Higginson commenced in post as Chief Executive Officer of Royal Devon University Hospitals NHS Foundation Trust (RDUH) on 22 January 2024 and Steve Moore will commence in post at Chief Executive Officer of NHS Devon on 12 February 2024.

12. A System Programme Management Office (PMO) Director commenced in post on 27 November 2023 and 7 staff members from within NHS Devon have been redeployed to be part of an enhanced PMO function. This is aimed at streamlining reporting and programme management of the recovery process. To date the team have established programme architecture and basic business process as well as concluding a baselining exercise to establish all elements of current delivery within the system that are contributing to system recovery. This baselining exercise will allow an opportunity to understand gaps in delivery that may need strengthening as well as then allowing robust tracking of delivery and benefits to ensure that actions are having a meaningful impact on NOF4 exit criteria.

13. The process and timelines for the 2024/25 Operating Plan have been signed off by System Recovery Board and CEOs. An initial finance lock in was held with system senior leaders on 9 January 2024. An Urgent and Emergency Care (UEC) and Elective Care “lock in” will be held on 1 and 2 February 2024 respectively. These processes will enable the system to agree key performance requirements for the year and identify the work programmes that will need to be developed to support the Operating Plan.

14. The Peninsula Acute Provider Collaborative (PAPC) met and agreed the detail for Phase 2 of Peninsula Acute Sustainability Programme (PASP) in January 2024. Detailed planning for phase 2 will now be undertaken and linked to the UEC and Elective improvement programmes contained within the clinical pathways and improvement programme of system recovery.

15. The Executive Committee has approved the structure and process for the refresh of Devon's Joint Forward Plan (JFP). All programmes will align to one of the 3 key themes: healthy people; healthy, safe communities; and healthy, sustainable system. These themes reflect the ICS vision of 'equal chances for everyone in Devon to lead long, happy, healthy lives. The healthy, sustainable system theme will allow Devon to clearly describe the actions being taken to meet the criteria to exit NOF4. The System Management Executive (SME) will receive the refreshed JFP on 06 February 2024 for endorsement, prior to its submission to the NHS Devon Board for approval on 06 March 2024.

Key Actions in Strategy and Leadership in next 4 weeks

- Review NOF 4 exit criteria and milestones with NHSE South West – Liz Davenport
- Launch of fragile services 60 day process – Chris Winfield
- Agreement and alignment of system productivity programme within elective recovery programme – Liz Davenport
- First Meeting of Joint Strategic Planning Committee – Bill Shields

NOF Domain(s): Quality of Care, Access and Outcomes
Preventing Ill Health and Reducing Inequalities

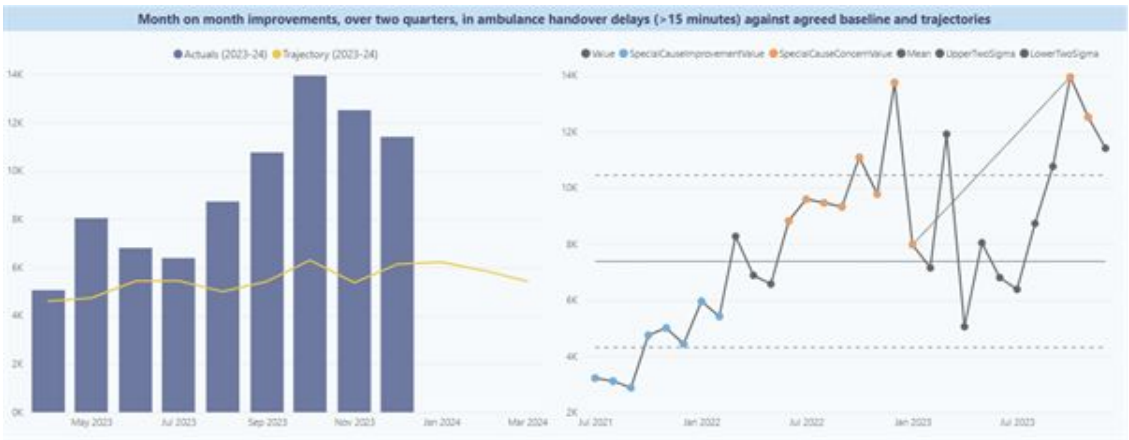
NOF4 Exit Criteria	Senior Responsible Officer	Rating (self-assessment)	Previous rating (self-assessment)
UEC • Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement.	Anthony Fitzgerald		
• Achieve the defined expectations of the National Taskforce	Anthony Fitzgerald		
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.	Anthony Fitzgerald		
• System performance improvements	Anthony		

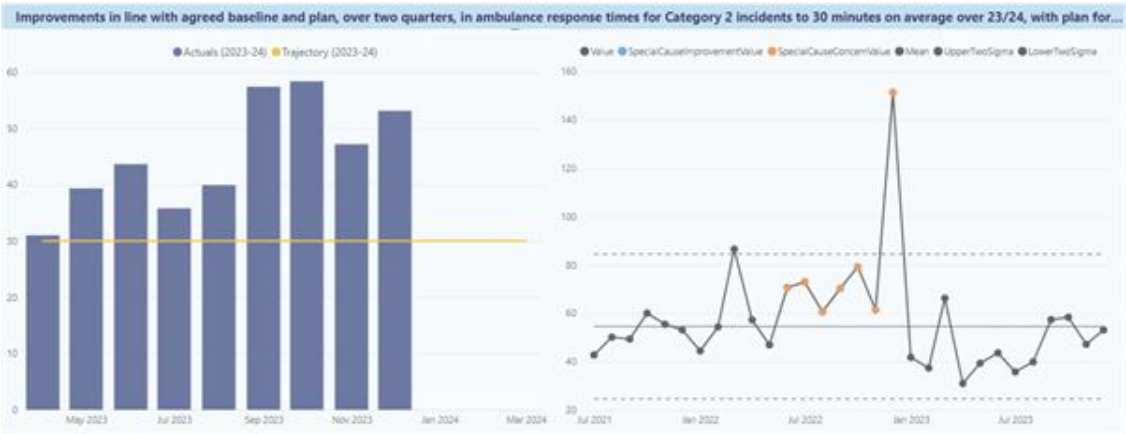
are delivered in accordance with agreed plans (Cancer and elective long waiters)	Fitzgerald		

UEC

16. Metrics relating to urgent care have seen improvement during December 2023, however they remain behind trajectory and national standards. Ambulance handover delays above the 15-minute improved in December to 11,407 hours lost from 12,514 hours which remains behind trajectory. 4 hour performance improved to 63.5% in November from 60.7% in November and remains below trajectory.

17. Category 2 response times worsened in December with an average response time of 53 minutes and there was an improvement against the 12 hours in department standard which reduced to 2935.





18. NHS Devon and the NHSE Regional team have worked together to develop a data pack to support an understanding of the pressure within the Devon unscheduled care system. Further work will be undertaken in early January to finish this work and initial findings will be presented at the NHS Devon Unscheduled Care Board on 8 January 2024. Initial areas requiring further investigation and possible opportunities include:
    - Decreases in Type 3 activity.
    - Decreases in ambulance presentation conversion rates.
    - Decreases in overall conversion rates.
    - Reductions in actual and expected Same Day Emergency Care (SDEC) activity, particularly for the over 65 cohort.
    - Changes in Length of Stay (LoS) profiles, particularly an increase in over 21 day LoS.

19. This initial data pack was presented to the Unscheduled Care Board on 16 January 2024. It was recognised that there remain discrepancies between data sources provided by acute providers and agreement was reached for further work to be undertaken to resolve these issues and develop a single UEC data pack for Devon. This will include further work and inclusion on data related to primary care, community services and local authorities.

20. As part of the 2024/25 Operating Plan process a UEC lock in is planned for 1 February 2024. This process will bring together senior leaders from across the system to review delivery of plans from 2023/24, agree performance aims for 2024/25, review all funded schemes, and begin to develop the UEC plan for next year.

21. During the Q2 review all provider CEOs signed up to improving performance on the following key areas. Initial modelling identifies a potential 4 hour performance improvement of circa 10% type 1 from delivering in these areas.
    - 75% minors' performance.
    - Improvements in overnight performance (20:00-08:00).
    - Patients that breach between 4 and 5 hours.
    - Reduction in 24-48 hour LoS.
    - 33% pre midday discharges.

- 5% No Criteria to Reside (NCTR) reduction.

22. Fluctuating improvements have been seen against each of these metrics at all providers through December 2023. In the weeks where improvements have been seen, it has resulted in an improvement in 4 hour performance and ambulance handover delays. Further work needs to be undertaken to ensure these improvements can be sustained despite any increases in demand or other external factors.

23. NHS Devon has commissioned a care coordination hub based on successful models run elsewhere in the region such as Bath, Swindon and Wiltshire. Through the initial stages of the care coordination hub, staffing was provided from system partners such as acute trusts, the ICB and South Western Ambulance Service NHS Foundation Trust (SWASFT) aimed at reducing attendances and ambulance conveyances to Emergency Departments (EDs). Medvivo have been providing the service through Q3 and into Q4 as of the end of December 2023, over 1000 referrals had been received by the hub with a 13% onward conveyance rate to EDs. The ability for SWASFT to call before all conveyances was launched on 6 January 2024. A business case is in preparation for substantive funding of the hub which will be presented to Devon Investment Group in February.

24. To support winter within Devon the ICB has commissioned additional services to support patients to access services quickly and remain at home where possible. Acute Respiratory Hubs are running in 27 out of the 31 Primary Care Networks (PCNs) in Devon and are expected to offer an additional 42,000 appointments in primary care to prevent ED attendance. Further mitigations are being worked through for the remaining 4 PCNs. A local enhanced service aimed at admission avoidance has also commenced and covers 100 of the 120 primary care practices in Devon. Data shows that there are 32,396 patients coded as being at increased risk of admission this winter. The service will provide 50,980 targeted interventions for these patients with an expectation of preventing 1,123 ED attendances and 641 unplanned admissions.

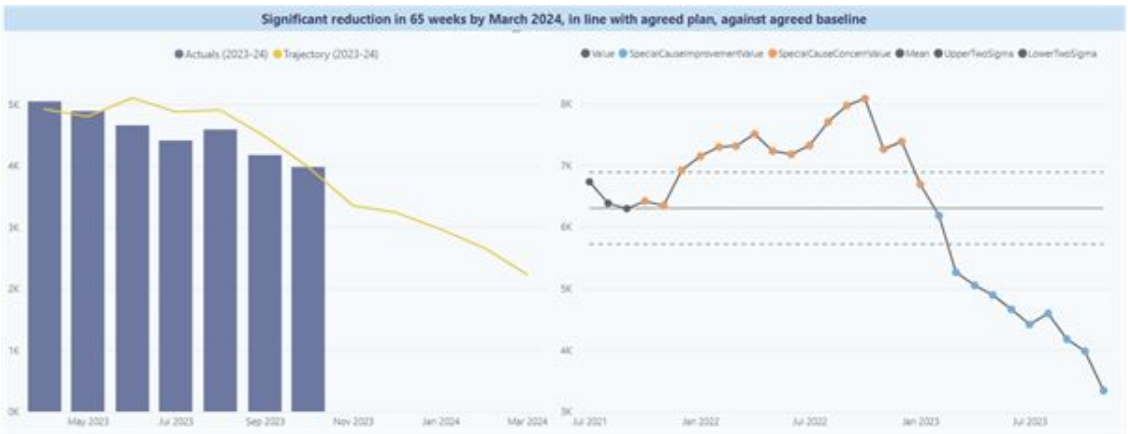
Key Actions in Urgent Care for completion in January

- Care Coordination Hub business case submitted to Devon Investment Group – James Wenman
- Lock in to develop 24/25 operating plan and UEC priorities – Sam Wadham-Sharpe
- Devon UEC clinical model planning – Anthony Helmsley
- UEC investment review and impact analysis – Steve Webster

Elective Care

25. The finalised November position shows that the Devon ICS has not met the submitted 104 week wait or 78 week wait trajectory but has met the trajectory on 65 week waits, due to over performance at University Hospitals Plymouth NHS

Trust (UHP). Ongoing issues with activity lost as a result of industrial action is a factor that continues to impact on recovery of activity and performance levels detailed within the operating plan. Data reporting for H1 identifies that industrial action led to the cancellation or not booking of activity that would have provided 2911 admitted and 4475 non admitted clock stops. The totality of clock stops lost due to industrial action is greater than the total number of 78ww and 65ww forecast for end of 23/24.



26. The system had 2104 week waits in December and is predicting 8 in January, all

at UHP. The remaining 104ww patients forecasted for January has grown since last month due to the impact of the latest period of industrial action and the loss of the orthopaedic ward to elective patients at UHP.

27. Following the receipt of the H2 operational guidance letter on 8 November 2023, the system undertook a review of its long waiter trajectories for the remainder of 2023/24. The providers included the impact of industrial action within H1 within these trajectories but not the impact of any future industrial action, as per the guidance.

28. As there were two episodes of industrial action experienced following the creation of the H2 trajectories, each provider has re-forecast the number of long waiters predicted at the end of 2023/24 The reviewed trajectories can be seen below:

UHP

Target		Mar-24		
		Admitted	Non-admitted	Total
104+	Plan	0	0	0
	8/12 trajec	0	0	0
	Forecast	0	0	0
78+	Plan	0	0	0
	8/12 trajec			77
	Forecast	192	0	192
65+	Plan	997	0	997
	8/12 trajec			841
	Forecast 12/1	784	23	807

RDUH

Target		Mar-24		
		Admitted	Non-admitted	Total
104+	Plan	0	0	0
	8/12 trajec	0	0	0
	Forecast	0	0	0
78+	Plan	0	0	0
	8/12 trajec			185
	Forecast	307	14	321
65+	Plan			710
	8/12 trajec			902
	Forecast 12/1	1164	367	1531

TSD				
Target		Mar-24		
		Admitted	Non-admitted	Total
104+	Plan	0	0	0
	8/12 trajec	0	0	0
	Forecast	0	0	0
78+	Plan	0	0	0
	8/12 trajec			60
	Forecast	58	102	160
65+	Plan	0	0	0
	8/12 trajec			489
	Forecast 12/1	230	420	650

29. The totality of these new trajectories would cause the system to end 2023/24 with 673 78ww against an original trajectory of 0, and 2988 65ww against an original trajectory of 1707.

30. Each provider is undertaking a 10 week challenge for the remainder of 2023/24 to improve these forecasts as much as possible. Actions being undertaken include
    - Annual leave scrutiny for half term and Easter
    - Swapping of theatre sessions to target specific long waiters
    - Further validation of waiting lists
    - Additional clinics to clear non admitted waiters – WLI, insourcing and productivity
    - Additional scrutiny on scheduling, priority coding and Patient Treatment List (PTL) tracking.

31. As part of the 2024/25 operating planning process a lock in is planned with senior leaders from across the system on 2 February 2024. Each provider has provided an exit run rate for activity levels and projections on performance trajectories for next year. The lock in will focus on the activity levels required to bridge the gap between the exit run rates and what is required to meet the performance trajectories required. Undertaking this process will support identification of productivity opportunities and also opportunities to reduce reliance on insourcing and outsourcing.

Key Actions in Elective Care to be completed in January.

- Full productivity scoping lock in for 24/25 plan - Sam Wadham-Sharpe
- Speciality Improvement Programmes check and challenge – John Finn
- Identify mutual aid opportunities in cardiology and orthopaedics - Sean Beeken
- NetCall Go live – Steve Matson
- Devon Diagnostic Centre – business plan for mobile units and activity profile – Bev Parker

NOF Domain(s): Finance and Use of Resources

NOF4 Exit Criteria	Senior Responsible Officer	Rating (self-assessment)	Previous rating (self-assessment)
Finance • Develop and deliver a short-term financial plan (2023/24) that is signed off regionally and nationally.	Bill Shields		
• 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.	Bill Shields		
• Develop and agree a Capital Plan that is clearly aligned to System strategic priorities.	Bill Shields		

32. As at month 9 the Devon ICS is reporting a year to date £80.3m deficit against a planned deficit of £53.4m – an adverse variance of £26.9m. (M8 £15.4m variance). This is against the original deficit plan and profile.

33. The forecast outturn system position is a £54.1m deficit which includes £7.1m costs relating to industrial action in December 2023 and an estimate of the costs in January 2024. (M8 £0m variance).

34. As at month 9 the Devon ICS had made efficiency savings of £132.7m which is £8.6m favourable to plan. (M8 £1.4m adverse). Forecast savings are favourable to the plan of £212.2m by £2.0m. (M8 £16.1m adverse variance).

35. The below table shows the current performance against the 2023/24 financial planned deficit of £42.3m for Devon ICS as at the end of December 2023.

Organisation	Year to date			
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000	
Devon ICB	36,425	27,319	(9,107)	↓
Royal Devon University NHS FT	(29,861)	(36,722)	(6,861)	↑
University Hospitals Plymouth Trust	(32,268)	(41,695)	(9,427)	↓
Torbay and South Devon NHS FT	(28,548)	(30,076)	(1,528)	↓
Devon Partnership Trust	896	896	0	→
Total	**(53,356)**	**(80,279)**	**(26,923)**	↓

36. As at month 9 the Devon ICS is reporting a year to date £80.3m deficit against a planned deficit of £53.4m – an adverse variance of £26.9m. (M8 £15.4m variance).

37. The main drivers for the year to date deficit remain similar as previous months and include £4.6m net impact of industrial action, a shortfall in pay award funding (£2.6m), an overspend on primary care prescribing (£19.1m) a year to date over

spend on drugs (£6.3m), overspends on pay relating to specialling and supernumerary overseas recruitment (£7.8m). Some of these costs are offset by non-recurrent underspends.

38. The year to date and outturn by organisation as at 31 December 2023 against the new outturn plan and phasing is as follows.

Organisation	Year to date		
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000
Devon ICB	27,319	27,319	(0)
Royal Devon University NHS FT	(35,520)	(36,722)	(1,202)
University Hospitals Plymouth Trust	(39,563)	(41,695)	(2,132)
Torbay and South Devon NHS FT	(29,111)	(30,076)	(965)
Devon Partnership Trust	896	896	0
Total	**(75,979)**	**(80,279)**	**(4,300)**

39. Forecast overspend of £7.0m relates entirely to industrial action costs and the resulting lost elective recovery income.

40. Included in the year to date position is £3.0m of industrial action impact across the three acute trusts with the additional £1.3m relating to further reductions in elective recovery income at RDUH and Torbay and South Devon NHS Foundation Trust (T&SD). This reduction is expected to recover over the remainder of the year.

41. The delivery of savings and efficiencies as at 31 December 2023 is as follows:

Organisation	Year to date				Forecast			
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000		Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000	
Devon ICB	38,025	31,045	(6,980)	↓	50,693	41,806	(8,887)	↓
Royal Devon University NHS FT	29,653	42,354	12,701	↑	60,296	77,680	17,384	↑
University Hospitals Plymouth Trust	18,933	20,391	1,458	↓	39,477	39,477	0	→
Torbay and South Devon NHS FT	27,816	29,933	2,117	↑	46,578	41,841	(4,737)	↓
Devon Partnership Trust	9,733	8,988	(745)	↓	15,191	13,480	(1,711)	↓
Total	**124,160**	**132,711**	**8,551**	↑	**212,235**	**214,284**	**2,049**	↑

42. As at month 9 the Devon ICS had made efficiency savings of £132.7m which is £8.6m favourable to plan. (M8 £1.4m adverse).

43. In addition to the above, Devon ICB has a target of £31.7m (Cost Improvement Programme (CIP) plan is £82.5m in total) which is delivered intra system with providers and therefore to avoid a double count this has been netted off in the table above.

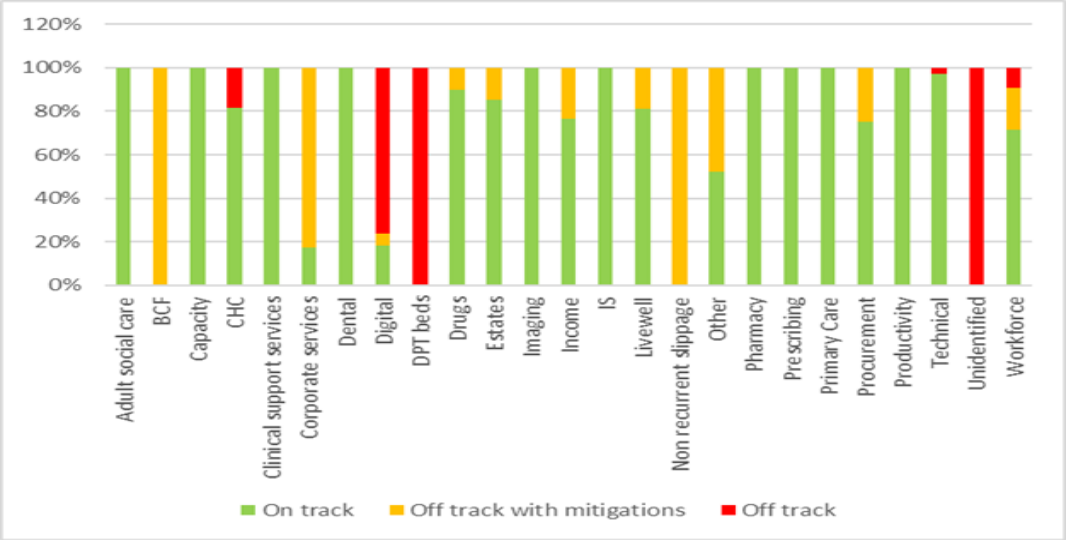
44. Forecast savings are favourable to the plan of £212.2m by £2.0m. (M8 £16.1m adverse variance). The movement is due to NHS Devon, Torbay and South Devon NHS Foundation Trust and Devon Partnership NHS Trust forecasting a shortfall on the strategic efficiency schemes this month but compensated by

RDUH including £32.3m financial recovery actions in the efficiency forecast this month. RDUH have four key recovery workstreams in place:

- ERF income & data capture
- Pay controls
- Non pay controls
- Drugs expenditure

Strategic CIP Scheme Delivery

45. The year to date deficit is £80.3m which is adverse to the revised plan by £4.3m. (M8 £15.4m).



46. As of month 9, there are £12.0m unidentified schemes within the forecast and a further £5.4m of schemes that are off track for delivery.

47. A “lock in” was held on 9 January 2024 during which the system agreed on a new collective system approach to delivery efficiency programmes this year. Instead of 'Strategic System CIPs' and 'Local CIPs’ shifting a collective delivery of System-Wide Programmes. As part of this shift will continue to embed patient care and quality in the centre of our work - improving care and achieving financial benefit. The system will be changing how we manage and report on the control and delivery of these programmes for a more integrated approach led by the NHS Devon PMO.

48. There will be a single view of programmes, with Senior Responsible Officers (SROs) and CIP leads working with organisations for that programme rather than being primarily organisation aligned. Programmes will be designed to support organisational delivery by enabling actions, policies, business cases, and other related efforts, and reporting will be done across both programme and organisational dimensions, using standardised system-wide programmes and sub-programmes.

49. A weekly review has now commenced with senior representation from the system to ensure plans are in place to meet the requirements of the 2024/25 plan. SROs

have been identified for each of the key work streams as follows.

- Commissioning, system expenditure and VFM. SRO - Angela Hibbard.
- Productivity. SRO – Sam Wadham-Sharpe and Steve Webster.
- Clinical pathways. SRO - Sam Wadham-Sharpe with support from Steve Webster.
- Clinical Support Services. SRO - Sarah Brampton with support from Warwick Heale.
- Medicine. SRO – Warwick Heale.
- Workforce. SRO - Steven Keith.
- Procurement: SRO - Sarah Brampton.
- Estates: SRO – Matt Chetwynd with support from Steve Webster.
- Enabling Functions. SRO - Mary Ridout.
- Digital. SRO - Malcolm Senior.
- Income and technical. SRO – Steve Webster.

Key Actions in Finance for completion in next 4 weeks

- Creation of system workforce oversight group reporting to SRB – Steven Keith
- Consistent approach to productivity reporting to be developed – Steve Webster
- Develop financial values, PIDs and delivery plans for 24/25 savings schemes – Steve Webster
- Underlying positions to be refined and signed off – Kirsty Denwood

Conclusion

50. The achievement of NOF4 exit by Q1 of 2024/25 remains a challenged position. Ongoing underperformance in UEC and risks to the financial forecast remain the two key areas of concern within the Devon system. While plans are in place to support the target of NOF4 exit in Q1 of 2024/25 the limited improvement delivered and the risk within the finance and UEC plans would provide limited confidence in the system's ability to meet this target.

51. Acknowledgement should be made of the trajectories submitted for elective recovery and ambulance handover as part of the H2 review and the impact of the further episodes of industrial action. It should be noted that these trajectories have not been signed off by region and a further request could be made to improve these positions further. Ongoing industrial action and anticipated winter surge poses a risk to meeting these trajectories. Mitigations are being put in place such as additional capacity in UEC and productivity measures for elective and these will be managed through the relevant assurance boards.


One Devon
Devon SIAG
Devon System Overview Framework Criteria Report
Date: December 2023
#OneDevon

Segment 4 Exit Criteria

Theme	Criteria	Rating
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.	Changed from red to green
UEC	• Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement	
	• 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	Changed from amber to red
	• 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	Moved from amber to green
	• 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	Moved to red from amber
	• Develop and agree a Capital Plan that is clearly aligned to System strategic priorities	

Key:

- On track and with clear evidence to meet the exit criteria by the planned date
- Emerging risk of inability, or no clear evidence of ability to meet exit criteria by the planned exit date
- Off track with high riks of inability to meet exit criteria by planned date
- Exit criteria achieved and embedded
- Resources just deployed, too early to tell

Estimated Segment 4 Exit Date : Q1 2024/25

Underpinning each Exit criteria is a set of agreed metrics and trajectories which form the basis of the system RSP oversight and performance management arrangements

Must Do's

Theme	Must Do	Commentary
Leadership	Evidence of the use of the System Decision-making Framework, as previously agreed by organisations within the system	Workshop held with Chairs, CEOs and CMOs on 11 December and agreement reached to proceed with the next phase of the programme and a timeline for the decisions to be brought forward to Boards during 2024 calendar year was commissioned.
Strategy	Evidence of all organisations' boards committing to pooling of capital, workforce and estates, where this is the best solution for the whole system. This includes use of the System Decision-making Framework, where appropriate	The Peninsula Acute Provider Collaborative considered and agreed the mandate for Phase 2 of PASP in December. Recommendations to be presented to the ICB Boards and NHSE South-West in January. Agreement on resources for a PAPC Programme Team in place, with recruitment process to start in January. A joint Trust Boards meeting is being arranged for January 2024 to endorse the mandate for PASP Phase 2. An NHSE SW Advisory Group and NHSE SW Reference Group are being established to support Phase 2. **Strategy objectives will need to be reviewed once Phase 2 mandate agreed. Dates associated with public consultation aligned with exit criteria need to be reviewed with NHSE before end of calendar year**
UEC	High intensity use (HIU)	• Workshop in September mapped current arrangements and identified need for common principles, specification and outcomes across Devon – priority for Q3 delivery. • Localities and providers have targeted top 100 people identified as high users and are monitoring impact with top 20 in each locality. Specific actions for each identified patient/service users have been agreed to proactively manage over winter to avoid admission – delivery date end of November 2023. • Target to implement one Devon approach by 1 Feb 2024. • Plymouth service in place. 224 HIUs identified and plans actively in place for 36 • Plans confirmed for PCN fuel poverty programme in South.
	Expansion of virtual wards	• Implementation of a system-wide virtual ward delivery plan with a focus on increasing admission avoidance and in particular the frailty pathway – delivery date target 3/11/23. Actions encompass workforce, recruitment, finances, VCSE involvement – with an aim of increasing consistency of offer and outcomes in Q3. • Planned increase of capacity to 227 beds across Devon - currently working at place with providers to deliver and monitor increased bed capacity – UHP all beds open (50), RDUH 90/100 open, TSD 50/77 open. Target date 30/11/23 • Drive through November 23 to increase utilisation of available beds including visibility to primary care • System wide focus will move to prioritise admission avoidance (70%) in Q3. Currently only reaching 43% so further work on UCR referrals. • Utilisation not currently reaching required levels – ICB utilisation remains ~50% which is below 80% standard • RDUH interviews held for deputy clinical lead posts. Aim to commence mid-January. Lead Nurse interviews scheduled for first week of January. • UHP heart failure pathway to begin in early January. • UHP 2 PA consultant for infectious diseases interview in early January.
	Frailty / falls service and UCR	• Immedicare - South, East & West – 9 care homes live (5 East, 3 South, 1 West). 13 care homes (10 East, 3 South) will 'go live' before Christmas and training dates currently being booked. By Christmas, a total of 22 care homes will be live (16 East, 8 South & West). • All relevant GP practices have whitelisted Immedicare. Continuing to focus on getting DSAs returned to enable on-boarding of future Care Homes in January. • On track for 16 East care homes to be live before Christmas subject to successful internet check. Training dates are currently being booked. • 15 South care homes have agreed to take part in the pilot (52%). 4 more home will be 'live' before 18/12/23. All relevant GP practices have 'white listed' Immedicare • Evaluation of activity and impact – particularly on SWASFT call out and conveyance and ED attendances – scheduled for January 2024. • Devon-wide UCR response 8-8 in place for delivery Q3. • In Hours response **–** There is an opportunity to increase UCR referrals in-hours to prevent conveyance. This needs to be quantified separately working with BI to ascertain true opportunity. Likely to require some protected 2-hour crisis response capacity which could be achieved by splitting the 2 hour and 2 day response functions – this will be suggested in the UCR deep dive 18/12/23 Primary and Community Care Programme Board. • Review of out of hours falls data to determine hours of highest demand which are not covered by current service provision has identified the ~85% of all level 2 falls conveyed to ED are discharged from ED. Programme of work to understand conveyance and opportunity.
	CQC confirm UHP compliance with Conditions on trust's Licence	The Trust continues to provide improvement data to CQC on 12 agreed performance KPIs. Dialogue also continues directly with local CQC inspectorate about ED performance, compliance and improvements. Acknowledgement of improvements made, but recognition of remaining concerns about ambulance handover times and crowding. Expecting a re-inspection of UEC in coming weeks as advised at recent engagement meeting at which time a formal review of the improvements and current position of UEC services will be made by CQC. Good evidence of wider improvements in CQC domains and KLOEs across the department. Also meeting with system leadership colleagues to ascertain progress against system wide actions and support required to improve UHP UEC position.

Must Do's

Theme	Must Do	Commentary
UEC	A load bearing system control centre is established with the authority to manage UEC pressures across Devon against a pre-agreed escalation framework	The NHS Devon 7-day System Control Centre continues to provide leadership across the system in response to the UEC pressures. NHS Devon has appointed a Winter Director to provide executive oversight and enable the ICS to hold system partners to account for delivering agreed capacity, managing escalation plans and assurance on actions to deliver safe services. Recruitment undertaken in mid-December to bolster staffing in the SCC. Over Christmas and New Year, additional executive support identified for each day as critical friend over and above the on-call teams to ensure senior support for flow and divert issues.
	Have in place a set of pre-agreed triggers and actions to be undertaken by all system parties to support the wider system in each stage of the Opel framework and organisational and system critical incident	Established escalation framework and working collaboratively with system. Devon ICB Surge and Escalation Plan has been signed off for implementation by the Devon ICS Executive Committee Q4 April 2023 All CEOs meeting 23rd November 23 to rework risk levels within organisations and seek consistent approach to ambulance handover and surge management. This has not progressed as expected and further work scheduled for January between COOs and CMOs. An interim solution has been created to cover Christmas and New Year period with ICB Director on Call or Executive Support making decision on any divert or escalation.
	Implementation of the agreed National UEC Taskforce recommendation	These requirements are being addressed through the development and enactment of the System, Locality and Provider UEC Recovery Plan. A new internal oversight cadence has commenced to ensure the plans are being enacted with the rigour and pace required to drive improvement. Further updates are being provided to Tier 1 to give assurance on actions taken at a weekly basis. A further revamp of this work is being undertaken in line with the launch of the ICB PMO. This will be covered through the productivity and clinical pathways improvement programme in line with the 24/25 Operating Plan.
	Implement 100-day discharge plan and BCF	Delivery of this is now being managed through the new UEC recovery plan cadence and will be reported through Tier 1 processes. Improvements in delayed discharge and reduction in non-elective LoS are both key aspects of the plan and this will include review of BCF spend and relationships with local authority teams. Assurance in this area requires strengthening hence the reset of UEC oversight. The improvements in this area are also being driven through the new weekly oversight cadence with escalations to unscheduled care board as required.
	Reduction in length of stay (LoS)	Reduction in LoS integral to the UEC system recovery and improvement plan with an aim to develop standardised system-wide discharge pathways and SOPs and establish discharge support taskforce. • Ambulance handover delays – RDUH North & East have a 'Reset week' commencing 11/12/23. Part of this week is to focus and change the way the Trusts 'book' ambulances in at the hospital and streamline this. It is anticipated this should reduce handover times by up to 5 minutes each. • Eastern NCTR Process mapping exercise to take place on 21/12/23 • Work with ops team re sourcing for P2/P3 placements by end of Dec • Support silver calls for care home at risk in North. Risk to care home currently providing double handed P2 beds for discharge. • South - Safe bus evaluation and moderation completed. Bidders notified 08/12/23. 10 days standstill period is now in effect and due to close 18/12/23 • Touch point meeting 14/12/23: escalation PPG have requested that they can utilise ACPs for OOH HP cover with appropriate skills, although the contract is via a clinical/medical model. • Plymouth -Awaiting 5-point action plan following on-site GIRFT visit on 06/12/23. • Refresh LoS data as part of GIRFT model hospital to revise ambition and targets • Working up a new medical model to address numbers of medical outliers. To clarify implementation date

Must Do's

Theme	Must Do	Commentary
Elective recovery **1ST Page**	• System wide PTL	The system proposal for equalising waiting lists has been agreed at both system and provider level, with operational details now being worked through with the aim to further improve the Q4 position. This process is being managed via the IPT steering group with oversight at the system Tactical Delivery Group. Cardiac pathway patient transport continues between RDUH north and east, supported by the ICB with now the additional arrangement in place to transfer any appropriate day case patients from North Devon to Torbay to free further capacity in RDUH East. This was interrupted due to TSDFT bedding in Cardiac recovery area due to operational pressures, but process is now back in place. For spinal significant progress has been made against the 104-week standard which were eliminated at the end of October. Good progress made on 78-week position for both UHP and RDUH by end dec 2023 (fewer than 20 across both trusts), with patients being reviewed via a single PTL process. On track to eliminate all 52 week waits by end of March 24, excluding choice in spinal.
	• Waiting list management – EBIs validation DNAs	**EBI** Monitoring to ensure compliance against EBI List 1 which evidences all opportunities are being achieved across Devon providers. Ongoing work with providers to implement and embed EBI lists 2 and 3. Local audits being undertaken to inform clinical discussions and support adoption of EBIs. Coding issues have been highlighted which have impacted progress for some interventions – providers working to resolve these. Support provided by the National Team to the Devon system to help raise awareness and gain buy in to the EBI programme. **Non-Clinical Validation** There have been delays in the implementation of NetCall, (due to contracting process) once implemented the new technology will increase the number of patients contacted per week from 2,000 to up to 10,000 which will impact positively on Devon's ability to achieve the NHSE validating target. NetCall now anticipated to be in place end December – Mid January. Discussions taking place regarding using this additional capacity to cleanse the providers waiting 78ww lists to aid achieving zero 78 ww by March 2023. **Devon's Primary and Secondary Care Interface** This piece of work is focused on optimising care of patients and improving relations between primary and secondary care to support this. The primary and secondary care interface principles papers have been presented at various forums including the Devon Local Medical Committee and the Elective Improvement Board and shared with the trust Medical Directors for review and feedback. The latest draft is now being shared with trust colleagues and plans are to circulate the document in the early part of the new year. Robust plans are being developed to ensure principles are implemented and regular reviews and updates of the document take place. **DNA** A dynamic dashboard has been developed which presents DNA at trust and speciality level. As part of the Specialty Improvement programme work DNAs will be explored ensuring trusts are meeting GIRFT guidelines and where required DNAs are reduced. As a Devon System DNA rate remains at 4.7% which is upper quartile when viewed nationally.

Must Do's

Theme	Must Do	Commentary
Elective Recovery 2nd Page	• PIFU and advice and guidance	**Advice and Guidance / Advise and Refer (A&R)** Work has been undertaken to identify gaps in Advice & Guidance provision and the team has been working with Devon providers to improve coverage. The Devon system continues to perform above the required 21% national target. Work with low using practices in the South locality has taken place. This has resulted in an increase in requests. We continue to work with the low using practices to increase utilisation of advice and guidance. More work is required on improving the quality of advice requests and the quality of advice returned. Work is ongoing, particularly within Dermatology, to develop standard responses to frequently asked requests for advice. This work needs to be scaled up across all specialties. Following a system wide A&R meeting, the outputs and recommendations have been captured in a paper that has been approved by LMC. It will be tabled at the Elective Care Improvement Board on Thursday 21st December. The approval of this paper and the associated Advice & Refer checklist will ensure that Trusts wishing to go live with Advice and Refer do so with in a structured way and in partnership with primary care colleagues. **PIFU** National target for the number of patients moved/transferred to a PIFU pathway is 5%. As at October 2023 Devon has achieved 4.7% which is an increase on the previous month. (RDU – 3.7% / TSD – 7.7% / UHP 4.6%). Recovery plans in line with the operating plan are in place for RDU and UHP to achieve the national target. As part of the Specialty Improvement programme work PIFU will be explored ensuring trusts are meeting GIRFT guidelines within that speciality. The Devon system plans to achieve the 5% target by the end of March 2024 Devon ICB continue to work closely with all providers to ensure they are focused on scaling up PIFU where it already exists and supporting with bringing online new specialities
	• Productivity improvements – theatres/outpatients etc	As of 13th December, performance against long waiters has deteriorated, with an end of December forecast of 6 x 104ww against an operating trajectory of 0 and an end of month position on 78ww patients of 837 (including IS) against a plan of 794. The deterioration of the 78ww position is as a result of industrial action. The month-end forecast continues to indicate that TSD has no patients breaching 104ww, with RDUH also reporting zero 10ww breaches. UHP's remaining long waiters are due to patient choice with one due to capacity (in the specialities of T&O, Cardiology, Gynaecology and Spinal) with one patient choice in the IS. The speciality improvement groups are progressing forward with gynaecology as a test case, with the system and provider opportunity pack drafted and a system tracking dashboard in place. A similar methodology will be adopted at pace for the remainder of the speciality improvement groups with initial meetings expected to take place for these in January. Validation of the date within the dashboard is being checked before being expanded to the remainder of the chosen specialities. Each of the trusts have delivery mechanisms for the implementation of the further faster checklists. All the cancer targets remain challenged. The 28-day target was not achieved as a system in September due to dermatology challenges in RDUHE. The mobile endoscopy unit at TSDFT will be staffed by InHealth from 4th December . It will be operational 5 days per week to accelerate backlog clearance. A two-month delay caused by the lack of the necessary drugs licence, has been avoided by the temporary use of honorary contracts. The development of a new endoscopy unit in Tiverton for RDUHE remains at significant at risk due to PFI issues and the need to switch to a traditional build, with opening now not expected before January 25th. The Plymouth CDC CT scanner that is a precursor to the CDC being build has begun to see patients. Torbay CDC refurbishment of an existing site in central Torquay will be open in Spring 2024, mobile CT activity is being stood up at an additional site on Newton Abbot in December. Exeter CDC expands existing diagnostic services with Buttercup ward due to open in early 2024, delivering physiological measurement services and one stop pathways. Discussions continue to be held with regards to the development of a tool to support the identification of risk and harm for those children who are waiting and to support prioritisation. Following ICB attendance at the Southwest Clinical Senate on 23 November, a report will be issued on the recommendations from Senate members on how to most effectively tackle the challenge of long waiting children. In ophthalmology all Devon acute providers are running HVLC cataract services on site ensuring a comparable offer verse that of our Independent Sector providers is in place. Devon NHS providers cataract activity has unfortunately dropped to 46% of the market share due to extended waits in some of our NHS providers with Independent Sector providers being able to offer appointments for surgery within 1 week. The progress is still significant taking a baseline of 16% in March 2023. The new theatres in UHP's REI will now be operational in December 2023 which will provide significant NHS capacity and capability in terms of maximising the HVLC offer in terms of number of cases per list. The first Nightingale HVLC spinal list took place on 17/11/2023, with lists running every week subsequently.
	• Implement the recommendations included in the December 2022	The peer review conducted by KCH was reported to Board in November '22 alongside other DQ inputs and factored into a detailed data quality plan that goes to the Financial and Operational Committee every month. Detailed work on WLMDS scripting has been completed and the next phase is the presentation of a data layer business case which will optimise reporting from RDUH's EPIC EPR. A BI data quality committee has been established to ensure appropriate governance is reporting through to Board. In addition, a joint integration plan for the RDUH and ICB BI teams have been agreed to support the roll

Must Do's

Theme	Must Do	Commentary
Elective Recovery 3rd Page	• Deliver the merger plan agreed by the RDUH Board	Extended our Board subcommittee, the Integration Programme Board, for a further 12 months to oversee the next phase of our clinical integration changes as well as the operational structure changes that will support and enable further integration. Currently participating in the nationally led post 12 months learning lessons review which was the final requirement set out by NHSE SW. NHSE learning lessons report has been received through Board governance and the Trust is now enacting the next phase of integration which is a move towards an integrated service structure to enable greater clinical sustainability of the most challenged NDDH's high priority services.
	• Development of increased primary care access	Primary care continues to perform well in Devon, achieving higher than national average scores against the GP patient survey and against national General Practice Access Data (GPAD) metrics, recognising though that there is some variation across the county. All 31 PCN level (PCARP) Capacity and Access Improvement Plan reviews have taken place with all cases positive plans for change being presented and progressing to action(s). We continue to actively signpost practices and PCNs into national General Practice Improvement Programme (GPIP) offers and will target those that are most in need. In addition, we are establishing comprehensive data packs to support peer expert visits in 2024 to review access challenges with contractors identified as being most likely to benefit from such.
	• Optimising use of IS across Devon and use of other providers – Sulis	Work continues to take place to utilise all available capacity via in-system mutual aid between acute and IS providers. Weekly meetings remain in place with all acute and independent providers to maximise the use of available capacity and support capacity being in the most needed areas where possible. Additional in system capacity for the support of cardiology patients at tariff is currently being worked through to support the growing challenge. The system IPT steering group continues to meet fortnightly and work through opportunities for in system mutual aid support. Following the agreement at both system and provider level to move forward with the proposal to equalise waits across specialities, further operational details will be looked into as to how to mobilise this in the most efficient way. This will be managed via the IPT steering group with oversight through the tactical delivery group. As of the 13th December, there have been a total of 364 PIDMAS requests across the system. This is broken down as 99 at UHP, 116 for TSD, 147 for RDUH and 2 for MSH. An example of the progress is potential capacity for T&O specifically for UHP is an additional 43 patients who have been waiting over 40 weeks as of 1st October (pending clinical validation). NHSE have paused the roll-out of future cohorts until February 2024 where a decision will be made as to whether the future cohorts will be rolled out. Whilst awaiting this update, work is being undertaken to evaluate the local process to identify if the process can be improved.
Finance	• A shared unambiguous view on the drivers of the deficit	A drivers of the deficit process was undertaken in Feb 23 with the outputs forming an integral plan of the 23/24 financial recovery plan. All trusts have taken the final report through their finance committees / boards. COMPLETE
	• Productivity – focus on OP, extended access	Productivity has been a focus of the 23/24 operating plan with a requirement to fully include and model all opportunities from GIRFT/HVLCS/ One Devon Elective Pilot A productivity paper has gone to finance and planning board and system recovery board to discuss the relative productivity status of the three acute trusts and to agree the broad approach to reporting and understanding the drivers of productivity going forwards. A further report on the specific actions will go to the boards in January.

Devon System Exit Criteria Measures

Key: RGC Rating

Meets Objective

Misses Objective

Exit Criteria Measures														
Key Measures		Apr -23	May-23	Jun-23	Jul -23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	RGC
UEC														
Month on month improvements, over two quarters, in ambulance handover delays (>15 minutes) against the agreed baseline and trajectories	**Target**	4600	4729	5436	5444	4995	5419	6295	5368	6230	6222	5851	5422	
	Actual	5056	8041	6804	6384	8542	10,761	13,942	12,514					
Improvements in line with agreed baseline and plan, over two quarters, in ambulance response times for Category 2 incidents to 30 minutes on average over 23/24, with plan for further improvements in 24/25	**Target**	35	35	**30**	**30**	**30**	**30**	**30**	**30**					
	Actual	31	39	44	**36**	**40**	**57**	**58**	**47**					
Improvements in line with agreed baseline and plan over two quarters, in 12 hour breaches.	**Actual**	2752	3466	2823	**2016**	**2898**	**2992**	**3487**	**3040**					
Improvements in line with agreed baseline and plan over two quarters, 4 hour performance (to meet 76% in 23/24)	**Target**	63.5%	66.0%	67.2%	68.1%	67.9%	67.7%	68.0%	68.6%	68.8%	68.6%	70.7%	72.8%	
	Actual	63.5 %	62.4%	60%	**63.6%**	**62.1%**	**62.2%**	**60.7%**	**60.8%**					
Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	**Target**													
	Actual													
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the “criteria to reside in hospital” to no more than 5%	**Target**	10.2%	10.9%	10.1%	8.3%	8.3%	7.0%	6.3%	6.0%	6.9%	7.3%	6.5%	6.2%	
	Actual	11%	12%	11%	10%	**10%**	**12%**	**12%**	**12%**					
Elective Recovery * published two months in arrears														
Reduction in waits over 104 weeks in line with agreed plan, against agreed baseline	**Target**	167	153	96	44	27	0	0	0	0	0	0	0	
	Actual	162	133	**97**	**71**	51	22	2						
Reduction in waits over 78 weeks, in line with agreed plan, against agreed baseline	**Target**	1190	1109	1026	855	808	853	745	635	476	293	87	0	
	Actual	1288	1189	987	936	960	885	784						
Significant reduction in 65 weeks by March 2024, in line with agreed plan, against agreed	**Target**	4926	4809	5112	4886	4914	4486	3987	3319	2737	2668	2560	1707	
	Actual	5056	4898	4665	4419	4598	4181	3985						
75% of GP referred patients diagnosed within 28 days (%)	**Target**	74.54	75.32	74.19	74.66	74.89	74.24	74.65	74.35	74.43	73.8	76.2	76.95	
	Actual	76.6%	77.3%	78.2%	76.7%	74.5%	73.5%	75.1%						

Devon System Exit Criteria Measures

Key: RGC Rating

Meets Objective

Misses Objective

Exit Criteria Measures														
Key Measures		Apr -23	May-23	Jun-23	Jul -23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	RGC
Elective Recovery * published two months in arrears														
To exit Tier1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 (≤12.8%) and working towards achieving the national target.	**Target**	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8
	Actual													
To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable, or improving for 2 out of 3 months for the quarter	**Target**	707	710	741	694	728	715	689	696	687	622	565	488	
	Actual	620	648	582	577	572	575	606	609					
Finance														
Performance against system savings trajectory	**Target**	9521	9653	9981	12913	13043	13379	21971	17341	17339	28164	28168	30768	
	Actual	12,315	13,763	11,892	10,178	17,878	11,268	12,333	18,739					
Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery	**Target**	6895	7026	7354	9715	9843	10180	13273	13642	13639	22965	22969	22950	
	Actual	4,227	5,675	7,816	3,551	6,445	7,375	8,297	10,580					
Productivity back to 19/20 levels as a minimum	**Target**	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Actual			83.6%	84.7%	85.1%								
Meet the financial plan every month for the quarter	**Target**	-9.761	-17352	-24272	-27998	-32565	-36944	-38763	-45438	-53358	-53672	-51452	-42339	
	Actual	N/A	-17,603	-24,552	-33,299	-39,725	-57,687	-74,806	-60,880					
Reconfirm the underlying exit run-rate	**Target**													
	Actual													

Devon System Exit Criteria Measures -

Exit Criteria Measures	
Key Measures	**Rating**
Finance	
A short term plan, with detailed milestones (22/23), signed off by the ICB	
A reporting schedule with metrics that's overseen monthly by the ICB	
Confirm run-rate	
An approved 2 year financial recovery plan	
An ambitious system wide shared services programme (with at least all back office functions in scope)	
Development and agreement of costed schemes with implementation plans.	
Quarterly trajectories identified and delivered	
Strategy	
Phase 1 Clinical Workshops to be completed between December and May 2023 (originally March 2023)	
Options for redesign of Paediatric, medicine and surgical assessment services to be generated by July 2023 (originally April 2023)	
Clinical models to be presented to Boards for approval in September 2023 (originally June 2023 – now moved out to October/November 2023 – due to industrial action)	
Public consultation on proposed changes to be approved by Boards late summer 2023*	
Public consultation on proposed changes to commence Summer 2024 (originally Autumn 2023)*	
Leadership	
Delivery of **Devon Plan** (Joint Forward Plan) produced by March 2023 and published by June 2023	
Delivery of **Devon Plan** Priorities and improvement trajectories delivered to agreed deadlines and measures of success (including delivery of Improvement Plans developed in response to the exit criteria on elective, cancer, UEC)	
Devon Operating Model and new **Governance Architecture** established by end of 2023/24 (with further maturity achieved during 2024/25)	
Improved results from the **Devon ICS System Diagnostics** (improvement to the baseline results of the April 22 diagnostic)	
ICS Maturity Assessment: **Overall Ratin**g (from 2022 baseline of 1.7 towards 2.5 by 2023/24 and 4 by 2026/27)	
ICS Maturity Assessment: **Coherent and defined population rating** (from 2022 baseline of 2.1 towards3 by 2023/24 and 4 by 2026/27)	
ICS Maturity Assessment: Integrated Care Models rating (from 2022 baseline of 1.7 towards 2.5 by 2023/24 and 4 by 2026/27)	
ICS Maturity Assessment: **System Leadership, partnerships and change capability rating** (from 2022 baseline of 1.7 towards 3 by 2023/24 and 4 by 2026/27)	
ICS Maturity Assessment: **Track record of delivery rating** (from 2022 baseline of 1.6 towards 2.5 by 2023/24 and 4 by 2026/27)	
ICS Maturity Assessment: **System Architecture and strong financial management rating** (from 2022 baseline of 1.5 towards 2.5 by 2023/24 and 4 by 2026/27)	

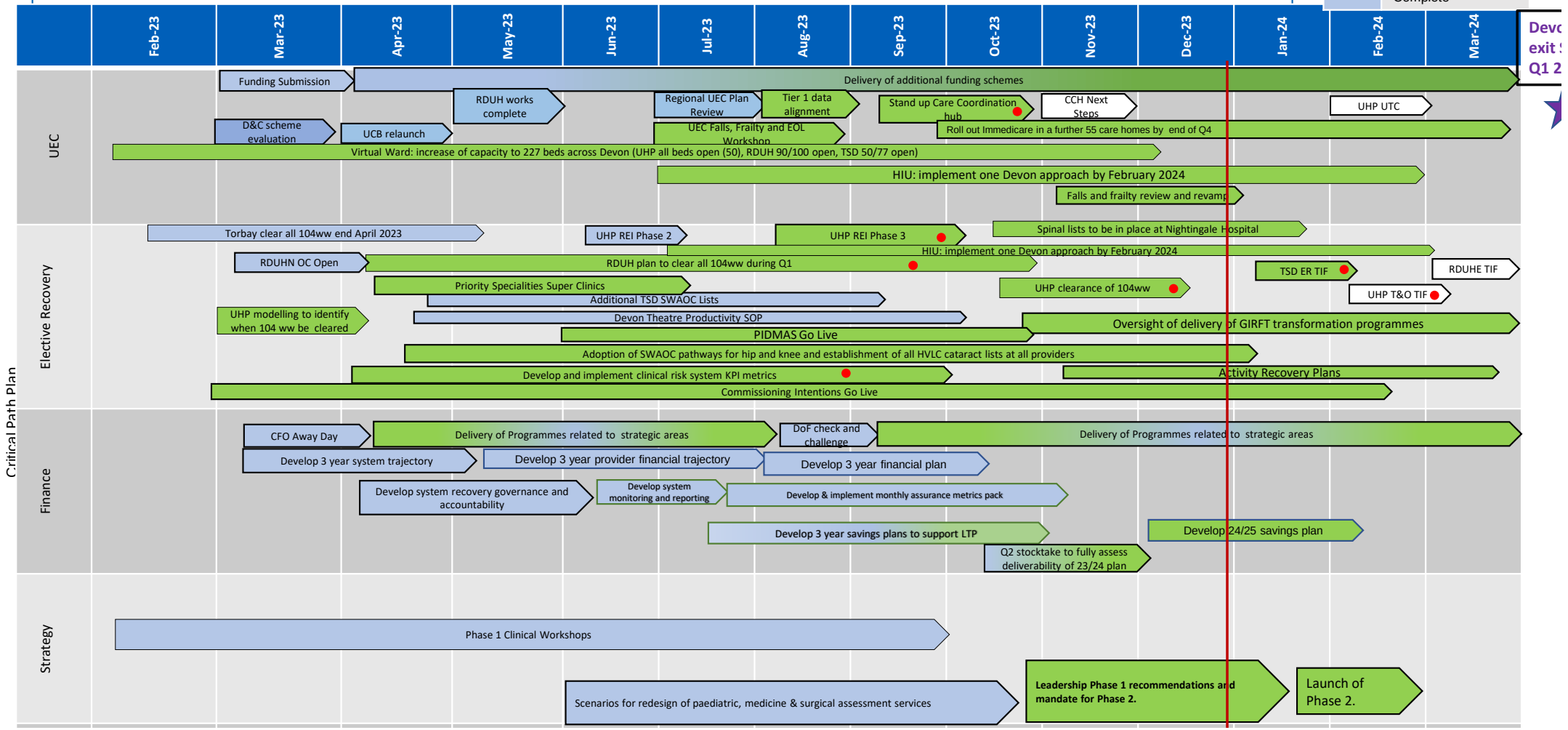
Key:

- On track and with clear evidence to meet the exit criteria by the planned date
- Emerging risk of inability, or no clear evidence of ability to meet exit criteria by the planned exit date
- Off track with high riks of inability to meet exit criteria by planned date
- Exit criteria achieved and embedded
- Resources just deployed, too early to tell

Critical Path Overview

Summary:

A critical path should indicate a sequence of dependent tasks that form the longest duration to complete an identified piece of work to a defined end point.

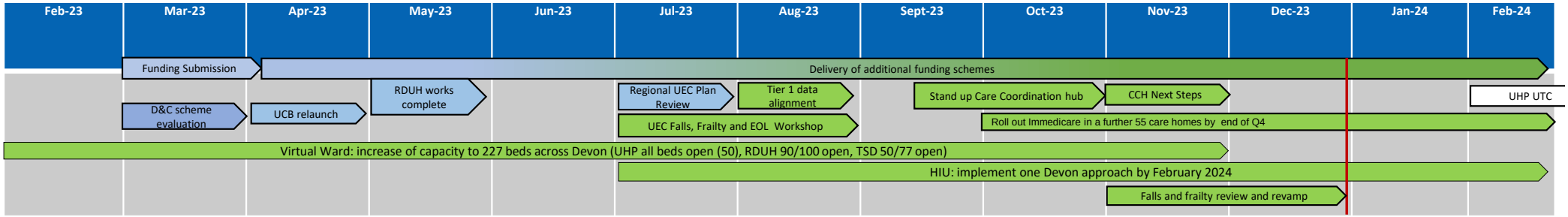


Devon System Overview Framework Criteria Report: Urgent and Emergency Care

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- **Care coordination hub development** – This has continued with good results seen on days of operation. Clinical staffing availability has been an issue which has caused capacity problems through December. A plan is in place for mobilisation of new hub model in January.
- Funding Schemes: ICB has authorised a further £3.1m in schemes to support winter bed capacity. This will mainly be focused on P1 and P2 discharge capacity and a bolstering of ARI hubs and primary care admission avoidance. All schemes are being reviewed for spend and impact with a report going to Unscheduled Care Board.
- Drivers of system pressure review undertaken alongside regional BI. Further work in early January and presentation planned in January Unscheduled Care Board.
- Unscheduled Care Board revamp undertaken under new chair. Weekly UEC senior team reviews undertaken.
- Virtual wards - 227 beds now open with a 49% utilisation rate. This is an increase in capacity on the November bed position, but further work required to reach utilisation levels needed.
- EOL: PPG EoL specialist support now in place to support through 111. Review on effectiveness planned for January 24
- EOL webpage – is in 'live' stage from 20.11.23 and has been reviewed. Care home launch 08.12.23 – It has been agreed to focus the attention of the webpage on care home information. This will actively be supported by a comms plan before Christmas
- Localities working jointly on identifying EOL patients to speed up and improve flow for discharge in localities
- UCB relaunch – Unscheduled care board and locality boards now meet with revised membership Regional UEC plan review – Devon Integrated Improvement Plan in place with system and locality actions in respect of NEL
- UEC: Review out of hours falls data to determine hours of highest demand which are not covered by current service provision and working with Primary Care to understand Primary Care admissions avoidance and identify those at risk of falls/frailty and how this can be enhanced. ~85% of level 2 falls conveyed to ED are discharged from ED. This is an area of opportunity alongside OOH falls which will be addressed through improvement programmes.
- UHP UTC – recruitment continues and pipeline of staffing to support Cumberland UTC expected.
- ARI hubs: 18 PCNs across Devon have signed up to offer. Progress with ensuring push payments are made, whilst continuing to work with PCNs to encourage sign up. Additional work with Primary Care to pick up issues with PCNs declining offer
- GIRFT UEC visit to UHP – awaiting 5-point action plan to focus on delivery through Unscheduled Care Board

Devon System Overview Framework Criteria Report: Urgent and Emergency Care Cont'd

Planned Activities

Activity	Lead	Deadline
Delivery of the additional schemes agreed for funding to support winter beds – P1.P2 capacity and ARI hubs	Locality Directors and Locality Heads of UC	January 24
Next steps for care coordination hub with roll out plan and clinical staffing identified.	James Wenman	January 24
Escalation protocol and dynamic conveyancing agreement reached	Berenice Groves	Mid-January 24
Further work on understanding pressures in unscheduled care system • System agreement and alignment • Agree areas of focus – pre ED, in ED, acute flow, OOH	Sam Wadham-Sharpe	8th January 24
Refresh system UEC recovery plans alongside clinical pathways improvement programme • Priorities for 24/25 planning • OOH commissioning review	Toby Hewlett	Mid-January 2024
Anthony Hemsley to commence in system UEC Clinical Lead post	Ann James	1st January 2024

Barriers and Areas for Escalation

Barriers	Mitigation
Industrial action	Tactical control centre leadership, prioritisation processes
Resources to support delivery of Care Coordination	New plan for care coordination hub to be enacted in January 24
Continued levels of demand – winter pressures including RSV, covid and flu	Further work on understanding pressures in unscheduled care system • System agreement and alignment • Agree areas of focus – pre ED, in ED, acute flow, OOH

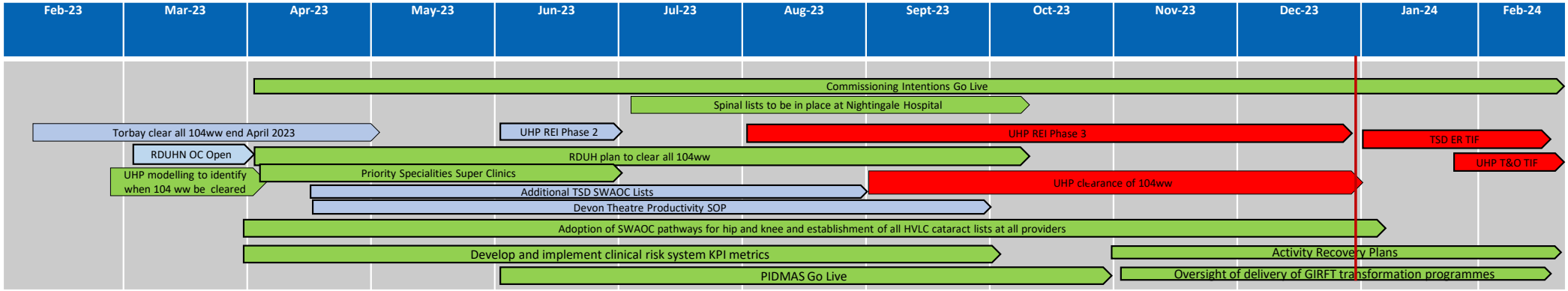
Area of escalation	Support Required	Expected Outcome
Partners to contribute resource to support Care Coordination	Each Acute Trust to provide 3-4 shift cover 0800-2000	To be resolved through roll out plan

Devon System Overview Framework Criteria Report: Elective Recovery

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- PIDMAS phase 1 programme continuing with the process feeding into how Trusts support the equalisation of waiting list process. As of 13/12 there have been a total of 364 PIDMAS requests across the system. This is broken down as 99 at UHP, 116 for TSD, 147 for RDUH and 2 for MSH. An example of the progress is potential capacity for T&O specifically for UHP is an additional 43 patients who have been waiting over 40 weeks as of 1st October (pending clinical validation).
- Recovery of the 104ww position is as of 13th December leaves only 6 patients left to treat; 5 at UHP (2 admitted choice, 2 non admitted choice and 1 admitted capacity in T&O) and 1 patient choice at Ramsay Mount Stuart
- Insourcing & Outsourcing trajectory mapping completed and submitted to NHSE
- Further improvement trajectories have been developed across the system for additional long waiter recovery (trajectories reviewed and submitted for H2. These do not take account of industrial action and are reliant on continuation of funding)
- System agreement for the support of the equalisation of waiting lists proposal, subject to operational details being worked through.
- Positive discussions with additional IS provider for potential in system MA support via DMAS for cardiology
- Speciality Improvement Programme (Further Faster) initial tracking dashboard first cut in place for Gynaecology. This has been presented to the NHS GIRFT team and received favourable feedback
- Theatre performance dashboard initial development in place and presented to both NHSE GIRFT and the wider system. Additional data validation points are required and in progress following system discussions.
- System invoicing process for MA updated and in the process of being rolled out.
- Job planning framework development at system due for completion in December 2023, implementation of demand and capacity approach to job planning for 24/25 (Mark Hamilton SRO)
- HVLC cataract lists in place in all NHS trusts, reduction in waiting time for cataracts. Best practice glaucoma and medical retina pathways established in RDUH, pathway live in UHP,TSDFT linear acquisition pathway plan in development and recovery trajectory in place with CEE for glaucoma. Long waiting cataract PTL patients in RDUH North being supported by RDUH E, reduction to equal position by December 2023
- RDUH use of TSDFT Cath lab Saturdays in place, RDUH pacing lists in place in TSDFT on Tuesdays weekly. Prologued ringfencing of cardiac beds in RDUH, implementation of PIFU in key subspecialties. Cardiac pathway transport in place between North and East. IP transfer to TSDFT to support capacity in RDUH E. PTL management between 2 trusts (RDUH PTL and TSDFT support) to prioritise outstanding P2 waiters on PTL.
- Business Cases for Torbay and Plymouth Community Diagnostic Centres Approved. Torbay to be operational July 2024 and Plymouth April 2025. Additional CT capacity ahead of the CDC completion in place in Plymouth and Newton Abbot Community Hospital. Second phase of Exeter CDC (Buttercup ward) in development for completion In July 2024.
- Additional endoscopy capacity capital build at Torbay opened as planned in November. Plymouth progressing on target to open in January 2024.
- Additional endoscopy capacity for capital build at Tiverton Community Hospital in progress. Staffed mobile unit as mitigation in place and started to see patients at the end of October 23. NHSE have approved a reprofiling of assigned capital due to the delay with the build.
- Optimising Referrals LES was taken back to the LMC negotiations meeting on Friday 27th November. A number of challenges were made regarding the ask and funding. Further discussion required.
- Advice and Refer paper signed off by LMC and reviewed at Tactical Delivery Group on Tuesday 12th December. Paper going to Elective Care Improvement Board on 21st December for approval.
- C2C Referrals data feed (RDUH only) - RDUH Cogito team have developed the dataset. RDUH BI have completed testing. RDUH developer to set up the data feed.
- Expediting Referrals process has been agreed by Trusts and provisional agreement with the LMC has been reached.
- Work commenced with NHS England on potential pilots of Video Group Consultations

Devon System Overview Framework Criteria Report: Elective Recovery

Planned activities

Activity	Lead	Deadline
NetCall go live	Steve Matson	10th January
Speciality Improvement Programme (Further Faster) dashboard for all specialities - first draft	Claire Rudler	29th December
BI team review with Trust colleagues; manual data capture of fallow list information and agree on reporting rhythm	Karen Helliwell	26th January
Completion of the Speciality Improvement Gynae opportunities pack	Kim Maby	12th January
Further mutual aid opportunity discussions for in system cardiology capacity as well as out of system orthopaedic capacity	Sean Beeken	3rd January
Planning for PIDMAS cohort 2 rollout	Rachael Burridge	5th January
System operational planning commencement for FY23/24 – Elective recovery	Sean Beeken	22nd December
Primary Care Access Recovery Plan (PCARP) self-referral risk mitigation planning	Sean Beeken	19th January
Demand and Capacity job plan review in cardiology (RDUH E and TSDFT) and opportunities for collaborative working to support business case for 7-day ACS cardiology service	Emma Herd	31st December
Continued discussion with NHSE and Trusts to mitigate financial risk of gap between cost of endoscopy unit and staff via the regional IS contract and the tariff received for activity. The gap has been identified to be covered via ERF. In addition, the delay in the capital build at Tiverton will require the mobile unit to remain on site longer than currently planned for and a source of funding needs to be identified.	Bev Parker	31st January
Work with Trusts on recovery of non-endoscopy DM01 modalities and reduction of +13 ww.	Bev Parker	Ongoing
Support Devon Diagnostic Centre in delivering against activity profile and business plan for purchasing mobile units .	Bev Parker	Ongoing
Continued exploration of a digital option that can offer for self-care / advice and guidance, with funding options to be explored to support platform of choice. This to be a platform for all maternity, children and young people and their families, mental health and professional support.	Claire McMahon / George Minifie	31st December
Develop paper on the directory of service change and repatriation pathways from CYP at Bristol Children's Hospital back to Plymouth.	Claire McMahon / Simon Courtman	31st January
C2C data feed from Trusts – Feed to be implemented to enable access to RDUH C2C data	Claire Rudler	31st January
Primary / Secondary Interface document to be signed off at Clinical Cabinet. Ongoing monitoring and feedback process against this to be confirmed.	Kim Maby / Nicky Dunning	29th December

Devon System Overview Framework Criteria Report: Elective Recovery

Barriers

Barrier	Mitigation
Industrial action	Tactical control, prioritisation processes
Non elective surge	PEC agreement, commissioning intentions
Reliance on insourcing/outsourcing	Commissioning intentions/productivity modelling
Clinical engagement/leadership	Engagement in elective care improvement board
Job planning – capacity for CMOs/clinical teams to review and implement recommendations	Commissioning by provider collaborative of external support. Information requested to confirm programme management approach of actions required to implement recommendations
Waiting well offer does not extend to CYP or tailored to be accessible to those with disabilities	Linking with CYP team to work through support that is available
Delay in implementation of paediatric non-clinical validation process means unable to meet NHSE targets.	NHSE to be made aware of the delays in implementing non-clinical validation.
No C2C referral data for RDUH	Claire Rudler working to achieve implementation of data feed
Current available diagnostic capacity is insufficient to meet the objectives within the operational plan 23/24.	Demand /capacity forecast completed to understand the gap. Seeking opportunities to increase capacity wherever possible through operational efficiency, use of IS, mutual aid and bids for additional funding.
ERF funding required to procure additional capacity for imaging and endoscopy linked to the ICB achievement of 101% of 19/20 activity.	Paper to elective care board for approval of recommendation to release funding 'at risk' for escalation to F&P committee approved 22/8/23. Risk of not achieving the 101% target remains.
ER TIF Funded orthopaedic theatres at UHP have been delayed until approx. April 24. Torbay Modular theatres are delayed until end of February.	Mitigations are being developed and will report through Tier 1

Escalations

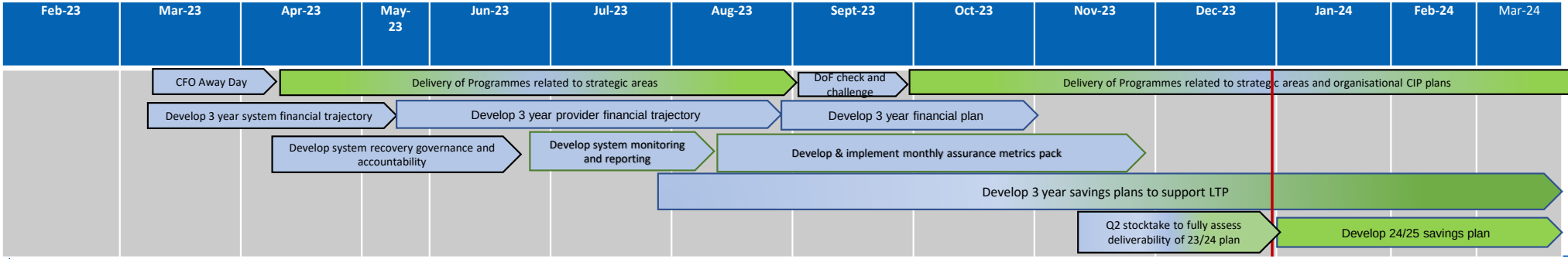
Area of escalation	Support Required	Expected Outcome
NetCall go live has slipped from the original prospective date of 31st Oct, due to contracting issues	None at present – mitigations are in place and validation is continuing	Validation across the system will be upscaled following the implementation of NetCall
Financial pressures at RDUH affecting the business plan to purchase and staff the currently leased scanners and impacting on delivery of the Tiverton endoscopy build plan.	ICB and NHSE are supporting the Trust to progress options appraisal and reprofiling of funding	Unknown at this time
Unable to obtain RDUH diagnostic recovery plan for assurance.	Have engaged with Trust lead but have been unable to meet or see plan.	Support from Trust.
7-day ACS Cardiology service implementation for North, East and South P2 patients waiting 12 months plus for their procedure	COO support for ToR provided via the Cardiology One Devon group and One Devon Assurance group Recovery plan in place via joint working with TSDFT who are offering support	Revised business case based on a more collaborative delivery model between both TSDFT and RDUH, maximising workforce and physical assets and ensuring improved offer for patients
Cataract provision – NHS Market share continues to decrease with a less comparable offer than IS	Provider teams ongoing support to ensure HVLC lists are continued	Improved waiting times and resilience in NHS ophthalmology services

Devon System Overview Framework Criteria Report: Finance

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- Reforecast of 23/24 forecast outturn developed and communicated with NHSE
- Hand over of 23/24 strategic schemes to ICB programme managers
- System lock in on 4th December to plan recovery approach for 24/25
- 1st cut underlying positions received from organisations and are being consolidated and reviewed
- Run rates confirmed for all organisations for the remainder of 23/24
- Productivity discussions taken place with all organisations to share approaches and Gloucester's reporting approach shared
- PMO director appointed to lead the recovery programme.
- Workforce controls draft report received and being reviewed.
- PIDs produced for additional technical and investment review schemes

Planned Activities

Planned activities

Activity	Lead	Deadline
Continue to develop 3 year CIP saving plans to support LTP	Steve Webster	End March
Review of workforce controls final report and plan to implement recommendations	Steve Webster	End January
Completion of workforce growth and investment review and report to finance committee	Steve Webster	End January
Consistent approach to productivity reporting to be agreed	Steve Webster	End January
Underlying positions to be refined and signed off by DoFs	Kirsty Denwood	Mid January
Opportunity assessments for 24/25 savings schemes to be developed with indicative financial values	Steve Webster	End December
Monitoring against reforecast run rates to commence from month 8	Kirsty Denwood	End December

Barriers and Areas for Escalation

Barriers

Risk Description	Mitigation
Ability to deliver high percentage cash out CIP	Actions from quarter 2 stock take. Review of financial position following announcement on additional funding for IA.
Lack of capacity and capability to deliver	ICB identifying additional resource (10 WTEs)and business case for continued but reduced level of external support. Additional RSP resource identified x3.
Inability to deliver 19/20 productivity levels	Detailed recovery plan. Development of local productivity analysis to understand key drivers.

Escalation

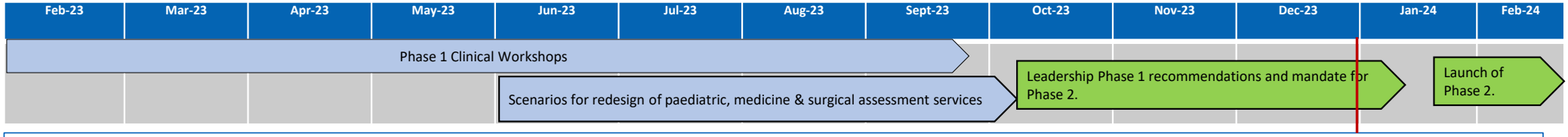
Area of escalation	Support Required	Expected Outcome
Impact of 23/24 exit run rate on 24/25 plan.	Support to review options available.	A change in agreed recovery trajectory.

Devon System Overview Framework Criteria Report: Strategy

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- PASP Board – November Board held and discussed the scope of Phase 2 focussing on fragile services.
- Peninsula Acute Provider Collaborative workshop held to discuss detail of Phase 2 mandate
- PAPC Quarter 2 report presented to all Trust Boards in the November/December Board round and to NHSE SW
- Detailed planning for Phase 2 of PASP with a series of workshops with senior leaders in December.

Planned Activities

Activity	Lead	Deadline
Secure endorsement to end of Phase 1 recommendations and mandate for Phase 2 from Devon ICB and Cornwall & Isles of Scilly ICB	Liz Davenport/Allison Williams	08/02/2024
Secure endorsement to end of Phase 1 recommendations and mandate for Phase 2 from NHSE SW	Liz Davenport/Allison Williams	30/01/2024
Review NOF4 exit criteria and milestones with NHSE SW	Liz Davenport/Allison Williams	30/01/2023
Submit PAPC Quarter 2 report to ICB Boards	Liz Davenport/Allison Williams	06/01/2024
Fully scope PASP Phase 2 deliverables and timelines	Jenny Turner	31/01/24
Launch Phase 2		
Recruit PAPC Programme Team	Chris Tidman/Liz Davenport	30/03/24

Barriers and Areas for Escalation

Barriers

Risk Description	Mitigation
Options unaffordable	Put in place PASP financial framework in the context of Devon and Cornwall's ICS financial frameworks
Insufficient leadership support and buy-in	Regular communication and engagement with Trust CEOs, Peninsula leadership and NHSE SW leadership
Lack of public and patient support for PASP	PASP communications and engagement plan in place covering: partners, OSCs, workforce public and patients
PASP thinking is not transformational enough	Invite check and challenge from a range of stakeholders
Fragile Services workstream does not deliver a set of agreed outcomes and at pace	Progress Urology and Interventional Radiology as a priority. The Peninsula Acute Provider Collaborative to agree resourcing proposals for their programmes
Interfaces with other priority programme of work are not clear	Work with other programmes in PASP Phase 2 to understand and manage the interfaces

Escalation

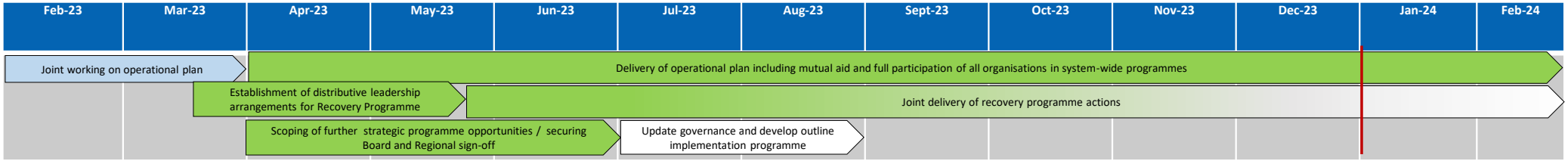
Area of escalation	Support Required	Expected Outcome

Devon System Overview Framework Criteria Report: Leadership – System Working

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

Interim CNO took up post 1st December
X2 ICB Board workshops undertaken to review roles, responsibilities and priorities
TOR for Joint Strategic planning Committee between Devon and CIoS ICBs signed off.
CEO chairs for UEC and Elective Recovery Boards agreed have now been appointed and revised arrangements operational
Joint UEC planning session undertaken and additional priority actions agreed
Joint weekend senior rota for decision-making not yet resolved
PMO Director appointed for 12 months and commenced in post. Secondments to strengthen PMO team confirmed
Joint session held with LA CEOs and a set of actions agreed re: improving arrangements for driving improvements in Children's services

Planned Activities

Planned activities

Activity	Lead	Deadline
Process for agreeing the 24/25 operational plan and recovery programme to be signed off and work commenced on identifying the additional priority improvement opportunities	CEOs	16 January
PMO fully functional and reduced reliance on Deloitte achieved	BS	End January
First meeting of Joint Strategic Planning Committee to take place	BS	January/February

Barriers and Areas for Escalation

Barriers

Risk Description	Mitigation
Some aspects of the current system way of working may inhibit progress of the ISD programme	Additional support from RSP to be confirmed
The environment/conditions (organisational stability, space and psychological safety) to support new ways of working without the fear of failure are not part of Devon's DNA and consistently adopted yet.	
If current System ways of working do not improve or change, the reputation and brand of One Devon will be impacted at a regional and national level. The public and patient's perceptions and confidence of our health and care services in Devon will continue to be adversely affected.	
The need to balance strategic activities with operational pressures requires additional capacity and capability without which organisations could revert to organisational focus and delay delivery of system solutions	

Escalation

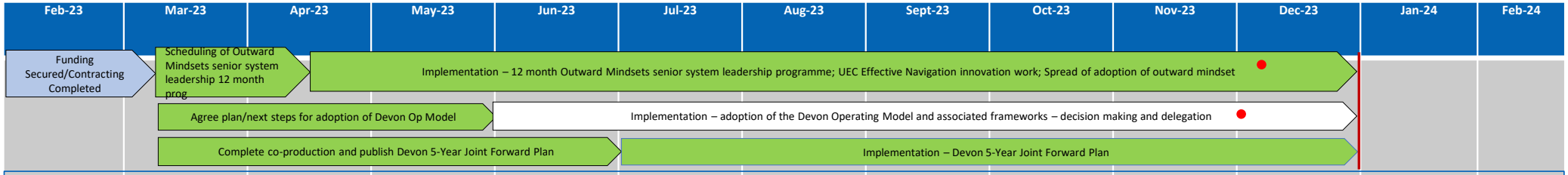
Area of escalation	Support Required	Expected Outcome
Strategic modelling capacity	Initial discussion with Region re: scoping of options	Agree to jointly discuss further with national team and secure support
New Models of Care workstream	Further work to be undertaken with CEOs and CFOs to align with strategic timetable	Financial framework established to maximise cash-out opportunities in short-term

Devon System Overview Framework Criteria Report: Leadership – OD activities

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

As a result of the NHS Devon organisational change – the System Development Programme has been paused and resources disbanded/redistributed, affecting continuity of some of the activities.

- UEC Effective Navigation –100 days reached on 14th Dec 23. Sustainability workshops (13th & 14th Dec) will identify achievements to date and what activities will continue post 100 days. A learning report will be drafted and finalised by 31.01.24 A draft of which will be shared with Senior Leaders at a 'What's Next' workshop on 23.01.24
- The approach to adopt outward mindset with Senior System Leaders has been paused. This decision was taken at NHS Devon Board in Dec 23. Work continues to deliver of the Outward Mindset Forward plan supporting system partners through 8 trained Devon facilitators.
- Completed the refresh of the 5-Year Joint Forward Plan - the work to implement this is on pause due to resource from the System Development Team being disbanded/repurposed

Planned Activities

Planned activities

Activity	Lead	Deadline
Outward mindsets – some delivery continues as part of the Outward Mindset forward plan, delivered through 8 Devon facilitators. Focus of this work is currently supporting local authorities and voluntary sector	Katy Kerley	End May 2024
UEC – 100 days of the 100-day challenge is complete. Sustainability workshops held during mid Dec. What's Next workshop scheduled with Senior Leaders in Jan 24. Draft learning report will be available at this workshop and is being produced by Health Innovations South West	Katy Kerley	End Jan 24
Devon Operating Model – complete discussions to agree how to commence adoption of the Model	Warwick Heale	End Oct 23
Continuation of work to refresh the 5-Year Joint Forward Plan – assessment of the impact on JFP of the immediate singular focus on system recovery is needed	Jenny Turner	End Jan 24

Barriers and Areas for Escalation

Barriers

Risk Description	Mitigation
As a result of the NHS Devon organisational change – the System Development Programme has been paused and resources disbanded/redistributed, affecting continuity of many of the activities	Mitigations are varied and vast, please refer to risk log for details Microsoft Excel Worksheet
The environment/conditions (organisational stability, space and psychological safety) to support new ways of working without the fear of failure are not part of Devon's DNA and consistently adopted yet.	
If current System ways of working do not improve or change, the reputation and brand of One Devon will be impacted at a regional and national level. The public and patient's perceptions and confidence of our health and care services in Devon will continue to be adversely affected.	

Escalation

Area of escalation	Support Required	Expected Outcome
OM System Leader Programme – low participation	NHS Devon Board to agree way forward	Strengthen focus of OM work on 'real work challenges
Impact on JFP of singular focus on system recovery	Impact Assessment of JFP required	Confirmed prioritisation and refreshed JFP

One Devon

Devon SIAG

Provider Highlight Report - TSD

Date: December 2023

#OneDevon

Devon System Overview Framework Criteria Report

TSD

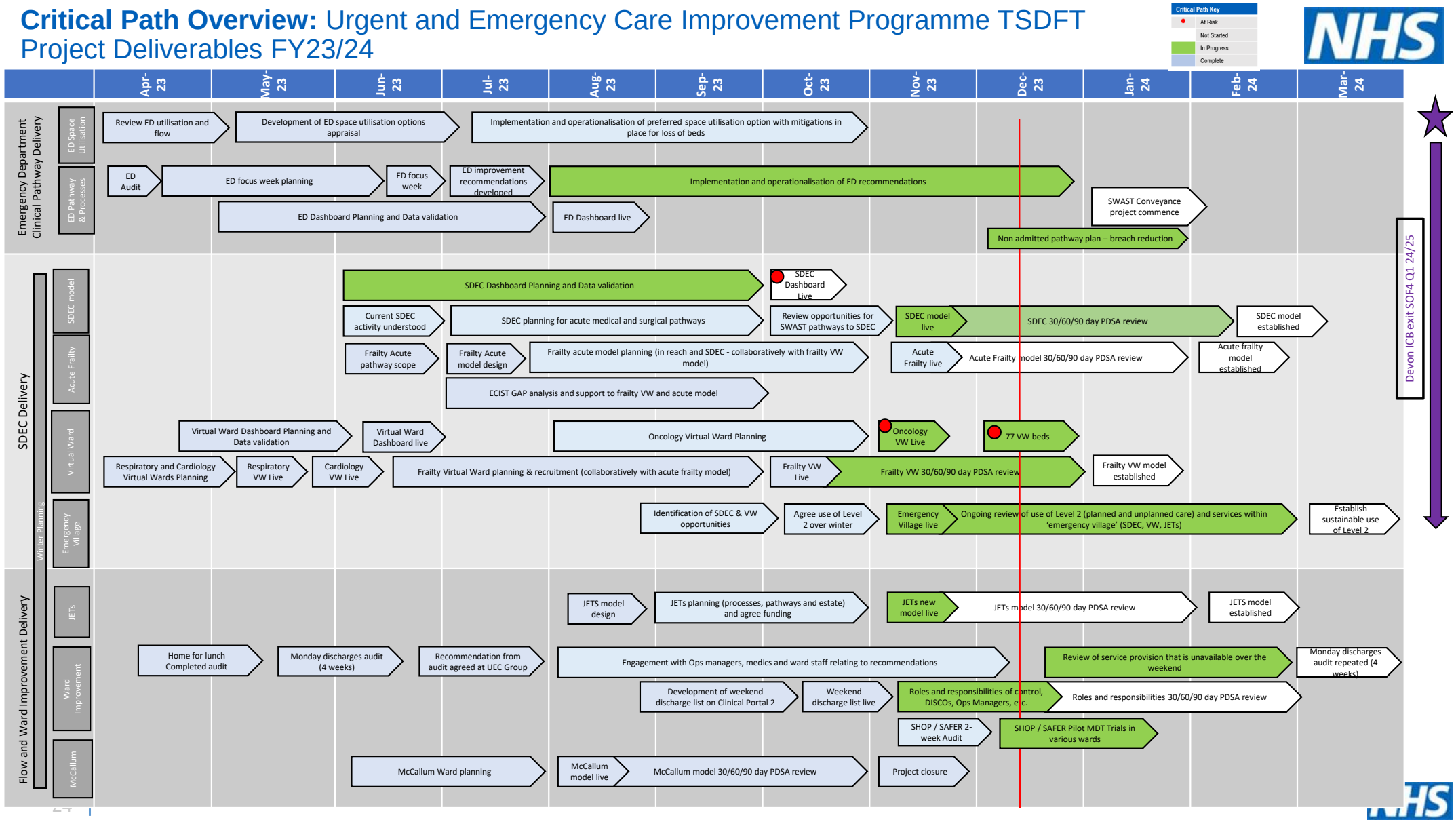
Exit Criteria Measures													
Key Measures		Apr - 23	May - 23	Jun - 23	Jul - 23	Aug - 23	Sep - 23	Oct - 23	Nov- 23	Dec – 23	Jan – 24	Feb - 24	Mar - 24
UEC													
Month on month improvements, over two quarters, in ambulance handover delays (>15 minutes) against the agreed baseline and trajectories (hours lost)	**Target**	894	582	1038	992	1111	1137	1416	996				
	Actual	1233	1605	1555	1223	1707	2579	3591	3141				
Improvements in line with agreed baseline and plan over two quarters, 4-hour performance (Trajectory to achieve 76% by 23/24)	**Target**	59.99%	65%	68%	68%	68%	72%	72%	73%	75%	70%	73%	78%
	Actual	61.75	60.83%	64.63%	63.52%	67.9%	68.4%	66.6%	67.0%				
Improvements in line with agreed baseline and plan over two quarters, 12-hour breaches. (time in department)	**Actual**	568	893	797	636	794	686	822	770				
Month on month improvements, over one quarter, in pre-midday discharges against agreed baseline and trajectories	**Target**	33%	33%	33%	33%	33%	33%	33%	33%				
	Actual	17.35%	18.59	19.9%	20.5%	21.6%	21.5%	20.3%	22.4%				
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the “criteria to reside in hospital” to no more than 5%	**Target**	10.15%	10.15%	10.15%	7.51%	7.51%	7.51%	5.16%	5.16%	7.45%	7.45%	5.16%	5.16%
	Actual	7.62%	7.48%	7.0%	6.0%	7.5%	7.4%	8.3%	7.2%				
Elective Recovery													
Reduction in waits over 104 weeks in line with agreed plan, against agreed baseline	**Target**	0	0	0	0	0	0	0	0	0	0	0	0
	Actual	0	0	0	0	0	0	0	0				
Reduction in waits over 78 weeks, in line with agreed plan, against agreed baseline	**Target**	173	208	130	130	130	111	92	73	65	35	19	0
	Actual	173	173	130	129	156	187	155	179				
Significant reduction in 65 weeks by March 2024, in line with agreed plan, against agreed baseline	**Target**	1,292	1,362	1,312	1,307	1,387	1,189	991	793	650	397	199	0
	Actual	1,244	1,197	1221	1155	1274	1161	1018	871				
75% of GP referred patients diagnosed within 28 days	**Target**	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual	75.54%	80.75%	77.5%	79.5%	75.6%	75.1%	73.4%	75.7%				

Devon System Overview Framework Criteria Report

TSD

Exit Criteria Measures													
Key Measures		Apr - 23	May - 23	Jun - 23	Jul - 23	Aug - 23	Sep - 23	Oct - 23	Nov- 23	Dec – 23	Jan – 24	Feb - 24	Mar - 24
Elective Recovery													
To exit Tier1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 (≤12.8%) and working towards achieving the national target.	**Target**	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%				
	Actual	6.5%	6.2%	5.8%	5.3%	6.9%	5.4%	7.2%	7.9%				
To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable or improving for 2 out of 3 months for the quarter.	**Target**	160	150	152	155	162	170	175	179	182	163	148	138
	Actual	107	111	100	89	120	105	143	147				
Finance													
Performance against system savings trajectory	**Target**	625	625	623	3,083	3,082	3,082	8,898	3,900	3,898	6,256	6,256	6,250
	Actual	0	0	4,351	3,091	3,125	3,082	6,833	5,456				
Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery	**Target**	281	281	280	2,167	2,165	2,167	2,732	2,734	2,732	5,090	5,090	5,086
	Actual	0	0	3,715	1,776	2,198	2,486	2,333	3,110				
Productivity back to 2019/20 levels as a minimum	**Target**	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Actual	As per NH SE&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I				
Meet the financial plan every month for the quarter	**Target**	(4,883)	(5,215)	(4,853)	(2,446)	(2,601)	(2,537)	1,275	(3,404)	(3,707)	(1,577)	(976)	(1,649)
	Actual	(4,861)	(4,764)	(4,843)	(2,699)	(4,273)	(3,546)	(1,089)	393				
Reconfirm the underlying exit run-rate	**Target**	(5,144)	(5,476)	(5,179)	(3,614)	(3,597)	(3,356)	(4,796)	(4,614)	(5,049)	(2,739)	(2,050)	(2,730)
	Actual	(4,861)	(4,764)	(5,478)	(2,189)	(4,661)	(4,486)	(3,595)	(1,129)				

Critical Path Overview: Urgent and Emergency Care Improvement Programme TSDFT
Project Deliverables FY23/24



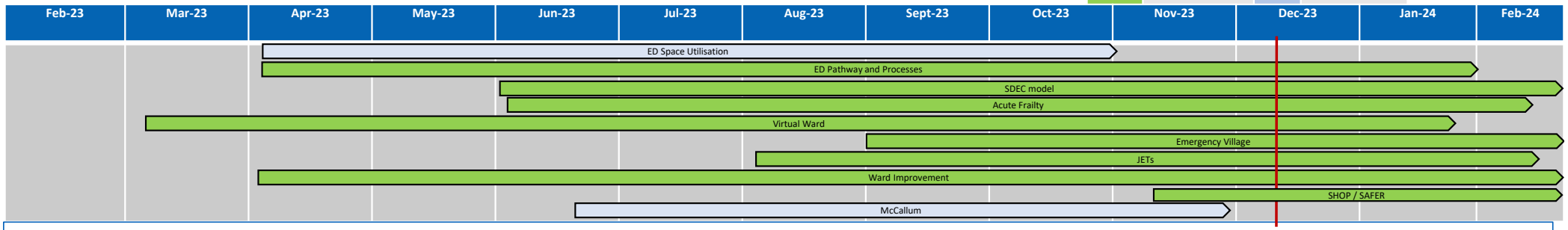
Devon System Overview Framework Criteria Report: Urgent and Emergency Care

TSD *2023/24 Devon SOF Criteria Report*

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- Frailty Virtual Ward commenced – challenges in achieving full capacity due to staffing resources. VW trajectory to increase bed capacity is in place to reflect onboarding of additional specialties.
- Frailty SDEC Model is due to go live w/c 18/12/23 - On Track,
- SDEC Trial in the Emergency Village begins w/c 10/12/23 to improve capacity within SDEC.
- Discharge MDT - Sick – Home – Other – patients = SHOP / SAFER MDT Pilot in various wards begins w/c 10/12/23 for 3 weeks with the aim to speed up discharge process and reduce LOS
- Weekend Discharge List on Clinical Portal 2 is now live and has good feedback with supporting active identification and management of patients at the weekend.
- Non-admitted pathway to include tracker roles.
- Emergency Village scoping complete – implementation stage in process – linking Frailty, SDEC, MAAT Team, JETS, Virtual Ward and the discharge lounge in a co-located footprint.
- Totnes planned appointment slots in place to support MIU sustainability. Progress being made in terms of Dawlish recruitment.
- OPEL 4 dashboard implemented and link to System Control. Surge plan including SHREWD– including Plus 1 agree and active.
- Non-admitted pathway configuration complete - improvement in non-admitted pathway performance being tracked.

Planned Activities

Planned activities in next reporting period	Lead	Deadline
Internal professional standards – targeted approach to specialties meet these standards – specifically the response to ED clinical review	COO	December 2023
Review and implementation of GIRFT UEC recommendation link to the wider Trust UEC Plan	COO	December 2023
Virtual ward continuation of expansion towards 77 beds	COO	December 2023
Action associated with the 6 focus areas highlighted through the Tier 1 meeting – with weekly to regional and National Teams. Quick wins non admitted night activity review	COO	November 2023
Establishing Care Community Hub in partnership with the ICB.	COO	December 2023
Implementation of additional winter schemes now agreed	COO	December 2023

Barriers and Areas for Escalation

Barrier	Mitigation
Infection control impact on bed base and flow - standing down of BAU activities to support improvement work – Opel 4	Focus on maintaining improvement capacity. Further infection control measures with estate improvements to mitigate impact.
BI capacity to deliver datasets for monitoring and supporting oversight of performance	Senior Executive and COO Leadership
Future Industrial Actions	Learning from recent experience. Development of Trust 'playbook'
Workforce (VW)	Monitoring and escalation via the Urgent Care Group

Area of escalation	Support Required	Expected Outcome
Pathway 1-3 patients in Devon CC	Capacity to match demand and plan. ICB picking up actions with DCC	Contribution to reduction to 5% NCTR
Ambulance Demand and Management	Agreed Ambulance Demand and Divert Plan. Care Coordination Hub.	Shared understanding and engagement of cross system pressures
Demand increases above expected levels	System mitigation for admission and attendance to ED avoidance	Levelling up of activity across system partners

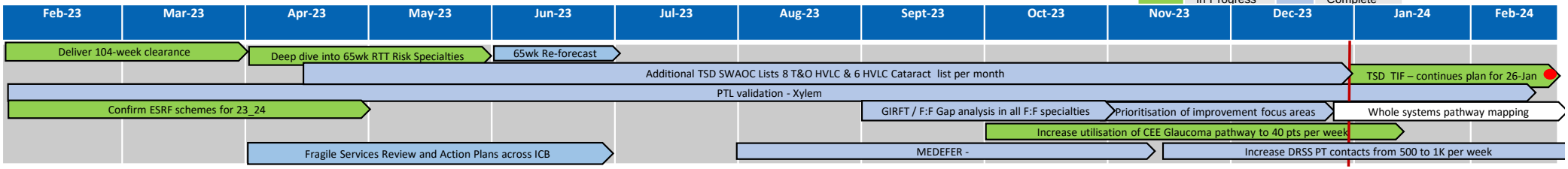
Devon System Overview Framework Criteria Report: Elective Recovery TSD *2023/24*

Devon SOF Criteria Report

Critical Path Key:

	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- ESRF – Current ESRF forecasts are on track to deliver break even ESRF position. Further plans to mitigate previous Industrial Action have been shared with the ICB and the Trust awaits a decision on whether to adopt these plans.
- 12 week validation cycle has improved to 75% from 22% in September.
- 65 week 1st OPA cohort cleared from 6K to 500 at the end of November.

GIRFT Further Faster
The trust is engaging in the GIRFT FF programme for all assigned specialties. With the exception of Endocrinology and Paediatrics, the trust is currently tracking ahead of the 52 week March '24 cohort.

Cardiology Collaborative working to reduce waiting times across the region:

- Working with RDUH (N&E) to support their patient wait times, including inpatient and outpatients and providing a 7 day service.

TIF

- Revised build ready date extended to 12th February 2023 (2 weeks weather related delay to initial go live trajectory).
- There are key risks relating to workforce recruitment within the registrant nurse and consultant workforce.
- Theatre timetabling is in development in conjunction with our surgical teams.

Outpatient transformation programme with focus on:

- 1s appointments, advice and guidance and relationships with primary care providers
- Administration errors, codesigning outpatient admin systems to be accessible and responsive to the different needs of patient groups
- Room utilisation
- DNA's
- PIFU

Planned Activities

Planned activities in next reporting period 2023

Activity	Lead	Deadline
Outpatient Transformation and Theatre Efficiency Programmes have adopted the Further Faster / GIRFT methodologies from November onwards, focusing on specialty improvement. The F:F/ GIRFT handbooks have been used as the baselines to measure improvements. To date all Surgical and Medical specialties apart from Gynae have been assessed against the F:F handbooks. Prioritisation processes have determined that the above listed specialties have been resourced for speciality owned improvement programmes or a whole system pathway mapping in developing specialty improvements.	COO	November 2023
The Industrial Action mitigation plans will be stood up to improve the 78 week position from its current 200 forecast to 60 (Gynae). Subject to ICB green light.	COO	December 2023
Utilisation of CEE Glaucoma pathway has been increased from c8 to 20 per week with plans in place to increase to 40 per week.	COO	December 2023

Barriers and Areas for Escalation

Barriers

Barriers	Mitigation
Industrial action impact on 78 week and 65-week trajectory – 4.5K interventions and 2K long wait clock stops lost due to industrial action.	Detailed Industrial Action planning – Options to deliver additional capacity above ESRF plans to be signed off ICB funding dependent.
Workforce – admin, Nursing and clinical productivity challenge	Clinical insourcing and targeting best use of ESRF resource. HRBP assigned to support recruitment and retention of admin and support roles and TIF recruitment.

Escalation

Area of escalation	Support Required	Expected Outcome
Fragile Services	ICB – Fragile Services Programme	Cross provider stabilisation of risk
Challenge of workforce planning and holding no overall workforce growth position	HR Working Group - Trust and regional scope	Improved access to critical workforce productivity and capacity
Staff shortages in key surgical specialties – LGI / ENT / Gynae	System Support – staffing and service delivery	Offers of support to be received.
System wide response to escalation of outsourcing	Decision on extending outsourcing scope to beyond Devon/England	Return to reducing waiting time trajectory

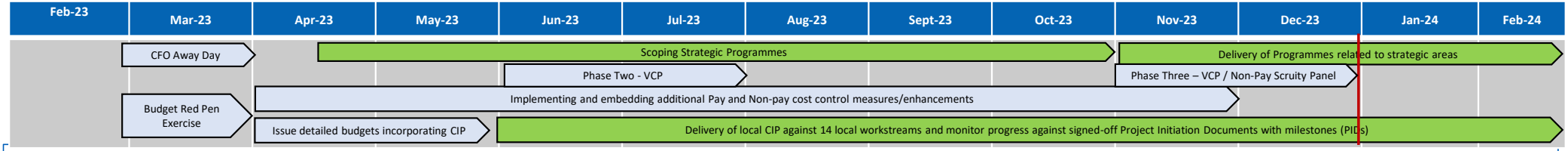
Devon System Overview Framework Criteria Report: Finance TSD *2023/24*

Devon SOF Criteria Report

Critical Path Key:

	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- The progress of CIP delivery is actively monitored and remains on track. The pipeline is expanding, incorporating new schemes for the 24/25 period.
- To enhance control over non-pay, there is a focus on a 'back-to-basics' titled 'Call to Action.' This initiative aligns directly with the M06 close-down letters from the ICB (Internal Control Board). The CEO is overseeing a comprehensive timeline and program of works.
- In response to the scrutiny of the M07 forecast, additional controls have been implemented for Workforce (Pay), including panels for Medical, Nursing, and Non-Clinical areas, chaired by Executive for sign off Sign-off . Similar controls have been applied for Non-Pay through the Non-Pay Scrutiny Panel that reviews Weekly Dashboard of all non pay expenditure .
- Trust-wide communication regarding the recovery plan has been disseminated to all staff. Weekly drop-in panels have been implemented to share the message to staff that may have queries.
- Planning 24/25 period, Demand & Capacity templates have been distributed to all Care Group areas for evaluation, alongside the Finance 1st Cut Planning Budget Template. A Workforce template is scheduled to be issued by December 22nd.
- The first iteration of the integrated 2024/2025 plan will be reviewed with all Care Group Directors on January 5th

Planned Activities

Activity	Lead	Deadline
CIP plans and sign-off continue going through the governance and decision-making structure – Governance and Recovery Group in place and running. Pipeline of schemes are being focused on to make sure a fully worked scheme is in place and ready for delivery	Director of Delivery	BAU and ongoing
Continued review of 'call to action' / Recovery Plan on 23/24 Forecast and enhanced Pay and non-pay controls (Non Pay Controls / Weekly Dashboard)	Director of Delivery on behalf of CEO and CFO	BAU and ongoing
Review of detailed staffing review (Budgets / Establishment) – All Care Groups and Corporate Areas	Director of Delivery and CFO	31st Jan-23
Planning 24/25 - 1st Cut of Integrated Plan to be reviewed on the 5th Jan	Director of Delivery and CFO	In line with requirements for submissions

Barriers and Areas for Escalation

Barriers

Barriers	Mitigation
Delays in implementing strategic ICS wide schemes	ICB joint working approach clearly set out project milestones Progress is moving at pace
Large volume of conflicting priorities takes focus from CIP and the progression of amber and red schemes that need to be accelerated to green	Recovery Group and PMO meetings with each Care Group and Corporate Directors
Change Management culture to understand the Trust position and work differently to build a sustainable position	Senior Managers briefing, engagement sessions and visits and visuals from Trust Communications team
Further Industrial Actions	System wide response to quantify industrial action costs and full impact is in place and reduction of ESRF targets

Escalation

Area of escalation	Support Required	Expected Outcome
Kendall Bluck – approach for job planning management	It is expected that we will need SME's to really embed this work and make sure we have a clear and sustainable plan based on the findings	SME will be picked up with the Intensive support team
No workforce growth principle will undo past approved business cases, review of past decisions needed	ICS and Trust Board - 'Call to Action' launched and ICB support obtained	Undo some past decisions, strengthen go forward processes
Joint plan is required with Local Authorities on Social Care	Devon ICP level transformation initiatives and support	Joint Strategic Management of the market & provision of Care

One Devon

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Provider Highlight Report - RDUH

Date: December 2023

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Devon System Overview Framework Criteria Report

RDUH

Improvement plan category	Specific category metric	Plan vs actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
UEC	**ED**: Ambulance handovers **> 15 mins [Completed by ICB]**	Plan	1,313	1,397	1,306	1,242	1,274	1,243	1,326	1,305	1,314	1,315	1,254	1,293
		Actual / forecast	2,080	2,092	2,111	1,853	3,029	2,726	3,013	3,106				
	ED: 4 hour all types performance	Plan	63.9%	66.5%	67.3%	69.2%	68.5%	68.1%	69.5%	70.8%	70.8%	72.2%	74.2%	76.0%
		Actual / forecast	64.6%	63.2%	63.4%	63.3%	59.2%	61.8%	62.7%	63.7%				
	ED: 4 hour Type 1 performance	Plan	55.0%	58.0%	60.0%	61.0%	61.0%	62.0%	63.0%	64.0%	65.0%	66.0%	68.0%	70.0%
		Actual / forecast	56.7%	54.8%	54.4%	55.0%	50.3%	52.3%	52.7%	54.8%				
	ED: 12 hour breaches (Number of waits for admission from DTA over 12 hours)	Plan												
		Actual / forecast	103	82	68	28	52	114	86	54				
	ED : 12 Hour all types performance (Time in Dept)	Plan												
		Actual / forecast				2.77%	4.63%	5.40%	5.32%	3.50%				
	Discharges: Pre mid-day discharges	Plan	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
		Actual / forecast	15.42%	14.41%	14.54%	13.79%	15.05%	13.35%	29.22%	28.22%				
	Discharges: No criteria to reside (NCTR) as % occupied beds	Plan	10.9%	12.0%	10.7%	8.5%	9.1%	6.9%	5.9%	5.1%	5.7%	6.5%	5.5%	5.3%
		Actual / forecast	11.6%	11.2%	11.5%	10.6%	10.1%	11.2%	11.9%	12.5%				
	Discharges: No criteria to reside (NCTR) average daily count	Plan	119	122	107	93	96	72	59	50	52	59	52	50
		Actual / forecast	119	116	117	105	102	117	125	129				
Elective recovery	**RTT**: 104+	Plan	23	8	-	-	-	-	-	-	-	-	-	-
		Actual / forecast	17	13	7	1	2	8	0	0				
	RTT: 78+	Plan	592	485	466	395	322	314	211	174	137	103	68	-
		Actual / forecast	646	643	520	476	470	440	399	342				
	RTT: 65+	Plan	2,520	2,346	2,530	2,249	2,078	1,790	1,550	1,280	1,014	881	774	710
		Actual / forecast	2,672	2,585	2,329	2083	2134	1974	1980	1719				
	Cancer: 28 day Faster Diagnosis	Plan	70.3%	70.9%	70.8%	70.9%	71.6%	71.8%	72.1%	72.9%	73.4%	74.3%	74.6%	75.1%
		Actual / forecast	73.3%	74.09%	75.8%	72.0%	71.4%	70.8%	68.0%	71.60%				
	Cancer: Patients over 62 days as % total waiting list	Plan	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%
		Actual / forecast	8.8%	9.0%	8.4%	7.6%	7.1%	7.9%	8.1%	8.7%				
	Cancer: volume of patients over 62 days	Plan	273	264	294	260	301	295	278	293	293	265	241	198
		Actual / forecast	303	292	283	271	255	291	294	290				

Devon System Overview Framework Criteria Report

2023/24 Devon SOF Criteria Report

RDUH

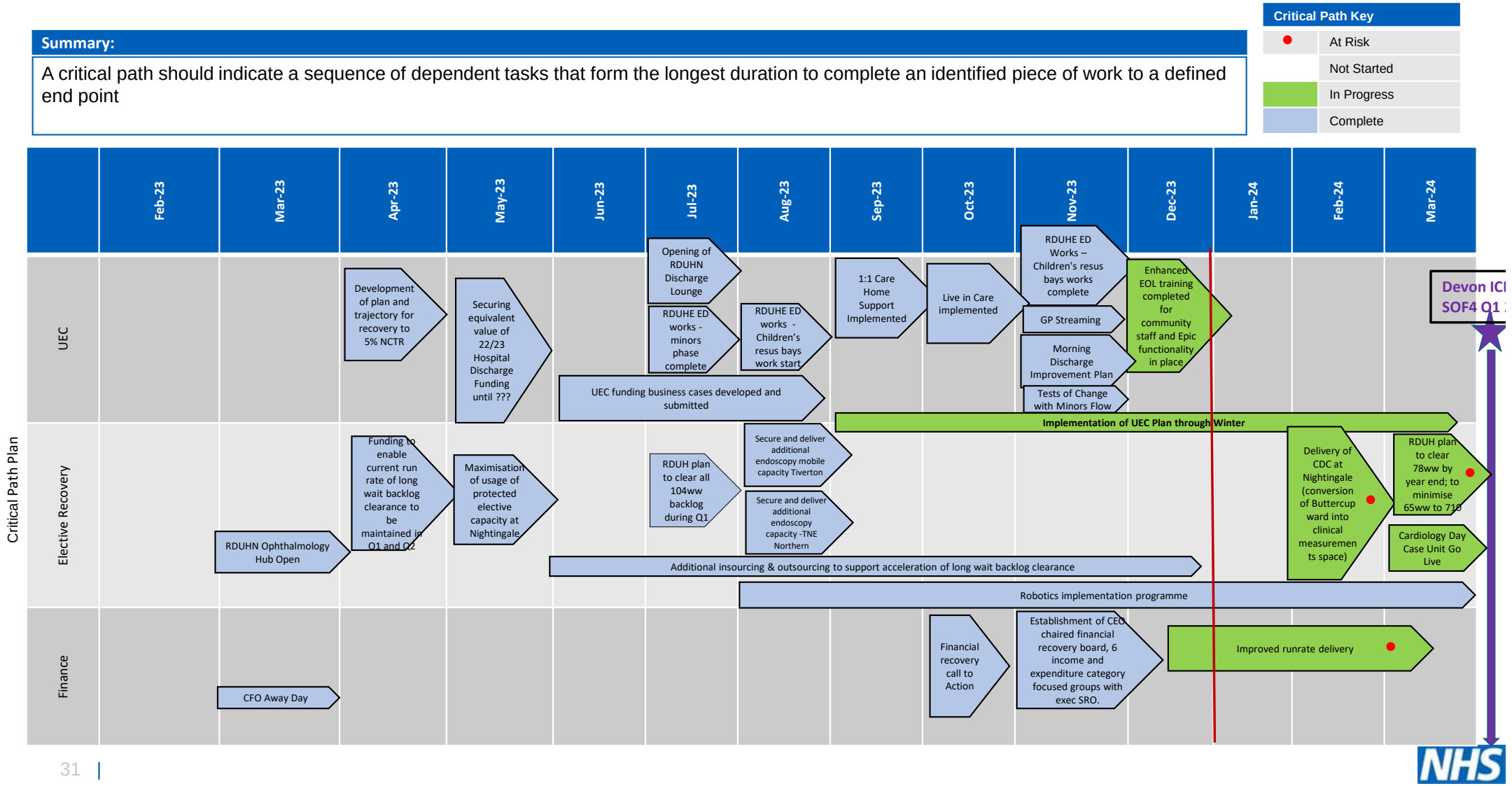
Improvement plan category	Specific category metric	Plan vs actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Finance	**CIP**: Performance against systems savings trajectory	Plan	0	0	0	0	0	0	0.8	0.8	0.8	4.4	4.4	4.4
		Actual / forecast	0	0	0	0	0	0.5	0.2	0.2				
	CIP: Performance against Trust savings trajectory	Plan	2.2	2.3	2.7	2.8	3.0	3.1	3.5	3.8	3.8	5.5	5.5	6.5
		Actual / forecast	1.6	1.9	1.9	2.6	9.6	3.0	3.0	3.2				
	Productivity: weighted activity recovery vs 2019/20	Plan	95%	102%	115%	99%	115%	110%	101%	111%	112%	114%	118%	108%
		Actual / forecast	104%	109%	101%	102%	103%	110%	104%	102%				
	Financial performance: achieving financial plan	Plan	-5.8	-2.9	-2.5	-1.7	-2.5	-2.2	-3.9	-4.1	-4.2	-2.2	-0.4	4.4
		Actual / forecast	-5.8	-2.9	-2.5	-1.7	-6.4	-9.6	-9.6	4.3				
	Financial performance: achieving underlying run rate	Plan	-9.3	-6.5	-6	-5.3	-6	-5.8	-7.4	-7.7	-7.7	-5.8	-3.9	0.8
		Actual / forecast	-9.3	-6.5	-6	-5.3	-9.9	-13.2	-13.1	0.7				

- **Productivity: weighted activity recovery vs 19/20:** - Performance in line with plan in September and ahead of plan in October. November activity forecast to be under plan due to high NHSE baseline.
- **Performance against systems savings trajectory:** Behind plan, which has been updated following recent system 'route to cash' meetings
- **Trust CIP delivery:** Behind plan, with efforts placed on recovery through financial recovery plan.
- **Performance vs financial plan:** Off plan but with improved position. Financial recovery board in operation to drive improved performance for remainder of the year.
- **Performance vs underlying run rate:** Off plan but with improved position. Financial recovery board in operation to drive improved performance for remainder of the year.

Critical Path Overview - RDUH

Summary:

A critical path should indicate a sequence of dependent tasks that form the longest duration to complete an identified piece of work to a defined end point



Devon System Overview Framework Criteria Report: Urgent and Emergency Care RDUH

2023/24 Devon SOF Criteria Report – @ November 2023

Critical Path Key:

	At Risk		Not Started
	In Progress		Complete

Critical Path Plan

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
		Development of plan & trajectory for recovery to 5% NCTR	Securing equivalent value of 22/23 Hospital Discharge Funding	UEC funding business cases developed and submitted	Opening of RDUHN Discharge Lounge RDUHE ED Works – Minors phase complete UEC funding business cases developed and submitted	RDUHE ED Works – Children's resus bays works start UEC funding business cases developed and submitted	Implementation of UEC Plan through Winter 1:1 Care Home Support implemented	UEC Winter Plan Live in Carer implemented	UEC Winter Plan GP streaming Morning discharge Improvement plan RDUHE ED Works – Children's resus bays works complete Test of change with Minors flow	UEC Winter Plan Enhanced EOL training completed for community staff and Epic functionality in place	UEC Winter Plan	UEC Winter Plan	UEC Winter Plan

Progress

- UEC funding agreed by ICB for 1:1 Care Home Support, Live in Care, Sidmouth Community Hospital bed, Hospice Care Nurse in SPOA. Business cases submitted for GP streaming, out of hours District Nursing call handling service, Virtual Ward Night Sitting Service, Northern - Discharge Lounge, Discharge Liaison Officer/admin support, 12 beds on Roborough Ward and South Molton, Discharge Coordinators
- MDT Safety Huddles launched and embedded across both Northern and Eastern Sites.
- Daily focus on morning discharges, including increased use of discharge lounge, and through expediting earlier use of discharge lounge.
- Best Practice and Insight Visit from ECIST to Wonford ED 13.12.23.
- Peer Learning visits by RDUH (Eastern Services) to Somerset NHSFT (Musgrove Park); University Hospitals Plymouth (Derriford) and to RDUH (Northern Services) to support implementation of change to minors pathways
- Confirmation of funding received in relation to UEC slippage. Allocated schemes to begin by January 2024.
- ED Reconfiguration Works (phase 1) complete. Paediatric resuscitation bays open and all see & treat rooms online by end December 2023
- XCAD launched in Emergency Departments in Northern and Eastern Services
- GP Streaming in place in both Northern and Eastern Services

Planned Activities

Activity	Planned activities in next reporting period 2023	Lead	Deadline
Continuing to recruit and onboard GPs to support GP streaming. Increasing rota fill rates from January 2024, and focus on increasing productivity.		FC/PL/HB	25.01.24
Implementation of Reset week within Northern Services to prepare for Christmas and Industrial Action including: • Discharge lounge KPI's target • 7 day discharge co-ordinator • Daily meeting with DPT colleagues to assist with timely transfer of patients • Bronze and silver roles revised for accountability		LD, HB	w/c 11.12.23
Huddles being rolled out to include increased Senior Leadership Team representation and responsibility for chairing meetings to support ownership of ED performance across whole organisation. Training to sure continuity and consistency.		FC	31.01.24
XCAD fully implemented in RDUH (Northern Services) to improve DQ and ambulance handovers, ongoing monitoring to validate performance . Plan to extend XCAD to other ambulance receiving areas in Eastern Services (AMU receives c20% of ambulance arrivals to RDUH (Eastern Services)		AB / LM	25.01.24

Barriers and Areas for Escalation

Barriers	Barriers	Mitigation
Aggregate impact of additional funding released by ICB estimated to address c50% of bed capacity gap identified in Trust's Winter Plan, Process for determining allocation of funding for UEC schemes has been protracted and complex, and has resulted in both delay to approval, and introduction of lack of parity between system providers. Significant gap in funded beds identified for RDUH across North & East remains		ICS release of further funding
Demand for UEC services within system exceeding available capacity		ICS Release of slippage
Successful delivery of System Plan is predicated on all system partners playing an equal part in relation to both mutual aid and dynamic conveyancing		System participation and ICS coordination

Area of escalation	Escalation	Support Required	Expected Outcome
Patients waiting for: • Mental health beds • Mental health act assessments out of hours		ICS and DPT capacity provision	Reduced delays for mental health beds and out of hours mental health act assessments
UEC funding – communication received on final share of £13.8m. Further discussion on slippage, and on additional Winter resilience schemes.		Additional schemes identified to mitigate the gap in beds identified as part of the Winter Capacity & Demand modelling.	
Ongoing deficit in P1 capacity for RDUH (Eastern Services). Options paper shared with ICB.		Provision of funding to address shortfall.	

Devon System Overview Framework Criteria Report: Elective Recovery RDUH *2023/24*

2023/24 Devon SOF Criteria Report – @ November 2023

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	RDUHN Ophthalmology Hub Open	Funding to enable current run rate of long wait backlog clearance to be maintained in Q1 & Q2	Maximisation of usage of protected elective capacity at Nightingale		RDUH Plan to clear all 104ww backlog during Q1	Secure and deliver additional Endoscopy mobile capacity Tiverton Secure and deliver additional Endoscopy capacity - TNE Northern						Delivery of CDC at Nightingale (conversion of Buttercup ward into clinical measurements space) ●	RDUH plan to clear 78ww by year end; and minimise 65ww to 710. ● Cardiology Day Case Unit Go Live
					Additional insourcing & outsourcing to support acceleration of long wait backlog clearance								
										Robotics implementation programme			

Progress

- Nightingale usage has seen a positive increase in November 2023. SWAOC (orthopaedic) utilisation for November was 91%, with average in list utilisation of 87%, excluding spinal for which it is 75% due to reduced initial bookings as the service becomes established. DDC (Devon Diagnostic Centre) utilisation across all modalities with the exception of fluoroscopy was 85.5%. Fluoroscopy performance was 42% due continued challenged with consultant vacancies. CEE (Ophthalmology) outpatient utilisation 113%, and day case 66.9% utilisation of available sessions (improvement from 38% in October). CEE in-list utilisation has been 71.83% during November. ERF substantive programme. Paper supported at Trust Delivery Group and forwarded for ICB consideration following support for Q1/2 insourcing / outsourcing. Approval received enabling substantive recruitment of 2 x GI surgeons, recruitment currently underway.
- Not yet seen (year end 65 week cohort) position at 11th November was 856 patients. Of these, 434 without 1st Outpatient yet booked i.e. 51% of 856 still require appointments. Organisation working on solutions to this including equalising waiting list disparities between sites.
- ERF Funding for colorectal posts have permitted for 2 post be advertised with interviews scheduled for January 2024. Funding being used to cover a Locum Consultant in the interim.
- Cardiology service being supported by TSD who are providing both UEC and elective cath lab capacity. Trust exploring with ICB opportunities for further mutual aid at Regent's Park Plymouth.
- Consultant recruitment underway to address specific sub-specialty long wait pressures within T&O (Spinal and Knees).
- November was the first month in 2023/24 with no industrial action. Significant reductions across all long wait groups seen i.e. reduction of 397 x 52+, 261 x 65+ and 57 x 78+.

Planned Activities

Activity	Planned activities in next reporting period 2023	Lead	Deadline
GIRFT plans in place in orthopaedics, ophthalmology, cardiology, spinal, general surgery – in year resourcing considerations to come forward to Execs by specialty. Further / faster programme in development through Professor Tim Briggs. Specialty meetings in progress.		Clinical & divisional teams	Ongoing
10-week challenge planned from January to year end focusing on reducing long waits. Specific activities planned include emphasis on next steps for non-admitted patients and assurance on prioritisation of long waits and theatre scheduling / productivity.		JP	End Mar

Barriers and Areas for Escalation

Barriers	Mitigation
Delivery of Elective Recovery Plan is predicated on successful system delivery of Urgent Care and No Criteria to Reside Plans and Trajectories	System participation and ICS coordination
Theatre Capacity – Cancer Access	Hybrid Theatre bid
Consultant vacancies for cancer – oncology, colorectal, urology (UAN) Lung, gynaecology,	November lists for cancer urology. Advert for CR surgeon x2
Further Industrial Action planned for December and January.	Long waiters and cancer protected where possible.

Area of escalation	Support Required	Expected Outcome
Mutual aid within Devon very limited	Structuring of System approach and agenda	More organised mutual aid and escalation when services require consolidation across Devon, including agreement of a funding framework to accompany mutual aid agreements
PIDMAS diverting staff at ICB (DRSS) and Trust away from core roles	None, impact uncertain depending on patient uptake.	Reduction in capacity to complete validation of patients (ICB) and organise travel and transport of patients out of area (Trust).
TIF bid for vascular hybrid and / or trauma and orthopaedic theatre capacity for Eastern Services	Signed off internally, subject to formal funding route from NHSE confirmation.	Increased theatre capacity.

Devon System Overview Framework Criteria Report: Finance RDUH

2023/24 Devon SOF Criteria Report – @ November 2023

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan

Progress

- Trust CIP delivery: ahead of plan YTD but reliance on non-recurrent technical schemes. Financial recovery plan focused on improvement in H2.
- Performance vs financial plan: Financial recovery plan in place to improve position into H2.
- Call to action for financial recovery launched 25/10/23 – focus on reducing run rate of spend to month 12. Run rate improvements have now been seen in Month 8 with further improvement planned as financial recovery actions are being embedded.

Planned Activities

Planned activities in next reporting period 2023

Activity	Lead	Deadline
Finalise review of internal resources available to be redirected on work to deliver savings opportunities. Push for a decision on additional funding support from the intensive support team to enable translation of savings opportunities to delivery. Expectation of Improvement director as part of package from IST and steps being taken to secure resource. Still unknown as to what additional support can be funded to support internal programmes. **– Improvement Director now in place and some funding has been confirmed.**	AH	Closed
Work with the system to develop and implement the systems savings target **- Actively engaging with system savings development and leading on agreed specific programmes, as well as individual trust leads working with system leads on plan development. Additional reporting being presented through Trust meetings to aid visibility.**	AH	Ongoing
Further development / refinement of internal savings plans, governance and reporting arrangements have been established. Development of list of mitigating actions needed to support overall in year delivery – Formal structures for reporting and governance now set up. **Month 4 recovery actions agreed and in train including additional controls**	AH	Closed
Establishment of financial recovery call to action workstreams and work plans for short term impact on runrate – Now in operation	Execs	Completed

,Barriers and Areas for Escalation

Barriers

Barriers	Mitigation
Delivery of Internal savings programme including the ability to release senior operational and clinical leaders	Regular monitoring of position, redeployment of key staff, financial recovery programme
Delivery of Systems savings programme and double count against internal savings	Decision on additional support to deliver, ongoing engagement in development of plans, financial recovery programme
Risk of not achieving additional ERF income stretch due to industrial action, rule changes and lack of progress delivering NCTR	Regular system reporting and review of individual schemes, financial recovery programme

Escalation

Area of escalation	Support Required	Expected Outcome
Delivery of system actions to support NCTR assumptions and underpin elective recovery plan	Plan to be agreed	Robust plan that achieves target
Variable contract needed on UEC for specific post codes supported by agreed post code change	Formal request sent to ICB from CEO 08/11 – awaiting response	Agreed contract variation in line with additional activity outside of plan for agreed catchment change
Discussion on HCD activity within ICB block contract linked to elective recovery as outside of ERF tariff so not recoverable	Formal request sent to ICB from CEO 08/11 – awaiting response	Contract variation to ensure costs of elective recovery activity refunded to provider

One Devon

Devon NOF(SOF)SIAG

Provider Highlight Report – UHP

Date: December 2023

#OneDevon

Devon System Overview Framework Criteria Report

2023/24 Devon SOF Criteria Report

UHP

NOF4 Exit Criteria Measures															
Key Measures		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
UEC															
Month on month improvements, over two quarters, in ambulance handover delays (hours >15 minutes excl first 15mins) against the agreed baseline and trajectories	Trajectory (SWAST Cat 2 delivery requirement, 60% improvement at UHP)	N/A	N/A	2393	2750	3093	3211	2610	3039	3554	3068	3603	3623	3392	3019
	Actuals	4960	8457	3350	5079	4071	3437	5108	6359	8906	8543				
Improvements in line with agreed baseline and plan over two quarters, 4 hour performance (Trajectory to achieve 76% by 23/24)	Trajectory	N/A	N/A	59.8%	61.5%	62.5%	63.7%	64.2%	61.6%	61.1%	61.1%	60.5%	61.9%	63.8%	64.8%
	Actuals	52.9%	53.4%	55.3%	52.3%	52.6%	57.1%	58.1%	58.1%	54.1%	52.6%				
Improvements in line with agreed baseline and plan over two quarters, Patients in ED >12 hours	Trajectory	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A					
	Actuals	1748	1899	1491	1735	1335	926	1391	1447	1774	1706				
Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
	Actuals	24.8%	25.2%	24.3%	23.1%	23.6%	23.4%	23.6%	24.2%	23.5%	23.2%				
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 5%	Trajectory	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
	Actuals	12.6%	13.5%	12.4%	13.3%	10.8%	10.6%	13.0%	14.6%	13.6%	12.5%				
ELECTIVE RECOVERY															
Reduction in waits over 104 weeks in line with agreed plan (note: revised from Jun onwards), against agreed baseline	Trajectory	377	336	144	145	91	44	27	0	0	0	0	0	0	0
	Actuals	184	140	133	120	90	70	49	20	2	2				
Reduction in waits over 78 weeks, in line with agreed plan (note: revised from Jun onwards), against agreed baseline	Trajectory	995	1072	425	416	370	310	355	428	442	388	274	155	0	0
	Actuals	537	410	434	382	345	333	334	267	234	218				
Significant reduction in 65 weeks by March 2024, in line with agreed plan, against agreed baseline	Trajectory	N/A	N/A	1114	1101	1270	1330	1449	1507	1446	1246	1073	1390	1587	997
	Actuals	1244	1126	1127	1154	1142	1203	1206	1055	987	785				
75% of GP referred patients diagnosed within 28 days ***Note: figures will change in line with national submissions***	Trajectory	78.0%	78.0%	79.1%	79.6%	77.0%	77.9%	78.2%	76.5%	77.6%	75.4%	75.5%	71.4%	78.9%	79.8%
	Actuals	80.7%	82.8%	76.9%	75.2%	78.8%	76.4%	73.3%	73.0%	81.2%	82.8%				
To exit Tier1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 (≤12.8%) and working towards achieving the national target.	Trajectory	N/A	N/A	11.0%	11.9%	11.8%	11.2%	10.6%	10.0%	9.4%	9.0%	8.5%	7.8%	7.0%	6.1%
	Actuals	9.6%	8.0%	8.4%	10.3%	7.2%	7.4%	7.0%	6.7%	6.9%	8.4%				
To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable, or improving for 2 out of 3 months for the quarter.	Trajectory	199	187	274	297	294	279	265	251	236	224	212	194	176	152
	Actuals	220	191	210	283	205	217	197	179	169	172				

Devon System Overview Framework Criteria Report

2023/24 Devon SOF Criteria Report

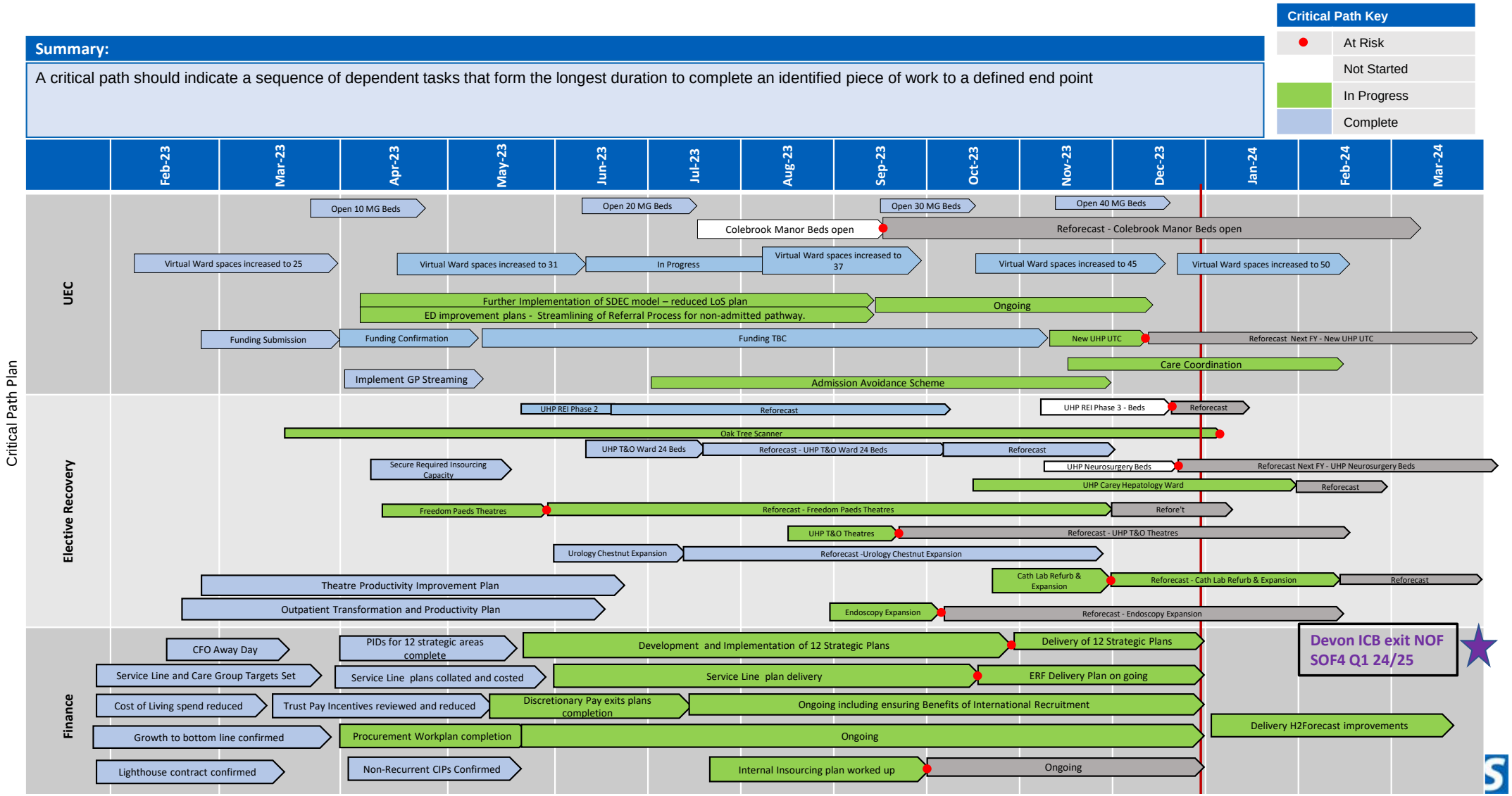
UHP

SOF4 Exit Criteria Measures													
Key Measures		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
FINANCE													
Performance against Trust and System savings trajectory (annual plan cumulative)	Plan £m	1.5	2.9	4.4	6.1	7.8	9.6	12.7	15.8	18.9	24.8	30.6	39.5
	Actuals £m	1.3	3.4	6.2	8.7	10.9	12.8	15.2	17.6				
Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery (annual plan cumulative)	Trajectory £m	1.3	2.6	3.9	5.4	7.0	8.6	11.3	14.0	16.7	22.1	27.6	33.0
	Actuals £m	0.7	1.6	2.8	3.9	5.4	6.7	8.5	9.8				
Productivity back to 19/20 levels as a minimum (From NHSE Regional team)	Trajectory %												
	Actuals %	(Not yet available)	(Not yet available)	80%	(Not yet available)	82%	(Not yet available)	(Not yet available)	(Not yet available)				
Meet the financial plan every month for the quarter (annual plan cumulative)	Trajectory £m	-3.3	-6.8	-10.5	-13.7	-17.1	-20.9	-24.5	-28.0	-32.3	-33.7	-35.0	-33.6
	Actuals £m	-3.9	-7.4	-11.1	-15.3	-19.1	-27.9	-35.2	-33.9				*-44.5*
Reconfirm the underlying exit run-rate	Trajectory £m												
	Actuals £m												

Critical Path Overview - UHP

Summary:

A critical path should indicate a sequence of dependent tasks that form the longest duration to complete an identified piece of work to a defined end point



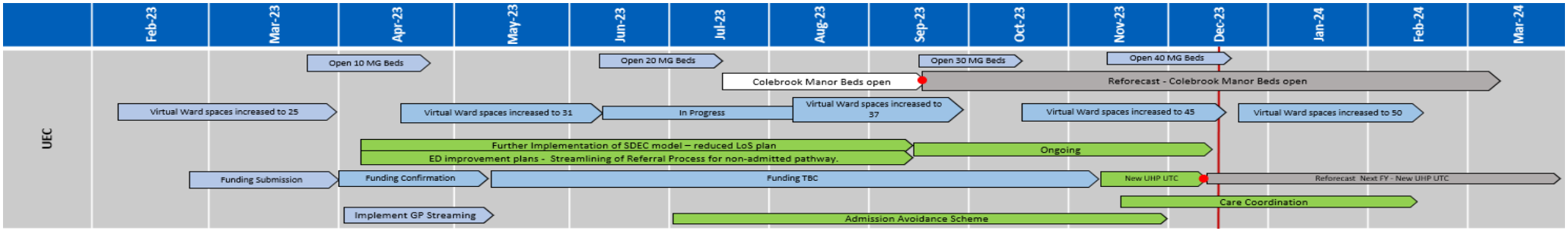
Devon System Overview Framework Criteria Report: Urgent and Emergency Care UHP

2023/24 Devon SOF Criteria Report

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

Key areas of focus in November

- Ambulance Handovers: XCAD implemented in October, however ongoing issues with discrepancies in data. IT fixes applied and XCAD rolled out to handheld devices in ED. Further focused work with teams on process and weekly review of data.
- Focus on alternatives to admission – Care Home Conveyance work, Care Co-ordination Hub pilot extended, AtED work with GiRFT UEC with further workshops held.
- Primary Care Streaming – 4-hour performance (Target 76%- Actual 77% YTD); Rota Sustainability – ongoing recruitment. Launch of chest pain pathway.
- ED Minors and ambulatory – non-admitted opportunity and work on maximising flow to assessment areas to stream around ED. 4-hour performance: Main breach reasons delay continue to be first seen time and bed capacity. Focus on overnight breach profile and breach reasons with additional staffing planned for overnight (RN, HCA and Medic). Some fill on RN and HCA shifts but limited fill on medical shifts. International recruits being onboarded and will provide medical rota support.
- Cumberland UTC – 4-hour performance: Daily validation in place and performance 87% YTD. Next day appointments introduced at Cumberland to reduce early closures and in early stages of evaluation.
- Non-Elective LoS reduction – off trajectory with LOS in November at between 8.5 and 9.5 days associated with increased 21+ days LOS and NC2R %
- Internal Professional Standards - Further work on performance dashboard focusing on diagnostics and speciality referral data. Speciality meetings have commenced and will continue through December with initial focus on non-admitted high volume speciality opportunities. Changes to SAU pathway commenced in November and evaluation in progress.
- ED Validation: Ongoing daily validation review. Impact of 1.0% type 1 in November
- Discharges by midday remain under 33%: Action - Refresh ward flow standards linked to planned Building Brilliance program. Daily ward led exec improvement huddle in place with continued refinements and PDSA cycles. Implementation of EDD's on medicine wards
- No Criteria to reside at 12.5 %. MADE deep dive of Stroke Pathway in November. Cornwall caseload and maximum delay reduction continued in November. NCtR reduction trajectory agreed for Plymouth.
- LoS improvement behind trajectory for 21 day stranded - 30 patients off trajectory.

Planned Activities

Activity - Planned	Lead	Deadline
GIRFT UEC onsite visit and Consultant meeting	David Adams / Johnathan Kelly	06/12/2023
IPS speciality focus meetings. Rolling programme commencing to cover ENT, Plastics and Paediatrics in December	Kath Potts / Mark Hamilton	12/12/2023
EBCMS - Confirmation of funding availability. Appointment of PMO for eBCMS project (interviews on 08/12)	Kath Potts / Lee Pester	30/12/2023
Roll out of Nerve centre to UTC	Johnathan Kelly / IT	11/12/2023

Barriers and Areas for Escalation

Barriers	Mitigation
Primary Care Streaming Medical Capacity inconsistent for 7- days and opening hours	Recruitment ongoing to vacant posts
Demand increase – November 11% above plan (5% above November 2019)	Review of all Alternatives to Conveyance and Admission. Care co-ordination hub pilot.
Additional Nursing, Medical and Program Resource	Increased establishment/agency in ED

Area of Escalation	Support Required	Expected Outcome
Cornwall and Devon NCtR improvement trajectory	Trajectory to be developed and implemented	Reduction of NCtR to 5%
Forecast capacity gap	System actions	Reduction in attendance
Dynamic conveyancing	Confirmation of process for sign off and implementation timeline	Sign off and implementation of agreed protocol

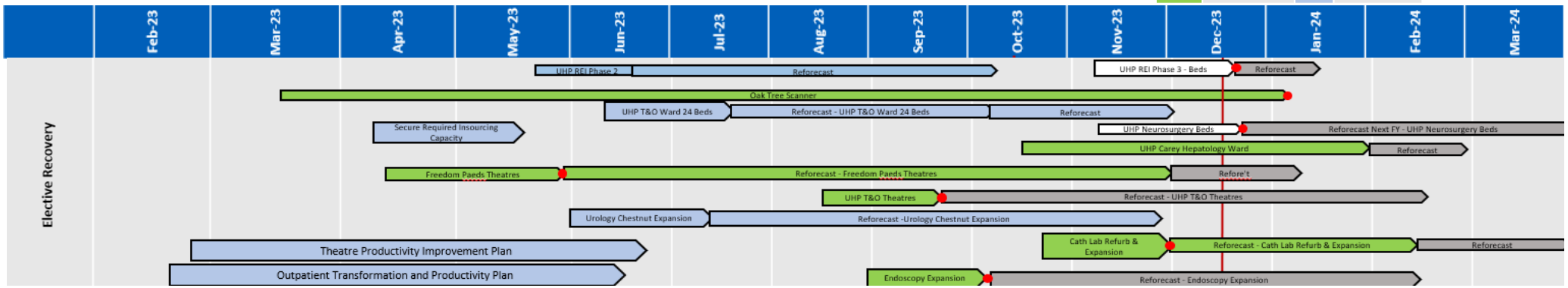
Devon System Overview Framework Criteria Report: Elective Recovery UHP

2023/24 Devon SOF Criteria Report –

Critical Path Key:

●	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- HBS continues to run Saturdays and Sundays, up to 10 theatres.
- Three sessions days in Orthopaedics have not been able to be staffed, so we are exploring HBS insourcing lists for Orthopaedics and Urology from January to the end of March to clear 78 ww breaches
- One Devon Urology objectives still to be finalised.
- New REI theatres delayed, so Vanguard theatres remain in use until the end of Dec 23. First new REI theatre lists 8th Jan 24.
- New Orthopaedic ward opened 27th Nov 23. Further delay on Orthopaedic Theatres to April 2024

Planned Activities

Planned activities in next reporting period 2023

Activity	Lead	Deadline
Agency Consultants x2 approved for Ophthalmology and further recruitment processes under way	Jemma Edge	15/01/2024
Progress three session days for Orthopedics and Urology	Jemma Edge	20/12/2023
Chase One Devon meeting objectives and approach for Urology	Jemma Edge	15/12/2023
Commence dating all 78 ww's to the end of March to support individual patient and planning capacity	Fiona Peck / Tash Stokes	24/12/2023
Review future plans for insourcing and outsourcing against the financial position and impact on waiting times	Jacqui Beer / Jemma Edge / Alex Keast	Ongoing
Review IA plans and mitigations	Jemma Edge	12.12.2023
Meeting actions underway with Bristol for transfer of paediatric patients. 3rd theatre opens 08th Jan 24. - formal commissioning requested	Jemma Edge	31.12.2023
Review management of theatre list utilisation for urology and orthopaedic patients.	Tash Stokes	15.12.2023

Barriers and Areas for Escalation

Barriers

Barriers	Mitigation
Loss of capacity due to IA	Pre and Post IA additional capacity in place to maximise preparation and recovery.
Freedom Paeds theatre delay until January 23	HBS lists where possible
Trauma Surge impacting on long wait recovery Ortho new build further delay (Apr 24)	Weekend HBS to focus on electives will be converted to trauma where this is required to free capacity. Review of Trauma weekend business case. Three session days planned for electives.

Escalation

Area of escalation	Support Required	Expected Outcome
Delayed Orthopaedic build	Mutual Aid required from RDU & TSD. Additional weekend theatres/3 session days funding	78- & 65-week trajectory impacted
Nuffield reluctant to reinstate Urology& General surgery C&B	ICB response required	Improve long waits & cancer position - system
PPG delays	Supported by National GIRFT team, but for awareness internally.	Delayed TCI dates for long waiters 104 ww and 78 ww.

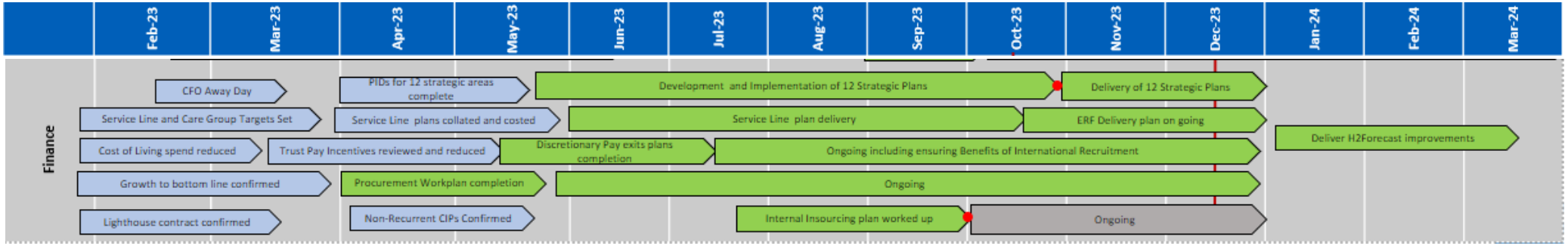
Devon System Overview Framework Criteria Report: Finance UHP

2023/24 Devon SOF Criteria Report –

Critical Path Key:

	At Risk		Not Started
	In Progress		Complete

Critical Path Plan



Progress

- Month 8 Financial Position has an adverse variance to plan of £5.9m. This is an improvement of £4.8m from month 7 reflecting IA income now confirmed. Remaining variance is in line with H2 reforecast plan submitted. Variance is due to impact of a funding shortfall on the final Pay award of £1.5m, variance of £1.5m for caused by drugs and devices above plan and £3.0m on other net budget variance including higher than planned costs of International Nurses in training.
- H2 Reforecast position confirmed at a variance of £10.9m from plan.
- System savings have been reviewed through 'Route to Cash meetings' and further mitigating actions identified and included in the H2 reforecast. Work underway to continue development of plans for 2024 as directed by the FPB.
- Trust internal savings gap of £1.5m now found as per H2 reforecast but still some delivery risks on confirming non-recurrent actions.
- Contract issues with Kernow ICB now resolved and risk removed. Mount Gould DAU funding resolved non-recurrently as part of H2 Reforecast.
- Further progress with Service Line Discretionary pay exit plans, including International Recruitment Training plan as significant reduction in supernumerary numbers in December and increased controls on Nurse bank spend.
- Care Group H2 Financial Recovery plans completed and monitoring underway.

Planned Activities

Planned activities in next reporting period 2023

Activity	Lead	Deadline
Systemwide mitigating actions in H2 reforecast to be confirmed (eg TP Cap to Rev Transfer).	Sarah Brampton	Dec 2023
Implementation and monitoring of Care Group H2 Recovery plans	Care Group leads	Dec 2023
Continued productivity improvement and insourcing efficiency to maximise ERF income as per H2 Reforecast	Sarah Brampton	Dec2023
Confirmation of remaining Income issues including Oaktree MRI scanner, to be finalised through contract and cash settlements.	Sarah Brampton	Dec 2023
Progress Investments, Implied Productivity and WTE increase review to identify and develop CIPs for run rate reductions in Q4 and 2024 CIP plan.	Sarah Brampton	Dec 2023

Barriers and Areas for Escalation

Barriers	Mitigation
Impact of further strikes	Would look for further national solutions
System Transformation Savings under-delivery	Confirmation of mitigating plans underway
Pay awards cost pressure, and planned Capital Charges Income for national PDC significantly below expectation.	Included in H2 Reforecast
Pay cost pressures through International Recruitment nurses in Training	Enhanced training programme introduced
Oaktree funding not confirmed	Reduce service or find additional savings
Band 2-3 HCA back pay issue.	Would need to find additional savings

Escalation

Area of escalation	Support Required	Expected Outcome
Additional Industrial Action impact	National Funding solution	IA impact to be covered
H2 Forecast risks on Oaktree funding, Band 2-3 HCA back pay, Winter plan risk on ERF forecast.	System Support where appropriate	To be confirmed

NHS Devon

NHS Devon Integrated Care Board

One Devon Clinical and Care Professional Leadership Framework – 2023 Interim Update

Date of meeting	Date report produced
07 February 2024	22 December 2023

Author(s)		Report approved by	
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Phone:	07738859670	**Date:**	22 January 2024
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
The One Devon Clinical and Care Professional Leadership (CCPL) Framework was adopted in May 2022 and outlines the vision for clinical and care professional leadership in Devon. Although the fundamental elements of the vision and model remain unchanged, national and local developments, such as the need to reduce Integrated Care Board (ICB) running costs, have resulted in the System Management Executive (SME) initiating a refresh. However, due to ongoing system pressures and the

One Devon

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need to prioritise activities related to the exit from Segment 4 of the NHS Oversight Framework (NOF4), the update, originally planned for Autumn 2023, has been delayed until 2024.

However, since the framework provides important context for NHS Devon's reorganisation, it is recommended that the Board adopts an up-to-date interim framework (Appendix A) until the full update is completed later in the year.

Key differences between the current framework and the proposed interim framework include better alignment with emerging NHS Devon structures and consistency with the published structures resulting from Phase 1 of the NHS Devon Organisational Change Programme, recognising the evolving leadership role of provider collaboratives, further detail included on NHS Devon's leadership role of the quality and safety agenda, and taking account of ongoing work to develop a Primary Care Provider Collaborative.

This interim document is being presented to the Board in February so that NHS Devon has a contemporary context in which to develop its internal CCPL arrangements as part of Phase 2 of its Organisational Change Programme. Following further engagement, formal approval from all system partners for an updated framework will be sought later in the year.

Committees that have previously discussed/agreed the report, and outcomes of that discussion

Executive Committee – 16 January 2024

Key recommendations and actions requested

1. The Board is asked to **approve** the adoption of the interim framework to guide short-term system development and provide up-to-date context for NHS Devon's internal reorganisation in advance of a full update later in 2024.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Positive
Improve services and reduced unwarranted variation	Positive
Make more efficient use of our resources	Positive
Develop our culture and how we operate	Positive

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Clear multi-professional leadership will help to improve and maintain the quality of services.
Health inequalities	None
Workforce	Supports workforce development by outlying the direction of travel for CCP leadership.
Resources and finance	None
Legal	None
Digital and Data	None
Involvement, Engagement and consultation	None

One Devon Clinical and Care Professional Leadership Framework – 2023 Interim Update

Background

1. In 2021, the Integrated Care System (ICS) Design Framework mandated that all ICSs establish a new model of distributed clinical and care professional leadership. The One Devon Clinical and Care Professional Leadership (CCPL) Framework was approved by the ICS Executive Group in May 2022 as the Devon system's response to this national mandate. The framework outlines the vision for clinical and care professional leadership in Devon and how the ICS will integrate national principles into our operating model locally. It also provides the context for NHS Devon Integrated Care Board's (ICB's) developmental and convening role in CCPL within the system, for example, the operation of system level CCPL groups like the Clinical and Care Professional Cabinet (CCPC).

2. Although the fundamental elements of our model remain unchanged, national and local developments, particularly the need to reduce ICB running costs, mean we need to revise our approach slightly, taking account of the parameters we are working within, such as our changing financial envelope. With this in mind, the System Management Executive (SME) initiated a refresh of the CCPL Framework in August last year. The plan was to update the framework after engaging comprehensively with clinical and professional groups and key stakeholders over autumn. However, due to ongoing system pressures and the need to prioritise winter planning and activities focussed on the exit from Segment 4 of the NHS Oversight Framework (NOF4), the full update has been delayed until later in 2024.

3. This pause allows more time for engagement later in the year and will help to ensure that the framework is truly owned by the CCPL system leaders. It also enables NHS Devon's incoming Chief Executive Officer to review and influence the model and be directly involved in the focused engagement being planned with clinical and professional leaders. However, since the framework provides the context for shorter-term system developments that cannot be paused, it is also recommended that the Board adopts an interim document, at Appendix A, until the full update is completed later in the year.

4. The interim document is shaped by preliminary virtual engagement with the CCPC with input and feedback from the Chief Medical Officer and Chief Nursing Officer. Key differences between the current framework and the proposed interim framework include better alignment with emerging NHS Devon structures and consistency with the outcome of Phase 1 of the NHS Devon Organisational Change Programme, recognising the evolving leadership role of provider collaboratives, further detail included on NHS Devon's leadership role of the quality and safety agenda, and taking account of ongoing work to develop Primary Care Provider Collaborative.

5. It is proposed that the Board approves this interim document in February so that there is a clear context and reference point to further develop the CCPL arrangements as part of Phase 2 of the NHS Devon Organisational Change Programme. Following this, the intention will be to secure formal approval for the new framework after extensive engagement with all system partners later in the year.

Conclusion:

6. The Board is asked to The Board is asked to approve the adoption of the interim framework to guide short-term system development and provide up-to-date context for NHS Devon's internal reorganisation in advance of a full update later in 2024.

Together for Devon

Health and care working in partnership with local communities in Plymouth, Torbay and the rest of the county

One Devon Clinical and Care Professional Leadership Framework

Interim update December 2023

Version 1.0 DRAFT

1. Introduction

The ICS Executive Group in Devon approved the One Devon Clinical and Care Professional Leadership (CCPL) Framework in May 2022. This framework outlines One Devon's vision for clinical and care professional leadership and how we plan to incorporate mandated national principles into our single operating model.

Although the fundamental elements of the One Devon CCPL Framework remain relevant, recent national and local developments, such as the need for the ICB to reduce running costs, necessitate an update to ensure the document remains aligned with the current operating context.

In August, the System Management Executive (SME) initiated a refresh of the framework. The plan was to engage with clinical and professional groups, as well as stakeholders, over several months before submitting an updated document to the ICS for approval. However, due to ongoing system pressures and the need to prioritise winter planning and NOF4 activities, the decision has been made to put the full update on hold.

This pause offers a valuable opportunity for more thorough engagement with CCPL leads and other key stakeholders. Our goal is to conclude this review by April 2024 after a preliminary round of conversations with key stakeholder groups, including the Clinical and Care Professional Cabinet (CCPC) and Local Care Partnerships (LCPs).

Therefore, the forthcoming content, which has been drafted to take account of relevant policy developments and provide the context for NHS Devon's future approach to CCP leadership, should be viewed as an interim position, open to potential modifications following more extensive stakeholder engagement next year.

2. Background

The 2021 ICS Design Framework mandated all Integrated Care Systems (ICSs) to develop a distributed model of Clinical and Care Professional (CCP) leadership and create a culture which actively encourages such leadership to thrive.

Accompanying this framework, national guidelines outlined five principles for effective CCP leadership. ICSs were expected to integrate these principles into their operational structures as of April 2022.

1. Ensure that the full range of clinical and professional leaders from diverse backgrounds are integrated into system decision-making at all levels, supporting this with a flow of communications and opportunities for dialogue.

2. Nurture a culture that systematically embraces shared learning, supporting clinical and care professional leaders to collaborate and innovate with a wide range of partners, including people and local communities.

3. Support clinical and care professional leaders throughout the system to be involved and invested in ICS planning and delivery, with appropriate protected time, support, and infrastructure to conduct this work.

4. Create a support offer for clinical and care professional leaders at all levels of the system, one which enables them to learn and develop alongside non-clinical leaders (e.g. managers and other non-clinical professionals in local government and the VCSE sector), and provides training and development opportunities that recognise the different kind of leadership skills required when working effectively across organisational and professional boundaries and at the different levels of the system (particularly at place).

5. Adopt a transparent approach to identifying and recruiting leaders which promotes equity of opportunity and creates a professionally and demographically diverse talent pipeline that reflects the community served and ensures that appointments are based on ability and skillset to perform the intended function.

Our One Devon Clinical and Care Professional Leadership (CCPL) Framework articulates our localised vision for CCP leadership. It describes how we, as an ICS, will incorporate these national principles into our single operational model.

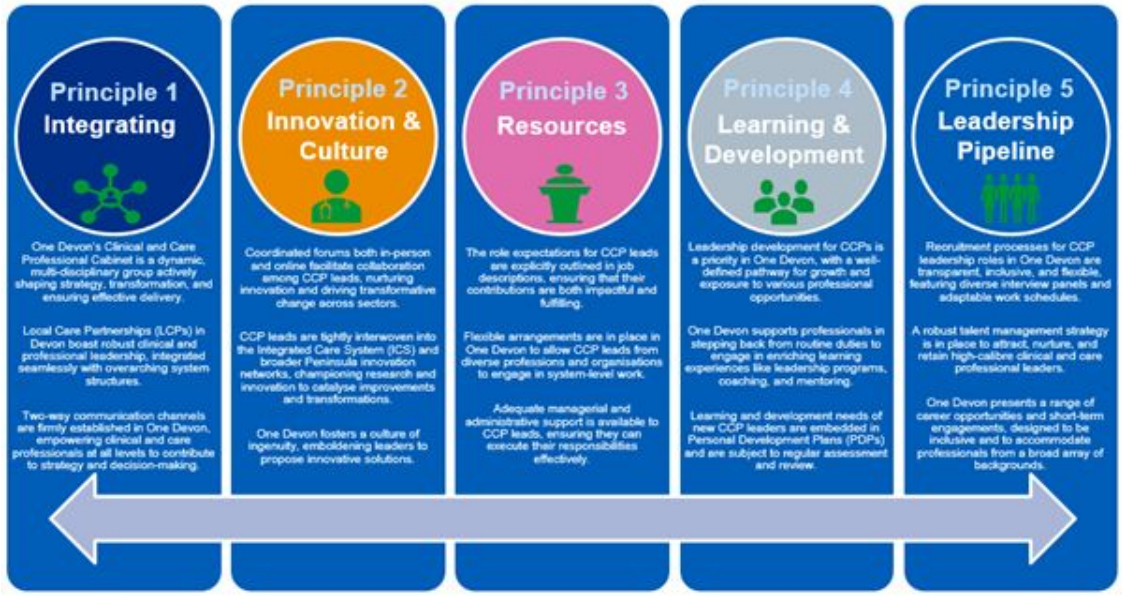


Figure a above shows the vision for CCP leadership in Devon first developed in 2022.

Implementation of this framework will ensure that our CCP leadership in Devon is fully representative of the clinical and professional diversity required to address the healthcare needs of our population. This inclusivity extends beyond services commissioned by the local NHS, encompassing Local Authority and services either directly commissioned by NHS England or transferred to ICSs, such as pharmacy, optometry, and dentistry.

We acknowledge that this CCP leadership framework must complement the existing executive, managerial, and governance mechanisms within the ICS as part of a single operating model. A strong relationship between colleagues from varying professions is integral to our operational model.

This framework therefore describes how clinicians and care professionals will collaborate equitably with managers, academics, voluntary sector representatives and patient advocates, ensuring that CCP leadership is woven into every facet of our operational model.

3. One Devon System Leadership

In Devon, established roles such as Chief Medical Officer (CMO), Chief Nursing Officer (CNO), and Medical Director (MD) are supported by well-defined clinical leadership frameworks like the AHP Academy and the Clinical and Care Professional Cabinet (CCPC). These structures facilitate engagement with broader clinical and professional leadership, as well as ICS partner organisations.

A considerable number of professional roles in Devon are part of local authorities. These roles will have representation at various system, place-based, and program-level forums, equivalent to their NHS clinical and professional counterparts.

NHS Devon's Integrated Care Board (ICB) will maintain close collaboration with local authority partners as our single operational model develops. The mobilisation phase will serve as an opportunity to assess and enhance leadership structures across both health and care sectors.

Senior NHS leaders will actively participate in Health and Wellbeing Boards and will maintain a close working relationship with LA executive and managerial teams and Local Authority Scrutiny Committees.

The formation of Local Care Partnerships (LCPs) will play a pivotal role in formalising collaborative health and care leadership at both place and neighbourhood levels.

To deliver the objectives outlined in this framework, there is a need to strengthen existing mechanisms. As specified in the framework, we will develop the necessary structures that enable clinical and professional leaders to collaboratively achieve ICS priorities. These structures will feature a diverse professional representation, including senior clinical, nursing, AHP, and pharmacy leadership, as well as principal social workers and public health leads from local authorities.

Given the dynamic nature of the provider landscape, our ICS governance structures must adequately account for the role of provider collaboratives. The ICB's CMO will establish stronger connections with the leaders and/or chairs of both existing and upcoming provider collaboratives, as they hold key system leadership roles within our new architecture.

As the system evolves toward integrated health and care, it will also be important to formally incorporate the voice of social care providers within our clinical and professional leadership structures.

4. Place-Based Leadership

Local Care Partnerships (LCPs) will actively involve a comprehensive array of health and care professionals in decision-making processes, planning, and strategy development. LCPs should be able to provide evidence, such as function/decision-making maps and governance charts, to demonstrate how professionals are influencing strategic and decision-making activities.

A designated clinical/care professional lead will work with the LCP executive team to ensure that Clinical and Care Professional (CCP) leadership embedded at Place. This role is pivotal for ensuring full engagement of CCP leaders in transformation and redesign initiatives. Recruitment for this position should adhere to principles of openness, transparency, and diversity, while promoting equitable opportunities.

Beyond the primary CCP leadership role, LCPs may also enlist local operational or tactical clinical or professional advisers for the execution of specific projects, workstreams, or commissioning functions. These advisers should be sourced from local partner organisations, such as NHS providers and local governmental bodies, as well as from the wider pool of CCP leads contributing to broader system-wide initiatives, such as those led by the Integrated Care Board (ICB) centrally and Provider Collaboratives.

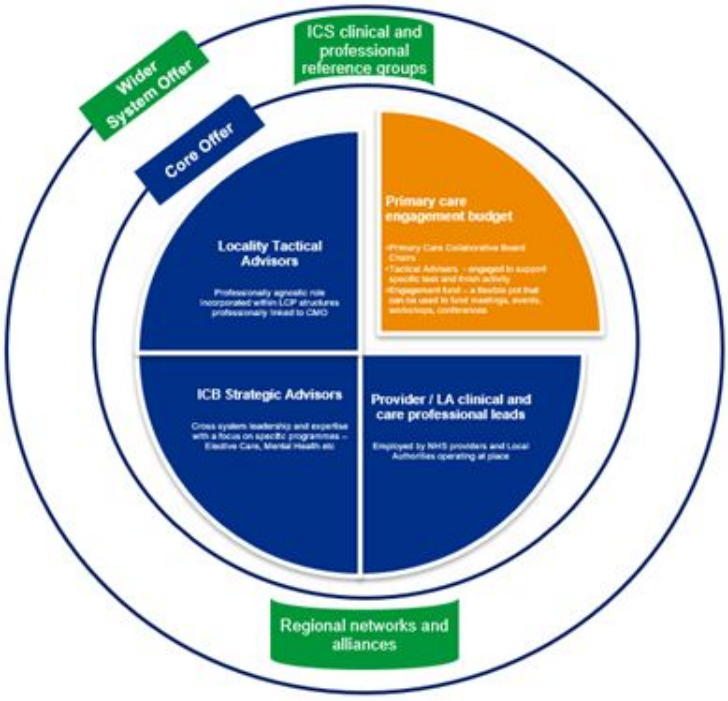


Figure b above shows how LCPs will draw in CCP leadership and expertise.

LCP-based CCP leaders will play crucial roles in advancing Population Health Management, with an emphasis on addressing appropriate clinical and professional priorities and maintaining a focus on reducing inequalities.

Finally, locality-based LCP CCP leaders may be called upon to represent their respective LCPs in system-level discussions, like those within the Clinical and Care Professional Cabinet (CCPC), exercising both autonomy and authority on behalf of their LCPs.

5. Primary Care Leadership

In Devon, we already have a grassroots approach to governance in Primary Care, through our Primary Care Networks (PCNs). These networks include a wide range of professionals, including community pharmacists and practice nurses, and have both managerial and clinical leadership, notably Clinical Directors. Our shared plan is for the Primary Care representative within our Integrated Care System (ICS) to come from this existing setup, thereby recognising the structures that Primary Care providers already have in place.

Across the county, General Practice have already grouped together under four Collaborative Boards, each led by both a clinical Chair and a managerial lead. To better coordinate efforts, these boards have recently formed a central body known as the Devon Collaborative Board (DCB). As the DCB develops, it will increasingly serve as the unified voice for primary care and consideration will be given to how its

focus can be broadened to include a wider range of professionals operating in primary care, for example, community pharmacists.

There is still a lot of further potential in terms of professional development for primary care leaders as they take on broader roles within the system. To ensure a smooth transition, we need a robust collaborative link between the DCB and the Integrated Care Board (ICB). To make that happen, the ICB will continue to support both existing and up-and-coming primary care leaders to grow, and will collaborate with the DCB to formalise and strengthen leadership structures within primary care.

Furthermore, the perspective of Primary Care will remain hard-wired into the ICB's leadership structure. NHS Devon's Primary Care Medical Director will provide high-level support from within the ICB, focusing on the development of primary care. The importance of community pharmacy will also be recognised within ICB structures. Additionally, local leadership will be incorporated into Local Care Partnerships (LCPs), where PCN Clinical Directors will play a key role at the neighbourhood level.

6. Cross ICS Working and Clinical and Care Professional Networks

A substantial number of Devon's clinical and professional leaders participate in professional networks and alliances. We are fortunate to have people from all parts of our system, including providers, the ICB and Local Authorities engaging with these expert groups. As we evolve our Integrated Care System (ICS), we intend to leverage these existing relationships to strengthen ties with clinical and professional networks across both our county and the broader region.

Furthermore, we will develop clinical and professional connections with neighbouring ICSs to ensure our priorities are aligned. This focus is especially critical for services and transformation initiatives that extend beyond the boundaries of our individual ICS.

Specifically, we plan to use our existing partnership with the Cornwall and the Isles of Scilly ICS to continuously enhance our clinical and professional leadership model end explore opportunities for sharing and collaboration. This partnership will build on work we are already doing jointly with CIOS, such as work focused on acute hospital service transformation, mental health and learning disability service improvement, and the implementation of the Value-Based Approach.

7. Board and Committee Membership

As required by NHS England, both the CNO and CMO will be members of NHS Devon Integrated Care Board and the One Devon Integrated Car Partnership. It will be their responsibility to ensure that wider CCP input and expertise is represented at system level board meetings.

All committees, groups and boards formed as part of the ICS will need to consider CCP membership to reflect their function and influence within the system and this should clearly be stated within their terms of reference.

The ICS should develop structure charts to illustrate which clinical and care professionals sit on which committees and boards, including Joint Forward Plan programme boards, showing clear lines of sight between the various forums and how they connect to/feed into one another.

8. Groups and Structures

Clinical and Care Professional Cabinet (CCPC)

The CCPC will serve as an integral component in the assurance and decision-making structure of the Integrated Care System (ICS). Co-chaired by the Integrated Care Board's (ICB) Chief Nursing Officer (CNO) and Chief Medical Officer (CMO), its membership will include senior CCP leads from the ICS, as well as representatives from each Local Care Partnership (LCP). This will ensure a focus on system-wide clinical and professional expertise rather than merely organisational representation.

Key Responsibilities:

- Driving the ICS strategy and transformation through clinical and professional input.
- Encouraging clinical and professional participation in all ICS decisions.
- Collaborating with other clinical and care professional groups, such as the Clinical and Care Professional Assembly/Community of Practice
- Forming specialised task and finish groups for comprehensive work on specific, clinically relevant issues.

The ICS governance framework will be structured to prominently feature this senior cabinet role in strategy formulation, assurance, and decision-making. CCPC meetings will be planned in coordination with the broader ICS decision-making framework to foster advanced engagement with the wider clinical and care professional community.

As a guiding principle, the ICB will ensure that major items planned for board consideration have first been reviewed by the CCPC. This ensures due clinical and professional oversight in planning and decision-making processes. To support effective CCPC function, NHS Devon will allocate dedicated managerial and administrative resources for meeting planning and management.

One Devon Clinical and Care Professional Community of Practice (CCPCP)

The ICB will initiate a Clinical and Care Professional Community of Practice (CCPCP) reflecting the diversity across our Clinical and Care Professional (CCP) community in terms of profession, grade, and organisation. The CCPCP will serve as a broad platform for involving a wide spectrum of CCPs in strategy formulation, planning, and transformation. This group will function as a diversified sounding board for the ICB.

Additionally, the CCPCP will concentrate on learning and development, thereby supporting One Devon's talent pipeline. Members will have opportunities for professional development through Masterclasses, system-level knowledge transfer, and specific training interventions like Outward Mindset and Quality Improvement.

One Devon Clinical and Care Professional Leadership Forum

Provider collaboratives offer a unique advantage by scaling effective practices to reduce unwarranted variations and improve patient care. However, for maximum impact, it is crucial that these collaboratives are systemically coordinated. This ensures efficient, cohesive operation aimed at delivering integrated patient care pathways.

Moreover, it is essential for local ICS collaborative structures to align with broader regional and national clinical and professional networks. This enables the effective harnessing of all available regional clinical and professional expertise.

The Clinical and Care Professional Leadership Forum (CCPLF) will therefore serve to:

- Unite system leaders in clinical and care professions to align strategy and clinical priorities across all of Devon's collaborative structures.
- Offer a means for the ICB and local collaboratives to engage with regional and national networks, thereby supporting local planning and implementation.

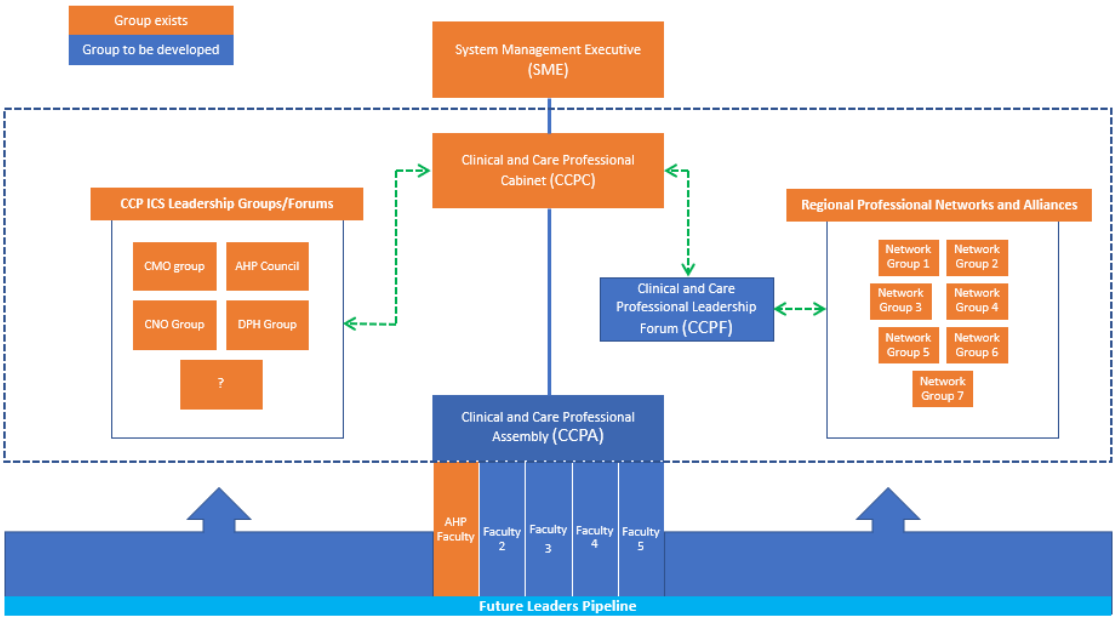


Figure c above shows connections between clinical and care professional groups and forums.

9. Delivery of Our Joint Forward Plan

In accordance with national requirements, One Devon published an Integrated Care Strategy in December 2022.

This document highlights twelve principal challenges facing Devon and outlines strategic objectives designed to tackle them, in line with the ICS's four core missions.

The One Devon Partnership (our system's Integrated Care Partnership (ICP)) called upon all system partners to work together to ensure that the JFP truly a shared response to the Devon Integrated Care Strategy. The JFP therefore serves as a collective response to the Devon Integrated Care Strategy, encapsulating ongoing efforts across the wider Devon system to improve population health outcomes. It aims to align these efforts with the Strategy's goals and outlines how they will contribute to improvements in overall health and well-being.

Certain key themes, or 'golden threads,' permeate the entire plan. These include a focus on prevention (especially regarding the five leading causes of premature death and disability), population health, better outcomes, personalisation, individual empowerment, inclusivity, and the quality and safety of care, as well as an ongoing commitment to continuous learning and improvement.

CCP leaders have not only played a pivotal role in shaping the JFP but will also be instrumental in its delivery. Leadership from the CCP community will be essential for each delivery programme, including those connected to system recovery efforts. These leaders will be responsible for mobilising a broad spectrum of multi-professional expertise from across the system to ensure successful programme implementation.

To facilitate this leadership structure, the ICS will conduct a mapping exercise to identify existing CCP leaders as well as other 'change champions.' This mapping will then inform the refinement of our single operating model, specifically focusing on how to most effectively allocate our collective clinical and professional resources to achieve agreed system priorities.

10. Research and Innovation

To support our model of clinical and professional leadership, we will establish strong connections and collaboration with key partners like Health Innovation South West (formally the Academic Health Science Network), Applied Research Collaboration (ARC), Clinical Research Network (CRN), Leadership Academy, Higher and Further Education Institutes, as well as the voluntary and community sector. Our aim is to foster a culture of innovation, learning, academia, research, and transformation.

We will put in place processes and structures to empower clinicians and care professionals to drive change, leveraging best practices and improvement opportunities, including those developed by the Peninsula Research and Innovation Partnership responsible for delivery of the Peninsula Research and Innovation

Strategy. Local CCP leads will be linked to this partnership, identifying projects to contribute to both the Peninsula's research and innovation pipeline and our local transformation efforts.

Involving clinicians in research and innovation at both the ICS and 'place' level is vital for enhancing healthcare outcomes in Devon.

To ensure this happens, One Devon will:

1. Create Collaborative Spaces: Establish dedicated forums or online platforms, such as the Clinical and Care Professional Community of Practice, where CCP leads can exchange ideas and collaborate with researchers.
2. Engage Clinicians and Care Professionals Early: Involve clinicians from the outset of research projects to ensure their insights shape research questions and methodologies.
3. Offer Training and Support: Provide research skills training and support for clinicians and care professionals interested in research participation.
4. Foster Interdisciplinary Teams: Encourage the development of multidisciplinary teams, including clinicians, care professionals, and researchers working closely together.
5. Seek Funding Opportunities: Collaborate with partners through the Peninsula Research and Innovation Partnership to attract funding for clinician-led research projects and innovations in Devon.
6. Establish Feedback Mechanisms: Use key clinical and care professional groups, such as the CCPC, as feedback channels to gather input from clinicians regarding the practicality and relevance of research findings for patient care.
7. Ensure Effective Communication: Create effective communication channels for disseminating research findings and innovations to clinical and care professional networks.
8. Strategy and Policy Changes: Encourage CCP leads to advocate for changes to local policy and strategy in response to research findings to drive innovation adoption.

11. Quality and Safety

As ICSs develop and we recover from the pandemic, it is crucial that ICSs recognise their Triple Aim in duty to deliver high-quality care and put quality, including safety, at the forefront of planning and decision-making.

Quality oversight and improvement will largely be delivered locally through place-based partnerships, but the ICS will have an important role to play – ensuring that inequalities and variation in the quality of care and outcomes are addressed, that serious quality concerns are managed effectively, and that learning, intelligence and improvement are shared across the system and beyond to inform ongoing improvement.

The National Quality Board's (NQB) Shared Commitment and Position Statement for Integrated Care Systems (ICSs) was published in April 2021. The NQB emphasise how important it is to ensure that quality is the organising principle of ICSs and sets out consistent requirements for quality management and improvement. This includes:

- a designated executive clinical lead for quality (e.g. medical director, director of nursing) and clinical and care professional leadership embedded at all levels
- a credible and focused strategy to improve quality across the ICS.
- a defined governance, risk, and response process, linked to regional NHS England and NHS Improvement quality governance and wider forums (e.g., safeguarding assurance boards)
- a defined way to engage and share intelligence and improvement for quality – at least quarterly through a System Quality Group (SQG), which all ICSs must have.

The Devon System Performance and Quality Group (SQPG) is in place, chaired by the System CNO. Both performance and quality teams are represented at SQPG, and the focus is on learning and sharing intelligence, but in the context of LCPs.

There is a defined governance, risk and response process linking wider forums, including safeguarding boards, across Devon. To further improve, the System will develop an ICS Quality Strategy, with leadership from the CNO and CMO in conjunction with the System partner's nursing and medical leadership.

NHSE's Delivery and Continuous Improvement (DCI) Review considered how the NHS, working in partnership through integrated care systems (ICSs), delivers on its current priorities while continuously improving for the longer term:

"Focusing on improvement, as an essential component of quality, enables systems to achieve more consistent, high-quality care."

All NHS organisations and systems are being supported to embed an approach to improvement aligned with NHS IMPACT (Improving Patient Care Together). In April 2023, NHS chief executives were asked to complete an NHS IMPACT self-assessment to help systems, providers and partners understand where they are on their journey to embed each of the five components of NHS IMPACT.

NHSE plans to work in partnership across integrated care systems to support NHS organisations to embed a quality improvement method aligned with NHS IMPACT. This will inform the ways of working across services at every level: primary care networks, local care networks, provider collaboratives, providers, integrated care boards and NHS England (NHSE 2023). There are QI teams embedded in partners across Devon, but the aim is to improve System wide collaboration, QI training and to ensure QI becomes 'business as usual' within all Devon workstreams.

Appointment Processes, Roles, and Responsibilities

Our Chief Nursing Officer (CNO) and Chief Medical Officer (CMO) will offer high-level clinical guidance both at the Board and Integrated Care System (ICS) Executive level. They will collaborate closely with other executives to apply the principles outlined in this leadership framework.

Our CMO and CNO will also have responsibility for ensuring that our system's CCP leadership arrangements contribute to tackling health inequalities and unwarranted clinical variation. To do this, they will promote 'building equity into design' by actively encouraging ICS partners to create accessible and inclusive services for all, especially for underserved or marginalised groups.

Our senior CCP leaders will also establish connections with provider collaboratives, service networks, and regional professional alliances.

Roles for CCP leads will include offering a professional view that is independent of geographical or organisational constraints, leading in plan development, and encouraging public and patient engagement. They will also facilitate open communication with their clinical and professional peers.

For recruitment, we will have an open and unbiased process aligned with the NHS Jobs platform to promote diversity. This involves a recruitment journey designed to minimise bias, where personal and monitoring information is not visible to hiring managers during shortlisting.

We will also tap into insights from our System Equality, Diversity, and Inclusion (EDI) leads to understand and tackle workforce barriers. This data will guide ongoing improvements to ensure that our leadership accurately reflects the communities we serve.

Finally, CCP leads will report to a senior responsible officer and will be held equally accountable for key projects alongside their senior management colleagues. Job descriptions will detail the accountabilities and performance expectations for each system CCP lead role.

We will also make public our current CCP leadership structures, so everyone in the system knows who is responsible for what and how to reach them.

13. Creating the Conditions for Success

The Devon Plan describes One Devon's aim to enhance integrated and collaborative working to deliver improved healthcare outcomes for the population of Devon. By 2025, a single operating model will be in place to streamline health and care services across the county. This operating model will allow the ICS to maximise its new collaborative structures. These include the One Devon Partnership, NHS Devon, provider collaboratives, local care partnerships, and neighbourhood teams.

Integrating clinical and professional leadership arrangements described in this framework within each element of the model is a priority.

The implementation of this new model will require all system partners to adopt new working practices to deliver greater value for Devon's residents. To facilitate this cultural shift, One Devon has defined a set of principles to guide everything it does. These are adapted from internationally recognised value-based healthcare guidelines but have been tailored to fit our local NHS context:

One Devon's Principles

- A personalised approach to health and care
- Shared Decision making consistently across all services.
- Support for our workforce to do their best work.
- Reduction in unwarranted variation in practices, outcomes, and inequality
- Prioritising high value interventions and stopping health and care that does not add value and may be causing harm.
- Reduced environmental impact of our services.
- Balance of risk across the health and care system
- A whole population perspective (including the wider determinants of health)
- Spread of improvement and innovation

A value-based approach prioritises equitable, sustainable, and transparent resource utilisation for better outcomes. It serves not as a separate approach but as a guiding philosophy for achieving both existing and future objectives.

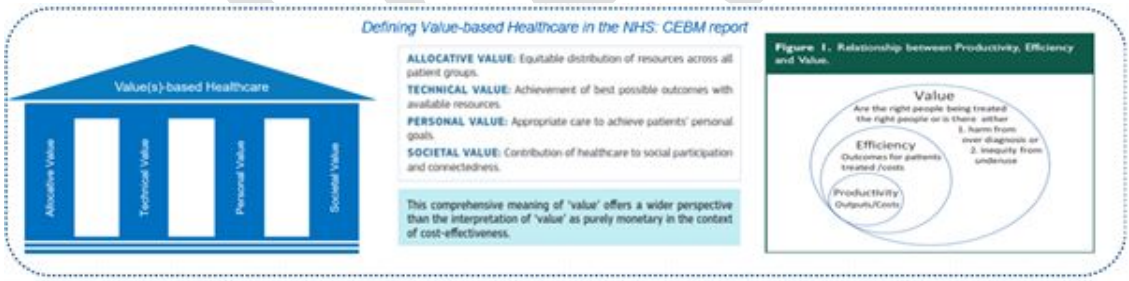


Figure d above shows a definition of Value-Based Healthcare

The clinical and professional workforce in Devon have strongly endorsed the value-based approach and CCP leaders have a key role to play to ensure the system prioritises value.

Another essential aspect of our ICS development programme focuses on fostering a culture that encourages innovation and quality improvement. To deliver this the programme has proposed action in three areas:

Key Proposals

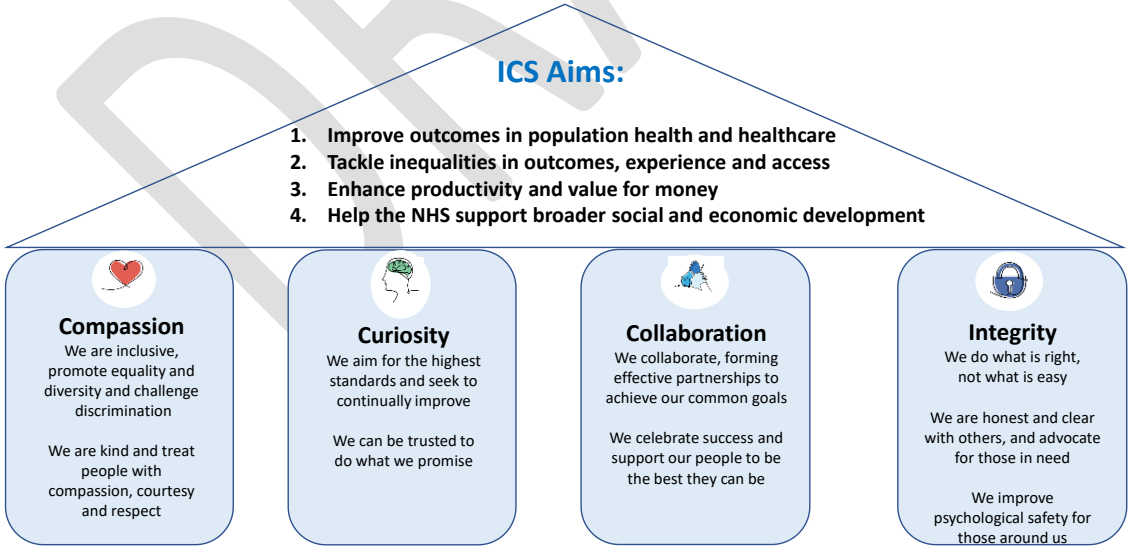
1. The Devon Operating Model will clarify the need for change and our future direction, supporting a collaborative culture.

2. The “Outward Mindset,” inspired by the Arbinger Institute, will be embedded to develop collaborative relationships, partnership and system thinking.
3. The Senior System Leadership initiative aims to strengthen collaborative and trusting relationships within professional groups and across the system.

The Senior System Leadership development proposal will focus on strengthening collaborative and trusting relationships and will enable us to develop mechanisms to bring clinicians and non-clinicians together to collaborate around shared objectives and learn together. This work begun in 2022, and the ICS commissioned ‘Leading in the Devon Healthcare System’, a leadership development programme delivered by the NHS Leadership Academy and the Leadership Centre, to support professional development and collaborative working.

14. Leadership Behaviours: The One Devon System Leadership Way

To increase ICS maturity, it will be crucial to establish a consistent set of leadership behaviours. To that end, One Devon’s People & Culture Committee commissioned a piece of work to explore the benefits of creating a single set of leadership standards for Devon. These standards will serve as the foundation for various activities described in this framework including recruitment, leadership development, appraisals, and talent management across our system.



As illustrated in Figure e above, this framework will serve as the guiding structure for all system partners. This includes every phase of the employment life cycle, including talent attraction, recruitment, training, and talent management.

The CCPC have strongly endorsed the framework recognising its potential for improving collaboration and trust across system partners; increasing the number of leadership positions filled from within One Devon; increasing the number of 'high potential' individuals undertaking development within One Devon; strengthening of system knowledge and capability; reduction in duplication of development offers.

To facilitate seamless integration across the system, a range of Training & Development Offers will be made available to all system partners. These will support local adoption of the One Devon System Leadership Way.

15. Learning, Education and Leadership Development

It is important that this framework is implemented within the wider context of the One Devon People Plan and there needs to be close alignment with the One Devon Learning and Education Strategy. Learning and Education forms one of the key workforce strategic principles for One Devon, which states that 'we commit to investing in the workforce through enrichment of development opportunities ensuring that quality and safety is at forefront' and is the key enabler to ensure that the system has the required workforce. It is vital that we implement an integrated and multi-professional approach to future learning and education and develop a closer partnership between health and local government, so we can develop learning and education that. supports the transformation required for the whole of our diverse workforce.

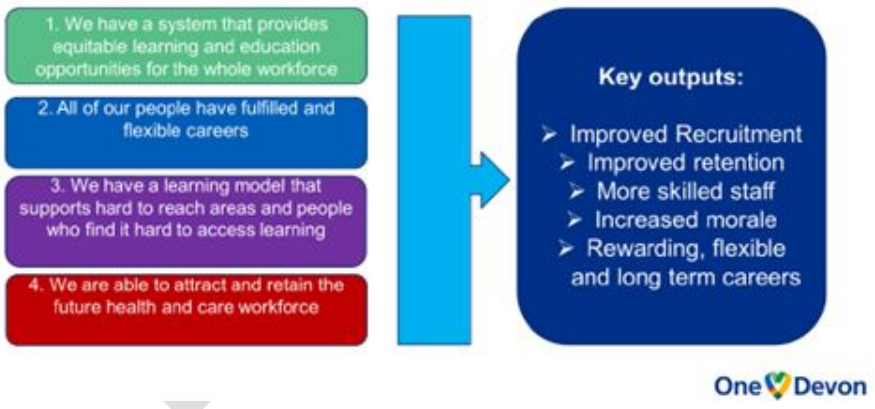


Figure f above sets out four main ambitions for learning and education for the Devon system described in the One Devon Learning and Education Strategy.

From our previous engagement, we have identified a strong need to enhance our professional development offerings for current and future CCP leaders. These leaders have expressed a desire for diverse, customised training options that not only meet individual needs but also feature multi-disciplinary leadership programmes to improve culture and collaborative efforts across professions.

We aim to provide CCP leaders from all professional backgrounds with robust support and training through a cohesive leadership development offering. Special attention will be given to non-medical and non-nursing roles that have previously been overlooked in leadership training initiatives. Collaborations with entities like the Leadership Academy, and other regional and national partners, will be explored to broaden the range of training resources available.

To cater to the needs of emerging leaders, we will ensure that all our commissioned or in-house training programmes are accessible to those considering a move into leadership, not just to current leaders.

As an ICS we will seek to collaborate as partner organisations to identify and nurture future leaders, even those in roles not typically seen as stepping stones to leadership. This ensures that such individuals gain timely access to the necessary training and support.

Furthermore, we plan to leverage the Clinical and Care Professional Community of Practice as a talent pipeline for future CCP leaders. Members will have opportunities to attend Masterclasses, partake in specialised training interventions like Outward Mindset, and network with peers from various sectors. This group will also serve as a forum for sharing best practices and fostering cross-sector knowledge transfer. The ICS will offer real-world project involvement to emerging leaders, extending their experience and perspectives beyond their immediate organisations.

In addition, we aim to cultivate a culture where our most established and experienced leaders function as coaches or mentors for the next generation of professionals.

Finally, we are fortunate in Devon to have a well-established Allied Health Professions (AHP) faculty, supporting a range of professionals like physiotherapists, occupational therapists, and dietitians. This faculty focuses on training and career development, while also encouraging inter-professional collaboration. We intend to build upon this successful model replicating it for other professional groups, creating a more self-sustaining approach to development, less dependent on short-term or externally commissioned interventions.

To gauge the effectiveness of these initiatives, we plan to integrate feedback on clinical and professional leadership into our annual staff survey and stakeholder engagement processes.

16. Resourcing

Sufficient resources will be allocated to reinforce our updated clinical and care professional leadership model. A particular focus will be on safeguarding protected time for clinical and professional leads to engage in system-level work. This will be facilitated through a variety of means, such as integrating system responsibilities into job plans for Medical Directors and Chief Nursing Officers, offering secondment opportunities, directly employing individuals, and, in specific instances, providing backfill support. All partner organisations will contribute equitably to the ICS Clinical and Care Professional (CCP) distributed leadership model. To optimise participation,

ICS partner organisations will adopt a flexible approach in engaging clinicians and care professionals, especially those from traditionally underrepresented sectors and backgrounds, including the care industry.

NHS Devon may enlist a select number of CCP strategic advisors to support system-wide initiatives and enhance CCP involvement at the Local Care Partnership level. These roles will be filled through secondments or honorary contracts, consistent with the project-specific nature of the work.

Administrative and managerial support will be made readily available to clinicians and care professionals in key system leadership roles. Resources will be identified to facilitate key ICB-led meetings, such as those for the Clinical and Care Professional Cabinet (CCPC) and the Clinical and Care Professional Community of Practice (CCPA).

As the Integrated Care System solidifies its new governance structure, it will take the necessary steps to ensure that the requirements of the newly adopted model are adequately met.

17. Implementation

In 2022, we engaged closely with key stakeholders, especially clinicians and care professionals in leadership positions to develop the One Devon Clinical and Care Professional Leadership Framework. This collaboration helped us set our starting point and formulate a future vision for CCPL. While the initial vision and many parts of the 2022 model are still applicable, several major national policy developments have come into play that affect our local CCPL strategies. These include:

- New planning guidance for the development of 5-Year Joint Forward Plans (5YJFPs)
- A mandate for Integrated Care Boards (ICBs) to cut running costs by 20% by April 2024, and an additional 10% by April 2025

Additionally, local developments like the publication of our Integrated Care Strategy, the development of our Joint Forward Plan, and the increasing maturity of provider collaboratives and local care partnerships need to be considered as we finalise our clinical and professional leadership structures to support the new operating model.

Due to these changes and an ongoing review of ICS governance, the ICS System Management Executive (SME) commissioned a ‘light touch’ refresh of the CCPL Framework to ensure it aligns adequately with national policies, current priorities, and emerging system and organisational structures. Our CCPL Development plan will also be updated in response to the refresh of the framework.

One Devon’s Clinical and Care Professional Cabinet will oversee the implementation of our CCPL Framework. CCPC will provide updates to the System Management Executive (SME) and the ICB on progress, as required, identifying any significant issues or risks that arise.

NHS Devon

NHS Devon Integrated Care Board

Integrated Quality, Performance and Finance Report (IQPR)

Date of meeting	Date report produced
07 February 2024	23 January 2024

Author(s)		Report approved by	
Name and title:	Dilek Hill Head of Strategic Planning & Performance	**Name and title:**	Anthony Fitzgerald, Chief Delivery Officer
Phone:		**Date:**	30 January 2024
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary

The Integrated Quality and Performance Report (IQPR) is a key document in ensuring that the Board is sighted on key areas of concern in relation to a range of internally and externally set Key Performance Indicators (KPIs).

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

One Devon

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – 30 January 2024 Finance and Performance Committee – 30 January 2024

Key recommendations and actions requested
1. The Board is asked to **note** the current performance position against the KPIs measured through the IQPR.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	None
Improve services and reduced unwarranted variation	Outlines current operational and quality performance and actions that support reduction of unwarranted variation
Make more efficient use of our resources	Outlines current financial performance and actions
Develop our culture and how we operate	none

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	Outlines current operational and quality performance and Actions
Health inequalities	None
Workforce	Outlines current workforce performance and actions
Resources and finance	Outlines current financial performance and actions
Legal	None
Digital and Data	None
Involvement, engagement and consultation	None

Integrated Quality, Performance and Finance Report (IQPR)

Introduction and background

1. The purpose of this report is to provide a concise overview of the Integrated Quality, Performance and Finance Report (IQPR) and highlight key strategic issues and present our current position against respective targets and trajectories.

Elective Care

2. NHS Devon reported 7 patients waiting 104 weeks for treatment against a trajectory of 1 in December 2023. This is primarily due to the impact of industrial action and a small number of patients choosing to delay their surgery. The 78ww target is also behind trajectory with a position of 799 against a revised trajectory of 787.

3. To further improve elective care performance, rollout of the specialty improvement workstreams continues. Some delays are being experienced in light of industrial action pressures and the impact of Unscheduled Emergency Care following the holiday period.

4. Work is continuing with the Torbay and Plymouth community diagnostic centres (CDC). Torbay will be operational July 2024 and Plymouth April 2025. Additional CT capacity ahead of the CDC completion is in place in Plymouth and Newton Abbot Community Hospital.

5. The second phase of the Exeter CDC (Buttercup Ward) is in development for completion in July 2024. Plymouth additional endoscopy capital build is progressing to open in April 2024. This was previously set to be in January; however, Plymouth have had to decant into the vanguard unit which has a 16-week mobilisation period.

6. Operational planning discussions are underway to support the technical submission around ways to drive productivity further and at pace during 2024/25.

Urgent and Emergency Care (UEC)

7. Metrics relating to urgent care have seen some improvement during December 2023. Ambulance handover delays above the 15-minute reduced in November to 11,407 from 12,514 hours which remains behind trajectory. 4 hour performance increased slightly from 60.8% in November to 63.5% in December and remains below trajectory of 68.8%.

8. Category 2 response times have worsened in December with an average response time of 53 minutes from 47 minutes in November. 12 hour breaches improved slightly with a decrease to 2935 against 3040 reported last month.

9. As part of the response for winter NHS Devon agreed a number of additional winter actions that are currently being delivered, including additional discharge capacity and extension of Acute Respiratory Infection (ARI) Hubs and Care Co-ordination.

10. The ARI hubs are predicted to deliver an additional 42,000 Primary care appointments over winter, whilst the Care Co-ordination hubs have received over 1000 referrals to date, with only 13% having an onward referral to Emergency Departments (ED).

11. The actions taken to manage demand within the Devon system have resulted in Devon ICS remaining in the lowest quartile nationally for ED attendances per 1000 population.

12. NHS Devon has continued to lead the system response to winter pressures and is continuing to deliver on additional schemes across the system including Pathway 1 capacity, Pathway 2 capacity, ARI Hubs and primary care admission avoidance.

13. Whilst NHS Devon's Urgent and Emergency Care (UEC) Improvement plan and system recovery actions look to address some of the downstream causes of pressure at the front door, it also looks to manage demand coming into the system. The work being done to manage demand can broadly be seen in 5 key areas:
    - Universal demand management – Influencing public behaviour.
    - Redirection of routine activity – schemes to move activity away from the ED front door.
    - Virtual Wards – driving capacity towards admission avoidance.
    - Targeting high usage groups – reducing attendance from those groups that place a disproportionate strain on the front door.
    - Locality specific actions – actions taken directly within a locality based on local need and performance.

Hospital Discharge

14. Hospital discharge performance is measured by the number and percentage of beds occupied by inpatients with No Criteria to Reside (NCTR) and Length of Stay (LOS).

15. The Devon target is no more than 5% (110) of General and Acute (G&A) beds occupied by patients with NCTR. As of 25 December 2023, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 12% (263), which remains the same as the previous months report.

16. Actions to address reducing the NCTR will be managed through locality level Bronze Calls and via the monthly Discharge Group. The actions to be taken by trusts and those which will be maintained include focusing on weekend discharges and early discharge planning.

17. The system continues to focus on reducing long LOS. The recent trend of decreasing volumes of 14+ day length of stay has reversed through December but is showing signs of improvement again.

18. Providers have put in place programmes to ensure patients are discharged appropriately with senior clinical oversight.

Primary and Community Care

19. NHS Devon continues to exceed three out of four access targets.GP appointments occurring within 2 weeks was 81.1% against an 85% target. The target of 35% for appointments occurring within 1 working day of request continues to achieve with 47.9% during November 2023

20. There are currently 29,533 children and adults waiting for community services across Devon. A decrease of 879 from previous month (30,412). Adult Musculoskeletal (MSK) services have seen the largest decrease in patients waiting to be seen by 480. Overall Children and Young Peoples' (C&YP) waiting times have decreased by 160.

Mental Health

21. The system has seven long term plan indicators and six additional Key Performance Indicators (KPI). Currently, one KPI achieved their targets (Early Intervention in Psychosis) and is showing statistical improvement. Four Long Term Plan (LTP) indicators are continuing to improve, although they are yet to achieve their respective targets. These include:

    - **Talking Therapies Monthly Access**: 2415 patients accessed services against a target of 2613 in November.
    - **Talking Therapies Rolling Quarter**: 6777 patients have accessed services against a target of 8205 in the last 3 months.

- **Dementia Diagnosis Rate:** In December 2023, the system achieved a 56.7% dementia diagnosis against a 67% target.
- **Annual Health Checks for people with learning disabilities**: 31% of patients with learning disabilities have had an annual health check against a target of 75%.

Children and Young People Services

22. Two metrics relating for Children and Young People (C&YP) are reported in the IQPR; Autism Diagnosis (ASD) and Speech & Language Therapy (SLT). Both these services have experienced increased demand and reduced capacity in recent years, leading to long waiting times.

23. In December, the waiting list for children over five awaiting ASD assessment reached in excess of 5,000 children, this is 2,000 more than November 2022. Referrals remain within expected levels and on average 275 are received each month. Staffing vacancies are the primary factor affecting this service, resulting in completed assessments unable to match demand.

24. SLT referrals average 380 per month, whilst children waiting longer than 18 weeks for an assessment remains at 2,749. These waiting times are no longer improving but showing common cause variation.

Quality

25. Serious incidents (SIs) continue to be reported by providers and reviewed by NHS Devon, under the 2015 Serious Incident Framework. Having profiled their patient safety incidents, local providers are finalising their patient safety incident response plans (PSIRPS).

26. The most reported type of SI during November 2023 were apparent/actual self-harm (7), slips, trips, and falls (5), and treatment delays (4).

27. Patients continue to be impacted by System challenges, including planned and urgent care long waits. Quality and safety information contributes to both System assurance, but also learning and improvement. There were 13 SIs associated with delays in planned care reported between 01/09/2023 – 11/12/2023.

Workforce

28. At month 8, Year to date (YTD) agency spend exceeded plan by £12.54m and as a percentage of overall pay remains at 3.23%. Although, month 8 saw an 85.86% in agency whole time equivalent (WTE) reduction compared to the previous month. As a system, workforce spend has been £21.76m higher than anticipated total YTD (Forecasted £5.46M overspend against plan to the end of the year).

29. There has been a decrease in the number of WTE staff, however the system position is still 1,000+ WTE greater than planned. As a system, workforce spend

has been £21.76 M higher than anticipated total YTD (Forecasted £5.46M overspend against plan to the end of the year). With the exception of DPT, all providers report forecasted overspend against the plan to the end of the year.

Finance

30. At the end of December 2023, the One Devon Health and Care System reported a year to date deficit of £80.3m against a planned deficit of £53.4m (£26.9m adverse to plan). The forecast is a deficit of £96.4m which is averse to the agreed position by £7.0m which relates entirely to industrial action.

31. During the planning stage net risks of £159.5m were identified in addition to the deficit plan. As at month 9 the net risk has reduced to £4.6m against the revised forecast deficit.

32. As at month 9 the One Devon Health and Care System made efficiency savings of £124.2m which is £8.6m ahead of plan and includes financial recovery actions at Royal Devon University Healthcare NHS Foundation Trust (M8 £1.4m behind plan).

Conclusion

33. The Board is asked to **note** the current performance position against the KPIs measured through the IQPR.

Integrated Quality, Performance and Finance Report (IQPR)

Owner: Performance Team

January 2024

DRAFT Version

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Executive Summary

Unscheduled Care

Ambulance handover delays above the 15-minute target reduced in December 2023 to 11,407 hours, above the in-month trajectory of 6,130 hours. 4 hour performance remains below trajectory at 63.5% and has failed to achieve trajectory for the last 8 months.
Category 2 response times declined in December with an average response time of 53 minutes, compared to 47 minutes in November.

Elective Care and Diagnostics

The system remains behind the national targets for the clearance of 104ww patients with 7 patients waiting 104 weeks in December. This position has been impacted by both winter challenges and ongoing industrial action.
The Cancer 28-day Faster Diagnosis Standard for the system, has been achieved for 6 consecutive months but failed in September and October with performance at 73.8% and 74.7% against a 75% standard. This recovered to 75% in November.
The total diagnostic activity volumes delivered in the last two months of 2023 were the highest two monthly totals for two years.

Hospital Discharge

The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. The system is no longer demonstrating improvement and performance now shows common cause variation. As of 25th December, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 12% (263), which remains the same since the previous month's report.

Primary and Community Care

NHS Devon continues to exceed three out of four access targets.GP appointments occurring within 2 weeks was 81.1% against an 85% target. The target of 35% of appointments occurring within 1 working day of request continues to achieve with 47.9% seen within 1 working day during November 2023. There are currently 29,533 children and adults waiting for community services across Devon. A decrease of 879 from previous month (30,412). Adult MSK services have seen the largest decrease in patients waiting to be seen by 480. Overall CYP waiting times have decreased by 160.

Quality

Serious incidents continue to be reported by providers and reviewed by the ICB, under the 2015 Serious Incident Framework. However, providers are finalising their patient safety incident response plans (PSIRPS), having profiled their patient safety incidents. The most reported type of serious incident during November 2023 was slips, trips, and falls, (5) treatment delays (4) and apparent/actual self-harm, (7).
Patients continue to be impacted by System challenges, including planned and urgent care long waits. Quality and safety information contributes to both System assurance, but also learning and improvement. There were 13 SIs associated with delays in planned care reported between 01/09/2023 – 11/12/2023.

Mental Health

The system has seven long term plan indicators and six additional KPIs. Currently, one KPI achieved their targets (EIP) and is showing statistical improvement. Four LTP indicators (Talking Therapies Monthly Access/Rolling Quarter, Dementia Diagnosis Rate and Annual Health Checks for people with learning disabilities) are also exhibiting statistical improvement, although none have achieved their respective target.

Children and Young People Services

In November, the waiting list for children over five awaiting ASD assessment reached in excess of 5,000 children, this is 2,000 more than November 2022. Referrals remain within expected levels and on average 275 are received each month. Staffing vacancies are the primary factor affecting this service, resulting in completed assessments unable to match demand.
SLT referrals average 380 per month, whilst children waiting longer than 18 weeks for an assessment remains at 2,749. These waiting times are no longer improving but showing common cause variation.

Workforce

At month 8, YTD agency spending exceeded plan by £12.54m and as a percentage of overall pay remains at 3.23%. As a system, workforce spend has been £21.76m higher than anticipated total YTD (Forecasted £5.46m overspend against plan to the end of the year).

Finance

At the end of December 2023, Devon ICS reported a year to date deficit of £80.3m against a planned deficit of £53.4m (£26.9m adverse to plan). The forecast is a deficit of £96.4m which is adverse to the agreed position by £7.0m which relates entirely to industrial action. As at month 9 the Devon ICS made efficiency savings of £124.2m which is £8.6m ahead of plan and includes financial recovery actions at RDUH. (M8 £1.4m behind plan).
During the planning stage net risks of £159.5m were identified in addition to the deficit plan. As at month 9 the net risk has reduced to £4.6m against the revised forecast deficit.

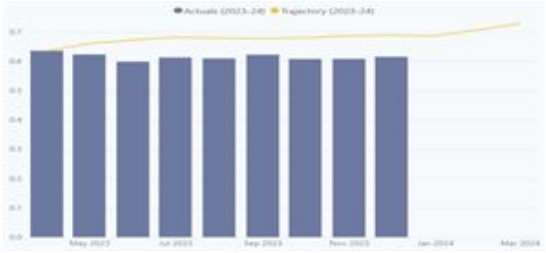
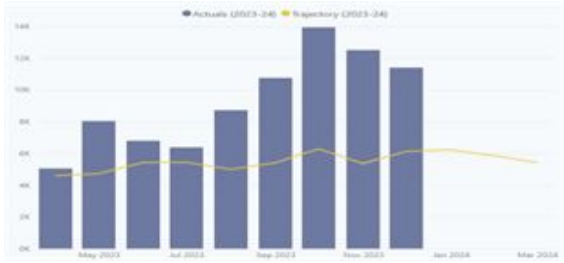
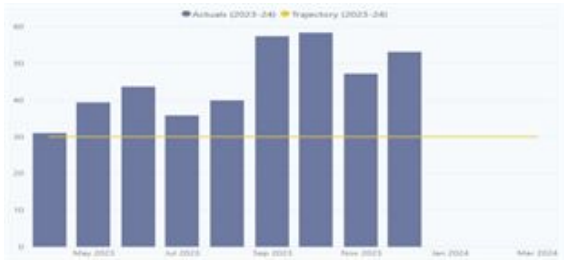
Operational Performance

Urgent and Emergency Care – System Overview

				System			Royal Devon University NHS Foundation Trust			Torbay and South Devon NHS Foundation Trust			University Hospitals Plymouth NHS Trust		
	Metric	Target	Latest Date	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance
UEC	National A&E Type 1 Attendance		Dec 2023	27,202			12,218			6,128			8,856		
	National A&E Type 1 seen within 4 hours	95%	Dec 2023	49.5%			55.4%			54.1%			38.0%		
	National A&E all types seen within 4 hours	95%	Dec 2023	61.5%			64.3%			68.0%			53.4%		
	National A&E 12 hr waits from Decision t...		Dec 2023	839			115			117			607		
	Attendances Type 1		Dec 2023	26,879			12,122			6,374			8,383		
	Type 1 Admissions (conversion rate)		Dec 2023	32.1%			31.9%			27.3%			36.2%		
	Emergency Admissions via A&E		Dec 2023	8,638			3,866			1,740			3,032		
	4hr Performance Type 1		Dec 2023	47.8%			53.4%			52.4%			36.3%		
	Total patients waiting over 12 hours in d...	0.95	Dec 2023	2,935			712			602			1,621		
	Ambulance arrivals delayed over 15 min...	0%	Dec 2023	84.9%			86.0%			75.1%			91.4%		
	Time lost to Ambulance Handover Delays		Dec 2023	11,407			2,503			2,082			6,822		
	Mean ambulance response times cat 1	7	Dec 2023	10											
	Mean ambulance response times cat 2	18	Dec 2023	53											
	Patients who do not meet the criteria to ...		Jan 2024	6,878			882			811			2,385		
	Average Emergency LOS		Dec 2023	7			6			6			8		

Data for December saw minimal improvement, with the majority of system metrics exhibiting a concerning position. All types four-hour reports exhibits concerning performance at 63.5% and is statistically unable to meet the 95% target without process change. Category 1 response times show improvement but is not capable of meeting the target without process change. Category 2 response times are showing common cause variation, however current performance (53 minutes) is over three times the target time (18 minutes).

System UEC NOF

UEC Overview	Metrics
Current Position Metrics relating to urgent care have seen some improvement during December 2023. Ambulance handover delays above the 15-minute reduced in November to 11,407 from 12,514 hours which remains behind trajectory. 4 hour performance increased slightly from 60.8% in November to 63.5% in December and remains below trajectory. Category 2 response times increased in December with an average response time of 53 minutes and there was a reduction against the 12 hours in department standard which decreased to 2935. Whilst NHS Devon's UEC Improvement plan and system recovery actions look to address some of the downstream causes of pressure at the front door, it also looks to manage demand coming into the system. The work being done to manage demand can broadly be seen in 5 key areas: • Universal demand management – Influencing public behaviour. • Redirection of routine activity – schemes to move activity away from the ED front door. • Virtual Wards – driving capacity towards admission avoidance. • Targeting High usage groups – reducing attendance from those groups that place a disproportionate strain on the front door. • Locality specific actions – actions taken directly within a locality based on local need and performance.	**4 Hour Performance**  **Ambulance Handover**  **CAT2 Response** 

North & East Locality Board Update

Progress

Unscheduled Care Board:

Ambulance Handovers

- SWASFT handovers were improving, but worsened in the last few weeks, particularly in the East.
- Increased cohorting space.
- X-Cad now implemented and assisting with data.
- Increased overnight resourcing in place in East, starting in January for North.
- North – handovers stable, November showed similar monthly average to previously, handovers over 30 mins have significantly decreased resulting in better patient flow, December is more challenging, changes to handovers being trialled during reset week.
- East – very similar situation to North, need to evaluate cohorting and review - 2832 handovers 10 days > 100, < 15 mins 32.58%.

NCTR Position

- Joint improvement plan between N&E in place.
- Recent process mapping exercise with ICB – action plan created.
- Reset week (w/b 11/12/2023) with aims to reduce NCTR, improve weekend discharges, reduce length of stay, 12-hour breaches, time to transfer and bed occupancy
- Current Northern NCTR at 16-19% (target 5%)
- Time to Transfer:
  - North – P1 - 11 patients waiting 3 days, P2 - 6 patients waiting 7 days, P3 – 8 patients waiting 9 days.
  - East – P1 - 24 patients waiting 3 days, P2 - 13 patients waiting 6 days, P3 - 7 patients wating 13 days (average).

Planned Activity	Expected Impact
IA and BH planning including implementation of additional P1 capacity.	80% occupancy, 9% NC2R (north), risk mitigation.
MADE event week commencing 02/01/2024.	Individual-level journey mapping and escalation, OPEL4 actions.
Implement learning from Northern Reset Week.	Reduction of NCTR to 9%.
SWASFT/RDUHE deep dive event mid-January to identify opportunities for improvement.	Reduction in ambulance handover delays and resultant reduction in CAT2 response times.

Issue Description	Mitigation
Demand and capacity modelling highlights significant P1 workforce shortfall for N&E.	Paper submitted, commissioning options to BCF Leadership Group Jan 2024.
Review of Northern Minor Injury Provision from 01/04/2024.	Options to be explored with RDUH.
Exmouth MIU provider plans by 01/02/2024.	Conversations between the Trust, Exmouth GP Practice and ICB.
Review of Pathway 2 capacity and beds across Northern Devon – and the Devon System ensuring no impact on general and double-handed P2 capacity.	Locality team working with DCC and colleagues to support pathway 2 beds.

South Locality Board Update

Progress
• Review of IUEC plan to capture foci of work and actions, as well as associated Business Cases ensuring alignment to the LCP/organisational Winter Plans – Monthly review process and highlight reporting. • SUCB Dashboard utilised to link provider and system highlight reports into Board based performance and recovery discussion. • Update re CareCo South Locality spoke modelling and engagement to stand up by the end of January 2024. • External presentation by Bristol North Somerset South Gloucestershire Frailty ACE team model following a pilot and recommissioning for Winter 2023/24- this is a piece of work that would model well in the South Locality CareCo spoke.

Planned Activity	Expected Impact
Support at locality level to implement a Care Co-ordination Hub "spoke" to provide SWASFT dispatch and conveyance avoidance, utilisation of all health-based pathways.	Positive impact by reduction of acute attendance and admission rates seen at TSDFT. Improvement in SWAST Cat 2 performance and reduction in dispatch & conveyance rates.
Ensure alignment in reporting types, times and cycles for NHSE (local, regional, national) – help in improving confidence in sustained change and progression aligned to the national oversight framework.	Clarity and confidence in the quality of data shared locally, regionally and nationally.
Visibility and process to be in place at the SUCB to understand key Locality UEC risks, quality and safety issues.	Assurance within the locality governance structure to share risk and increase quality outcomes.
Focused piece of work that there is a current and realistic Directory of Services & Pathways in the South Locality, into and around the UEC system, to support appropriate flow, service utilisation and streaming outside of the ED.	Improvement on ED KPIs through reduction in attendances and length of stay. Reduction of G&A based referral. Improvement in pathways and allied services utilisation.

Issue Description	Mitigation
Difficulty to ensure timely and responsive updates and collaborative working across all provider and support organisations in the IUEC plan workstreams.	IUEC being held at all LCP/SUCB/ICB led meetings, to ensure visibility and buy in. Relational work with key partners within each organisation to support the risk and response and co-design.
No commissioned HIU service for TSDFT after resignation of the one co-ordinator.	TSDFT ED B6 has agreed to undertake a role that will support the top 20 HIU attenders from the end of Jan 2024. Full 3-year tendering process has commenced and should be completed with a new team by March 2024.

Area of Escalation	Support Required	Expected Outcome
CareCo Locality Spoke	Escalation from the Community element of TSDFT around engagement of the key stakeholders, such as UCR and GPs in the process.	Clearer governance and structure, as well as approach at locality level for the interim Medvivo and then PPG models of work.

Western Locality Board Update

Progress
• Care Home AA – Final report completed of top 10 referring care homes visited to inform recommendations for taking forwards by Care Homes Steering Group • Care co-ordination hub local spoke continuing. Interim Devon wide hub operational from 20th December. • Peripatetic Service now live supporting additional reablement for Pathway 1, Pathway 2 bedded step down and Domiciliary care bridging. A total of 40 service users now on service. • Surge VCSE support 10 POC per month commissioned plus spot purchase day centre packages. • Cumberland UTC – 4-hour performance: Daily validation in place and performance 87% YTD. Next day appointments introduced at Cumberland to reduce early closures and in early stages of evaluation • Main 4 hr ED breach reasons for delay continue to be first seen time and bed capacity. Focus on overnight breach profile and breach reasons with additional staffing planned for overnight (RN, HCA and Medic). Some fill on RN and HCA shifts but limited fill on medical shifts. International recruits being onboarded and will provide medical rota support. • Internal Professional Standards - Further work on performance dashboard focusing on diagnostics and speciality referral data. Speciality meetings have commenced and will continue through December with initial focus on non-admitted high volume speciality opportunities. Changes to SAU pathway commenced in November and evaluation in progress. • ARI hub provision – 5 PCNs signed up, 3 declined. Seeking procurement of additional provision from other providers

Planned Activity	Expected Impact
Admission Avoidance - Care homes ○ A-tED final workshop January 24. DOS changes underway. NHSE report and recommendations to follow. Quick wins shared and are aligned to GIRFT recommendations from UEC review 07/23. ○ Go live of admission avoidance LES in primary care to supplement existing identification and proactive care. ○ FUSE business case for expansion approved, roles out to advert. Virtual wards – positive implementation toward 80% of the 50 available beds with capacity in place for the 50 as of 27 Nov 23; understanding. Falls – tracking data for ED attendances; working on weekly report for overnight falls tracking data; reviewing and revising falls prevention offer for April 2024 End of Life - Business case to expand ED roles going through governance process. Working with Mount Gould team to monitor use of 4 EOL beds.	• 10-15% reduction in emergency admissions (medicine) circa 8 – 12 per day. Current RAG rating for KPI is Amber. Current RAG rating for Actions in Green.
Primary care • Within the UEC plan, ICB have worked with Primary Care to secure maximum feasible uptake and impact of the new LES for acute respiratory infection and LES for admission avoidance; in addition, exploring alternative provision, to supplement the existing ARI capacity in primary care, from other providers. • Review of progress and issues with implementing actions arising from Primary Care improvement Week, with a paper for ICB Executives in the new year seeking decisions and support	• Percentage of patients whose needs are met within 1 day. • Percentage of patients seen within 2 weeks. • Number of practices seeking resilience support. • GPAS and OPEL status. Current RAG rating for KPI is Amber. Current RAG rating for Actions in Amber.
Hospital process (handovers and 4-hr ED target, flow) • GP streaming development of low-risk chest pain and respiratory pathways. GP recruited start January. • GIRFT action plan to be finalised and short, medium and long term plans agreed, with focus on ED ambulatory. • Internal Professional Standards specialty focus meetings. Rolling programme commencing to cover ENT, Plastics and Paediatrics in December.	• Achieve 76% Type 1 ED 4 hr performance. • Achieve 95% 4 hr at Cumberland UTC. • Stream 20+ patients per day to the GP 7-days per week. • Reduce hours lost to 15+ ambulance handover delays.
Discharge and Length of Stay • IHDT zoning – coaching and workshops underway with DCM, therapists, wards and medics. • Waterfall for Plymouth NCTR of 7% completed and shared with UHP, Cornwall and Devon to provide waterfall and action plan. • Additional peripatetic workforce capacity coming on board in January. Review of first month's activity to be undertaken to understand impact on flow and discharge. Additional 3 double up teams commencing 6th January. • Increase dementia capacity (new home opening 21 initial beds January).	• 90% complex discharges on P1 route – Nov 56% • NCTR at 7% - Nov 12.5% • Sustained improvements in P1 capacity and Winter resilience. On track. Supporting 92 individuals, target 104 by end of January. • All services working within LoS parameters to enhance flow.

Issue Description	Mitigation
Continued pressure of Cornish patients on NCTR – improvements, but further work required.	Escalation to Cornwall commissioners regarding engagement with WUCB and actions for information sharing underway.

Ambulance response times (Cat 1 and Cat 2)

Analytical Summary*

Ambulance response times are influenced by overall levels of demand, call answering times and capacity to respond - which is correlated to hours lost to handover.

Demand: The number of incidents in December was 20,574, an increase on November's figure of 19,079. Weeks commencing 11th and 25th December were busiest, however the Christmas week volumes were lower than forecast. The percentage of patients conveyed to ED was in line with the previous month (38.7% in December, 38.5% in November).

Call answering: Call answering performance dropped in December, with 93% of calls answered in 5 seconds – it was 96% in November (target 95%). Mean call answering times increased to 4.75 seconds in December, up from 3 seconds in November – call answering was particularly challenged week commencing 4th December.

Response capacity: 52,320 conveying resource hours were available in Devon through December, the highest number so far this year. Across the Trust, hours lost to handover in December increased to 37,049, up from 35,220 hours in November - it was the second highest number of hours lost to handover this year (hours lost were highest in October, 40,634). In Devon, there has been a slight decrease in capacity lost to handover: 12,872 hours in December, compared with 13,959 hours in November. The worst handover delays continue to be seen overnight.

Response times: Response times increased slightly in December and none of the response standards were met. Of note, the category 2 response mean in December was 54.1 minutes, an increase on 47.6 minutes in November (national recovery target of 30 minutes).

** Data sources for analytical and operational summary Report MO32 SWASFT Commissioners Report and SWASFT Commissioner Information Pack. Comparative information for all England ambulance Trusts is only available for October.*

Operational Summary*

Causes:

- Devon incident numbers in December were 2.56% above contract activity, although 2.21% down on activity in December 2022.
- Ambulance response times have a positive correlation with hospital handover delays. Through December, there has been a modest reduction in hours lost to handover although this has not yet led to improvements in response times.
- SWASFT's average handover time continues to be the worst in England. In October*, SWASFT's average handover time was 1 hour and 21 minutes (national average 40 minutes; range 17 minutes to 1 hour 21 minutes). Category 1 response times remain the highest in England – 10 minutes (target 7 minutes) – range 7 minutes 9 seconds, to 10 minutes 2 seconds. Category 2 response times are also the highest in England – 54 minutes and 58 seconds (target 18 minutes) – range 28 minutes 2 seconds, to 54 minutes 58 seconds. Please note: November's comparative position is not yet available.
- Actions described below are focused on increased clinical capacity in the Emergency Operations Centre (EOC) ("clinical hub") and additional frontline resources to contribute to improvements in response times.

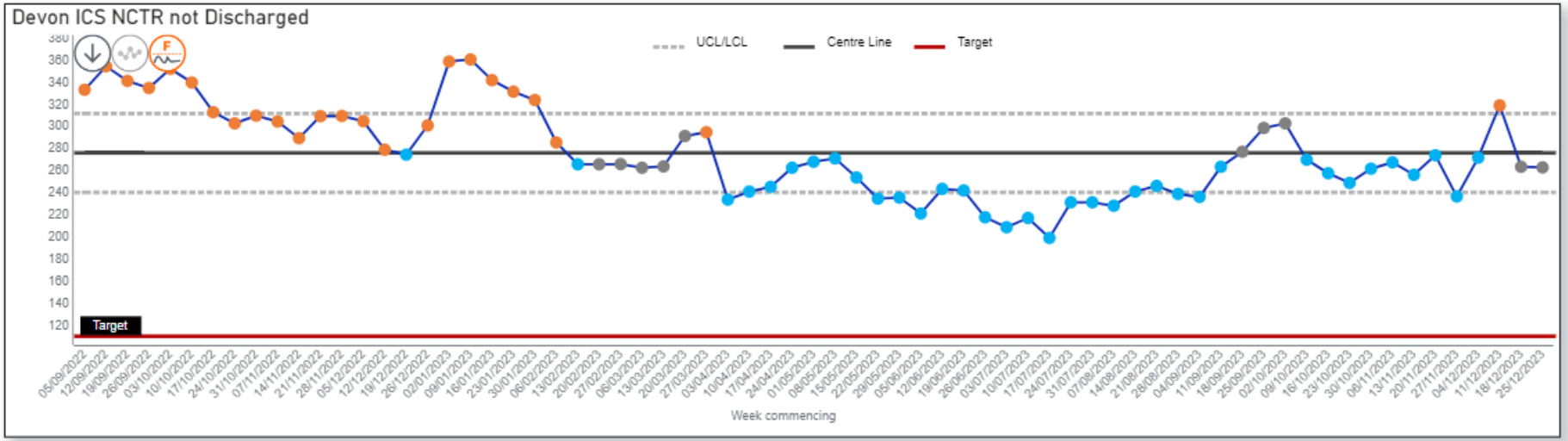
Actions:

- SWASFT continue to recruit to EMD roles to ensure sufficient capacity to maintain good performance on call answering. The monthly establishment position is monitored through the lead commissioner (NHS Dorset).
- Increased clinical capacity in the EOC and category 2 segmentation and are key elements of the recovery plan. The monthly clinical establishment in the EOC is monitored by the lead commissioner (NHS Dorset). Category 2 segmentation allows for certain types of incidents to be sent to clinicians for on-going review and some cases will be suitable for clinical validation – which can avoid the need for ambulance dispatch. Category 2 segmentation has been live since mid-May; the number of incidents receiving clinical navigation increased significantly through December up to 27.6%, compared with 16.9% in November. Those going for validation remained static at 12%.
- Additional frontline resources hours are being funded through the UEC recovery fund. This includes maintaining and increasing private provider capacity. Recruitment continues in line with "People Plan 3 / 4" to deliver a longer-term increase in resource with a focus on increasing capacity in the evenings and overnight with new rotas to be launched from January. Sickness reduction schemes are also in place to increase frontline resource; sickness rates are monitored by the lead commissioner (NHS Dorset). Ambulance Vehicle Preparation (AVP) schemes across 14 sites in the south-west are also being implemented to increase capacity for response.
- Handovers continue to be a key interdependency to improving response times. The Devon handover improvement trajectory has been revised in line with actual response, representing a 30% increase on the previous trajectory. For December, the new trajectory was 12,983 hours lost, and the actual was 12,872. Handover improvement plans are in place and monitored through the locality urgent care boards. From October, changes to how ambulance handover delays are reported in line with new national guidance were introduced. The 5 minutes "grace" SWASFT applied to the geofence clock start no longer applies, and handovers to cohorts - including those staffed by the ambulance service - stop the clock. There have been some early implementation issues with the new system – XCAD – and regional workshops were held week commencing 8th January to discuss the programme and any concerns from Trusts.
- SWASFT are a UEC Tier 1 Ambulance Trust and continue to receive the highest level of support to achieve the ambitions of the UEC recovery plan. This includes collaborative working across ambulance services, improvement projects on high impact areas and, oversight and support from the National Strategic Ambulance Advisor. Improvement priorities include Care Coordination Centres, low-acuity incidents pushed to UCR/CAS and access to alternative pathways.
    - There has been a significant increase in hear & treat incidents referred to UCR/CAS - including Care Coordination - in December, up from 228 cases in November to 466 in December. This increased our hear & treat rate to 14% although this is still lower than the SWASFT rate of 15.1%. The majority of these were falls cases and "sick person".
    - Alternative pathways to ED are acknowledged by SWASFT to be comprehensive in Devon, with high rates of see & treat outcomes (Devon rate 36.4%, SWASFT rate 38.5%).
    - A review of all alternative pathways is underway through the Alternatives to ED (AtED) programme, facilitated by colleagues from the Emergency Care Improvement Support Team (ECIST); the reviews are expected to report from January with recommendations for each locality.
- The lead commissioner arrangement through NHS Dorset is now underway. Key meetings held through December included the Operational Executive Committee, System Touchpoint and Contract Touchpoint meetings. The chief executive led Ambulance Partnership Board will meet in January. Planning for the 2024/25 contract continues; initial modelling indicates handover delays and a rise in 999 demand could pose a significant financial risk for the Devon system. Discussions between Chief Finance Officers across the south-west are underway to ensure arrangements are in line with the commissioning agreement, resource implications are targeted to initiatives which will improve response times and reduce handover delays.

Hospital Discharge

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
No Criteria to Reside (NCTR)	5% (110)	25/12/2023	12% (263)		

Devon – daily average of patients with No Criteria To Reside



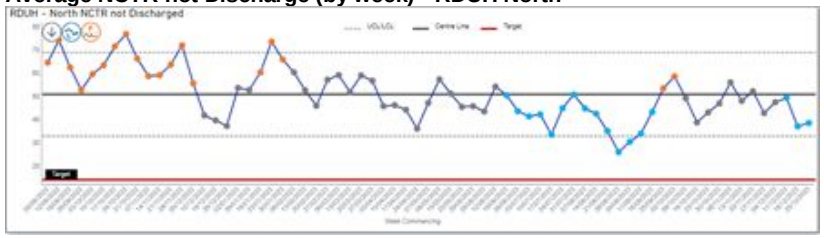
Analytical Commentary:
The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. Since September the overall NCTR position had exceeded the lower centile position for 4 consecutive weeks. Therefore, although the metric has started to reduce and recording below the mean there have not been enough data points to track an improved trend. As of 25th December, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 12% (263), which remains the same as the previous months report.

Operational Summary:
Actions to address reducing the NCTR will be managed through locality level Bronze Calls and via the monthly Discharge Group. The actions to be taken by trusts and those which will be maintained include:

- To achieve the locally set discharge target at weekends, as a system on average we achieved 70% of the weekday discharge target during this reporting period which is a 16% increase on last reporting period. Continues with higher number of discharges on Saturdays at 80% and less on Sundays at 59% but an increase in previous months.
- Early discharge planning in place leading into the weekend from Thursdays followed by mop up meeting on Mondays to review failed planned discharges.
- Continued roll out and embedding of CLD to further medical wards within the acutes to support the increase in weekend discharges.
- Discharge Lounges in place and fully operational seven days a week to increase weekend discharges, targeting wards with lower performance of discharges before midday.
- Regular manual processes to ensure patients are on the correct pathway and still have NCTR.
- 'Think Home First' and 'Home for Lunch' initiatives across all sites continues to be promoted and heavy focus on identifying patients for pre noon discharges.
- Weekly reviews of patient Length of Stay is in place across multiple trusts.
- Embedding of Care Transfer Hubs and alignment to the national 9 key principles.

- Following completion of modelling to project demand for discharges in alignment with best practice model plans are now underway to deliver increased capacity to meet projected demand across P1-P3 to reduce discharge delays.

Average NCTR not Discharge (by week) - RDUH North



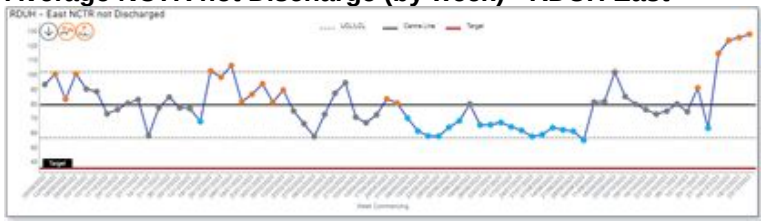
Average Non-elective Length of Stay (by week)– RDUH North

Analytical Commentary: As of 25th December, RDUHN reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 14% (39), which is a reduction of 5% from the previous months report which has been supported by additional capacity within P1 to P3 has which is now live. 84 CLD in December, planned discussions with surgical team to explore new patient groups in early January. Reset week saw an increase in weekend discharges, throughout December weekend discharges were above average, due to discharge co-ordinators being available 7 days a week and increased community capacity. On average RDUHN did exceed the target of 60% and achieved on average 66% of the weekday discharge target at weekends during this reporting period.

Operational Summary:
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

- P0 – Discharge Hub continues to support early patient flow. Daily P0 reviews continue, this has reduced P0 by placing patients on correct pathway earlier in their delay. The trusts performance against expected number of P0 discharges needed to maintain flow exceed the target between 20th November and 25th December, the target set is 30 P0 discharges per weekday the trust has achieved on average 31 P0 discharges per weekday (103%).
- P1 has reduced due to the increase in funding for December and January, there is a significant risk to patient delays should the funding cease on 4th February. The ECIST team will be returning in January to focus on discharge improvements.
- Reducing LoS - LoS has been maintained at 8 days post reset week.
- Earlier in the day discharges - Over 30% patients were discharged or transferred to discharge lounge before midday.
- Due to a data recording issue, the trust is unable to provide the average Length of Delay data on each of the complex pathways for RDUH North. This is being investigated and actions are in place to understand how the data can be pulled from the EPIC system.

Average NCTR not Discharge (by week) - RDUH East



Average Non-elective Length of Stay (by week) – RDUH East

Analytical Commentary: As of 25th December, RDUHE reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 18% (128), a 5% increase from the previous months report. P1 care now front loaded, but initial allocated monies will mean reduced runs from 5th February. ICB Exec discussions around alternative options for extension and update awaited. The Trial relating to CLD has informed SOP. This is going to clinical effectiveness committee Feb '24 and will then roll out to facilitate increased engagement from surgical teams, to ensure consistency and adherence across both sites. Discharge focus Thursday onwards ahead of the weekend, and scrutiny over weekend plan. Discharge target to drove performance based on previous six week discharge profile. Divisions to hold their weekend plan and individual actions. Continue to drive P1-3 flow over the weekend and engage care home providers to facilitate weekend discharge where able On average RDUHE exceed the 60% target and achieved 81% of the weekday discharge target at weekends during this reporting.

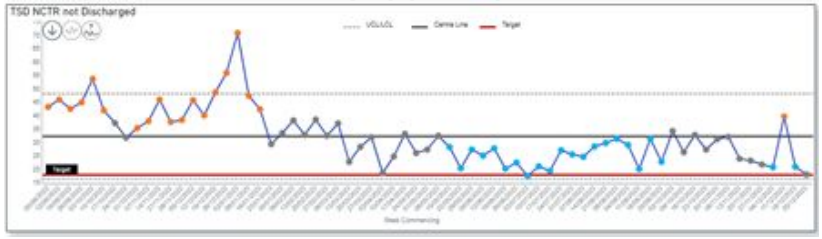
Operational Summary:
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

- P0 - Continued focus on morning discharge. The Divisional Information Officers are facilitating training on My Ward Monitor EPIC dashboards to improve ward understanding of how to drive their individual discharge profile. ECIST to support with discharge planning – Feb '24. Increase socialisation of 'medically optimised' to ensure accuracy to inform NCTR and target delay specific patients. Between 20th November and 25th December, the target set is 92 P0 discharges per weekday the trust has exceed this on average with 104 P0 discharges per weekday (113%).

- Since mid-Oct the average LOD on:
  - P1 remained at 4 days.
  - P2 increased from 7 to 8 days.
  - P3 increased from 9 to 11 days.

- Reducing LoS - Use of repatriation SOP to facilitate getting patients back to base as soon as able. Increased LoS associated with OOA patients. DoN oversight of complex long length of stays and weekly 7 day and complex stay reviews at ward level. Clinical Matron oversight of all patients in Community Hospital's to expedite discharges. Early escalation for complex patients to ensure system conversation and support from all partners – powerful learning from recent complex case.
- Earlier in the day discharges - Golden patient initiative – at least one patient per ward to be discharged or move to the discharge lounge pre 10am. Focus on tomorrow's work today and ensure board/ward round planning.
- Other actions to support reduction in NCTR - ICB/RDUH process mapping event taking place January '24 - stood down in December due to Industrial Action. Daily cluster review in community teams. Senior review of community UCR caseloads to release capacity. 6 pathway 2 block booked beds live from 20/12/23. Continued daily review of 1:1 and Live in Care schemes to ensure 100% utilisation and provide list of those pending – work across North and East to maximise usage (Current usage – 1:1 scheme is 160% and LIC is 89%)

Average NCTR not Discharge (by week) - TSDFT



Average Non-elective Length of Stay (by week) - TSDFT

Analytical Commentary: As of 25th December, TSDFT reported the average weekly percentage of G&A beds that were occupied by patients who had NCTR was 5% (18), a 1% reduction from the previous months report. Manual processes in place to review patients and ensuring they are on correct pathways once they have NCTR continue. Portal 2 launched 2nd December which is has supported CLD embedding across the acute and has supported an increase in weekend discharges and provides a live MDT live list and prepares list for Monday discharges. All Discharge Teams operating 6 days a week, including complex pathway for both Devon and Torbay. Discharge coordinators operate 7 day service. VSCE now supporting with 6 day working. Weekend discharge team continues to focus on ward flow. On average TSDFT achieved the 60% target of the weekday discharge target at weekends during this reporting period.

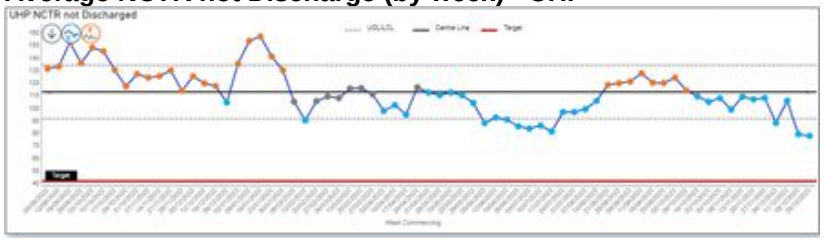
Operational Summary:
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

- P0 – Discharge Lounge open 7 days a week. Home for lunch promotion continues to improve pre-noon and pre 5PM discharges and continued use of Trusted Placement Advisor Service to support with Rapid Return to existing providers. Between 20th November and 25th December, the target set is 53 P0 discharges per weekday the trust has achieved this on average (100%).

- Since mid-Oct the average LOD on:
  - P1 remained at 3 days.
  - P2 remained at 6 days.
  - P3 reduced from 24 to 19 days.

  All Referrals are reviewed & triaged upon receipt into Discharge Hub with a check and challenge for all referrals and are needs led. Block Bed Usage monitored on a local level to ensure capacity is maximised. Redirection to VCSE Services where appropriate. McCallum ward – Ready to Go unit – supporting reduction in care need and LOS.
- Reducing LoS - New Weekly LOS Meeting established with community hospitals, Complex Teams review >21 day patients on weekly basis this month the trust will also be review patients weekly with a >10 day LoS.

Average NCTR not Discharge (by week) - UHP



Average Non-elective Length of Stay (by week) – UHP

Analytical Commentary: As of 25th December, UHP reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 9% (75), a reduction of 4% from the previous months report. NCTR working group in place monitoring key community information triggers on a bi-weekly basis. NCTR programme dashboard under development with key community data. Re-establishment of working group to introduce Criteria Led Discharge is currently paused due to escalation and IA. Continued focus from Thursdays onwards for weekend planning and submission to ICB of weekend plans with details of additional capacity in place. Increased P1 ad-hoc slots available over the weekends. Continued focus on 3 specialities for 7-day services: Cardiology, Respiratory and GIM. On average UHP exceeded the 60% target and achieved 67% of the weekday discharge target at weekends during this reporting period.

Operational Summary:

Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

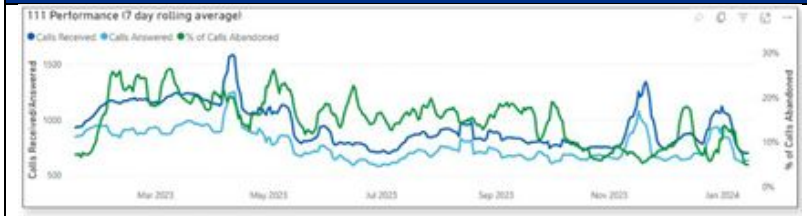
- P0 – Building brilliance programme continues. Increased usage of discharge lounge by anticipating TTOs, especially early in the morning. Currently open 9.30 – 8pm, review in Jan 24. Reviewing pharmacy capacity within discharge lounge. GIRFT action plan implemented from 18.12.23 and bi-weekly reviews from GIRFT team against key actions (Also linked to LOS) in place, including: Maintain impetus on developing interprofessional standards to promote early specialty input (all specialties), Accelerate the production of a SOP for how the medical wards can be managed including the patients associated with that specialty (Improvement of outlier policy to prevent 'safari ward rounds), Increase the usage of the discharge lounge by anticipating TTO's (especially early in the morning), Review and improve the admin processes associated with imaging to ensure maximal use of capacity, All specialties to provide spaces/hot-clinics for urgent booking within their clinics (to avoid ED admission) and Improve inpatient frailty pathway. Between 20th November and 25th December, the target set is 100 P0 discharges per weekday the trust has achieved on average 126 P0 discharges per weekday (126%).
- Since mid-Oct the average LOD on:
  - P1 remained at 4 days.
  - P2 reduced from 13 to 10 days.
  - P3 reduced from 3 to 2 days.

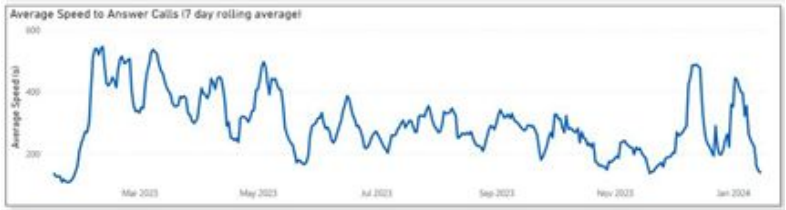
  Audit and review of P2 community bedded capacity underway. Peripatetic workforce in place to support pathway 1 Winter resilience and the transition to increased use of P1. DE care home capacity development – 21 of 58 additional beds in place January 24. Phased mobilisation through to March 24. 12 additional beds mobilised at Discharge Assessment Unit.
- Reducing LoS - Weekly 21+ LOS review in place. UHP Internal Professional Standards programme in place. Change from ward ownership to unit ownership starting with GIM dependant on locum recruitment w/c 15th Jan. Brent/Burrator buddy wards first. Improved maximal use of imaging capacity through increased portering, ward process and outsourced reporting.
- Earlier in the day discharges - Auditing 6 wards against standards to ensure earlier in the day discharges. % discharged by midday between 20% and 25% against target of 33%. EBCMS phase 1 roll out by end of Q4 to help with flow by automating portering and cleaning tasks for

	discharges. Implementation of EDDs on medical wards. 2pm ward managers huddles in place to focus on next day planning. • Other actions to support reduction in NCTR - P1 MADE event undertaken over Christmas/New Year period to support flow. MADE event at MGH delayed, planning underway for community hospital visit February 24. HLP improvement week - Planning underway for the last week in Jan 24 with focus on the Integrated Hospital Discharge Team processes and EDDs.

Integrated Urgent Care Service: NHS 111/Out Of Hours

Data





C3 & C4 Validation	Sep-23	Oct-23	Nov-23
Validation measure	75%	75%	75%
Local KPI	90%	90%	90%
Total C3 & C4 dispositions	3216	3391	3361
Total C3 & C4 cases validated	2920	3064	3075
% C3 & C4 validated	90.80%	90.36%	91.49%

ED Validation	Sep-23	Oct-23	Nov-23
Validation measure	50%	50%	50%
Local KPI	90%	90%	90%
Total ED dispositions	3662	3893	3893
Total ED cases validated	3332	3588	3588
% ED cases validated	90.99%	92.17%	92.17%

Operational summary

Over 34,500 calls from Devon were answered in November by NHS 111. It is important to remember that whilst the first chart appears to show a reduction of calls since June, demand has not reduced as some calls are being taken by other providers due to an agreement with NHS England to provide planned support across the PPG call taking network.

In November, for calls handled by PPG the average speed to answer was a little over 3 minutes, an additional stepped improvement for the third month in a row. Call abandonment was 7.6%. The performance of both these indicators has shown stepped improvement for the last three months, a result of significant work undertaken by PPG.

The number of 111 calls assessed by a clinician or clinical advisor is an important performance indicator for the Integrated Urgent Care Service. The national target of 50% and local stretch target of 55% were exceeded again in November with 57% of calls assessed by a clinician.

If a 111 assessment leads to an outcome that suggests a patient should be sent to an Emergency Department (ED) or sent an ambulance (category 3 – not immediately life threatening or category 4 – not urgent), the call should be reviewed by a clinician. This process is called validation and is a system priority for the ICB. In November the ambulance validation rate was 91.5% with ED validation rate of 92.2%, both exceeding the national and local targets.

OOH Consultations shows the number of patient consultations undertaken by PPG per month, by cases closed by advice (telephone), appointment at Treatment Centre (base) or Home Visit.

The NHS Standard Contract awarded to PPG in September 2022 included a Service Development Improvement Plan (SDIP). The implementation of the two-year SDIP continues with December highlights as follows:

- Testing of new pathways for the soft launch of the 111 mental health option with go live for mental health calls to go to First Response Services week commencing 22nd January.
- Further increases in referrals to community pharmacy from the Devon contact centres – 58% selection rate in December is the highest rate in the south west.
- Launch of dedicated slots for ED redirection, where ED clinicians can refer low-acuity cases to the out-of-hours service – 312 appointments were available through December.
- New role in the clinical assessment service (CAS) for end of life specialist at weekends – up to 16 hours per weekend have been available from 9th December.

Elective Care: System Overview

Data

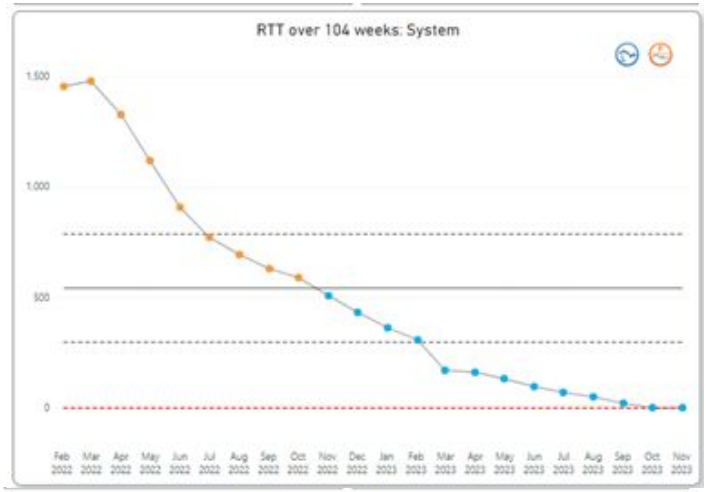
		System			
	Metric	Target	Latest Date	Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		Nov 2023	158,346		
	RTT 18 weeks	92%	Nov 2023	55.9%		
	RTT over 104 weeks	0	Nov 2023	2		
	RTT over 78 weeks		Nov 2023	736		
	RTT over 65 weeks		Nov 2023	3,346		
	RTT over 52 weeks		Nov 2023	9,706		
Diagnostics	Diagnostics within 6 weeks	99%	Nov 2023	68.0%		
	Diagnostic Total activity		Nov 2023	47,294		
Cancer	Cancer 31 day First	96%	Nov 2023	91.5%		
	Cancer 31 day follow-up drug	98%	Nov 2023	99.7%		
	Cancer 31 day follow-up sugery	94%	Nov 2023	72.4%		
	Cancer 31 day follow-up radiot...	94%	Nov 2023	97.5%		
	Cancer 62 day urgent	85%	Nov 2023	64.7%		
	Cancer 62 day screening	90%	Nov 2023	54.2%		
	Cancer 62 day Upgrade	85%	Nov 2023	70.5%		

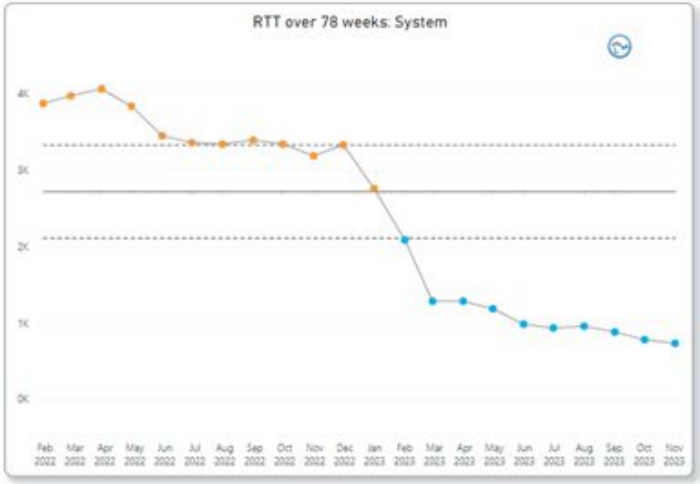
Summary

- The system remains behind the national targets for the clearance of 104ww patients with 7 patients waiting 104 weeks in December. This position has been impacted by both winter challenges and ongoing industrial action.
- Further impacts to trajectories were planned for over the December and January period due to additional industrial action.
- Regular meetings with all providers, both acute and independent sector, are taking place weekly to discuss mitigations against any slip in trajectory.
- Oversight remains in place through both the system Elective Care Improvement Board as well as the NHSE tier 1 process.

Elective Care: System 104/78/65 Week Wait

Data





Analytical Summary

The target of zero patients waiting over 104 weeks remains unmet. Statistically, performance is continuing to improve and is at the lowest point since the initial reporting date (July 2021).

78-week waits are also exhibiting statistical improvement with 799 patients waiting over 78 weeks at the end of December. This is however a slip in trajectory from November (769) of 30 patients.

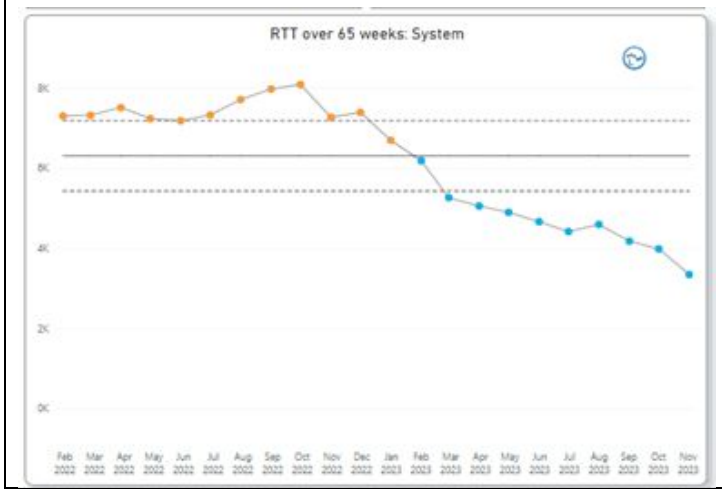
Operational Summary

The December position is behind 104ww trajectory of 1 breach with a new position of 7. This is due to impact being experienced through industrial action primarily with a small number of patients also choosing to delay their surgery. The end of December forecast for 78ww patients is currently behind trajectory with a position of 799 against a revised trajectory of 787 giving an unfavourable variance of 12 patients. Performance challenges in all long waiters have been driven by industrial action and the impact of UEC during the holiday period. Revised trajectories were submitted to NHSE against 78ww patients on 8th December 23.

Rollout of the specialty improvement workstreams is continuing, however delays are being experienced in light of industrial action pressures and the impact of UEC following the holiday period. Gynaecology remains the initial focus for test of change, with the detailed opportunities having now been completed and compiled and meetings with clinical leads across the system being scheduled in. The specialty improvement dashboard has also been completed across all specialities. With the specialty improvement methodology now in place, planning is underway to roll out further clinical specialties at pace over Q4.

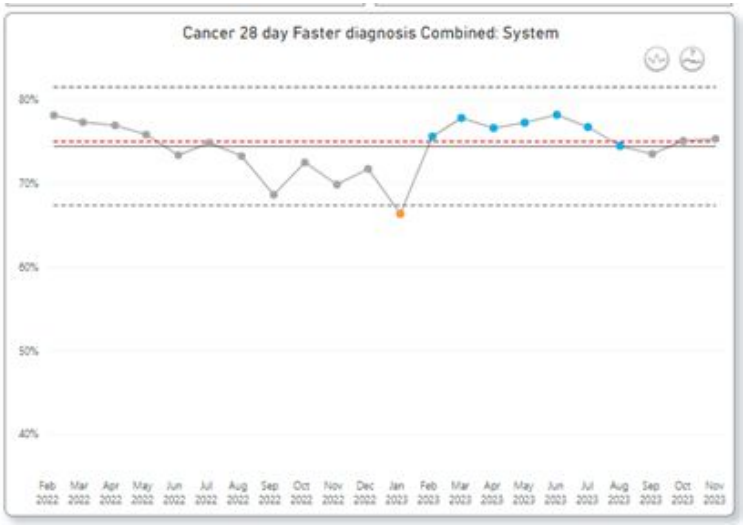
Operational planning discussions are underway to support the technical submission around ways to drive productivity further and at pace during FY24/25. As part of the specialty improvement programme, there will be an expectation of moving the Devon system into top quartile performance against GIRFT metrics during Q1 of FY24/25 as far as practicable. This will be underpinned also by robust theatre productivity work which will be tracked via the new system theatres dashboard.

Work is continuing with the Torbay and Plymouth community diagnostic centres (CDC). Torbay will be operational July 2024 and Plymouth April 2025. Additional CT capacity ahead of the CDC completion is in place in Plymouth and Newton Abbot Community Hospital. The second phase of the Exeter CDC (Buttercup ward) is in development for completion in July 2024. Plymouth additional endoscopy capital build is progressing to open in April 2024. This was previously set to be in January; however, Plymouth have had to decant into the vanguard unit which has a 16-week mobilisation period.

	As at 14th December, no criteria to reside performance indicates Devon ICB at 11%, RDUH North 16%, RDUH East 15% UHP 11%, TSDFT 9%. The spinal single point of access support process has been agreed with access leads and is scheduled to go live during the second half of January. On 7th December, the RDUH Glaucoma team held their first `Super Pod` where 70 patients for screening were reviewed. 90% of these patients were either treated/ discharged or put on monitoring

Cancer 28-day faster diagnosis: System

Data



Analytical Summary

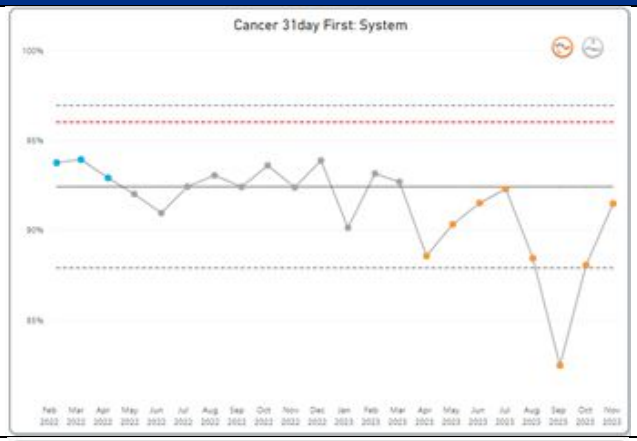
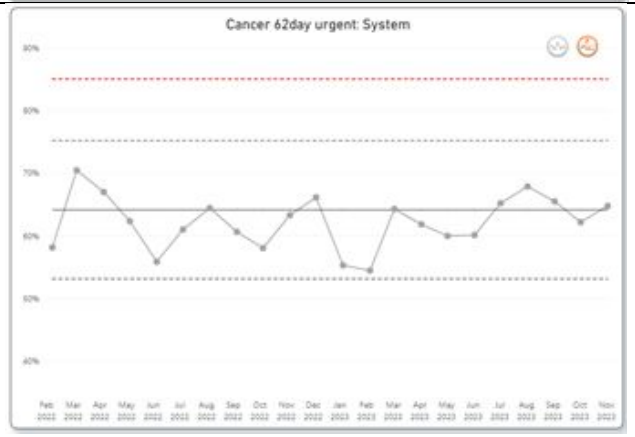
The Cancer 28-day Faster Diagnosis Standard for the system, has been achieved for 6 consecutive months but failed in September and October with performance at 73.8% and 74.7% against a 75% standard. This recovered in November with overall performance at 75%. TSDFT and UHP over achieved but RDUH failed due to an anticipated drop in skin cancer performance which has recovered as planned in December and will reflect in the data when released in February with the Trust anticipating achieving the standard in January.

Operational Summary

Actions:

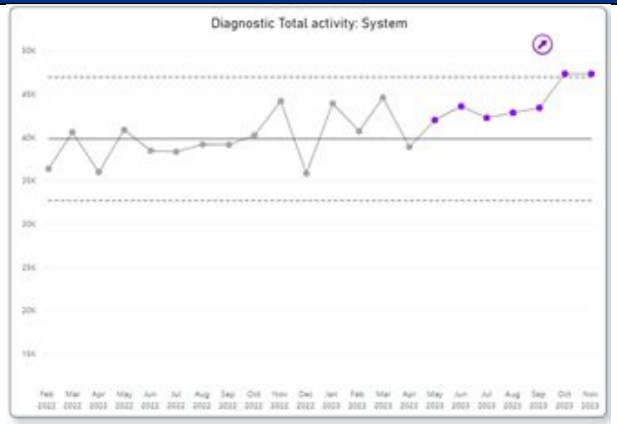
- All Trusts continue to be monitored against delivery of imaging within the standard.
- All Trusts have a cancer recovery action plan in place. Trusts, ICS, and the Cancer Alliance meet biweekly to monitor and mitigate issues as they arise.
- RDUH have developed targeted improvement plans for colorectal & urology cancer and elective pathways (most exposed specialties in recovery plan). Internal demand and capacity supported by IST.
- Endoscopy capacity continues to be an issue for all providers. TSDFT have operationalise a new unit in November. UHP are on target to open a new unit with additional capacity in April 2024. A staffed mobile unit has brought additional capacity operating seven days per week in November at RDUH.

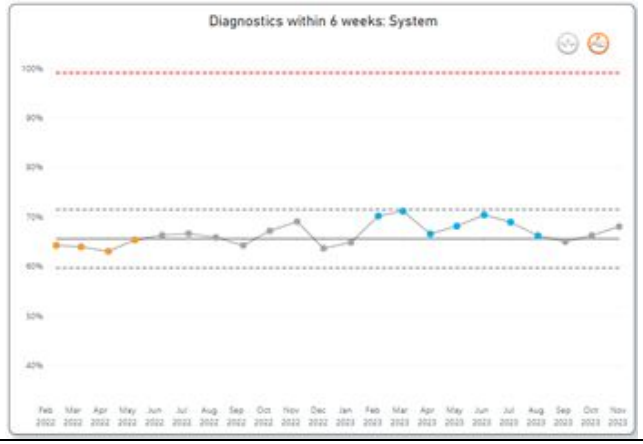
Cancer 31-day first treatment and 62-day urgent treatment: System

Data	Analytical Summary
	The Cancer 31-day metric is currently failing to achieve the standard, there is no significant change or indication of improvement in this across the system. Cancellations of outpatient activity due to industrial action has impacted on this performance. The impact of ongoing industrial action is managed across the system through the Elective Tactical Delivery Group as well as the System Recovery Board. For November 2023, performance was 92% against a 96% standard which is an improvement from 90.4% in October.
	The Cancer 62-day metric is consistently failing the target, it displays common cause variation. For November, the Devon system performance was 66.7% against an 85% standard which was an improvement from 62.8% in October attributed to the impacts of skin performance at RDUH which has recovered in December. As the target is above the higher control limit, the system will currently not achieve this objective. This is a nationally acknowledged position, leading to the monitoring of improvements in FDS, reduction in the 62-day breach numbers, and improvements in the NSS pathway. Devon remains on target to meet the trajectories in the operating plan for 62-day breaches with all Trusts ahead of their target with the ICB position in December at 601 breaches against a 622 predicted position.

Diagnostics

Data





Analytical Summary

Activity
The total diagnostic activity volumes delivered in Q4 of 2022/23 was the highest quarterly total for two years but still within the range of common cause variation.
Performance
Diagnostic performance achieved 67.2% against a recovery target of 85% for November 2023 which is a slight improvement from 66.6% in October.

Operational Summary

Performance against the 6 week standard
Key challenges remain around workforce numbers which have been compounded by industrial action leading to a small decrease in performance. In addition, physical capacity challenges are being addressed through specific initiatives to improve throughput as described in the Cancer narrative above.
Planned work:
The system continues to deliver its plan for increasing endoscopy capacity as described in the cancer section of this report.
The system continues its plan for delivery of the CDC program, with long term actions including:

- The development of the Trust specific project delivery groups and detailed project plans to be completed and program boards implemented.
- The development of cancer one stop diagnostic services to be agreed for implementation at Devon Diagnostic Centre and subsequently at Plymouth and Torbay.
- Shorter term actions have included the implementation of an additional CT scanner at the CDC site in Plymouth in September and an additional CT scanner at the Newton Abbot site in late November. RDUH DEXA recovery has not been completed as planned.
- IS support for delivery of colposcopies at RDUH and TSDFT is being planned to commence in January 2024.
- A full recovery plan is being developed at RDUH with a director assigned to lead the planning.

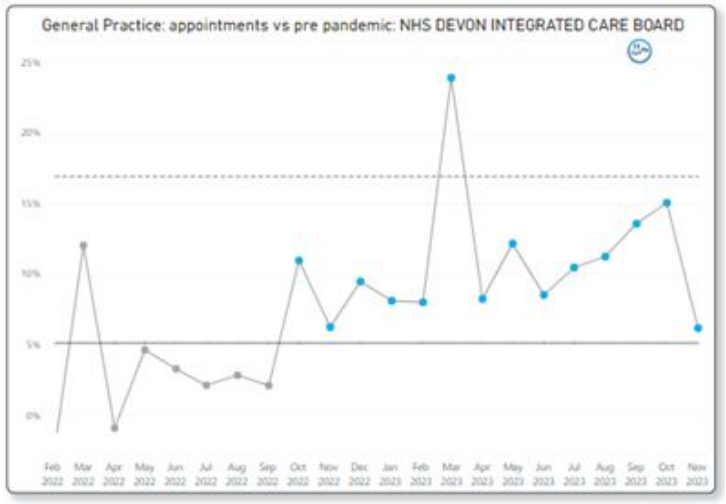
As the work progresses further updates will be provided to the elective care board with escalation reporting if required between updates.

Primary and Community Care Performance

Metrics

	Metric	Target	Latest Date	NHS DEVON INTEGRATED CARE BOARD	East	North	Plymouth	South	West
Primary care	General Practice: appointments seen the same day		Nov 2023	40.4%	38.9%	36.9%	42.3%	42.4%	41.4%
	General Practice: appointments seen within 1 day	35%	Nov 2023	47.9%	46.2%	44.3%	49.8%	50.4%	47.7%
	General Practice: appointments seen within 2 weeks	85%	Nov 2023	81.1%	78.7%	78.7%	83.7%	83.7%	77.8%
	General Practice: appointments vs pre pandemic	4%	Nov 2023	6.17%					
	General Practice: LMC GPAS Alert		Jan 2024	3	3	3	4	3	4
	Technology enabling access: Number of online/video consultations against target	54,167	Dec 2023	69,375					

Data



Analytical summary

Analytical Commentary:

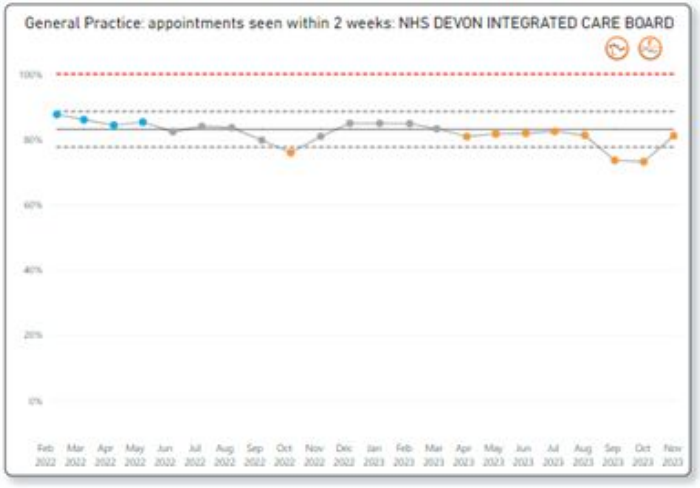
The target to increase appointments on pre-pandemic levels of 4% shows improvement and continues to achieve.

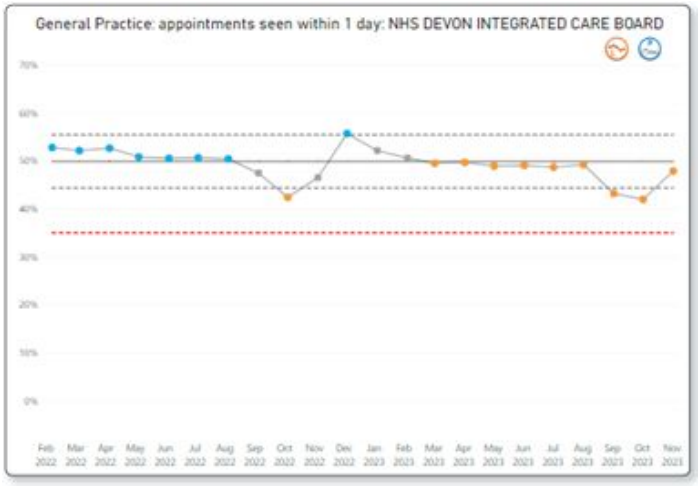
The target of 85% of appointments in 2 weeks has not achieved target during November.

The target of achieving 35% of appointments within 1 working day of request is above target and continues to consistently achieve.

Operational Summary:

Appointments are above pre-pandemic levels and the target of 4% continues to achieve, being 6.2% above pre-pandemic levels (when compared with November 2019). The primary care team were surprised to note a higher than anticipated shift in appointments between October and November and contacted GPAD questioning data accuracy. Following our enquiry GPAD advise there was a technical issue with their data for November, which resulted in an artificially high number of null values/unmapped appointments. The ICB has been advised to expect a “fix” for the





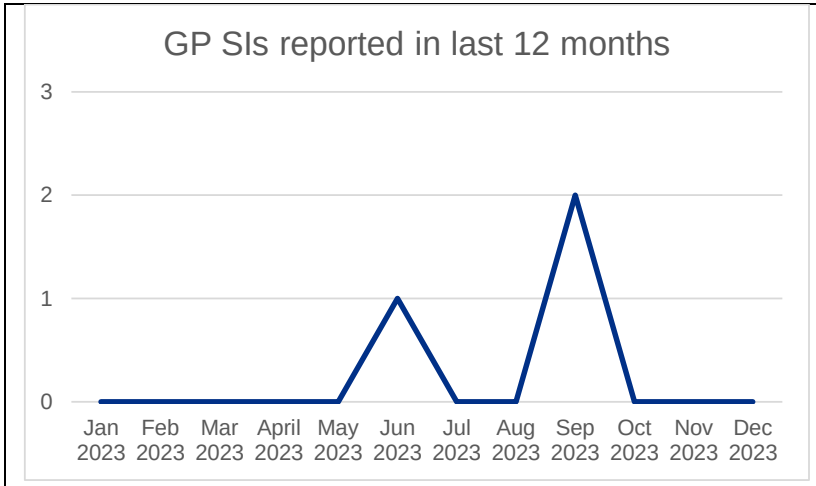
November data in the next publication (December's data). This was scheduled for the 25th January but is now delayed to 15th February (delay owing to additional technical issues being identified).

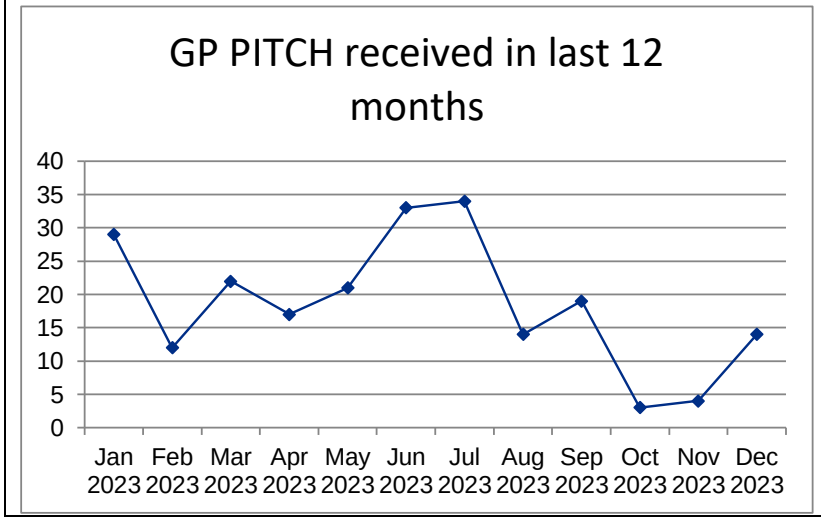
The target of 85% appointments within 2 weeks was not achieved in any LCP area during November, however, there was a marked improved position overall compared to previous months with 81.1% being seen within November overall (noting South and Plymouth performance in this area was 83.7%). The overall achievement of 81.1% is slightly higher than previous year of 80.9%. Emphasis on achieving above target for 1 working day requests continues to impact on achievement of 2 week target.

The target of 35% of appointments occurring within 1 working day of request continues to achieve comfortably across every LCP area, with 47.9% being seen within 1 day overall, which is up from October (at 43%) and up from the previous year (at 46.5%).

A considerable number of practices declared GPAS/OPEL 3/4 alert state during December 2023.

Workforce metrics	December 2023
Devon PCNs to recruit 710 WTE ARRS roles by end March 2024.	November position: 709.75 WTE, which is an improved position (data from 1 PCN outstanding).
All Devon PCNs at 16 WTE ARRS roles by March 2024.	At end November 2023, 26/31 PCNs are at 16 WTE or above ARRS roles.
Utilise ARRS scheme with target of 90% take-up of new ARRS roles by March 2024.	ARRS role utilisation at 93%, which is an improved position and now achieving target.
Achieve upper quartile performance in terms of WTE GP per 1,000 population.	Devon's rate of 0.68 per 1,000 is joint highest in region with Gloucester.





Number of online/video consultations against annual target of 650,000 for the year 2023/24. In December 2023, 69,375 online/video consultations were carried out, which is comfortably above the in-month target of 54,167 (+28.1% above).

98% of practices in Devon (117/120) have a CQC rating of 'Good' or 'Outstanding'. 3 are rated 'Requires Improvement' by CQC and the ICS Primary Care and Quality Teams continue to work closely with these practices.

General Practice related Serious Incidents (SIs) – the 3 reported SIs so far this financial year (2023/24) relate to GP screening issues (May 2023), treatment delays owing to missed test results (September 2023) and infection control (September 2023) as part of screening. There were no new SIs in October, November or December. NHS England Southwest team is reviewing the SIs and sharing for learning and each one will follow the serious incidents framework (SIF) investigation process. The Safety Systems team liaises with the PSQ primary care lead to ensure any PC learning from SIs is shared across the system.

GP related PITCHs – there was an increase in PITCHs reported during December 2023 (14 received), following November 2023 (where 4 were reported). The top three themes reported on during December were: workload shift, procedure/process and access to services. There will imminently be a downwards trend in GP PITCH reports owing to the implementation of the LfPSE system nationally and Primary Care providers transitioning to the new reporting system. The communication to Devon Primary Care regarding LfPSE continues with support from PSQ and SST.

Note: "GP" will also include PPG/111, however, the majority are related to general practices.

Community Performance

Community Services Waiting by Provider

Provider	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Monthly Change
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	2,585	2,791	3,308	3,082	2,788	2,328	-460
LIVEWELL SOUTHWEST	5,698	5,409	5,671	5,505	4,380	4,380	0
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	12,244	11,360	11,127	11,315	11,486	11,041	-445
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	8,845	12,517	12,402	13,016	11,758	11,784	26
Grand Total	**29,372**	**32,077**	**32,508**	**32,918**	**30,412**	**29,533**	-879

Total Waiting by Service for November 2023

Service	Oct-23	Nov-23	Monthly Change
Adult	**23,967**	**23,248**	- 719
(A) Adult safeguarding	-	-	-
(A) Audiology	1,616	1,510	- 106
(A) Clinical support to social care, care homes and domiciliary care	28	17	- 11
(A) Community nursing services	581	479	- 102
(A) Home oxygen assessment services	7	7	-
(A) Intermediate care and reablement	5	15	10
(A) Musculoskeletal service	8,897	8,417	- 480
(A) Neurorehabilitation (multi-disciplinary)	67	79	12
(A) Nursing and Therapy support for LTCs: Continence/ colostomy	348	348	-
(A) Nursing and Therapy support for LTCs: Diabetes	20	23	3
(A) Nursing and Therapy support for LTCs: Falls	189	152	- 37
(A) Nursing and Therapy support for LTCs: Heart failure	134	110	- 24
(A) Nursing and Therapy support for LTCs: Lymphoedema	56	44	- 12
(A) Nursing and Therapy support for LTCs: MND	-	-	-
(A) Nursing and Therapy support for LTCs: Respiratory/COPD	96	96	-
(A) Nursing and Therapy support for LTCs: Stroke	100	129	29
(A) Nursing and Therapy support for LTCs: Tissue viability	8	8	-
(A) Podiatry and podiatric surgery	3,847	4,096	249
(A) Rehabilitation services (integrated)	2,690	2,596	- 94
(A) Therapy interventions: Dietetics	610	576	- 34
(A) Therapy interventions: Occupational therapy	469	462	- 7
(A) Therapy interventions: Orthotics	795	796	1
(A) Therapy interventions: Physiotherapy	134	134	-
(A) Therapy interventions: Speech and language	600	552	- 48
(A) Urgent Community Response/Rapid Response team	66	63	- 3
(A) Weight management and obesity services	2,604	2,539	- 65
(A) Wheelchair, orthotics, prosthetics and equipment	-	-	-
CYP	**6,445**	**6,285**	- 160
(CYP) Antenatal, new-born and children screening and immunisatic	-	-	-
(CYP) Audiology	280	256	- 24
(CYP) Community nursing services (planned care and rapid respons	1	4	3
(CYP) Community paediatric service	881	750	- 131
(CYP) Looked after children teams	92	92	-
(CYP) New-born hearing screening	148	86	- 62
(CYP) Safeguarding	-	-	-
(CYP) Therapy interventions: dietetics	158	118	- 40
(CYP) Therapy interventions: occupational therapy	648	743	95
(CYP) Therapy interventions: physiotherapy	201	190	- 11
(CYP) Therapy interventions: speech and language	3,835	3,893	58
(CYP) Vision screening	84	39	- 45
(CYP) Wheelchair, orthotics, prosthetics and equipment	39	36	- 3
(CYP) Therapy interventions: Orthotics	78	78	-
Grand Total	**30,412**	**29,533**	- 879

Operational Summary

There are currently 29,533 children and adults waiting for community services across Devon. A decrease of 879 from previous month (30,412). The table opposite details the numbers of people waiting by provider and the table provides those services with the highest number of people waiting.
Largest decrease was in the number of adults waiting for MSK services (-480).
UHP (-435) TSD (-436) RDUH (+391)
The largest increase was in Podiatry (249) and CYP Occupational therapy) (95)
Overall CYP waiting have decreased by 160.

Devon community services waiting lists have a reduction target of 5% in Q1 and Q2 followed by further reduction of 10% in Q3 and Q4. Clinical validation and prioritisation work is being shared across providers.

Waiting times for Devon (November 2023) are shown below:

Wait Time	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Change in Month
Waiting 0-1 weeks	2,690	2,806	2,832	2,944	**3,254**	3,211	- 43
Waiting 1-2 weeks	2,413	2,452	2,422	2,465	**3,161**	3,306	145
Waiting 2-4 weeks	4,744	5,046	4,514	4,956	**4,594**	4,449	- 145
Waiting 4-12 weeks	7,491	7,948	8,823	8,680	**7,641**	7,255	- 386
Waiting 12-18 weeks	2,483	2,504	2,930	3,146	**2,836**	2,427	- 409
Waiting 18-52 weeks	6,169	7,002	6,927	7,029	**6,417**	6,464	47
Waiting 52-104 weeks	2,886	3,628	3,325	3,189	**2,259**	2,198	- 61
Waiting Over 104 weeks	496	691	735	509	**250**	223	- 27
	29,372	**32,077**	**32,508**	**32,918**	**30,412**	**29,533**	- 879

Largest reductions in 4 – 12 weeks and 12 – 18 weeks.

Action

- Devon community waiting list improvement group – meets monthly. NHSE are supporting individual conversations with providers, specifically TSDFT and Children and Families Health Devon (CFHD) this month, to better understand progress on their actions and how to unpick the challenges with data submissions. We are aware that CFHD are having a significant IT upgrade which has made production of improvement data a challenge.
- Each provider is expected to share local reduction trajectories & recovery action plans at the monthly review meeting.
- As a result of the ICB's reprioritisation to focus on identified winter schemes (aligned to the NOF4 status) we will be supported by colleagues at regional NHSE to keep this programme focus over the next 3 months.

Mental Health: System Overview

Metrics

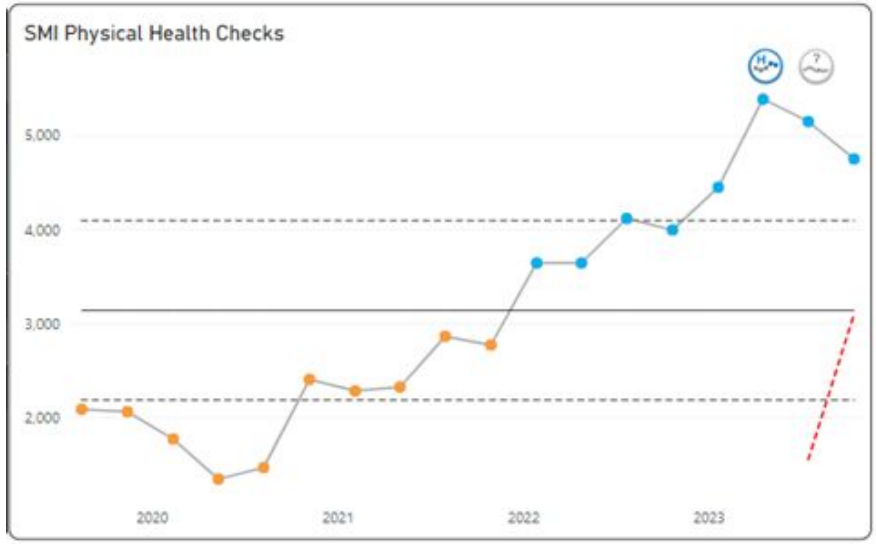
Metric ID	Metric	Group	LTP	Data Source	Latest Date	Value	Target	Variation	Assurance	LPL	Mean	UPL
TT_Access	Talking Therapies Access - Monthly	ICS Devon	LTP Indicator	Provider	Nov 2023	2415	2613			1,333	2,035	2,738
TT_Access_Q	Talking Therapies Access - Rolling Quarter	ICS Devon	LTP Indicator	Provider	Nov 2023	6777	8205			4,928	5,935	6,943
TT_Recovery	Talking Therapies Recovery	ICS Devon	Additional KPI	Provider	Nov 2023	51.7%	50%			48.2%	52.7%	57.2%
TT_6wk	Talking Therapies - first appointment within 6 weeks	ICS Devon	Additional KPI	Provider	Nov 2023	84.1%	75%			84.0%	89.9%	95.9%
TT_18wk	Talking Therapies - first appointment within 18 weeks	ICS Devon	Additional KPI	Provider	Nov 2023	99.9%	95%			99.7%	99.9%	100%
CYP Access	Children & Young People Access	ICS Devon	LTP Indicator	Provider	Dec 2023	3519	15754			9,709	11,359	13,008
IOOA_BedDays	Inappropriate Out of Area Bed Days	ICS Devon	LTP Indicator	Provider	Nov 2023	245	0			165	441	716
Perinatal	Perinatal Access	ICS Devon	LTP Indicator	Provider	Nov 2023	222	1115			73.2	476	879
DDR	Dementia Diagnosis Rate	ICS Devon	LTP Indicator	Primary Care...	Dec 2023	56.7%	67%			54.2%	55.6%	56.9%
LD_AHC	Learning Disabilities Annual Health Checks	ICS Devon	LTP Indicator	LD Health C...	Oct 2023	31%	75%			3.44%	15.9%	28.3%
EIP	Early Intervention in Psychosis (EIP)	ICS Devon	Additional KPI	Provider	Nov 2023	100%	60%			11.9%	65.3%	119%
ASC 18 weeks	Autism Spectrum Condition Service - waiting over 18 ...	ICS Devon	Additional KPI	Provider	Oct 2023	2614				1,494	1,715	1,936
ADHD 18 wee...	ADHD Service - waiting over 18 weeks	ICS Devon	Additional KPI	Provider	Oct 2023	4126				1,712	2,108	2,504

System Summaries

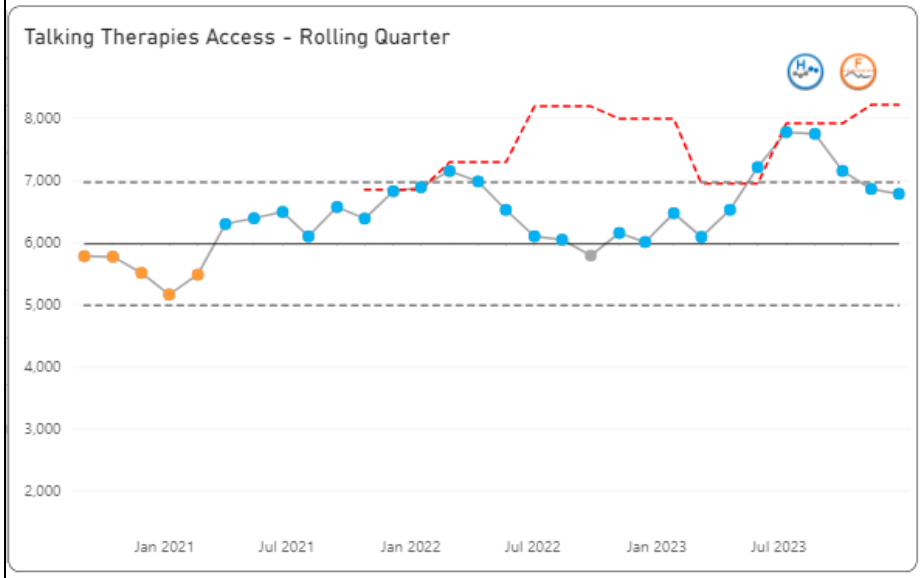
As the ICB progresses towards fuller Provider Collaborative responsibilities, there remains a current focus within the MHLDN Provider Collaborative on better aligning the MHLDN reporting infrastructure and performance improvement architecture to support IQPR reporting cycles. There is currently a lag between performance reporting in different parts of the system which affects the narrative of IQPR reporting currently.

The MHLDN Finance, Performance & Activity Group is currently undertaking work to better understand discrepancies between local and national data sources and whether these are material to our understanding of performance.

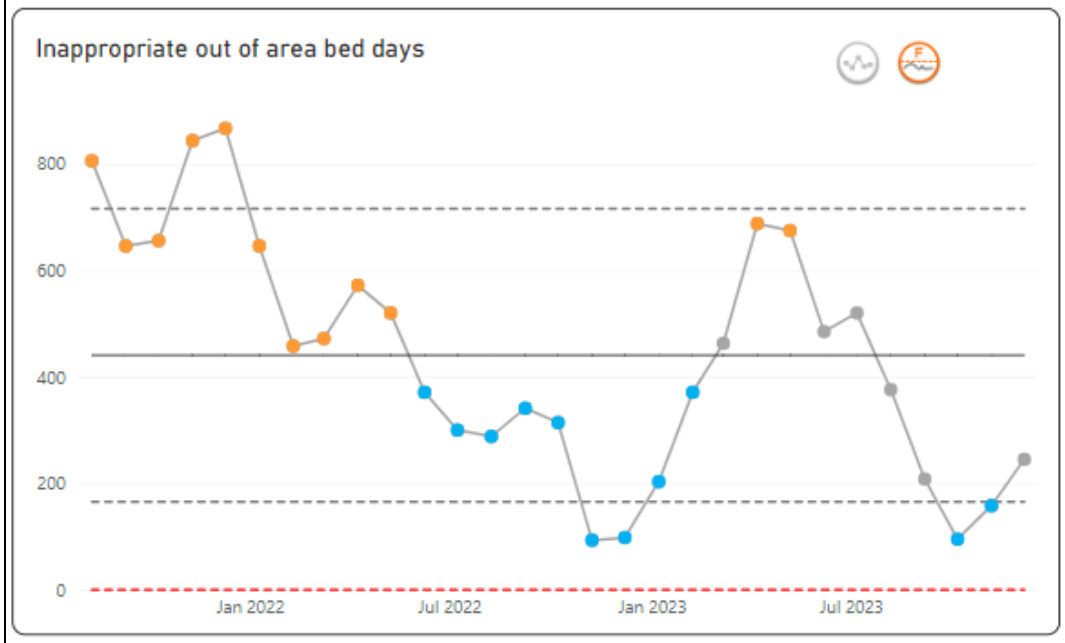
Mental Health: Severe Mental Illness – Physical Health Checks

Data	Summary
KPI Description Number of people with severe mental illness (SMI) to receive the complete list of physical health checks in the preceding 12 months.  Data Source: GPES, NHS Digital	**Operational Summary** The recently approved pilot to improve take up amongst hardest to reach populations in Devon, is now being mobilised, initially in the North Devon area. This is in line with the operational approach to recovery reported previously. Overall, NHS Devon is continuing to increase performance against this KPI year on year; this reflects the local and national trend. However, during 2023/24 there has been a national and local deterioration in performance. **Actions and Assurance** Pilot improvement work has attracted funding to evaluate the approach and support propagation of the learning as a sustainable model. Work has commenced to understand how the shift of a provider to the SystemOne information system will enable improved data capture in primary care. However, this is dependent on primary care data sharing arrangements with Devon Partnership Trust being agreed.

Mental Health: NHS Talking Therapies Access

Data	Summary
KPI Description The number of people who enter NHS funded treatment with NHS Talking Therapies services in the reporting period. Total is by rolling quarter. **Statistical Process Chart**  Data Source: Provider data	**Analytical Commentary** The KPI is showing special cause improvement with a significant improvement over the last two quarters. In November 2023, the KPI is falling short of the Q3 system target (6,775/8,205 rolling quarter/ 2413/2,613 monthly). **Operational Summary** For 2023/24 targets and planning, NHSE now defines a range of achievement for this performance indicator. The original Operating Plan submission targeted 94% achievement of the national lower-end target. 2023/24 investment in capacity and in reaching and meeting needs was considered ambitious but achievable. Waiting times continue to exceed national standards however, achievement of the recovery standard has been inconsistent in recent months. **Actions and Assurance** Talking Therapies services are exploring further links with other long-term conditions pathways to potentially play a more significant role as those pathways are redeveloped. Additionally, a range of smaller psychotherapy contracts risking duplication of Talking Therapies have ended to support redirection of resource to partially resource the gaps between Talking Therapies and Adult Mental Health provision, which may affect flows in the existing services. As of last month, the above links to Talking Therapies pathways fall within the scope of the system-wide Integrated Psychological Medicine Workstream. As the gap between planned and actual access grows in quarter 3, and recovery performance is inconsistent, the Provider Collaborative is working with providers to understand the current performance drivers and ensure access and recovery is optimised.

Mental Health: Inappropriate out of area bed days

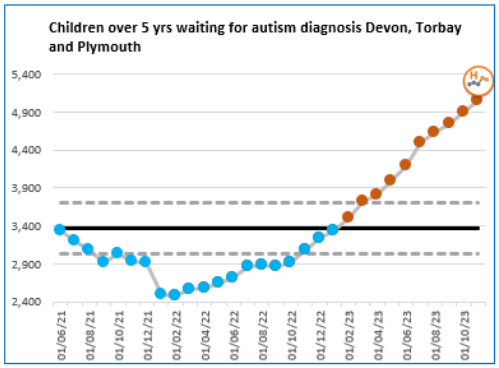
Data	Summary
KPI Description The total number of days (per month) in which patients have been placed out of area due to unavailable beds in their usual network.  Data Source: Provider data	**Analytical Commentary** The KPI is showing special cause improvement with a continued improvement over the last nine months. The total number of bed days in November 2023 is 245. **Operational Summary** Progress continues in relation to the elimination of inappropriate out of area placements in the context of a nationally challenging position, since April 2021 national inappropriate out of area bed days have increased by 8.5% whereas in Devon, in the same period they have reduced by 75.5%. It was anticipated that Winter pressures would mean that this trend will not be maintained over Winter, and October 2023 and November 2023 performance indicates an increase from September 2023. The need for such provision is fragile, and vulnerable to unusual spikes in demand. **Actions and Assurance** The 2023/24 trajectory was established through providers' re-assessment of their bed plans and CIP in respect of this target. System pressures day to day, in respect of MH bed availability (and the risks for patients awaiting a MH bed while in hospital and home settings) are managed via daily system calls supported by the System Control Centre. IOOA bed days remains on the corporate risk register, although there is active consideration and discussion underway as to whether the current residual risk (in terms of it being an LTP target) is tolerated in the ICB risk register and treated within providers. There are no direct, active ICB level mitigations for IOOA bed days.

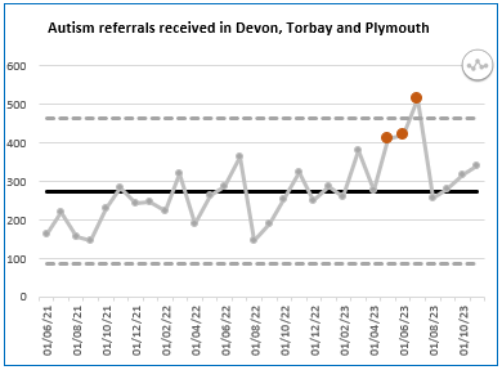
Children & Young People (CYP): Autism Diagnosis waiting times

Key Performance Indicator	Target/ Plan	Latest Period	Actual (provider averages)	Variation	Assurance
Autism Diagnosis (Waiting)	<18 weeks.	Nov 2023	Devon & Torbay 72.9 / Plymouth 90.1 weeks		

KPI Description
NICE guidance for CYP to be seen within 18 weeks from referral to start of assessment.

Devon, Torbay and Plymouth





Operational Summary – Devon (CFHD), Torbay (CFHD) & Plymouth (UHP/LSW)

Demand:
The number of children waiting, remains over target and is significantly deteriorating. The target cannot be met within current service provision capacity and the continuing levels of demand.
High levels of children waiting across community ASD and Community Paediatrics within the Devon system (pre-covid). There has been some notable reduction in numbers of children waiting (257 to 155 under 5 years old and 789 to 623 for over 5s) for a neurodevelopmental Community Paediatric appointment in TSDFT which would include Autism.
A deficit in early help-based support and understanding that diagnosis unlocks additional support drives families to seek a formal diagnosis increasing referral numbers. High levels of children being referred with greater complexity making the assessment process longer.

Capacity:
- Providers report challenges meeting demand with vacancies within teams. In CFHD, the vacancy rate has reduced from 67% in September 2023 to 45% in December 2023. Agency staff numbers have reduced impacting on the RTT. However, recruitment, training and onboarding is underway for new staff.
- The CFHD milestone to achieve 41% of children and young people seen for an assessment within 18 weeks has not been met and as of November 2023 stands at 22% for Devon and % in Torbay.

Actions:
- Recruitment: Communication and HR teams to attract applicants from outside Devon and from higher education.
- As part of the ND transformation programme workshop on 22nd February 2024 for ICB and acute and community providers to review the multiagency pathways. The aim is to develop a milestone plan, identifying maximum efficiencies.
- Review of capacity and capability within contract. Work due to be completed in Q4 with the follow up meeting set for January bringing together community Paediatrics and CFHD to jointly agree ways of working and data reporting on children who are requiring a paediatric assessment and showing on the community wait list.
- Autism in Schools programme – some schools are yet to complete all modules, review planned for later in the academic year.
- NHSE £210k Partnerships for Inclusion for Neurodiveristy in Schools confirmed – delivery plan due 19.01.24. Delivery in schools from September 2024 to March 2025. 40 Primary schools to be identified, sefl assessment to be completed by each school and then access from menu of support.
- UHP: increased clinical and admin capacity, showing some improvement in pre school age waits as well as maintaining the position in school age waits.

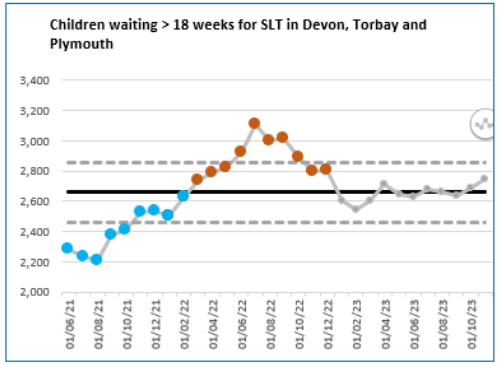
When is improvement expected?
Recruitment to existing vacancies as well as new additional staffing when recruited will take time to be trained and inducted. Once recruitment is at full establishment, improved impact is predicted in those services in 2024/25. It is acknowledged that the level of demand will exceed the commissioned capacity with the continuing rate of referrals. Significant improvement can only be expected if additional resources are allocated through operational planning.

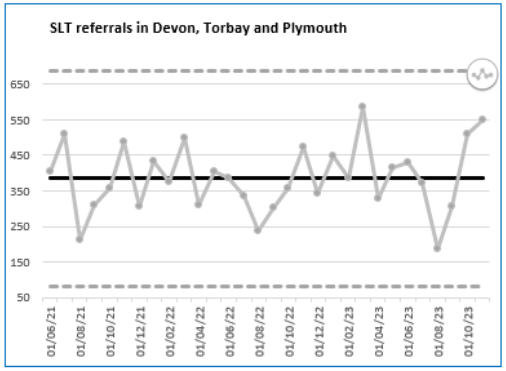
Children & Young People (CYP): Speech & Language waiting times

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
Speech and Language waiting times	< 18 weeks	November 2023	Average wait - CFHD 36.3 weeks / LSW 26 weeks. Longest wait – CFHD 143.0 weeks / LSW 80 weeks.		

KPI Description: NICE guidance for CYP to be seen within 18 weeks from referral.

Devon, Torbay and Plymouth





Operational Summary

Causes

Demand: Highest percentage of children referred to CFHD speech and language are in the 2-4 year age group.

Both CFHD and LSW position continues to have high numbers waiting. However, data from CFHD for the Torbay SEND is reporting a reduction in the number of children waiting in 2023, (January 2023 – 481 children waiting, compared with 338 waiting in November 2023). The RTT times have fluctuated during 2023 and this has been due to staffing capacity. Appropriate referrals received are also managed within the iThrive level 1 & 2 Getting Advice and Getting Help as well as providing remote drop in sessions for families and practitioners.

Capacity: Continued workforce vacancies and recruitment challenges reduces clinical capacity. A workforce ratio of between 1.9 and 2.2 WTE SLT per 1000 head of child and young person (0-18) with predicted SLCN is indicated as good practice. Based on the information shared from the initial local mapping project, it suggests that CFHD have 1.5 and Plymouth 2.14 WTE. Livewell have funded and recruited 4 new SLT posts and have agreement to recruit one more post. The impact of this extra capacity has not yet been resulted in reduction of wait numbers or length of wait time (October data). Recruitment remains a challenge with a 44% vacancy rate in Band 5 positions.

Actions

- Overview of community waiting lists for children presented to ICB executive on 5th December, and mandate given to embed work to recover this with operational planning process for 2024-25.
- Serious Violence Bid to access funding from Safer Communities Partnerships for specialist SLT is to be revised and submitted, focused on Children in Care who are in a vulnerable group and are likely to experience health inequalities.
- Engagement with higher education and broader communications to attract new applicants.
- SLCN is joint commissioning prioirity with Torbay Council (SEND). Action Plan to be developed by February 2024 following the findings from the workforce mapping and CFHD service specficiaton reviews.

When is improvement expected?

Pending recruitment to vacancies, induction and training (as many will be newly qualified) improvement is predicted in 24 months. Significant improvement can only be expected if additional resources are allocated through operational planning. Consideration will need to be given for the model of recovery outside of existing contracts.

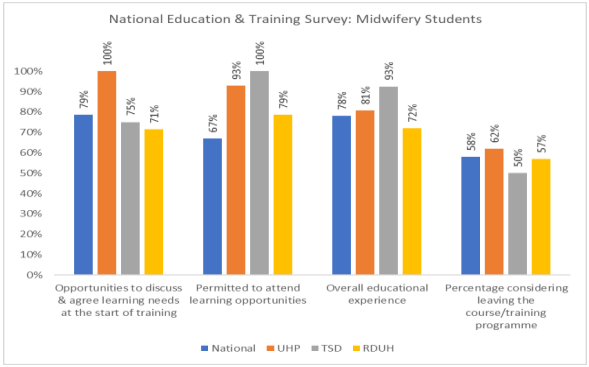
Local Maternity & Neonatal System: Three Year Delivery Plan Theme 2: Growing, Supporting & Retaining our Workforce

Midwifery

July 2023 data from NHSE 'Maternity Workforce Programme Regional View' Dashboard, provided by South West Maternity & Perinatal Team & HEE e-product. Data provided compares July 2023 with July 2022 position.

	Analysis
Establishment	• Establishment (466) has increased overall but remains below Birth Rate+* recommended levels (490). • Establishment increased in UHP but decreased in TSDFT & RDUH.
In Post	• The number of substantive midwifery staff in post (429) has increased by 8.4%.
Vacancy	• Midwifery Vacancy has reduced by 4.2% in the last year to 8.0% (37.3WTE).
Turnover	• Turnover has reduced by 2.4% to 7.3%.
Leavers	• Leaver rate has reduced by 1.4% overall. • The proportion of under 55 leavers increased by 35% compared to the previous year, at 78.3% of leavers
Sickness Absence (e-product)	• Sickness absence has reduced slightly but remains relatively stable. • Mental health accounts for 29.5% of absences.

*Birthrate+ is a midwifery specific national workforce planning tool. Use of the tool is currently under review nationally

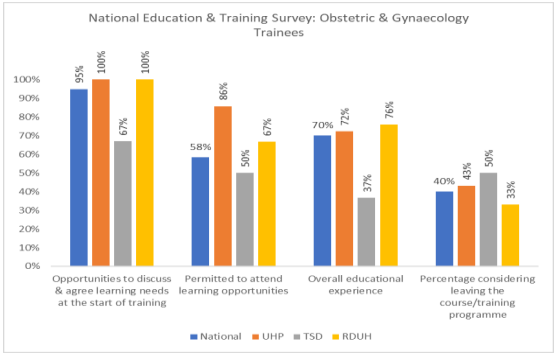


(2022 Survey) Midwifery students reported workload as the primary factor for considering leaving. UHP students also reported that they doubted their ability and RDUH students reported feeling overwhelmed. *The National Education & Training Survey assesses student & trainees experience of their training post annually.*

Obstetrics & Gynaecology

	Analysis
Establishment	• Establishment (39.8) has increased & is compliant with Ockenden IEA levels. • Establishment has increased in UHP & RDUH but decreased in TSDFT.
In Post	• The number of substantive obstetric consultant staff in post (33.8) has increased by 55.4%.
Vacancy	• Consultant vacancy has increased by 9.6% in the last year to 15.1% (6WTE). • All vacancies are within UHP.
Sickness Absence (e-product)	• Sickness absence has reduced from 6.4% to 2.5% with a 12 month absence rate of 4.7% compared to 3.8% for the previous year. • Mental health accounts for 40.9% of absences. • *The obstetric & gynaecology career grade sickness absence has increased from 2.2% to 2.5% with a 12 month absence rate of 3.7% compared to 4.4% in the previous year.* • *Mental health accounts for 60.4% of absences in the career grade workforce.*

*Obstetric consultant workforce indicates low data quality. This is likely due to shared rotas between obstetrics & gynaecology. Please note this also does not include career grade doctors who make up much of the workforce.



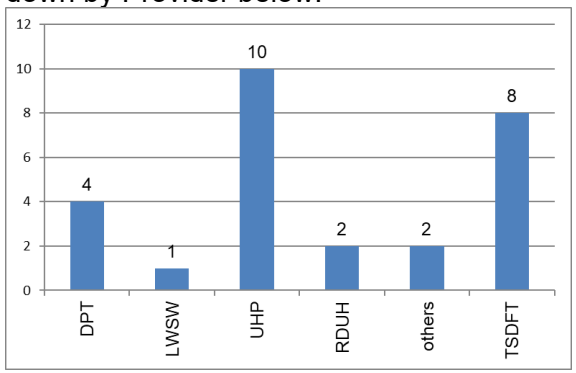
(2022 Survey) No reasons were provided for considering leaving the course/training programme amongst O&G trainees.
O&G Trainee satisfaction in TSDFT is a recognised issue, triggering a visit from HEE in November of 2022. All recommendations made have now been completed. A recent gap analysis demonstrated a gap of 4.3WTE consultant across both specialities with individuals holding multiple leadership responsibilities. A series of away days have been delivered to support improved culture & wellbeing within the consultant body.

Quality

Serious Incidents (all providers)

Serious Incidents received by Provider

During December 2023, there were **27 serious incidents** reported, these are broken down by Provider below:



The **top three Serious incident** types reported in December 2023 were:

Slips trips falls (6) ↑

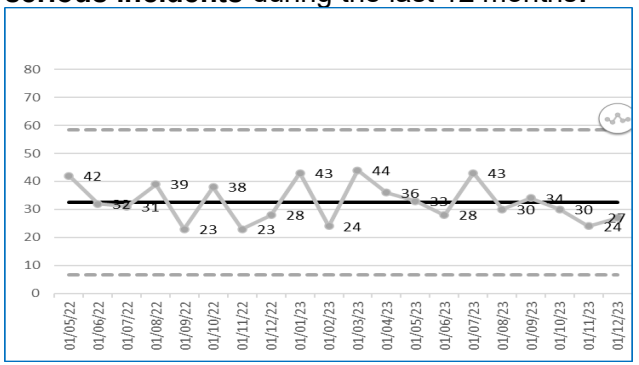
Apparent self-harm (5) ↓

Treatment delay (4) ↓

Diagnostic related (4) ↑

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

The chart below shows the number of **reported serious incidents** during the last 12 months**:**



Total number of **open incidents** for the system in December 2023 is **330**, a decrease from last month (351).

Never events

There was no Never Event reported in December 2023 within the Devon system.
During the financial year 22/23 there were **18 never events reported**. 23/24 financial year as so far had 8 reported Never Events.

Never event provider collaborative work now in place to share learning across the Devon System.

Multi-agency investigations

There are currently **13 open serious incidents** that have been identified as **multi-agency**. These are being investigated jointly to help improve identifying what went wrong throughout the patient's care leading up to the incident. This also enables joint learning across Providers.

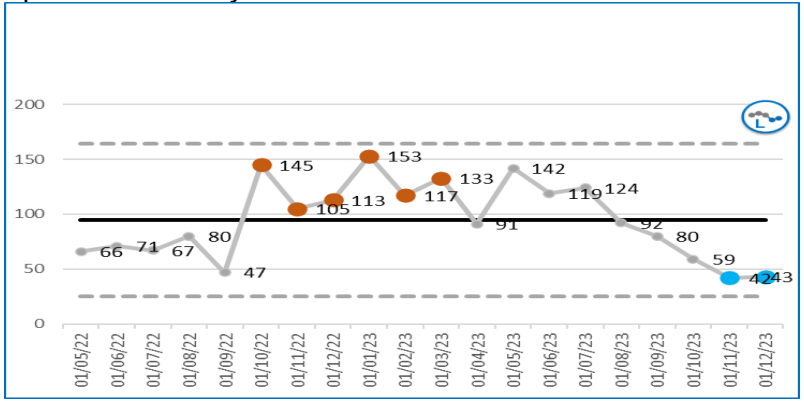
Review and closure

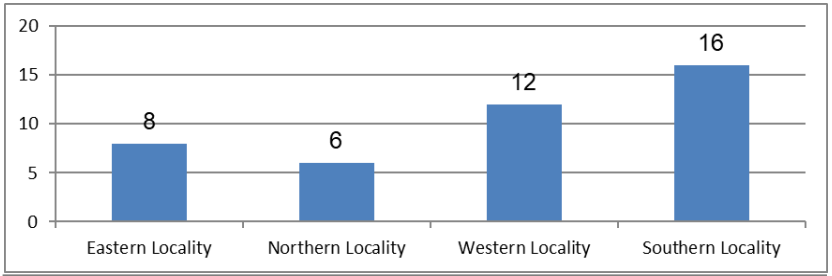
There are currently **36 incident investigations being reviewed** which are currently being monitored by the SST to meet the review deadline. This includes those under the new SI review process.
During December **44 incident investigations** were reviewed and assurance received for **closure**. This shows an increase from 26 in November.
The SST continue to chase these SIs to maintain assurance from providers and record expected completion dates.

Peer Improvement Tips for Care and Health (PITCH)

Received PITCHs

During December **43 PITCHs** were reported, these are broken down by locality in the chart below together with the number of PITCHs reported since May 2022:





Key themes identified in December include ongoing issues with primary care receiving poor discharge summaries. This appears to be an issue across all localities.

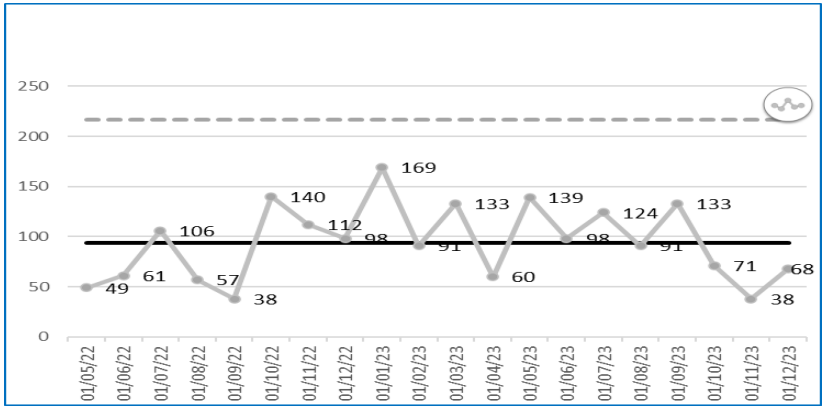
The **top three themes for PITCH concerns received in** December were:

- Procedure or process (16)
- Discharge summary (10)
- Access to service (9)

PITCH Closed

During December 68 PITCHs were closed, compared to 38 in November. The chart below illustrates the number of closed PITCHs per month since May 2022.

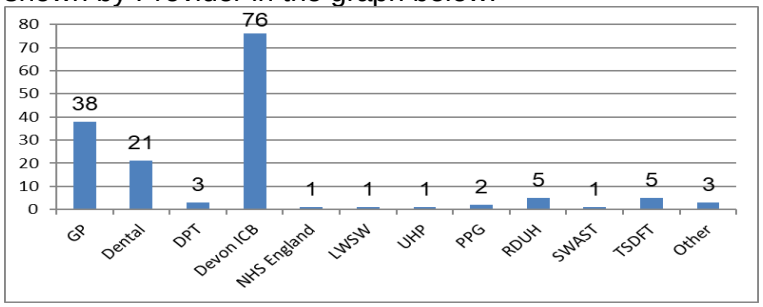
148 PITCHs remain open awaiting further information from provider and ICB teams.



Patient Experience (NHS Devon): Patient Contacts

Patient Experience: Received cases

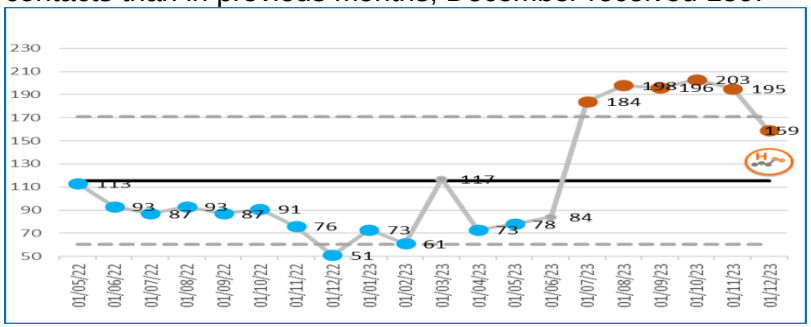
During December there were **160 new patient experience** feedback (including MP and PHSO (Parliamentary and Health Service Ombudsman) enquiries) received by the ICB these are shown by Provider in the graph below:



Following delegation of POD on 1/07/2023, most contacts now relate to Primary Care.

Patient Experience: Informal Concerns

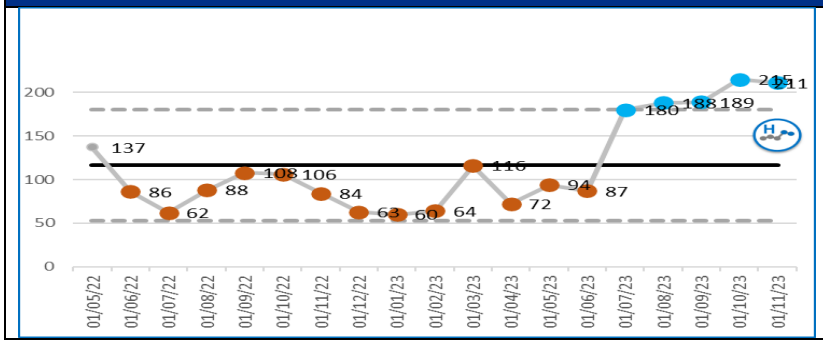
Due to delegated commissioning of Primary Care complaints, there continues to be an increase in the number of patient experience contacts than in previous months, December received 159.



The top three patient experience concerns received in December were:

- Access to Services **(99)**
- Quality of care **(55)**
- Procedure and Process **(29)**

Patient Experience: Closed cases



Patient Experience: Summary

- There were no new formal complaints raised during December for NHS Devon, with a total of 12 that remain open.
- There are 2 contractual reviews open, which are required and form part of Primary Care complaints which are managed by NHS England.
- There is 16 Complaints being managed by the Primary Care Hub.
- There are 6 open requests for information from the Parliamentary Health Care Ombudsman (PHSO).

Safeguarding: Adult Enquiries

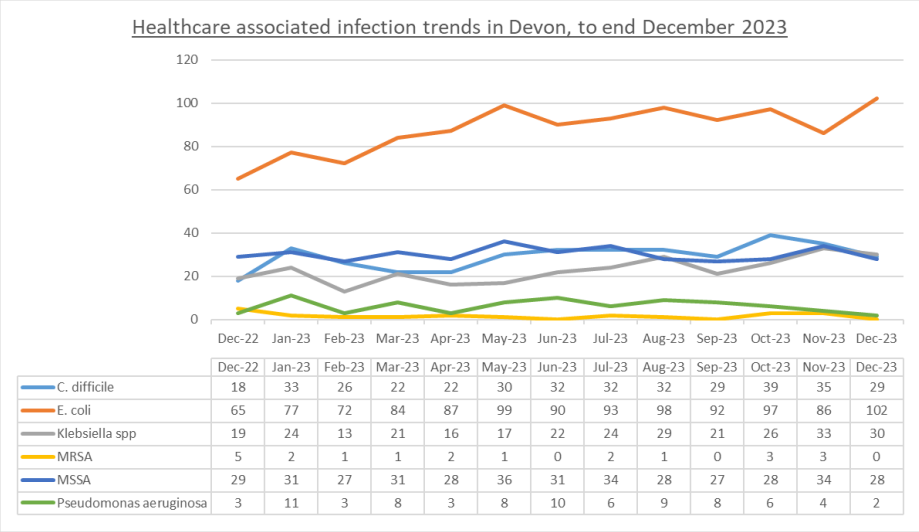
Issue: Safeguarding Adult Enquiries (Section 42.2) are undertaken when concerns about abuse and neglect within health care settings are raised. The statistics below are in relation to the new S42.2 caused out by the 3 local authorities in Devon and the primary themes of the concerns.

Data				Underlying cause
	Oct	Nov	Dec	**Themes:** The top issues within new S42.2 enquiries started in December 2023 related to: - • Poor quality of care • Communication on discharge from hospital.
Total number of S42.2 enquiries	4	7	5	

Initial learning from new safeguarding enquiries, closed safeguarding enquiries and safeguarding adult reviews:	Assurance
These themes are a regular feature of S42.2s but once the hospitals have investigated there have been multiple cases where the claims have not been substantiated, usually due to a misunderstanding between the provider in the community and hospital staff. Where learning is identified the ICB Safeguarding team ensure the provider takes remedial action to prevent future recurrence. SAR Stephen - Devon Safeguarding Adults Partnership was published 28/11/23. Stephen had a learning disability and was murdered in his own home. Learning regarding mate crime and support mechanisms for staff post tragic events was identified. Good practice in the way the GP and IATT teams worked with the police and health and social care team to risk assess and support Stephen was identified. SAR Tony - Devon Safeguarding Adults Partnership was published 09/11/23. Tony died following a fall in hospital. Learning regarding the identification of severe frailty, involvement of family and carers in internal investigations, and communication during transfers of care and support for unpaid carers was identified. There are two recommendations requiring input from the ICB.	The safeguarding adults team continue to review individual safeguarding cases with Providers Safeguarding Leads to gain assurance of the quality of care provided to patients. The safeguarding team are working closely with the providers and local authorities to ensure patients remain safe whilst investigations are undertaken, and mitigating actions are taken to prevent further harm.

Actions for next month/s	Intended impact	Date impact will be realised
Supporting TDSAP with SAR action plans, coordinating commissioner and provider responses.	To ensure the SAR learning is embedded across the health and social care system	Quarter 1 2024

Infection Prevention and Control

Data	Infection Highlights
	**Seasonal and avian flu system gap** PPG will be conducting the Seasonal flu prophylaxis provision for Care Homes and Residential School Outbreaks. However, we are still awaiting the finalisation of the contract, although all aspects of the service specification has been agreed. The system remains exposed around Avian Flu provision of antivirals and swabbing with no identified provider to undertake the work; the system is currently seeking a solution involving acute providers. UKHSA are aware of both system gaps and escalations are ongoing. **COVID & flu vaccination** The England CMO has formally declared the beginning of the Flu season with the publication of his letter last week. Devon remains one of the top areas in England with regards uptake of both the Seasonal Flu and Autumn COVID vaccinations. The National Booking System (NBS) for COVID vaccinations has now closed but the vaccine is available until the end of January 2024, with the Flu vaccination being available until the end of March 2024. Current status is: **61.9%** (71.7%) of eligible cohorts have received the autumn COVID Vaccination. **73.8%** (85.8%) of eligible cohorts have received the seasonal flu vaccination. **34.7% (**21.1%) received a co-administered vaccination. (Figures in brackets are the same point 2022-23). **Tuberculosis** There were renewed pressures on the current TB service with cases requiring significant amounts of contact screening.

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
C. difficile	18	33	26	22	22	30	32	32	32	29	39	35	29
E. coli	65	77	72	84	87	99	90	93	98	92	97	86	102
Klebsiella spp	19	24	13	21	16	17	22	24	29	21	26	33	30
MRSA	5	2	1	1	2	1	0	2	1	0	3	3	0
MSSA	29	31	27	31	28	36	31	34	28	27	28	34	28
Pseudomonas aeruginosa	3	11	3	8	3	8	10	6	9	8	6	4	2

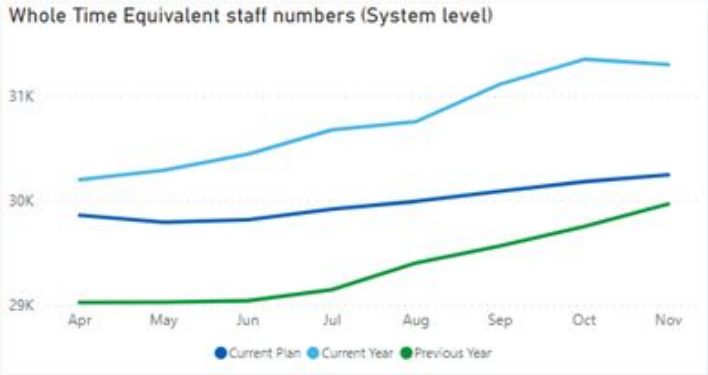
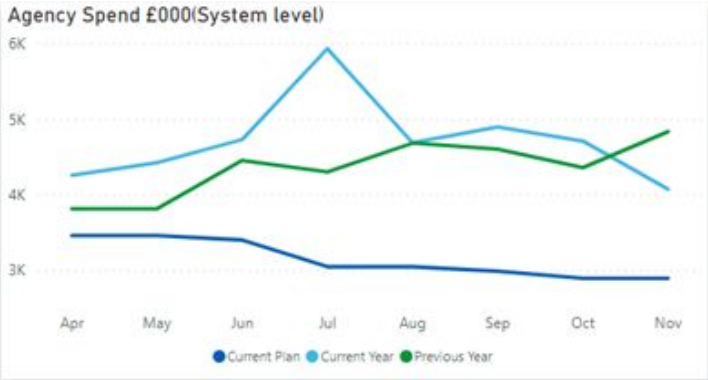
Actions undertaken in last month	Impact
Risk review and determination of risk/issue status	Disruption to risk updates

Actions for next month/s	Intended impact	Date impact will be realised
Seasonal flu commissioning.	Seasonal flu prophylaxis arrangements in place.	January 2024.
Avian flu commissioning.	Avian flu arrangements in place.	Dependent on completion of commissioning.
Tuberculosis commissioning pathway.	Consistent provisioned service for tuberculosis, including video observed therapy and directly observed therapy, as well as screening capacity.	March 2024.
Individual system learning/sharing sessions on *E. coli,* MSSA and *C. difficile.* To include Cornwall stakeholders.	Closer system working, including sharing of good practice and challenges.	February 2024.

Workforce

Workforce: Metrics

Metric	Latest Date	System	Devon Partnership NHS Trust	Royal Devon University NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Whole time equivalent staff numbers (Current Year)	Nov 2023	31,302	3,449	11,893	6,099	9,860
Whole time equivalent staff numbers (Current Plan)	Nov 2023	30,244	3,364	11,358	6,199	9,324
Whole time equivalent staff numbers (Previous Year)	Nov 2022	29,966	3,371	11,454	6,143	8,997
Vacancies (Medical/Dental Consultant)	Nov 2023	92	21	35		36
Vacancies (Registered nursing)	Nov 2023	109	130	107		-128
Vacancies (AHP)	Nov 2023	187	10	106		72
Vacancies (HCAs)	Nov 2023	235	-35	178		92
System Agency spend (£000s) (Current Year)	Nov 2023	4,070	941	1,297	1,314	518
System Agency spend (£000s) (Current Plan)	Nov 2023	2,891	440	1,331	741	379
System Agency spend (£000s) (Previous Year)	Nov 2022	4,834	961	2,236	1,167	470
System Agency spend (£000s) as percentage of total spend	Nov 2023	2.77%	6.08%	2.31%	4.45%	1.13%

WTE and Agency Data and Summaries	Analytical Summary
 	• At M8 (November) 2023 agency spending YTD exceeded plan by £12.54m (50% higher than plan) and providers forecasted overspend to the end of a year is £12.8m. Trust leads are creating improved agency controls with support from Deloitte. • At M8 the Month on Month percentage agency spending decreased by 13.57% from the preceding month. At M8, MoM WTE shows a 85.86 WTE decrease in agency personnel usage with a 30.66 WTE increase in bank usage. • At M8 System Agency spend as a percentage of overall pay bill YTD is reported at 3.23% (0.1%) DPT (at 6.43% YTD) continues with the highest deviation from the target, which is 2.2% of average total workforce spend. UHP is under the target reporting 1.08% of overall pay bill YTD and in comparison, to the prior month, UHP's agency use have increased by 0.03%. • At M8, as a system, workforce spend has been £21.76m higher than anticipated total YTD (Forecasted £5.46m overspend against plan to the end of the year). With the exception of DPT, all providers report forecasted overspend against the plan to the end of the year. • DPT reports savings on substantive and bank staff category. With the exception of RDUH, all providers report savings in the substantive staff category in M8.

Workforce: Attraction, Retention and Workforce Solutions

- **Careers Hub:** Engagement meetings ongoing with relevant stakeholders, NHS, Social Care colleagues, Career Matters, Colleges. TSDFT bidding for UK Prosperity funding. Conversations ongoing with DCC around collaboration for the Exeter and North Devon Hub.
- **SW Careers portal**: The SW Careers Website officially launched in November 2023 with a further training session to be delivered in January around uploading and resolution of technical issues.
- **MOU – Mobility of staff:** Further meeting in January with Solicitors for legal review including data sharing agreement and advice from NHS Devon IG lead.
- **Retention Hub (RH):** Plans to extend hub into social care evolving with drop-ins planned for January. One final post to be recruited into. Monthly reporting starting through Devon Nursing Workforce Board 20/12/23. 37 people now engaged through the hub. Four further workshops booked with Leadership Academy for career coaching training for staff groups. Continue to promote service widely across Devon. Exploring rotational posts as part of flexible working and integrated carer pathways work.
- **Simplifying recruitment and removing barriers to recruitment**: No update as pillar group has not met since the last IQPR.
- **One Devon Bank:** Oversight group continues to meet regularly. Work continues on business case development at TSD and DPT. Lessons learnt from RDU process have been shared.
- **Agency spend and Framework**: Agency spend remains over plan and is under scrutiny in terms enhanced agency controls.
- **Recruitment sprint**: Meeting not yet scheduled due to system pressures and key staff availability.
- **International Recruitment (IR):** The Hub met the demand in December supplying 10 nurses to the Devon system and 4 to other systems in the region.

Workforce: Learning, Education and Strategy

- **Placement Expansion:** Geographical map of potential placements shared with Placement Group. Placement Group membership reviewed with new delivery model developed utilising existing vehicles e.g., AHP Faculty, Nursing Workforce Board and heads of professions communities. Band 7 T-Level Placement Coordinator role appointed, start date to be confirmed. AHP £10K placement expansion project resource secured – delivery in partnership with DPT AHP professional lead. T level Network listening events held with care and education providers. Exploration of primary care solutions to Pharmacy training demand ongoing.
- **Advanced Practice:** Advanced Practice Lead appointed for Primary Care. Showcased seven examples of good practice at National AP Conference. Two submissions were ranked within the top ten nationally. Scoping preparation for February NHSE funding Working with providers and NHSE to address themes within the Learner Quality panels feedback.
- **Apprenticeships:** Social Care task and finish group established following feedback from social care apprenticeship leads. Piloting new levy share process. Continued strong engagement at the Devon apprenticeship steering group. Financial forecasting and apprenticeship planning.
- **Upskilling:** Strength-based approach courses continuing with good attendance and first cohort completed. Hospice-led upskilling courses shared across Devon system. Funding secured for Adult Critical Care of £440K from NHSE with proposal written in collaboration with acute care providers. Strength Based Approach Champions network being developed by Zebra. Ongoing delivery of Advanced Communication Skills training provided by St Lukes and Rowcroft hospices.
- **Learner Experience:** Learner council engagement ongoing with senior leaders and professional leads/communities of practice. Engagement with regional team to support safe learning environment charter and clinical educator workforce.
- **Social Care:** Ongoing engagement with stakeholders – presented at Learning and Education Group and regional social care forums.
- **CPD:** CPD Strategy approved at LEG – to be presented for approval and adoption by System Providers in February 2024 Executive Workforce Board then closed as an ICS programme of work. Sustainability of provider led work established through newly formed CPD Community of Practice with new chairs identified.

Acronyms

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
AA	Admission Avoidance	**HIU**	High Intensity User	**PC**	Primary Care
ACE	Assessment and Co-ordination for Emergency Care	**HLP**	Healthy Lives Partnership	**PCN**	Primary Care Network
AHP	Allied Healthcare Professional	**IA**	Industrial Action	**PHSO**	Parliamentary and Health Service Ombudsman
AP	Advanced Practice	**IATT**	Intensive Assessment and Treatment Team	**PITCH**	Peer Improvement Tips for Care and Health
ARRS	Additional Roles Reimbursement Scheme	**ICB**	Integrated Care Board	**POC**	Point Of Care
ASD	Autism Spectrum Disorder	**ICS**	Integrated Care System	**POD**	Pharmacy Opthalmics Dentistry
AtED	Alternative to ED	**IHDT**	Integrated Hospital Discharge Team	**PPG**	Practice Plus Group
AVP	Ambulance Vehicle Preparation	**IOOA**	Inappropriate out of area	**PSIRPS**	Patient Safety Incident Response Plans
BH	Bank Holiday	**IPC**	Infection Prevention Control	**PSQ**	Patient Safety and Quality
BI	Business Intelligence	**IQPR**	Integrated Quality and Performance Report	**RAG**	Red Amber Green
CAS	Clinical Assessment Service	**IST**	Intensive Support Team	**RDUH/N/E**	Royal Devon University Hospitals/North/East
CDC	Community Diagnostic Centre	**IUEC**	Intergrated Unscheduled Emergency Care	**RN**	Registered Nurse
CFHD	Children and Family Health Devon	**KPI**	Key Performance Indicator	**RTT**	Referral To Treatment
CIP	Cost Improvement Plan	**LCP**	Local Care Partnership	**SAR**	Safeguarding Adult Review
CLD	Criteria Led Discharge	**LEG**	Learning Education Group	**SAU**	Surgical Assessment Unit
CMO	Chief Medical Officer	**LES**	Local Enhanced Services	**SDIP**	Service Delivery Improvement Plan
CQC	Care Quality Commission	**LfPSE**	Learn from Patient Safety Events	**SEND**	Special Educational Needs and Disability
CT	Computed Tomography	**LOD**	Length Of Delay	**SI**	Serious Incident
CYP	Children and Young People	**LOS**	Length Of Stay	**SIF**	Serious Incident Framework
DCM	Discharge Case Manager	**LSW**	Livewell South West	**SLCN**	Speech, Language and Communication Needs
DE	Dementia	**LTP**	Long Term Plan	**SLT**	Speech and Language Therapist/Therapy
DEXA	Dual Energy X-ray Absorptiometry	**MADE**	Multi Agency Discharge Event	**SMI**	Severe Mental Illness
DPT	Devon Partnership Trust	**MDT**	Multi-Disciplinary Team	**SOP**	Standard Operating Procedure
EBCMS	Electronic Bed and Capacity Management	**MGH**	Mount Gould Hospital	**SST**	Safety Systems Team
ECIST	Emergency Care Improvement Support Team	**MH**	Mental Health	**SUCB**	South Unscheduled Care Board
ED	Emergency Department	**MHLDN**	Mental Health Learning Disability and Neurodiversity	**SW**	South West
EDD	Expected Date of Discharge	**MIU**	Minor Injuries Unit	**SWASFT**	South West Ambulance Service Foundation Trust
EIP	Early Intervention in Psychosis	**MoM**	Month on Month	**TB**	Tuberculosis
EMD	Emergency Medical Dispatcher	**MP**	Member of Parliament	**TSDFT**	Torbay and South Devon Foundation Trust
EOC	Emergency Operation Centre	**MRSA**	Methicillin-Resistant Staphylococcus Aureus	**TDSAP**	Torbay and Devon Safeguarding Adult Partnership
EOL	End of Life	**MSSA**	Methicillin-Sensitive Staphylococcus Aureus	**TTO**	To Take Out
FDS	Faster Diagnosis Standard	**MSK**	Muscolar-SKeletal	**UCB**	Unscheduled Care Board

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
FY	Financial Year	**N&E**	North & East	**UCR**	Urgent Care Response
G&A	General & Acute	**NCTR**	No Criteria To Reside	**UEC**	Urgent and Emergency Care
GIM	General Internal Medicine	**ND**	Neuro-Development	**UHP**	University Hospitals Plymouth
GIRFT	Getting It Right First Time	**NHSE**	NHS England	**UTC**	Urgent Treatment Centre
GP	General Practice	**NICE**	National Institute for health and Care Excellence	**VCSE**	Voluntary Community Social Enterprise
GPAS	GP Alert State	**NOF**	National Oversight Framework	**WTE**	Whole Time Equivalent
GPES	GP Extraction Service	**NSS**	No Specific Symptom	**WUCB**	Western Unscheduled Care Board
HCA	Health Care Assistant	**OOH**	Out Of Hours	**WW**	Week Wait
HEE	Health Education England	**OPEL**	Operational Pressures Escalation Levels	**YTD**	Year To Date

Key to Variance & Assurance Icons

	Variation/Performance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
H	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
L	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
H	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
L	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

	Assurance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
?	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
F	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
P	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

NHS Devon

NHS Devon Integrated Care Board

2024-25 Operational Plan Update

Date of meeting	Date report produced
07 February 2024	19 January 2024

Author(s)		Report approved by	
Name and title:	Dilek Hill, Head of Strategic Planning & Performance	**Name and title:**	Sam Wadham-Sharpe, Director of Performance & Assurance
Phone:		**Date:**	22 January 2024
Email:	Dilek.hill3@nhs .net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
NA

Executive summary
This report provides an overview of NHS Devon's approach to developing its Operational Plan for 2024-25. It further outlines a detailed timeline for the initial high level plan submission as requested by NHS England and required sign off.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
30 January 2024 – The Finance and Performance Committee reviewed this report and recommend to the Board the sign off process for the 2024-25 Operational Plan.

Key recommendations and actions requested
1. The Board is asked to **approve** the sign off process for the 2024-25 Operational Plan set out in the report.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	All
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	All
Health inequalities	
Workforce	
Resources and finance	
Legal	
Digital and Data	
Involvement, Engagement and consultation	

2024-25 Operational Plan Update

Introduction and Context

1. Each year the NHS sets out annual planning guidance that outlines the Government's priorities for the NHS for the year ahead. The guidance can include specific targets such as access times for services, or qualitative expectations such as reductions in the use of agency staff.

2. The planning guidance requires all NHS organisations to produce and submit an Operating Plan for the financial year ahead. Operational Plans focus on organisational priorities and actions that will respond to planning guidance, while maintaining organisational development goals and local commissioner requirements.

Approach to developing 2024-25 Operational Plan

3. Following NHS Devon's Operational Plan 2023-24 submission, an internal review was undertaken with a view to a view to improve subsequent planning rounds and explore lessons learned.

4. The review found that NHS Devon's final 2023/24 Operational Plan was both ambitious and realistic in its targets, and better joined up in its approach to delivery. It was developed with senior/executive oversight through robust governance processes which enabled a better understanding of the final product across the whole system.

5. As a result of the review, the following areas have been strengthened to enable a more rigorous process for developing the 2024-25 Operational Plan:

    - Agree system principles, ambition, and timelines as early as possible to improve triangulation.
    - Review and improve governance processes, roles & responsibilities within each provider Trust and the NHS Devon for each area of the plan.
    - Improve communication processes to avoid confusion and delayed response times.

Principles

6. The development of NHS Devon's 2024-25 Operational Plan is founded in the following principles:
   - Drive a reduction in system and provider NOF segmentation levels in line with NOF4 exit timeframe.
   - Deliver year 2 (2024/25) of the 3 year financial recovery plan including the recognition of the £30m convergence risk.
   - Increase productivity and efficiency in line with the national Elective Recovery Fund (ERF) requirements as a minimum, reducing our reliance on insourcing and outsourcing activity.
   - Ensure that the impact of any financial scenario modelling links back to activity and workforce.
   - Deliver against national and local performance targets such as UEC, RTT long waiters, Cancer, DM01, Mental Health and Primary Care
   - Create an environment where new thinking and perspectives are brought to the discussion – a balance of realism with ambition and a willingness to try new ways.
   - Be digitally driven to enable innovation, joint problem solving, and clinical, operational, and financial improvement.
   - Develop a robust audit and evaluation process to inform continuous improvement.

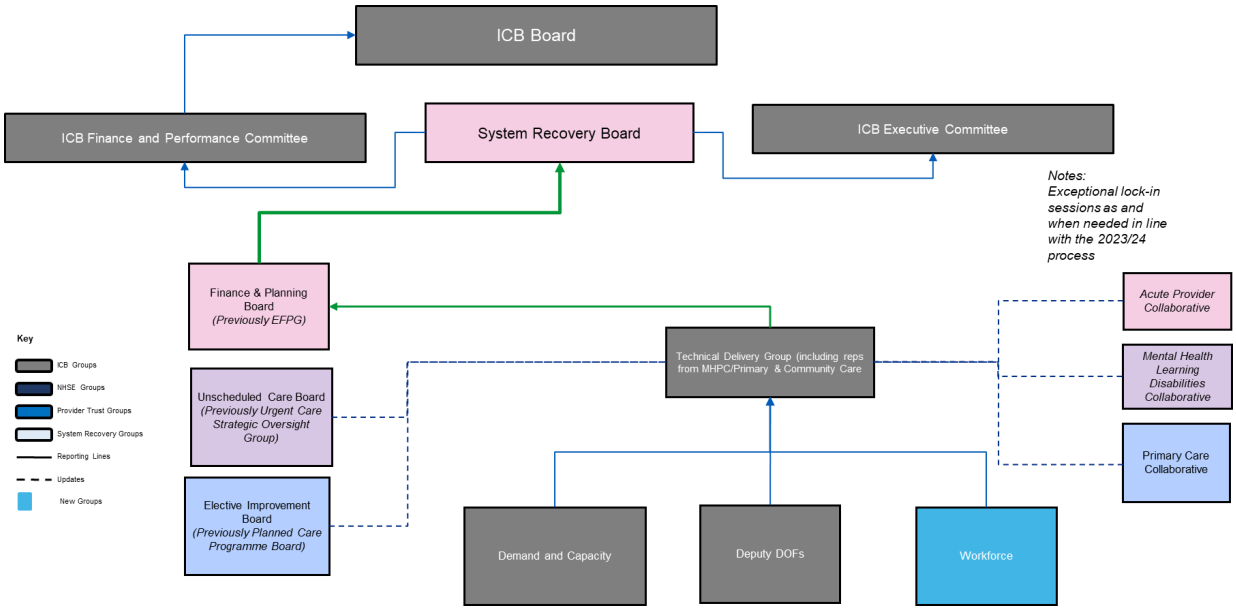
Expected Outcomes

7. The One Devon integrated Care System (ICS) Operational Plan 2024/25 will be expected to deliver the following outcomes:

   - Adhere to the Financial Recovery Plan as agreed with NHS England (NHSE).
   - Deliver activity and productivity levels in line with Getting It Right First Time (GIRFT) and Elective Recovery Fund (ERF) enabling waiting list recovery.
   - Tackle the elective care backlog including long waiters in line with NHSE guidance and local priorities, and as a minimum in line with NHS Oversight Framework Segment 4 (NOF4) exit criteria.
   - Improve the responsiveness of urgent and emergency care, with demonstrable improvements in line with NOF4 exit criteria.
   - Deliver against cancer improvements, in line with NOF4 exit criteria.
   - Deliver against improvements in diagnostic standards and as a minimum meet the 25% standard.
   - Improve timely access to primary care through patients being seen within 2 weeks or same day if urgent.
   - Improve productivity in line with nationally and locally set expectations (at a % to be agreed)
   - Deliver against ESRF, demonstrating the impact of funding on activity and performance levels.
   - Develop our workforce plan in line with demand and resources, with ambitious improvements targets for staff absence and turnover, taking account of national and regional requirements.

Governance

8. Governance processes have been strengthened as a result of the review and discussions across the system to ensure robust check and challenge and appropriate sign off.



Current Position

9. NHSE has published an update for the Operational Plan 2024/25; the full national guidance is delayed until early February. The update includes the following highlights:

   - The priorities and objectives set out in 2023/24 planning guidance and the published recovery plans on urgent and emergency care, primary care access, and elective and cancer care will not fundamentally change.
   - The key requirements will be for systems to maintain the increase in core urgent and emergency care capacity established in 2023/24, complete the agreed investment plans to increase diagnostic and elective activity and reduce waiting times for patients, and maximise the gain from the investment in primary care in improving access for patients, including the new pharmacy first service. The final position and performance expectations will be confirmed in Planning Guidance.
   - Systems will be required to continue to focus on recovering core service delivery and productivity. We will continue to target a reduction in the cost of temporary staffing. It is expected that a standard set of metrics will be agreed for all executive teams and boards to use as a minimum to track productivity alongside service delivery.

10. The details of the national planning process and timetable will be available as part of the guidance when it is published, however it is likely there will be three phases:

- Initial high level operational plan to be submitted **29 February 2024**, for key planning metrics and finance (tbc but likely UEC, Elective and Cancer). The format of this submission will likely in line with the Flash Reports that were submitted in 2023/24.
- Full submission likely in **mid/end-March** to include all ambitions.
- Planning sign off likely April/May, similar to last year, with the purpose to formally sign off and agree the plans and trajectories, with national/regional teams.

Timeline

11. A detailed planning timeline is under review and will be finalised once national guidance is published. In the meanwhile, the following high-level timeline has been developed and reviewed at the Technical Delivery Group to enable the system to submit an initial plan as requested by NHSE. Please note that the timeline may be amended as we receive further information.

		2024							
Task	**Deadline**	**W/C 15/01**	**W/C 22/01**	**W/C 29/01**	**W/C 05/02**	**W/C 12/02**	**W/C 19/02**	**W/C 26/02**	**W/C 04/03**
Expected Submission Date	22/02								
Initial Opening Plans (Activity and Performance)	22/01- 05/01	Received							
Discuss and agree assumptions for agreement	TPG								
National Guidance & Templates published	Expected 31/01								
Updated Baseline Activity/Performance Plans	30/01								
Baseline W/F Plans	30/01								
Baseline Finance Plans	30/01								
Lock-ins (check/challenge and to agree & add additional measures to improve performance and activity)	01-02/02								
Further plan development (activity & performance/ finance/ workforce)	W/C 05/02								
Internal plan submission	COP 21/02								
System check and challenge and triangulation	22-26/02								
High Level Plan sign off: Finance and Performance Committee	27/02								
Submit Plan	29/02								

Next Steps

12. Provider organisations are due to submit baseline finance/workforce/activity and performance plans on 30 January 2024. These baseline plans will support discussions at urgent and emergency care, and elective planning lock-ins organised for 01 and 02 February 2024.

13. The lock-ins aim to work through the baseline plans and layer on system level assumptions for efficiency, productivity, and recovery programme impact to bridge the gap between baseline plans and national/local expectations.

14. Providers will then have until 21 February 2024 to finalise their draft plans to take account of assumptions to submit an ambitious first cut of their plans.

15. Planning submissions will be reviewed against guidance, when received, and local ambitions and updates provided through the governance processes.

16. High level operational plan flash report submission to be signed off by Finance and Performance Committee at its meeting on 27 February 2024, and for this to be discussed at a private session of the NHS Devon Board in March 2024.

17. The final Operational Plan will be submitted to the NHS Devon Board for approval.

Recommendations

18. The Board asked to **approve** the sign off process for the 2024-25 Operational Plan set out in the report.

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Finance and Performance Committee

Date of meeting	Dates of committee covered in this report
07 February 2024	11 January 2024

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation
None

Risk register review updates/escalation
None

Integrated Quality, Performance and Finance Report
Integrated Quality, Performance and Finance Report (IQPR) The Committee received the report considering progress against delivering the five key elements to the achievement of sustainability on elective recovery which included converting follow up activity to new where required; reducing follow ups undertaken without a procedure; improving Did Not Attend (DNA) rates; maximising theatre capacity and reducing on the day cancellations. It has been identified that the areas of Mental Health and Children and Young People required further review in terms of out of area patients and planning for high level indicators and the Committee emphasised the importance of demand and result in these areas across the Devon system.

The Committee took assurance that the Interim Chief Nursing Officer is looking to strengthen the quality content of the report and noted that further discussions are required to confirm the traction of improvement activities, with a focus on service support and their impact on the system.

Reports received, discussed, and noted

Progress towards NOF4 Exit

The Committee received a summary of current progress and the key actions being taken in respect of Strategy and Leadership; Urgent and Emergency Care (UEC); Elective Care; and Finance. It was noted that system pressures relating to demand and industrial action are impacting negatively on the achievement of recovery trajectories for UEC and Elective Care and that as a result NHS Devon could not currently provide assurance of meeting the target NHS Oversight Framework Segment 4 (NOF4) exit date of Q1 2024-25. The activities being undertaken in respect of the of the system's current Operational Pressures Escalation Level (OPEL) 4 status were also reviewed.

Whilst the Committee took assurance that the newly refreshed Programme Management Office was beginning to establish better grip and pace on progress and that potential solutions were being considered within a deep dive as part of the Getting It Right First Time (GIRFT) team's support and reporting; members did, however, emphasise the need for strategic transformation and consideration of how this interacted with the Joint Forward Plan and the Operational Plan.

Following the NHS England (NHSE) request that all Integrated Care Systems (ICS') submit revised plans for the remainder of 2023-24, the Committee noted that NHS Devon has submitted a revised forecast on behalf of the Devon system which included NHS Devon delivering a £42.3m deficit. As the Month 9 financial statements and agreed reforecast were required to be submitted in advance of this NHS Devon Board meeting; it was agreed that further information would be circulated to the Committee outside of the meeting to support the ICB Chair in using her power to take an urgent decision in this matter which has now been actioned.

Finally, the Committee also highlighted that it would be helpful to have sight, in due course, of the report being developed by the System Improvement Director with regard to the support that was likely to be required by and available to the Devon system during 2024-25 and the progress that had been made to date towards exiting NOF4.

Prescribing Issues

The Committee received and noted an update which highlighted that the variability of drugs costs related to both price and volume and that as a result the block contracts in Devon with providers were manifesting as cost pressures internally rather than for the Integrated Care Board.

The variables and factor contributing to the financial risk in this area were considered, with it being noted that the current volatility in the price of medicines did not always capture the savings anticipated from process changes. It was also

noted that further work was being undertaken in respect of prices concessions and inflation.

Devon Investment Group
The Committee received and noted the investments that had been reviewed by the Devon Investment Group in the last quarter, together with the resulting actions and approvals. A request has been made that future reports include more contextual information in respect of the investments.

Deep dive into Workforce Management and Reporting - Linkages to Financial Performance
The Committee received and noted a report which highlighted the actions which had been agreed by the System Recovery Board in respect of this issue. Further information in respect of workforce is to be provided to the Committee including workforce investments since 2019-20 and an in-depth review of agency costs will be undertaken.

One Devon Elective Pilot
The Committee received and noted an update in respect of the pilot, with it being noted that the next steps were to implement the work as business as usual and monitor progress via the productivity dashboard. The value of identifying how the learning and ways of working adopted by the programme could be developed to support wider scale schemes was considered together with the importance of local clinical leadership and its influence on the success of the pilot.

NHS Devon (ICB) and One Devon (ICS) Month 8 Finance Reports
The Committee took assurance from the information provided in respect of the ICB and ICS financial position as at the period ended 30 November 2023.

Forward Plan for Future Meetings
The Committee noted its current workplan and that further work will be undertaken to align this with the Committee's Terms of Reference. The proposal to hold meetings during the second week of each month was supported as this would support reporting schedules.

Committee decisions

None

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Finance and Performance Committee

Date of meeting	Dates of committee covered in this report
07 February 2024	30 January 2024

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation
The Committee received an update on the current position regarding the Board Assurance Framework (BAF) Risks, the management of which it has been identified as responsible for overseeing. Data for this report was extracted late in 2023 and the Corporate Governance team is currently in the process of working with Executive Committee members to seek updates to the BAF. However, the Committee noted that future reports would provide an opportunity to consider the adequacy and effectiveness of the controls and assurances identified, including measures to address gaps in controls and assurances and to identify any further measures that should be taken to manage these risks. The Committee also agreed to use the report to test the appropriateness of the business considered at its meetings.

Risk register review updates/escalation
None

Integrated Quality, Performance and Finance Report

Integrated Quality, Performance and Finance Report (IQPR)
The Committee received the report which provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the One Devon Integrated Care System (ICS), at both place and system level that issues are being identified and addressed.

Mental Health services and the services provided to Children and Young People continue to be areas of significant risk. The Committee was provided with an update on work that will be undertaken with regard to Attention Deficit Hyperactivity Disorder (ADHD) services in particular. The demand for access to these services is significant and a needs-based approach would enable prioritisation. Post diagnostic support is also required in relation to these services, particularly in relation to prescribing, as this is an area where there might be opportunity for financial savings.

The Committee noted the potential quality impact of long waiting times in Mental Health services and the services provided to Children and Young People and agreed to refer the issue to the Quality and Patient Experience Committee to ensure that the Board can receive assurance in respect of this.

Reports received, discussed, and noted

Progress towards NOF4 Exit
The Committee received a summary of current progress and the key actions being taken in respect of Strategy and Leadership; Urgent and Emergency Care (UEC); Elective Care; and Finance. The self-assessment of the exit criteria related to the delivery of the in-year financial plan has changed from Green to Amber. In light of this and other slippages, it was noted that the report did not provide any assurance that the target date of Q1 2024/25 for exiting Segment 4 of the NHS Oversight Framework (NOF4) would be achieved. Work will be undertaken with NHS England to determine whether this remains an appropriate target date.

The Committee considered the manner in which the care co-ordination hub service was provided throughout Q3 and Q4. It was confirmed that a business case is in preparation for substantive funding of the hub which will be presented to the Devon Investment Group in February. In the meantime a short term service provider was being commissioned to ensure that the service could be provided during the winter period.

Ongoing issues with activity lost as a result of industrial action were noted by the Committee as a factor that continues to impact on recovery of activity and performance levels detailed within the 2023/24 Operating Plan. Data reporting for H1 identifies that industrial action led to the cancellation or not booking of activity that would have provided 2911 admitted and 4475 non admitted clock stops. The totality of clock stops lost due to industrial action is greater than the total number of 78ww and 65ww forecast for end of 2023/24.

Committee members discussed the importance of focussing on productivity in 2024/25, recognising that this might mean that significant changes were required. This will be discussed with providers at planning "lock in" sessions at the beginning of February. Generally, the Committee is assured that there is a better understanding of the issues to be tackled in the 2024/25 Operating Plan than there was at this point in the process for developing the 2023/24 Operation Plan.

Equality, Quality Impact Assessment (EQIA) Reviews
The Committee was provided with a briefing on the approach to be taken to EQIA Reviews across the One Devon Health and Care System. Members stressed the importance of being assured that EQIAs were being undertaken within NHS Devon as well and in providers across the system, particularly with regard to the quality and equality implications of the delayed provision of care.

Review of workforce growth over 2019/20 to 2023/24 and the investments behind that workforce growth
The Committee received a deep dive report on workforce growth and the governance and benefits realisation from investments, to learn lessons for future planning and potentially to wind back on any investments which are not providing good value. Committee members took assurance from the fact that this work will feed into the work on the 2024/25 Operating Plan; however, the Committee emphasised the need for clarity with regard to how to receive assurance in relation to the workforce elements of the Operating Plan moving forward and in particular the triangulation of workforce, activity and financial elements.

One Devon System Underlying Position and Impact on 24/25 Plan
Committee members noted the early work that has been carried out on the Devon system exit underlying position in 2023/24 and the impact of this on the 2024/25 plan trajectory. Consideration was given to the significant financial improvement needed in 2024/25 and the programmes being established to deliver this. Further work is required in relation to the development of the 2024/25 Operating Plan and supporting programmes before the Committee can be assured that these will deliver the required savings.

2024-25 Operational Plan Update
The Committee was provided with an overview of NHS Devon's approach to developing its Operating Plan for 2024-25 as well as the detailed timeline for the initial high level plan submission as requested by NHS England and approval of this. This report is included elsewhere on the agenda for the meeting of the Board on 07 February 2024. Committee members endorsed the proposed approach set out in the report, emphasising the importance of Board approval of the proposed approach.

Cancer Services Deep Dive
Committee members were provided with a high-level overview of the current position within cancer services. The fragility of cancer treatment (as opposed to diagnostic) services was noted. The Committee welcomed the greater visibility of the position of cancer services provided by the deep dive and emphasised the importance of including this in the Operating Plan.

NHS Devon (ICB) and One Devon (ICS) Month 9 Finance Reports
The Committee took assurance from the information provided in respect of the ICB and ICS financial position as at the period ended 31 December 2023. The revised financial position was noted.

A recent change in the process relating to IFRS 16 reporting means that although prior to this change the One Devon ICS was spending within its capital allocation, the inclusion of allocation and spend around this reporting standard has meant that there is now a technical overspend. The Finance team is exploring the implications of this and will report back to the Committee as soon as possible.

Disposal of former ward accommodation at Seaton Hospital – update
The Committee noted an update providing clarification of the precise parts of the hospital accommodation discussed in respect of the decision to approve the surrender of the former ward accommodation. In light of the petition received by the Board at its meeting on 06 December 2023, this paper is appended to this report.

Committee decisions

None

Escalation to the Board – for information

The Committee agreed that the importance of incorporating EQIA reviews of performance and proposed decisions should be escalated to the Board. It is recognised that the Quality and Patient Experience Committee is taking a lead on providing assurance in respect of this issue.

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

The Quality and Patient Experience Committee is recommended to review the quality impact of long waits in respect of elective care, Mental Health services and the services provided to Children and Young People in order to provide assurance to the Board that these are being addressed appropriately.

Terms of reference or other committee effectiveness issues
None

5

NHS Devon

Finance and Performance Committee

Disposal of former ward accommodation at Seaton Hospital – update

Date of meeting	Date report produced
30 January 2024	07 January 2024

Author(s)		Report approved by	
Name and title:	Mathew Chetwynd ICS Director of Estates Sue Windley Programme Manager	**Name and title:**	Bill Shields Interim Chief Executive Officer
Phone:	07870 544857	**Date:**	16 January 2024
Email:	mathew.chetwynd@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
This is an update to the paper presented to the Finance and Performance Committee meeting on 01 September 2023 to provide clarification of the precise parts of the hospital accommodation discussed in the original paper for the decision to approve the surrender of the former ward accommodation. This is not a request to re-open the decision process. This paper also provides an update on financial due diligence, recent community engagement and the current position with NHS Property Services in relation to the hand back.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
In line with authority delegated to it by the Board, the Finance and Performance Committee approved the original submission presented 01 September 2023 for the application to NHS Property Services Ltd to undertake a surrender of the former ward accommodation at Seaton Hospital to enable NHS Property Services Ltd and the system to facilitate a disposal by way of sale for development, long lease to a non-health tenant or potentially a demolition should all other routes be exhausted. This paper was presented to the Executive Committee meeting on 16 January 2024, for information.

Key recommendations and actions requested
The Finance and Performance Committee is asked to **note** the clarification of the specific areas referred to as the former ward accommodation to be included in the hand back.

Impact on NHS Devon objectives	
Objective	**Impact**
Effective and efficient care	Strategic development of the estate and infrastructure to improve the quality and delivery of care

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	None
Legal	None
Digital and Data	None

Engagement and consultation	Significant engagement with VCSE organisations has been undertaken, in addition to discussions at PCCTC and Eastern LCP. Whilst VCSE organisations understand the reasons for pursing the course of action taken, requests to suspend the process for hand back have been lodged.

Disposal of former ward accommodation at Seaton Hospital – update

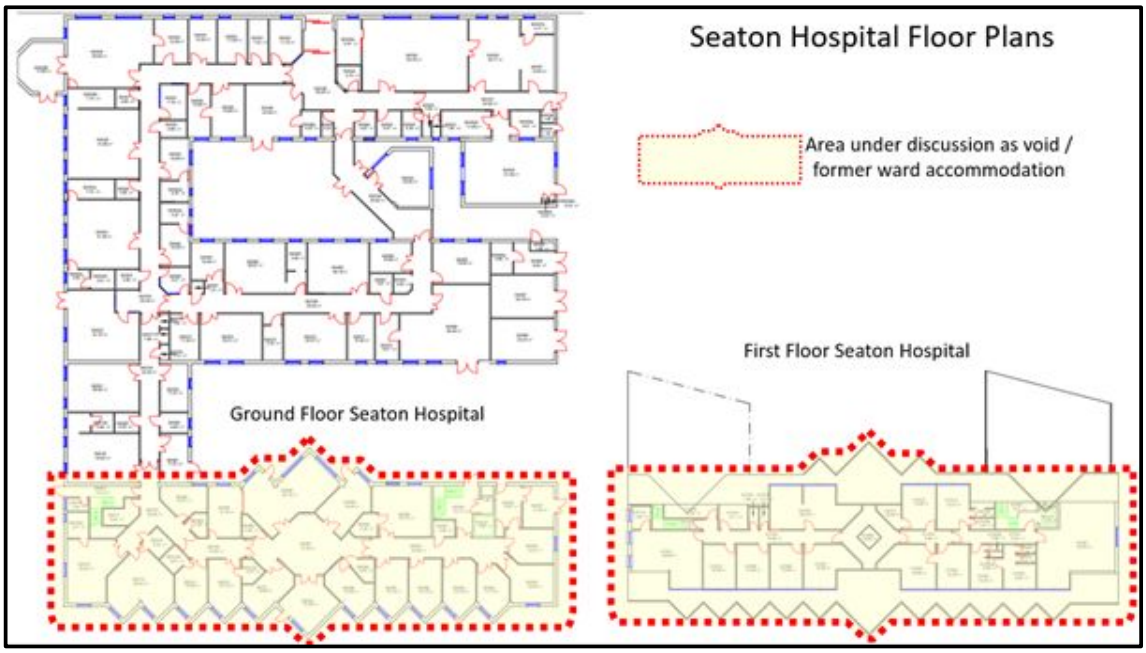
Introduction and background

1. This update is provided as a clarification of the precise accommodation referred to in the original paper in support of the decision to approve the surrender of the former ward accommodation at Seaton Hospital.

2. This is not a request to re-open the decision process.

3. In response to requests for information from Seaton Hospital Steering Committee, this addendum is provided as a clarification of the precise area originally referred to as “former ward accommodation” or “void accommodation”. It has been acknowledged that whilst the terminology used in verbal discussions was clear, there has not been consistent reference to the area under discussion in the written documentation. Therefore, additions to the text have been made to clarify the specific area and intentions.

4. The paper provided to the Finance and Performance Committee sought approval for the surrender of the former ward accommodation (see plan below) at Seaton Hospital.



5. The diagram above defines the area referred to for hand back to NHS Property Services. This area encompasses, the former ward area, all above office accommodation, ancillary and circulation space.

6. The project plan to reduce void costs at the site is to surrender the former ward area and the office space on the first floor, as indicated.

7. The office accommodation would be relocated to the other void area within the main hospital. This would essentially remove or fill the void areas in the hospital. For avoidance of doubt, there is no lease arrangement, no tenure nor any right of occupation granted for any part of the space as marked on the plan.

8. The use of the nominated void space in the main hospital by GPs and vaccination teams has been an informal arrangement (in line with standard agreed practice). The Primary Care Network (PCN) strategy work has indicated this could be suitable space for primary care and PCN development, however no formal options have been proposed and occupation costs would still need to be overcome. Should office based staff from above the void ward space move into this part of the building, it is anticipated that there would still be plenty of other space opportunity to reconfigure for better utilisation and to incorporate more services.

9. Since the paper considered by the Finance and Performance Committee was written in August, further due diligence has been carried out on cost modelling. The revised estimate for NHS Devon's void space liability at Seaton Community Hospital is approximately £282,000.

10. The following information provides detail on the building void floor space and the affected accommodation in question:

- Devon ICB's void liability is:
  - Void ward (not the upstairs) = 472.39m²
  - Void vax/GP area = 195.61m²
  - Shared areas = 256.56m²
- **Total of void ward, void vax area and shared areas = 924.56m²**

- Upper floor of the ward (not classed as void):
  - RDUH = 174.05m² – let to RDUH
  - League of Friends = 12.26m² – costs funded by RDUH, likely to move to ICB
  - Shared = 129.35m²
  - Common area = 22.80m² (stairwell, lift, toilet)
  - **Total upper floor = 338.46m²**

Community engagement

11. Since the decision was taken by the Finance and Performance Committee on behalf of the Board in September, NHS Devon has been engaging with local partners.

12. The following partners, some of whom had been involved in earlier discussions about the vacant ward, were among those identified to receive briefings about the decision to hand back the ward:

- Devon County Council's Health and Adult Care Scrutiny Committee – Chair and members

- Constituency MP Richard Foord
- Seaton & District Hospital League of Friends
- Healthwatch
- Seaton Parish Council
- The local Primary Care Network
- Other occupiers of the hospital
- Local acute trusts
- Devon County Council
- The local community (through local media)
- Neighbouring constituency MP Simon Jupp

13. During this engagement process, information about the hand back of the ward was made public by other parties with whom information had been shared.

14. Since then, local engagement by the NHS has continued. NHS Devon has held meetings and corresponded with the League of Friends, Richard Foord MP, DCC divisional members and representatives of the newly formed Seaton Hospital Steering Group.

15. On 5 December 2023 a meeting was held at County Hall in Exeter, chaired by NHS Devon's Chair, Dr Sarah Wollaston. It was attended by representatives of NHS Devon and representatives of the Seaton Hospital Steering Group, including the chair and secretary, the CEO of the League of Friends and the leader of East Devon District Council.

16. At the constructive meeting, NHS Devon representatives presented the challenging financial background to the current position and updated on recent developments. NHS Devon acknowledged the strength of feeling in the community, recognised the disappointment caused by the decision regarding the ward and expressed appreciation for the work that the group had put into generating a positive way forward.

17. NHS Devon was also able to provide updated information about the costs relating to the void space at the hospital (as set out above), as requested by the group and the League of Friends prior to the meeting.

18. The group was encouraged to work up its proposal for occupying the void ward space and associated offices to deliver increased health and wellbeing services in the town as soon as possible.

19. It was agreed that NHS Devon colleagues would work with the Seaton Hospital Steering Group to provide:

    1. Updated cost information in connection with the void space
    2. Confirmed timelines
    3. Support to work with NHSPS to facilitate a visit to the ward area to assess possible uses for the space
    4. Support for conversations with NHSPS for the committee's use of space at Seaton.

20. On 6 December, before the meeting of NHS Devon's Board at County Hall, Dr Wollaston met community and steering group representatives and received three petitions (one hardcopy, two online) containing approximately 9,000 signatures.

21. Receipt of the petition was formally noted as part of the main Board meeting and will be addressed at the next meeting of the Board in February 2024.

22. At the Board meeting on 6 December, formal responses were given to three questions received from the steering group, and group secretary Martin Shaw addressed Board members.

23. Since a public meeting held on 3 November 2023, when template objection letters were first made available, approximately 350 letters have been received by NHS Devon from people expressing concerns about the future of the ward.

24. NHS Devon has also responded to a number of enquiries from local broadcast, print and digital media about the hand back of the ward.

25. NHS Devon has arranged access to the hospital for representatives of the steering group and League of Friends.

Current position and timelines

26. As stated in the September paper, surrendering part of an NHSPS leasehold asset is complex and applications of this nature at not automatically accepted by NHSPS and the Department of Health and Social Care who oversee applications as owner of NHSPS.

27. As anticipated, NHS Devon and NHSPS remain in negotiations with about the next steps in this process.

28. However, mindful of the significant financial pressures it faces, NHS Devon needs to end its liability for void costs at the hospital quickly and work to effect this as soon as possible continues.

Conclusion

29. The Finance and Performance Committee is asked to **note** the update provided.

NHS Devon Integrated Care Board

Committee Chair's Report - Audit and Risk Committee

Date of meeting	Dates of committee covered in this report
07 February 2024	10 January 2024

Chair	
Name and title:	Graham Clarke, Independent Non-Executive Member for Audit and Risk

BAF updates or escalation

The Committee noted the progress of work regarding the Board Assurance Framework (BAF) following discussion at the Board meeting 06 December 2023 and the proposed re-articulation of the associated BAF risks in advance of their consideration at the Board Seminar on 07 February 2024.

Risk register review updates/escalation

The Committee received an update regarding the procurement of a new risk management system, noting that the indicative budget had now been approved by the Executive Committee. Although in recent weeks the focus has been upon the stabilisation of the Corporate Risk Register, the Committee was assured that the procurement is now proceeding at pace, with it being anticipated that the new system will be in place by the end of May 2024.

The work to stabilise the Corporate Risk Register has included a detailed review resulting in recommendations to the Executive Committee as to any proposed amendments to existing risks and an indication of where newly identified risks were currently being developed. The Committee was assured that work will continue in this area to ensure that all directorates across NHS Devon are

engaging effectively with the risk management process in respect of identifying corporate risks.

Integrated Quality, Performance and Finance Report (please provide summary of discussion for Board assurance)

N/A

Reports received, discussed, and noted

2023-24 Annual Report and Accounts Production and Submission Process
The Committee noted the recommendations and outcomes from the learning review following the 2022-23 Annual Report production process and took assurance from the proposal for the production of the 2023-24 Annual Report and Accounts including the timeline.

Managing Conflicts of Interest Report
The Committee took assurance from the processes in place to ensure compliance with requirements in respect of interests, with there being no breaches of policy in relation to declarations of interest or the offer / acceptance of gifts and hospitality. Comments were provided in relation to the current review of policies covering standards of business conduct, including conflicts of interests.

Information Governance Report
The Committee took assurance from the report.

Internal Audit Update Report and Revised Audit and Assurance Plan
The Committee took assurance that the 2023-24 Internal Audit Plan will be completed within the agreed timeframe and received the following internal audit review reports completed since its last meeting:

- Capital Business Approval (2022/2023) – Satisfactory Assurance
- Continuing Health Care Assessment Process (2022/2023) – Satisfactory Assurance
- Risk Management Policy (2023-24) – Satisfactory Assurance

The Committee was appraised of an indicative Limited Assurance rating for the 2023-24 Head of Internal Audit Opinion as, although considerable work had undertaken to improve core internal risk and control processes, evidence was required as to how well these had been embedded. Work will continue to review the progress of the organisation throughout the remainder of the financial year.

Losses and Special Payments
The report was received and noted.

Quarterly Contracting and Procurement Update
The Committee received information about the number of Single Actions Waivers (SAWs) that had been approved and of the organisation's adherence to appropriate procurement processes and contract management procedures. Concern was expressed about the number of SAWs that had been approved and

the Committee will be focussing on this in future meetings. Particular concern was raised in respect of there being no signed contracts in place with NHS providers for the current financial year, with organisations working to the terms of the previous year's contracts.

External Audit Progress Report and Technical Update
The Committee noted that the full external audit plan for the 2023/24 Financial Statements will be presented to its February meeting. There was a discussion in respect of the ability of NHS Devon to fulfil its regulatory responsibilities in relation to health inequalities and its subsequent reporting in the Annual Report and Committee members agreed that this should be escalated to the Board.

Counter Fraud Interim Report
The report was received and noted.

Emergency Planning, Resilience and Response Assurance (EPRR)
The Committee took assurance that NHS Devon has met 43 of the 47 standards against which it was measured for 2023, with the remaining 4 being considered partially compliant and that work will continue to become fully compliant against all standards.

Committee decisions

The Committee approved its Forward Plan of work for 2023-24, subject to the inclusion of a programme of deep dives.

Escalation to the Board – for information

- International Nurse recruitment – consideration of the learning to come from the internal audit review will be incorporated into the Standards of Business Conduct Policy.
- The current indicative Head of Internal Audit Opinion of Limited Assurance.
- The lack of signed contracts in place with NHS providers.
- The query in relation to the ability of NHS Devon to fulfil its regulatory responsibilities in relation to health inequalities and its subsequent reporting in the Annual Report.

Escalation to the Board – for action

None

Recommendations for the board

The Committee recommends approval of the Emergency Planning, Resilience and Response (EPRR) Assurance Report 2023 (Appendix 1).

Recommendations for other committees

The Quality and Patient Experience Committee is recommended to review and oversee recommendations and actions arising from the Continuing Health Care Assessment Process internal audit.

Terms of reference or other committee effectiveness issues

None

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting	Dates of committee covered in this report
07 February 2024	17 January 2024

Chair	
Name and title:	Thandiwe Hara, Independent Non-Executive Member for Citizen and Community Involvement

BAF updates or escalation
None

Risk register review updates/escalation
None

Integrated Quality, Performance and Finance Report (IQPR)
The Committee's consideration of the IQPR focussed upon planned care delays and communication arrangements with primary care including the measures in place with the Local Medical Committee (LMC) and the Long Wait Group to escalate concerns. When considering Serious Incidents (SI), the Committee noted that there has been a decline in reporting which is due in part to the move to the new reporting framework (PSIRF). Clarification was requested with regard to the reporting of SI data by South Western Ambulance Service NHS Foundation Trust, and it was noted that further work will be undertaken on visibility of harm across the system. This will be the subject of a deep dive at a future meeting of the Committee.

The number of patient contacts being made in relation to pharmacy, optometry and dental (POD) services was considered and the Committee emphasised the importance of including Healthwatch in the consideration of complaints made, where this was appropriate.

Reports received, discussed, and noted

Approach to Quality
The Committee considered a proposal that the NHS Devon approach to quality should be shaped by the guidance provided by the National Quality Board (NQB) with regard to the functions, accountabilities and responsibilities for Integrated Care Boards (ICBs) together with the advice from the NHS England Regional Team that consideration be given to the respective roles and responsibilities of the Committee and the System Quality and Performance Group.

This guidance requires Quality Committees to inform Boards of high level risks via the Chair's report of Committee meetings. The Committee welcomed the proposal that consideration also be given to enhancing the quality aspects of the Integrated Quality and Performance Report (IQPR) and to the development of a dedicated Quality Report.

The Committee considered the benefits of the proposal, particularly in light of the anticipated review of the One Devon System by the Care Quality Commission and was supportive of the proposal being considered as part of the ICB Governance Review.

In addition to the NQB guidance, the Committee also formally received the letter from the NHS England Regional Team in respect of Winter Planning and emphasised the importance of having a quality led perspective in Urgent and Emergency Care (UEC). The Committee welcomed the clear expectations provided in the document and took assurance that the Chief Nursing Officer will link quality into the UEC Recovery Programme Workstreams.

Healthwatch Monthly Insight Report
The Committee received the December Healthwatch Insight Report and noted the ongoing collaborative work between NHS Devon and Healthwatch. The benefit of receiving the report was highlighted as it provided the public and patient perspective and it was agreed that it would be helpful if the data was complemented with content to guide decision-making and action. Work will be undertaken on how to best use other reactive indicators and triangulate the data available in relation to patient experience.

System Quality and Performance Group Report
The Committee noted the outcomes of the meeting of the Group held on 19 December 2023.

Urgent and Emergency Care (UEC): Harm Update
The Committee received an overview of the work being undertaken to explore the level of harm associated with UEC delivery. Areas of concern include Category

Two ambulance response times remaining outside of national targets and that compound delays are being picked up in individual provider mortality meetings.

In view of the importance of clear and accurate reporting of harm and SIs, the Committee has requested that a mapping exercise be undertaken to establish the various approaches being taken to reporting across the Devon system so that a comprehensive picture in respect of patient harm can be formed.

Quality and Equality Impact Assessment (QEIA) Review
The proposed approach QEIAs across the Devon system was received, with it being noted that system partners had completed a self-assessment on core components and work was now being undertaken to develop a facilitated workshop.

Patient Experience Q2 Report
The Committee received an overview of the patient experience data within Quarter 2 of the 2023-24 noting the complexities of a number of open cases as well as the increased levels of contacts being made. Themes of complaints received in respect of Continuing Health Care were also considered. The Executive Committee will be considering proposals for a new approach to management of patient experience concerns.

Patient Safety Incident Response Framework (PSIRF) Briefing
The Committee took assurance that the implementation of PSIRF across the system is progressing and endorsed the recommendation of the PSIRF Steering Group's recommendation that the Patient Safety Incident Response Plan for Royal Devon University Healthcare NHS Foundation Trust should be supported.

Devon System Mortality Workstream Update
The Committee received a report which provided a thematic analysis of SI cases relating to delays in diagnosis / diagnostics between May 2021 and May 2023 with it being noted that the datasets provided were a work in progress with additional datasets to be developed relating to system risks including Urgent and Emergency Care and Planned Care Mortality data.

The welcomed the confirmation that a Mortality and Morbidity Group is to be established and that the NHS Devon Mortality Lead is working to develop a mortality dataset for inclusion in the Integrated Quality Finance and Performance Report. Clarification has also been requested in respect of the reporting of COVID deaths as they sit outside of the current reporting.

South West Provider Collaborative Proposed Independent Review
The Committee received an overview of a proposed independent review, commissioned by the South West Provider Collaborative, of the care received by an individual from multiple health and care providers, with it being noted that the Collaborative would fund the review and that the findings will be presented to the Committee and to the System Quality Group to ensure a system response to the findings.

Children and Young People (inc Children and Young People's Mental Health)

An update was received with regard to the challenges required in respect of Children and Young People's (CYP) services with it being noted that the One Devon Integrated Care Partnership had identified these services as an area of focus in 2024 and would be receiving a briefing on the state of these services from both a healthcare and a local authority perspective at its meeting on 1 February 2024.

The Committee considered that it needs to carry out more work in relation to the challenges being faced by CYP services and will be undertaking a deep dive in respect of maternity and mental health at future meetings.

The Zone – conclusion of quality enhanced surveillance
The Committee received a report detailing the ongoing quality oversight of The Zone's delivery of its Icebreak and Insight services and noted that the Voluntary, Community and Social Enterprise (VCSE) sector will be involved in the learning and decision-making process in respect of this service going forward.

Committee decisions

None

Escalation to the Board – for information

None

Escalation to the Board – for action

The Chair of the Committee stepped down from the board in December 2023. It is proposed that the membership of the Committee should be reviewed in advance of the Committee's meeting in February 2024, to ensure that the Committee's meetings can be quorate.

The Committee's Terms of Reference currently require the following for a meeting to be quorate:

- a minimum of two Non-Executive Members;
- at least the Chief Nursing Officer or Chief Medical Officer;
- one provider representative; and
- one Local Authority representative.

It is proposed that this should be amended as follows:

- 2 x Independent Non-Executive Members (Chair & Deputy Chair)
- ICB Chief Nursing Officer
- ICB Chief Medical Officer
- 1 lay member with lived experience (e.g. Healthwatch)
- 1 acute provider representative
- 1 primary care representative

If the Board is asked to confirm that it is content with this approach. If so, it will need to appoint an additional Non-Executive Member to the Committee and confirm a substantive Chair.

Recommendations for the board

The Committee recommends endorsement of the Royal Devon University Healthcare NHS Foundation Trust's adoption of the Patient Safety Incident Response Framework and associated action plan.

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

The Committee noted that for 2024-25 meetings will be moved to the second week of the month.

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Primary Care Commissioning Transition Committee

Date of meeting	Dates of committee covered in this report
7 February 2024	14 December 2023

Chair	
Name and title:	Judy Hargadon Independent Non-Executive Member for Primary Care

BAF updates or escalation
None

Risk register review updates/escalation
None

Reports received, discussed, and noted
The **Quality and Performance Report** highlighted a concern about accessibility creating an inequality for patients without digital access and concerns over risk to quality monitoring and support in primary care due to redeployment of one of the two quality and performance staff. The meeting was updated on the **Finance Report** as at the end of October 2023 which highlighted pressure on local budget resources due to locum claims for sickness, an increase in minor injury activity, an underspend in GP retainer budget and in core contract budgets where list size was over estimated, overall delegated budget as break even and unused contingency to be used to strengthen primary care resilience.

One Devon

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

The committee noted a paper on the **Pharmaceutical Services Strategic Position** and discussed concerns relating to the closures of community pharmacy branches and the launch of the new pharmacy first service to come in 2024.

The **Deputy Director's Report** highlighted the positive and collaborative meetings on capacity access held with primary care networks and the excellent uptake of practices to the winter admissions avoidance scheme.

The **NHSE Optometry, Dental & Pharmacy Monthly Report** from the regional Hub team was noted as was the update on the delays and challenges to a proposed development of a **Health and Wellbeing Hub** in Teignmouth.

The **Contracting and Resilience Report** highlighted that the Mayflower contract in Plymouth has been signed and all involved have been informed, with regular meetings in place to cover assurance during the handover period and the homeless service (Exeter and Barnstaple) procurement process which went live on 13 November 2023.

The **Healthwatch Audit and Emergency Department Report** was discussed and found to be useful especially in the qualitative data it supplied; notably that a larger proportion of younger patients were using the Emergency Department and also a larger proportion of patients from the local vicinity were choosing to be seen at the hospital. It was also noted that patients reported they had been given information from NHS Devon which gave them options for health care as alternatives to the Emergency Department. Concerns were expressed about inadequate interpretations of information from the associated clinical audit.

The meeting received an explanation of the **new procurement procedures** and how they particularly relate to Primary Care procurements, from a member of the contracting team.

Plymouth Dental Expressions of Interest – the meeting was informed about the approval of the NHS Devon investment group funding to commission a service to focus on dental care for looked-after children.

Committee decisions

A North Devon practice contract handback – options were discussed for the contract taking into account its small population and remote geographical location. Due to these considerations some of the usual options were not considered viable; however, **the PCCTC agreed** that the option of the practice becoming a branch site for one of the other practices in North Devon be pursued as a best option with a list dispersal with mitigation of dedicated community transport a less favourable but possible fallback plan.

The PCCTC approved the final version of the **Primary and Secondary Care work interface paper,** which is now ready to be signed by representatives from the three acute trusts and implemented in the system with the intention of improving efficiency and simplifying patients' treatment pathways. This document

will underpin future system working and be used in all provider negotiations as it is about efficient use of resources for the good of patients.

Escalation to the Board – for information

None

Escalation to the Board – for action

- The need for Primary Care representation on the Urgent Care Board.
- How much delay has been caused by consultation/scrutiny processes regarding the building of a health and wellbeing hub in Teignmouth.

Recommendations for the Board

That NHS Devon Board consider the service being received from the Optometry, Dental & Pharmacy Hub in terms of capacity.

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

NHS Devon

NHS Devon Integrated Care Board

NHS Devon (ICB) Finance Report Month 9

Date of meeting	Date report produced
07 February 2024	02 February 2024

Author(s)		Report approved by	
Name and title:	Kevin Wheller Associate Director of Finance	**Name and title:**	Bill Shields Interim Chief Executive Officer
Phone:	07825 027569	**Date:**	02 February 2024
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
The presentation of NHS Devon Integrated Care Board's (ICBs) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICB for the year ended 31 March 2024. This report details the ICB financial position as at 31 December 2023, setting out the year to date and forecast financial position.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – 30 January 2024 Finance and Performance Committee - 30 January 2024. Since presentation of this report to the Executive Committee and the Finance and Performance Committee, further information has been received from NHS England resulting in amendments to the year end forecast position.

Key recommendations and actions requested
1. The Board is asked to **take assurance** from the information provided with regard to the NHS Devon financial position as at the period ended 31 December 2023.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	All
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	None
Engagement and consultation	None

NHS Devon (ICB) Finance Report Month 9

Executive Summary

1. The presentation of the NHS Devon Integrated Care Board's (ICBs) Finance Report seeks to provide the necessary assurance to the Board on the financial position of the ICB for the year to date (YTD) 31 December 2023 and the year ended 31 March 2024.

2. NHS Devon's funding envelope includes allocations for Primary Medical Care Services, COVID, Elective Recovery and Discharge funding as well as funding for Service Development.

3. The One Devon Integrated Care System (ICS) submitted a deficit plan of £42.3m and an expectation that £212.2m of efficiency savings are needed to meet that plan. Within the plan the ICB's planned financial position was an underspend of £48.6m with a requirement to deliver £82.5m of efficiency savings.

4. However, at the beginning of November NHS England (NHSE) wrote to all ICSs acknowledging the financial and operational pressures systems face because of industrial action. NHSE have provided £800m nationally to address the financial pressures and have introduced revised expectations in relation to elective care targets for the remainder of 2023/24.

5. As a result of this significant change in planning assumptions NHSE asked systems to submit revised plans for the remainder of 23/24 by 22 November with the expectations that systems should seek to deliver their original financial plan, which for NHS Devon is a £42.3m deficit.

6. NHS Devon submitted a revised forecast on behalf of the system which recognised and incorporated the previously reported risks to delivery of the plan. The revised forecast deficit has been agreed at £47.0m.

7. The ICB's surplus within that position reduces from £48.6m to £36.4m representing the unmitigated risks relating to prescribing and delivery of system savings.

8. The revised forecast was based on an assumption that there would be no further industrial action. In light of the December strike action and potential future strike plans there is likely to be ongoing discussion with NHSE that may then require further changes to forecasts for future months.

Financial Position

9. The following detailed report reflects the budget set compared with the actual commitments against that budget for the period to 31st December 2023 and the year ending 31 March 2024.

As at 31 December 2023	Year to date				Forecast			
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000		Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	
Total Net Expenditure	2,127,279	2,136,386	(9,107)	↓	2,794,245	2,806,387	(12,142)	↓
Resource Allocation	2,163,704	2,163,704	0	→	2,842,812	2,842,812	0	→
Total Commissioned Services	**36,425**	**27,319**	**(9,107)**	↓	**48,567**	**36,425**	**(12,142)**	↓

10. Overall, the ICB is reporting a YTD and forecast outturn (FOT) planned surplus of £27.3m and £36.4m respectively.

11. The ICB position sits within an overall system position of a £54.1m FOT deficit which includes £7.1m costs relating to industrial action in December 2023 and an estimate of the costs in January 2024.

12. As at month 9 many of the service lines exceeded budget including some acute services, continuing healthcare individual placements and primary care. These variances have been covered by contingencies set aside at plan to manage variation and held in reserves.

13. Service line variances are detailed in the sections 2 and appendix 3.

Savings Plan

14. The ICB's 2023/24 plan includes a saving requirement of £82.5m.

15. At month 9 the ICB is currently showing a YTD achievement of £51.2m against a plan of £55.4m, with a FOT of achieving £73.6m from the planned £82.5m.

16. Details are disclosed in section 3: Savings and Efficiencies.

Risk

17. At plan the ICB identified risks of £38.6m, including risks relating to delivery of the savings target and increases in prescription drug prices.

18. Risks and pressures arising will be addressed by appropriate mitigating actions to meet the ICB's objectives and year-end financial position.

19. At month 9, the risks have reduced from £30.7m to £6.3m as some of the risks have been realised, including the cost of prescribing, and have been

incorporated into the ICB's position. It is expected that the remaining risk will be fully mitigated by additional costs controls and efficiencies.

20. A reminder of these risks is set out in section 4 of the report.

Conclusion

21. As at 31 December 2023 the ICB is reporting a YTD and FOT planned surplus of £27.3m and £36.4m respectively.

Detailed Financial Performance

22. The YTD and FOT by main service heading as at 31st December 2023 is as follows:

Service	Year to date				Forecast			
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000		Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	
Acute	997,010	1,019,076	(22,066)	↓	1,315,453	1,348,567	(33,114)	↓
Mental Health	231,007	231,087	(80)	↑	307,757	307,628	130	↑
Community Health	249,042	247,917	1,125	↑	332,102	331,050	1,052	↑
Continuing Care	116,949	118,205	(1,256)	↓	155,932	157,867	(1,934)	↓
Primary Care	448,618	471,481	(22,863)	↓	598,154	615,145	(16,991)	↓
Other Programme	24,396	26,788	(2,392)	↓	32,195	35,178	(2,984)	↓
Total Commissioned Services	**2,067,022**	**2,114,554**	**(47,532)**	↓	**2,741,593**	**2,795,434**	**(53,841)**	↓
Running Costs	17,398	19,455	(2,057)	↓	23,200	26,176	(2,976)	↑
Net Expenditure	**2,084,420**	**2,134,009**	**(49,589)**	↓	**2,764,793**	**2,821,610**	**(56,817)**	↓
Reserves/Contingencies	42,859	2,376	40,482	↑	29,452	(15,223)	44,675	↑
Total Net Expenditure	**2,127,279**	**2,136,386**	**(9,107)**	↓	**2,794,245**	**2,806,387**	**(12,142)**	↓
Resource Allocation	2,163,704	2,163,704	0	→	2,842,812	2,842,812	0	→
Total Commissioned Services	**36,425**	**27,319**	**(9,107)**	↓	**48,567**	**36,425**	**(12,142)**	↓

23. Further detail of the budgets, actual spend and variances making up the main service areas above is provided in appendix 3.

Acute Services

24. Acute services include contracts with our main system acute providers as well as contracts with acute providers in Cornwall, Somerset, Bristol and London. It also includes our contract with South Western Ambulance, contracts for patient transport and contracts for acute procedures undertaken in the independent sector and by other non-NHS providers.

25. The ICB and system providers have agreed a set of block contract payments that also include top-up payments and growth funding allocations. The ICB's budget under these financial arrangements has been set to match the payments.

26. At month 9 there is a YTD and FOT overspend of £22.1m and £33.1m respectively which is mainly due to payments for Elective Recovery activity in the NHS and independent sector. The ICB is expecting the increased costs in activity to be covered by additional Elective Recovery Funding, the provision for which is included in reserves. The remaining driver of the overspend in acute activity is a result of non-contract activity offset by underspends in patient transport costs.

Mental Health Services

27. The Mental Health budget commissions Mental Health, Learning Disability, Autism and Neurodiversity services for adult, children and young people. The main contracts for the services are with Devon Partnership NHS Trust (DPT) and Livewell Southwest with the CAMHS service for Northern, Eastern and Southern localities being provided by Children and Families Health Devon through a contract with Torbay and Southern Devon NHS Foundation Trust. This section also includes spend relating to individual adult placements for mental health and learning disability services.

28. In 2023/24 the ICB has planned to invest £19.5m (7.22% increase) in Mental Health Services based on the Mental Health Investment Standard target. In addition to this the ICB has received £19.7m of Service Development Fund (SDF) Transformation funding for Mental Health and Learning Disability Services.

29. At month 9 there is a small FOT underspend of £0.1m. Underspends in learning disability Individual Patient Placements and other mental health costs offset the growth and inflationary uplift pressures in s117 learning disability and mental health placements, as well as increased ADHD activity through right to choose linked to waiting times.

Community Health Services

30. Community Healthcare services include contracts with ICS partners for the provision of community healthcare (including community hospitals and children's services) as well as Minor Injury Units.

31. It also includes provision for community based acute procedures delivered through GP practice specialisms and other non-NHS providers as well as joint arrangements with Local Authorities under the provisions of the Better Care Fund.

32. At month 9 there is currently a FOT underspend of £1.1m which includes a £0.2m underspend in Physical Disability placements and £0.5m underspend in Discharge to Assess. This is due to a reduction in the number of high-cost clients

and a predicted underspend in costs as a result of a reduction in the need for care homes bed usage.

Continuing Health Care

33. Placements includes Continuing Care budgets comprising of Continuing Care Administration, Continuing Healthcare (CHC), Interim Funding, Joint Funding, Children's Continuing Care and Funded Nursing Care (FNC).

34. The placements budget represents a particular risk to the ICB financial position that requires robust financial management. The key risks relate to local authority disputes to the external provider review programme & breaches from the continuation of 4-week Hospital Discharge Programme.

35. Some examples of other risks include:

    - Fluctuations in the number of clients eligible for financial support
    - Assessments exceeding 28 days
    - Unexpected exceptional levels of support required for some clients
    - Responsible commissioner cases

36. The Month 9 outturn position is £1.9m over budget. This represents a forecast deterioration of £0.1m compared to last month. The current overspend is a result of greater than budgeted End of Life clients, inflationary uplift and pay pressures but off-set, in part, by the release of a long-term risk.

Other Programmes

37. All Other Programme area picks up the remaining community-based provision of healthcare services including hospice care and other voluntary sector grant based commissioned services. This area also includes the element of our integrated urgent care contract that relates to NHS 111.

38. As at month 9 there is a YTD and FOT overspend of £2.4m and £3.0m respectively and although there are a number of under and overspends within the Other Programme area, the majority of the overspend represents the costs of the system recovery plan.

Primary Care Services

39. Primary Care includes expenditure on primary care prescribing, GP medical services, enhanced services, out of hours and other primary care related expenditure including GP IT. From 1st April 2023 NHS Devon received delegated responsibility from NHS England for the commissioning of primary care pharmacy, ophthalmic and dental (POD) contracts.

Prescribing

40. The prescribing forecast has increased in month 9 based upon the latest month 7 prescribing data. Excluding the Central Drugs Bill costs, we are reporting a YTD over spend of £18.6m and a FOT overspend of £19.5m. These values are calculated using the national forecasting methodology that is produced by the NHS Business Services Authority (also known as the Prescribing Monitoring Document or PMD forecast).

41. However local analysis of our year-to-date expenditure using a range of forecasting methodologies indicate that the BSA forecast is understated and we are expecting that our year end risk adjusted position could be in the region of £22m. A £3m prescribing risk is included in section 4 to account for this.

42. This increase in prescribing cost is a national issue and cost pressures of this scale are being seen across all ICBs. The cost pressure is in part driven by Price Concessions (previously known as No Cheaper Stock Obtainable or NCSO) and by price increases that are greater than those provided for in our planning or in the national planning guidance.

43. NHS England have confirmed that we should not expect any additional funding to mitigate this cost pressure.

Delegated Commissioning

44. As at month 9 there is an YTD overspend of £6.9m which is attributed to the costs of the Additional Roles Reimbursement Scheme (ARRS). We are expecting additional funding to cover these costs and are therefore forecasting a breakeven position across delegated primary medical care.

Other Primary Care

45. Other primary care services include contracts for enhanced GP services, out of hours GP services, home oxygen services and provision for GP IT costs. At month 9 the forecast position is an underspend by £3.1m which is due to prior year accruals being reflected in the position. This is mostly in respect of Local Enhanced Services claims and Quality Outcomes Framework (QOF) achievement being less than planned for.

Delegated Pharmacy, Ophthalmic & Dental

46. At month 9 we are reporting a breakeven forecast position against the delegated POD services, however underspends are expected in this area and are being included within our forecast and risk management position.

Running Costs

47. The pay and associated costs for the ICB are categorised into administrative (running costs) and programme costs according to whether they relate to healthcare services and are solely concerned with management of the

organisation. Variances relating to programme pay costs are reported within other earlier sections including acute services and placements.

48. Each year the ICB receives a specific allocation for its running costs and has an obligation to report against it separately and must not overspend against the limit set.

49. The ICB's allocation for the year is £23.2m and at month 9 the ICB is reporting a YTD and FOT overspend of £2.1 and £3.0m respectively.

50. The restructure of the organisation is in progress which will support reducing the extent of the overspend in pay costs going forward, but with the assumption at this stage of in year organisational change savings being offset by non-recurrent cost of change.

Resource Allocation

51. Revenue resources contained within our financial plans and financial systems are set out below.

Allocation Description	Year to date ICB
2023/24 Recurrent core allocation	2,198,203
2023/24 COVID	9,321
2023/24 Capacity funding (£k)	26,768
2023/24 Additional discharge allocation (£k)	6,015
ICB running cost allowance	22,578
Allocations (primary medical care)	220,682
Primary Care DOP transfer from regional Teams	117,342
Inflation (Fair Shares)	7,164
Pay Award	30,299
M4 Allocation RC	580
M5 Allocations	12,997
M6 Allocations	1,949
M7 Allocations	3,241
M8 Allocations	1,834
M9 Allocations	(1,245)
Recurrent Allocation	**2,657,728**
Cancer Alliance Core Funding	7,986
Cancer Alliance Targeted Funding	6,057
Mental Health Allocations M2	17,800
Funding for Covid-19 high-throughput & rapid PCR testing	3,280
Community / Keyworkers	2,526
Community Services Transformation	1,641
Primary Care Transformation	3,579
Supporting GP Mentors Q1	44
Long Covid	1,300
Pay Award	4,646
Prevention	1,300
Other M2 Allocations	2,194
M3 Allocations	20,063
M4 Allocations	47,649
M5 Allocations	7,223
M6 Allocations	2,747
M7 Allocations	3,542
M8 Allocations	43,329
M9 Allocations	8,178
Non-Recurrent Allocation	**185,084**
Total Allocation	**2,842,812**

Savings and Efficiencies

52. The table below provides a summary of the delivery of savings and efficiencies at month 9 and the expected position for the year ended 31st March 2024.

Scheme	RAG Status	Year to date			Forecast		
		Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable/ (Adverse) £000	Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable/ (Adverse) £000
Acute		24,439	24,439	0	33,584	32,084	(1,500)
Community Healthcare		12,039	11,778	(261)	18,051	16,109	(1,942)
Mental Health		1,495	1,495	0	1,993	1,993	0
Ambulance		566	566	0	755	755	0
Primary Care		4,500	4,500	0	6,000	6,000	0
Prescribing		3,750	3,750	0	5,000	5,000	0
Continuing Care		5,140	4,641	(499)	8,186	5,686	(2,500)
Running costs		481	0	(481)	641	641	0
Other Programme Services		3,028	0	(3,028)	6,055	3,110	(2,945)
Unidentified		0	0	0	2,192	2,192	0
Total		**55,438**	**51,169**	**(4,269)**	**82,457**	**73,570**	**(8,887)**
Recurrent		41,902	38,156	(3,746)	64,562	56,220	(8,342)
Non-Recurrent		13,536	13,013	(523)	17,895	17,350	(545)
Total		**55,438**	**51,169**	**(4,269)**	**82,457**	**73,570**	**(8,887)**

53. The above figures do not tie up to those disclosed in the monthly Integrated Finance Report (IFR), that is submitted to NHS England, due to the inability to correct the profiling of the savings plans on the form.

54. The £82.5m savings plan includes £21.5m of system savings attributable to workstreams driven through the system recovery programme. These savings are profiled for delivery from October.

55. It should also be noted that £31.7m of the ICB's target of £82.5m is the internal (intra system) provider tariff efficiencies charged to our providers. These efficiencies as reported within the ICB plan are a technicality and will be delivered by provider cost improvement programmes. These are only counted once (i.e., not double counted) within the system total requirement of £212.2m efficiencies. So, the ICB CIP target which is part of the £212.2 is £50.7m.

56. Year to date we are behind plan by approximately £4.3m due to a shortfall in savings in a number of schemes within Community Healthcare, Continuing Care, Running Costs and Other Programme Services. We are forecasting a £8.9m under delivery of savings by the end of the financial year. Other Programme Services include new models of care, programme stretch targets and programme pay.

Risks

57. The assessment of financial risk (and mitigations) at month 9, for the year ended 31st March 2024, is as follows.

Headline	Description	M8 £000	M9 £000	Movement £000	Risk at Plan £000
Prescribing	Risk of additional cost where no cheaper stock is obtainable (NCSO) - Price concessions	19,777	3,000	(16,777)	3,090
Placements	Inflation risk on Continuing Healthcare costs	0	0	0	1,500
Contract risk	Potential additional contract costs	4,000	1,800	(2,200)	3,750
Elective Recovery Fund	Independent Sector Risk re ERF earnings	0	0	0	0
Reorganisation	Impact of Reorganisation	0	1,500	1,500	0
Efficiency risk	Estimated shortfall in required efficiency savings	0	0	0	13,122
System strategic efficiencies risk	Non-delivery of workstream efficiency savings	6,891	0	(6,891)	17,120
Total Risk		**30,668**	**6,300**	**(24,368)**	**38,582**
Additional cost control	Off-set risk by stretch efficiencies	4,000	6,300	2,300	6,090
Transformational / Pathway changes	Review of pathways leading to financial benefits	0	0	0	3,000
Elective Recovery Fund	ERF income assumption	0	0	0	0
Prescribing	Prescribing price concessions and inflation income assumption	0	0	0	0
Efficiency mitigation	Identification of opportunistic in-year savings	0	0	0	7,192
Allocation Review	Hold back non recurrent allocations	0	0	0	750
Total Mitigation		**4,000**	**6,300**	**2,300**	**17,032**
Net Risk		**26,668**	**0**	**(26,668)**	**21,550**

58. At plan the ICB identified risks of £38.6m, with mitigations totalling £17.0m resulting in net risks of £21.6m.

59. As mentioned above, in the Executive Summary, the ICB's financial forecast has moved from an underspend of £48.6m to £36.4m as some of the risks have been realised and incorporated into the position, including the costs of prescribing.

60. Some risks remain, like prescribing, additional contract costs and the impact of the reorganisation, however it is expected that these risks will be fully mitigated by costs controls and efficiencies.

Other Financial Information

Statement of Financial Position

61. The statement of financial position (SoFP) provides a snapshot of the ICB's financial position at that date. The SoFP is made of two parts which must always equal each other: the top part (total assets employed) which shows the ICB's assets and liabilities (what the ICB owns and is owed), and the bottom part (total taxpayers' equity) which shows how the ICB has been financed.

62. The ICB's position at 31 December 2023 is shown in appendix 1.

Capital

63. The ICB has received £138k IT capital which we requested for 2023/24.

64. In December the ICB moved into a new headquarters, Aperture House, which was part of the estates plan to consolidate its property portfolio from four to a single headquarters. Under International Financial Reporting Standards long term leases are seen as capital items and within the NHS this requires a capital funding allocation to cover such a transaction. NHSE has confirmed that the ICB will receive the required funding in due course, which amounts to over £4m.

Better Payment Practice Code

65. 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.

66. The ICB's current performance against the target of 95% is detailed below:

Better Payment Practice Code	M9	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.67	99.05
NHS Creditors - % of bills paid within target	99.38	99.91

Cash

67. There are several key cash performance targets that ICBs are measured against; these are set out in appendix 2.

Recommendation

68. The Board is asked to **take assurance** from the information provided with regard to the NHS Devon financial position as at the period ended 31 December 2023.

Appendix 1: Statement of Financial Position

Statement of Financial Position	M9
Property Plant & Equipment	6,483
Intangible Assets	109
Non Current Assest	**6,592**
Inventories	1,212
Trade & Other Receivables - NHS	2,654
Trade & Other Receivables - Non NHS	38,761
Cash & Cash Equivalents	2,288
Current Assets	**44,916**
Total Assests	**51,508**
Trade & Other Payables - NHS	(47,538)
Trade & Other Payables - Non NHS	(141,635)
Other Liabilities	(7,203)
Borrowings / Cash in Transit	(8,842)
Current Liabilities	**(205,218)**
Total Assets Employed	**(153,710)**
General Fund	(153,710)
Total Taxpayers Equity	**(153,710)**

Appendix 2: Cash

There are several key cash performance targets that the ICB is measured against:

Measure	Month 9
ICBs must operate within their Cash Drawdown Requirement *The cash drawdown requirement is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £2,784m for Devon ICB for the period ended 31st March 2024.*	76.3% of the Cash Drawdown Requirement has been utilised as at month 9 where 75.0% would be expected based on a straight-line trajectory.
ICBs daily and monthly forecasting accuracy and notional charges NHS England is working on implementing a regime of bank charges against ICBs based on the accuracy of daily and monthly cash forecasting*. The start date for any charges to flow through the scheme to the ICB has not yet been confirmed.	The calculations used for the notional charges for December are currently being reviewed by Shared Business Services.
The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown.	The ICB has met the requirement to manage their cash balance at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month. There were a number of expected invoices and payments that did not materialise during the month.

**Although forecasting is carried out as accurately as possible it sometimes difficult to predict 2 months in advance (the requirement by NHS England) the exact timings and amounts of all income received and all payments made.*

Appendix 3: Operating Expenditure

The detailed financial position as at 31st December 2023 and 31st March 2024.

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Royal Devon University Healthcare NHS FT	300,693	309,917	(9,224)	395,756	411,369	(15,613)
University Hospitals Plymouth NHS Trust	249,282	249,998	(716)	328,853	330,275	(1,421)
Northern Devon Healthcare NHS Trust	117,228	117,227	1	156,514	156,514	(0)
Torbay and South Devon Healthcare NHS FT	207,007	206,268	739	273,583	272,490	1,093
Taunton and Somerset NHS FT	8,248	8,247	1	10,997	10,996	2
South Western Ambulance Services NHS FT	53,991	53,991	0	71,988	71,988	0
Independent Sector	28,332	39,538	(11,206)	37,776	52,734	(14,958)
Patient Transport	9,107	7,906	1,201	12,143	10,851	1,292
Other Acute	23,121	25,984	(2,863)	27,842	31,350	(3,508)
Acute	**997,010**	**1,019,076**	**(22,066)**	**1,315,453**	**1,348,567**	**(33,114)**
Devon Partnership NHS Trust	134,904	134,904	0	179,872	179,871	0
Livewell MH Services	6,064	6,064	0	8,085	8,085	0
University Hospitals Plymouth NHS Trust MH	34,144	34,144	0	45,525	45,525	0
Children and Families Health Devon	14,937	14,944	(7)	19,917	19,925	(9)
Individual Patient Placements	11,987	10,969	1,018	15,982	14,625	1,357
Section 117	18,219	20,160	(1,941)	24,292	26,880	(2,588)
Other Mental Health	10,753	9,903	850	14,084	12,715	1,369
Mental Health	**231,007**	**231,087**	**(80)**	**307,757**	**307,628**	**130**
Livewell Southwest	285	285	0	381	381	0
Royal Devon University Community	50,002	50,002	(0)	66,689	66,689	0
Northern Devon Healthcare Community	25,752	25,752	0	34,336	34,336	0
Torbay and South Devon Healthcare NHS FT	53,194	53,194	(0)	70,925	70,925	0
University Hospitals Plymouth Community	45,635	45,635	(0)	60,847	60,847	0
Children and Families Health Devon	10,223	10,258	(35)	13,630	13,677	(47)
Individual Patient Placements	1,485	1,302	182	1,980	1,737	243
Integrated Urgent Care Service	(0)	0	(0)	0	0	0
Hospices	6,445	6,384	61	8,599	8,915	(315)
MIU Contracts	578	599	(20)	771	817	(46)
Better Care Fund_Plymouth CC	4,829	4,717	112	6,438	6,326	113
Better Care Fund_Devon CC	28,082	28,082	(0)	37,442	37,442	0
Better Care Fund Torbay	2,904	2,904	(0)	3,872	3,872	(0)
Demand and capacity	2,501	2,284	217	3,358	3,071	287
VCSE S256	5	85	(80)	5	113	(108)
Other Community Services	17,122	16,434	688	22,829	21,902	927
Community Health	**249,042**	**247,917**	**1,125**	**332,102**	**331,050**	**1,052**
Continuing Healthcare	103,403	104,844	(1,442)	137,871	140,053	(2,183)
Funded Nursing Care	13,546	13,360	186	18,062	17,814	248
Continuing Care	**116,949**	**118,205**	**(1,256)**	**155,932**	**157,867**	**(1,934)**

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Prescribing	160,798	179,852	(19,053)	213,983	234,073	(20,090)
Enhanced Services	9,458	9,458	(0)	12,611	12,611	0
Delegated Commissioning - Co Commissioning	167,371	174,258	(6,887)	223,169	223,214	(45)
Delegated Commissioning - Optometry	8,957	8,957	(0)	11,943	11,943	0
Delegated Commissioning - Pharmacy	26,387	26,387	(0)	35,197	35,197	0
Delegated Commissioning - Dental	55,053	55,054	(0)	73,349	73,349	(0)
GP Out Of Hours	7,184	7,190	(6)	9,559	9,540	19
GP IT	3,288	3,288	(0)	4,384	4,383	1
Other Primary Care	10,121	7,038	3,083	13,959	10,836	3,123
Primary Care	**448,618**	**471,481**	**(22,863)**	**598,154**	**615,145**	**(16,991)**
NHS 111	8,850	8,760	90	11,762	11,669	93
Chime Audiology	3,020	3,000	20	4,026	4,000	26
All Other Commisionned Services	12,527	15,028	(2,501)	16,407	19,510	(3,102)
Other Programme	**24,396**	**26,788**	**(2,392)**	**32,195**	**35,178**	**(2,984)**
Total Commissioned Services	**2,067,022**	**2,114,554**	**(47,532)**	**2,741,593**	**2,795,434**	**(53,841)**
Pay	12,858	14,928	(2,070)	17,146	19,735	(2,589)
Non Pay	4,652	4,681	(29)	6,203	6,611	(408)
Income	(112)	(153)	42	(149)	(170)	21
Running Costs	**17,398**	**19,455**	**(2,057)**	**23,200**	**26,176**	**(2,976)**
Net Expenditure	**2,084,420**	**2,134,009**	**(49,589)**	**2,764,793**	**2,821,610**	**(56,817)**
System Reserves	3,922	0	3,922	5,229	1,624	3,605
Investment Reserves	1,719	2,376	(658)	2,650	(20,542)	23,191
Non Recurrent ICB Reserves	37,218	0	37,218	21,573	3,694	17,879
Total Net Expenditure	**2,127,279**	**2,136,386**	**(9,107)**	**2,794,245**	**2,806,387**	**(12,142)**
Resource Allocation	2,163,704	2,163,704	0	2,842,812	2,842,812	0
Total Surplus	**36,425**	**27,319**	**(9,107)**	**48,567**	**36,425**	**(12,142)**

NHS Devon

NHS Devon Integrated Care Board

NHS Devon (ICS) Finance Report Month 9

Date of meeting	Date report produced
07 February 2024	02 February 2024

Author(s)		Report approved by	
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
The presentation of the One Devon Integrated Care System's (ICSs) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICS for the year ended 31 March 2024. The report details the ICS financial position for the period ended 31 December 2023 against the finance plan submitted for the financial year 2023/24, setting out the year to date and forecast financial position as well as the risks to delivery of that forecast.

One Devon

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – 30 January 2024 Finance and Performance Committee - 30 January 2024. Since presentation of this report to the Executive Committee and the Finance and Performance Committee, further information has been received from NHS England resulting in amendments to the year end forecast position.

Key recommendations and actions requested
1. The Board is asked to **take assurance** from the information provided with regard to the One Devon ICS financial position as at the period ended 31 December 2023.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	All
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	None
Engagement and consultation	None

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One Devon (ICS) Finance Report Month 9

Executive Summary

1. The presentation of the One Devon Integrated Care System's (ICS) Finance Report seeks to provide the necessary assurance to the NHS Devon Board on the current and projected financial position of the ICS for the year ended 31 March 2024.

2. This report details the ICS financial position as at 31 December 2023.

3. As part of the 2023/24 planning round, the One Devon ICS submitted a deficit plan of £42.3m with a commitment to reach a breakeven position by 2025/26.

4. Due to the timing of final provider financial returns being after this report is produced, the information in this report is based on key data submissions. Total capital spend data is therefore not available.

5. Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals. For the One Devon ICS the new expected outturn that has been acknowledged by NHS England (NHSE) is a deficit of £47.0m.

6. For month 9, systems have been asked to forecast based on the new agreed values and also to incorporate additional costs and lost elective income from the known industrial action. This was 3 days during December and 6 days during January.

7. An indication of the phasing of the new forecasts has been returned to NHSE and variances against this revised phasing is included in this report.

8. As at month 9 the One Devon ICS is reporting a year to date £80.3m deficit against a planned deficit of £53.4m – an adverse variance of £26.9m. (M8 £15.4m variance). This is against the original deficit plan and profile.

9. The forecast outturn system position is a £54.1m deficit which includes £7.1m costs relating to industrial action in December 2023 and an estimate of the costs in January 2024. (M8 £0m variance).

10. As at month 9 the Devon ICS had made efficiency savings of £132.7m which is £8.6m favourable to plan. (M8 £1.4m adverse). Forecast savings are favourable to the plan of £212.2m by £2.0m. (M8 £16.1m adverse variance).

11. At the planning stage net risks of £159.5m were identified to delivery of the planned deficit. As at month 9 the net risk has reduced to £4.7m (M8 £82.2m against the original deficit plan) against revised forecast deficit.

12. The above position represents the reported position to NHSE as at Month 9.

Financial Performance

13. The year to date and outturn by organisation as at 31 December 2023 against the original outturn plan is as follows.

Organisation	Year to date			
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000	
Devon ICB	36,425	27,319	(9,107)	↓
Royal Devon University NHS FT	(29,861)	(36,722)	(6,861)	↑
University Hospitals Plymouth Trust	(32,268)	(41,695)	(9,427)	↓
Torbay and South Devon NHS FT	(28,548)	(30,076)	(1,528)	↓
Devon Partnership Trust	896	896	0	→
Total	**(53,356)**	**(80,279)**	**(26,923)**	↓

14. As at month 9 the One Devon ICS is reporting a year to date £80.3m deficit against a planned deficit of £53.4m – an adverse variance of £26.9m. (M8 £15.4m variance).

15. The forecast outturn system position is a £54.1m deficit which includes £7.1m costs relating to industrial action in December 2023 and an estimate of the costs in January 2024. (M8 £0m variance).

16. The main drivers for the year to date deficit remain similar as previous months and include £4.6m net impact of industrial action, a shortfall in pay award funding (£2.6m), an overspend on primary care prescribing (£19.1m) a year to date over spend on drugs (£6.3m), overspends on pay relating to special and supernumerary overseas recruitment (£7.8m). Some of these costs are offset by non recurrent underspends.

17. The year to date and outturn by organisation as at 31 December 2023 against the new outturn plan and phasing is as follows.

Organisation	Year to date		
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000
Devon ICB	27,319	27,319	(0)
Royal Devon University NHS FT	(35,520)	(36,722)	(1,202)
University Hospitals Plymouth Trust	(39,563)	(41,695)	(2,132)
Torbay and South Devon NHS FT	(29,111)	(30,076)	(965)
Devon Partnership Trust	896	896	0
Total	**(75,979)**	**(80,279)**	**(4,300)**

18. The year to date position includes £3.0m of industrial action impact across the three acute trusts with the additional £1.3m relating to further reductions in elective recovery income at Royal Devon University and Torbay and South Devon. This reduction is expected to recover over the remainder of the year.

Savings and Efficiencies

19. The delivery of savings and efficiencies as at 31 December 2023 is as follows:

Organisation	Year to date				Forecast			
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000		Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable / (Adverse) £000	
Devon ICB	38,025	31,045	(6,980)	↓	50,693	41,806	(8,887)	↓
Royal Devon University NHS FT	29,653	42,354	12,701	↑	60,296	77,680	17,384	↑
University Hospitals Plymouth Trust	18,933	20,391	1,458	↓	39,477	39,477	0	→
Torbay and South Devon NHS FT	27,816	29,933	2,117	↑	46,578	41,841	(4,737)	↓
Devon Partnership Trust	9,733	8,988	(745)	↓	15,191	13,480	(1,711)	↓
Total	**124,160**	**132,711**	**8,551**	↑	**212,235**	**214,284**	**2,049**	↑

20. As at month 9 the One Devon ICS had made efficiency savings of £132.7m which is £8.6m favourable to plan. (M8 £1.4m adverse).

21. In addition to the above, NHS Devon Integrated Care Board (ICB) has a target of £31.7m (CIP plan is £82.5m in total) which is delivered intra system with providers and therefore to avoid a double count this has been netted off in the table above.

22. Forecast savings are favourable to the plan of £212.2m by £2.0m. (M8 £16.1m adverse variance). The movement is due to NHS Devon, Torbay and South Devon NHS Foundation Trust and Devon Partnership Trust NHS Trust forecasting a shortfall on the strategic efficiency schemes this month but compensated by Royal Devon University Hospitals Trust including £32.3m financial recovery actions in the efficiency forecast this month. Royal Devon University Healthcare NHS Foundation Trust has four key recovery workstreams in place:

- Elective Recovery Funding (ERF) income & data capture
- Pay controls
- Non pay controls
- Drugs expenditure

23. See appendix 1 for detailed CIP update report. This report now does not distinguish between local schemes and strategic schemes.

Risks

24. The assessment of financial risk (and mitigations) for the year ended 31 March 2024 against the new forecast outturn as at 31 December 2023, is as follows.

Risk description	DPT	RDUH	TSD	UHP	ICB	Total	Plan risks
	£'000						£'000
Additional cost risk (capacity, pressures, winter)	(1,354)				(3,000)	(4,354)	(10,090)
Additional cost risk (inflation)	(1,000)			(1,000)		(2,000)	(9,500)
High cost drugs growth						0	(7,300)
Cost of growth containment						0	(10,000)
Pay vacancy - risk of unwinding						0	(2,000)
Efficiency risk	(6,253)					(6,253)	(55,885)
System strategic efficiencies risk	(1,656)					(1,656)	(50,097)
Income risk (excl. ERF)	(912)					(912)	(7,100)
Liberty Protection Safeguard						0	(1,800)
Diagnostic Cost Pressure						0	(1,000)
ERF income risk				(2,000)		(2,000)	(10,700)
Spec comm contract income						0	(2,000)
CDC income				(1,000)		(1,000)	(5,300)
Contract risk (excl. ERF)					(1,800)	(1,800)	(3,750)
Industrial action costs	(58)					(58)	
B2 to B3 re-banding				(700)		(700)	
Impact of reorganisation					(1,500)	(1,500)	
Total risks	(11,233)	0	0	(4,700)	(6,300)	(22,233)	(176,522)
Mitigations/benefits:							
Additional cost control or income (excl. ERF)					6,300	6,300	6,090
Efficiency mitigation	5,231					5,231	7,192
Transformational / Pathway changes						0	3,000
Other mitigations	4,346			1,700		6,046	750
Total mitigations	9,577	0	0	1,700	6,300	17,577	17,032
Total Net Risk	(1,656)	0	0	(3,000)	0	(4,656)	(159,490)

25. At the planning stage risks of £176.5m were identified along with £7.3m of mitigations, leaving a net risk of £159.5m to the delivery of the original deficit plan.

26. As at month 9 the net risk has reduced to £4.7m (M8 £82.2m against the original deficit plan) against revised forecast deficit.

Capital

System capital (After impact of IFRS 16)

27. A recent change in the process relating to IFRS 16 reporting means that although prior to this change Devon ICS was spending within its capital allocation, the inclusion of allocation and spend around this reporting standard has meant that there is now an overspend.

28. Devon ICS has an allocation of £104.0m but forecast expenditure of £142.7m which represents an overspend of £38.7m. (M8 £38.7m)

Organisation	Year to date				Forecast			
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000		Plan £000	Actual £000	Variance Favourable / (Adverse) £000	
Royal Devon University NHS FT	34,135	18,056	16,079	↑	41,354	41,491	(137)	↓
University Hospitals Plymouth Trust	33,808	46,575	(12,767)	↑	46,931	85,476	(38,545)	↑
Torbay and South Devon NHS FT	19,642	(6,509)	26,151	↓	7,037	7,209	(172)	→
Devon Partnership Trust	7,133	3,315	3,818	↑	8,679	8,507	172	→
Total	**94,718**	**61,437**	**33,281**	↓	**104,001**	**142,683**	**(38,682)**	↑

29. The actual allocation for IFRS 16 is significantly less than had been expected and has now been confirmed at £33.9m, compared to our original plan of £68.9m.

30. The system has applied for access to the national and regional contingency for additional funding of £40m in light of exceptional circumstances that resulted in a requirement to derecognise some leases in 22/23 and recognise instead in 23/24, totalling £40m.

31. Full details on total capital spend are not available at the time of writing this report as provider financial returns are not due until 24th January.

32. See appendix 2 for slides from the regional month 8 capital meeting.

Agency

Organisation	Year to date				Forecast				Agency Cap	
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000		Plan £000	Actual £000	Variance Favourable / (Adverse) £000		Agreed share of agency cap £000	Variance Favourable/ (Adverse) £000
Royal Devon University NHS FT	(11,354)	(15,715)	(4,361)	↑	(15,138)	(20,502)	(5,364)	↓	(21,362)	860
University Hospitals Plymouth Trust	(3,672)	(4,312)	(640)	↓	(4,722)	(6,059)	(1,337)	↓	(7,200)	1,141
Torbay and South Devon NHS FT	(7,490)	(12,098)	(4,608)	↓	(9,721)	(15,729)	(6,008)	↓	(10,789)	(4,940)
Devon Partnership Trust	(4,925)	(8,973)	(4,048)	↓	(6,232)	(11,530)	(5,298)	↓	(6,232)	(5,298)
Total	**(27,441)**	**(41,098)**	**(13,657)**	↓	**(35,813)**	**(53,820)**	**(18,007)**	↓	**(45,583)**	**(8,237)**

33. As at M9 the year to date spend on agency is over plan by £13.7m. (M8 £12.8m)

34. The forecast expenditure for the year end on agency is £18.0m over plan. (M8 £13.3m)

35. Devon ICS has been set an agency cap of £45.6m by NHSE which has been agreed to be shared by providers as per the table above. The system is forecast to be above the agency cap by £8.2m (M8 £3.5m). If expenditure on agency continued at the current run rate, then the agency cap would be breached by £9.2m. (M8 £10.6m)

36. Increased agency has been required as a result of industrial action. Devon Partnership Trust also continues to experience challenges with the recruitment to nursing and medical posts and has a number of extra complex packages of care fully funded by commissioners where agency has been required to cover these.

Recommendation

37. The Board is asked to **take assurance** from the information provided with regard to the One Devon ICS financial position as at the period ended 31 December 2023.

One Devon

CIP Update Report M9

Date: As of 22 January 2024

#OneDevon

Overall Finance Position by Organisation

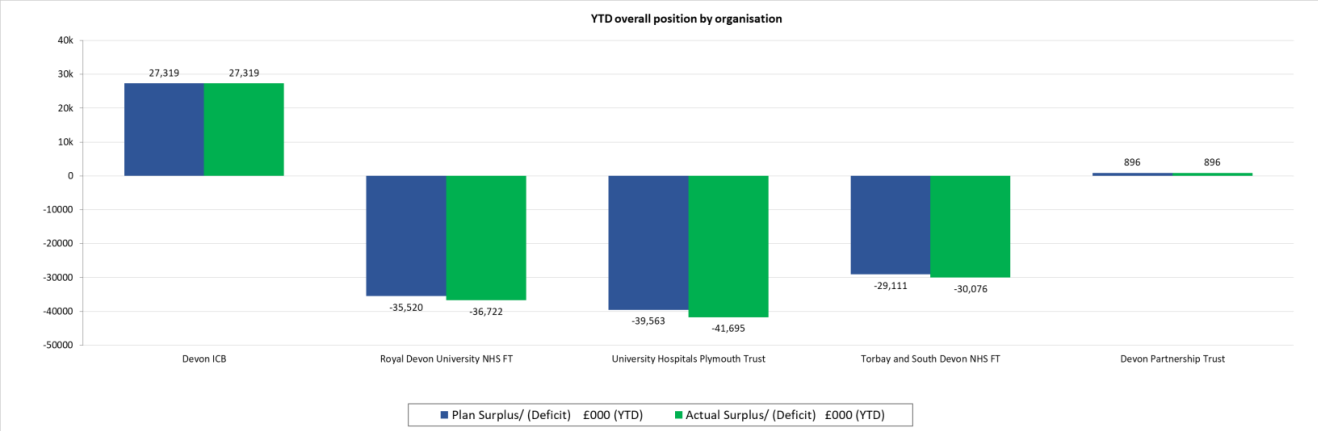
Financial Position

- The year to date deficit is £80.3 which is adverse to the revised plan by £4.3m. (M8 £15.4m)
- The overspend year to date relates to industrial action costs of £3.0m and £1.3m ERF shortfall that is expected to be recovered.
- The forecast outturn system position is a £54.1m deficit which includes £7.1m costs relating to industrial action in December 2023 and an estimate of the costs in January 2024.

Data Source

- Finance & Performance Report

Organisation	Year to date		
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000
Devon ICB	27,319	27,319	(0)
Royal Devon University NHS FT	(35,520)	(36,722)	(1,202)
University Hospitals Plymouth Trust	(39,563)	(41,695)	(2,132)
Torbay and South Devon NHS FT	(29,111)	(30,076)	(965)
Devon Partnership Trust	896	896	0
Total	**(75,979)**	**(80,279)**	**(4,300)**



CIP Progress Overview by Organisation

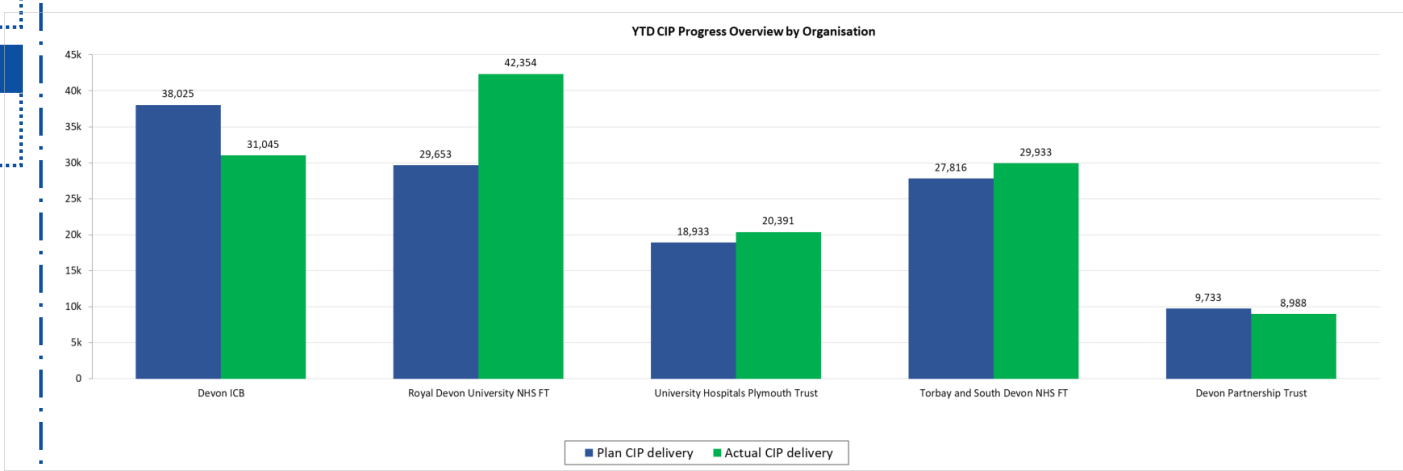
CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at Month 9 provided through the ICB CIP reporting team.
- As at month 9 the ICS had made efficiency savings of £132.7m, this is a £8.6m favourable variance against plan. (M8 £0.1m adverse)
- The forecast savings are £214.3m which is an over delivery of £2.0m to plan. (M8 £16.1m adverse)

Data Source

- Finance & Performance Report

Figures are in £'000s	Year to date			Forecast		
	Plan CIP Delivery	Actual CIP Delivery	Variance	Plan CIP Delivery	Forecast CIP Delivery	Variance
Devon ICB	38,025	31,045	(6,980)	50,693	41,806	(8,887)
Royal Devon University NHS FT	29,653	42,354	12,701	60,296	77,680	17,384
University Hospitals Plymouth Trust	18,933	20,391	1,458	39,477	39,477	0
Torbay and South Devon NHS FT	27,816	29,933	2,117	46,578	41,841	(4,737)
Devon Partnership Trust	9,733	8,988	(745)	15,191	13,480	(1,711)
Total	**124,160**	**132,711**	**8,551**	**212,235**	**214,284**	**2,049**



Recurrent CIP Progress Overview by Organisation

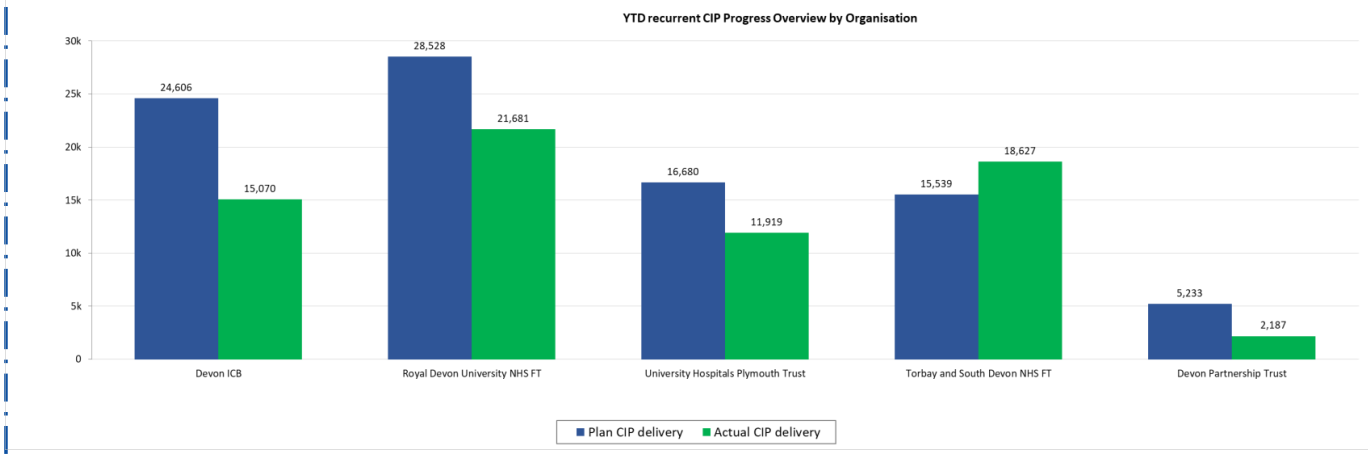
CIP Delivery

- Recurrent CIP delivery is under plan by £21.1m year to date (M8 £19.7m).
- Forecast recurrent CIP is under plan by £35.9m. (M8 £9.2m)

Data Source

- Finance & Performance Report

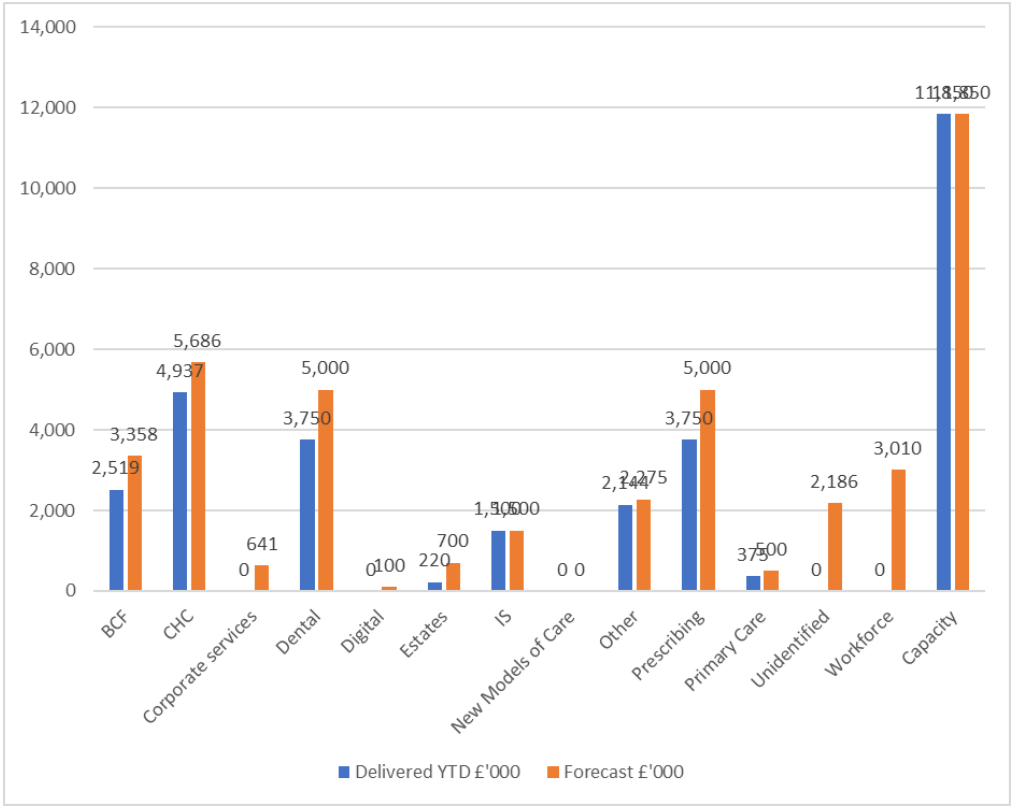
Figures are in £'000s	Year to date			Forecast		
	Plan CIP Delivery	Actual CIP Delivery	Variance	Plan CIP Delivery	Forecast CIP Delivery	Variance
Devon ICB	24,606	15,070	(9,536)	34,113	24,456	(9,657)
Royal Devon University NHS FT	28,528	21,681	(6,847)	53,365	40,496	(12,869)
University Hospitals Plymouth Trust	16,680	11,919	(4,761)	32,971	30,971	(2,000)
Torbay and South Devon NHS FT	15,539	18,627	3,088	30,805	25,634	(5,171)
Devon Partnership Trust	5,233	2,187	(3,046)	9,191	3,017	(6,174)
Total	**90,586**	**69,484**	**(21,102)**	**160,445**	**124,574**	**(35,871)**



Total CIP schemes update

ICB | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
BCF	3,750	2,519	(1,231)	5,000	3,358	(1,642)
CHC	6,140	4,937	(1,203)	8,186	5,686	(2,500)
Corporate services	481	0	(481)	641	641	0
Dental	3,750	3,750	0	5,000	5,000	0
Digital	75	0	(75)	100	100	0
Estates	750	220	(530)	1,000	700	(300)
IS	2,250	1,500	(750)	3,000	1,500	(1,500)
New Models of Care	1,425	0	(1,425)	1,900	0	(1,900)
Other	2,491	2,144	(347)	3,314	2,275	(1,039)
Prescribing	3,750	3,750	0	5,000	5,000	0
Primary Care	375	375	0	500	500	0
Unidentified	1,642	0	(1,642)	2,192	2,186	(6)
Workforce	2,258	0	(2,258)	3,010	3,010	0
Capacity	8,888	11,850	2,962	11,850	11,850	0
Total	38,025	31,045	(6,980)	50,693	41,806	(8,887)

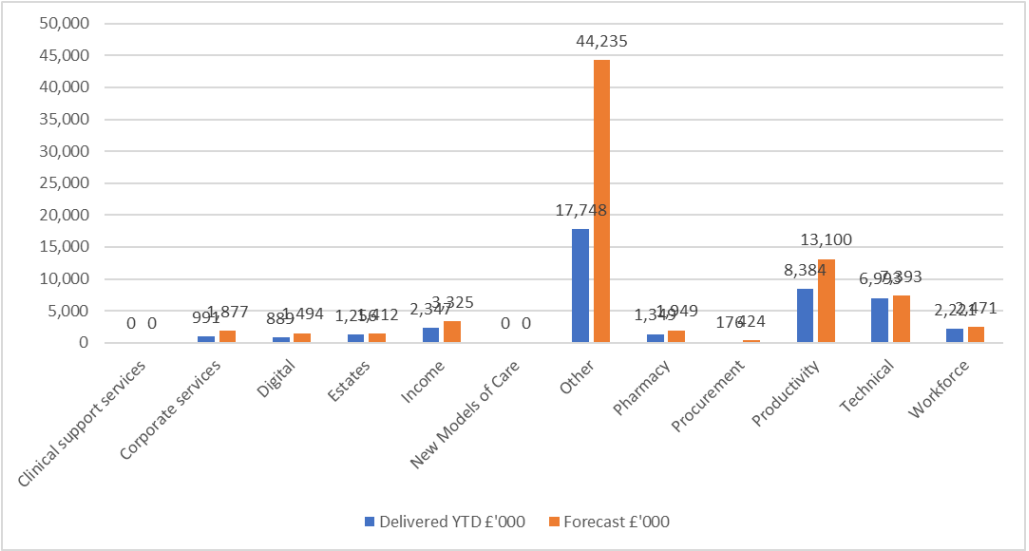


CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at M9 provided through the ICB CIP reporting team.
- As at M9 the ICB has made efficiency savings of £31.0m, an adverse variance of £7.0m.
- Total savings are forecast to deliver a shortfall of £8.9m.

RDUH | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
Clinical support services	0	0	0	3,399	0	(3,399)
Corporate services	1,818	991	(827)	3,136	1,877	(1,259)
Digital	4,332	889	(3,443)	7,461	1,494	(5,967)
Estates	67	1,256	1,189	1,458	1,412	(46)
Income	133	2,347	2,214	200	3,325	3,125
New Models of Care	0	0	0	4,053	0	(4,053)
Other	7,605	17,748	10,143	10,507	44,235	33,728
Pharmacy	225	1,349	1,124	300	1,949	1,649
Procurement	1,862	176	(1,686)	3,474	424	(3,050)
Productivity	8,384	8,384	0	13,100	13,100	0
Technical	0	6,993	6,993	4,900	7,393	2,493
Workforce	5,227	2,221	(3,006)	8,307	2,471	(5,836)
Total	29,653	42,354	12,701	60,296	77,680	17,384

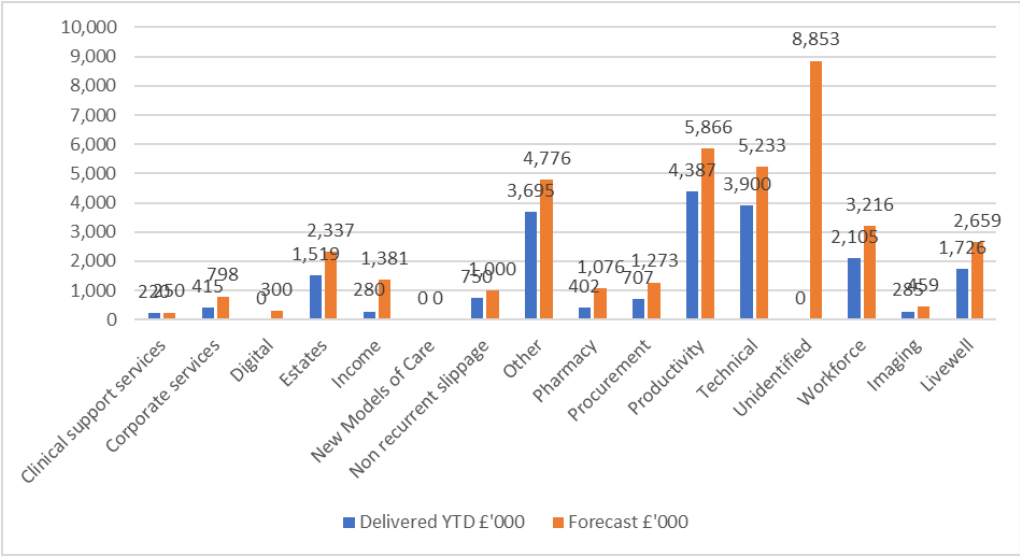


CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at M9 provided through the RDUH CIP reporting team.
- As at M9 RDUH has made efficiency savings of £42.3m, a favourable variance of £12.7m.
- Included under other is the financial recovery programme workstreams: •ERF income & data capture, Pay controls ,,Non pay controls ,Drugs expenditure .
- Total savings are ahead of plan by £17.4m.

UHP | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
Clinical support services	325	220	(105)	2,268	250	(2,018)
Corporate services	724	415	(309)	1,180	798	(382)
Digital	75	0	(75)	1,355	300	(1,055)
Estates	1,832	1,519	(313)	2,854	2,337	(516)
Income	843	280	(564)	1,600	1,381	(219)
New Models of Care		0	0	2,705	0	(2,705)
Non recurrent slippage	750	750	0	1,500	1,000	(500)
Other	392	3,695	3,303	3,428	4,776	1,348
Pharmacy	713	402	(310)	800	1,076	276
Procurement	879	707	(172)	2,785	1,273	(1,512)
Productivity	5,250	4,387	(863)	7,600	5,866	(1,734)
Technical	3,071	3,900	829	3,000	5,233	2,233
Unidentified		0	0		8,853	8,853
Workforce	2,173	2,105	(67)	5,873	3,216	(2,657)
Imaging	285	285	0	229	459	230
Livewell	1,623	1,726	104	2,300	2,659	359
Total	18,933	20,391	1,458	39,477	39,477	0

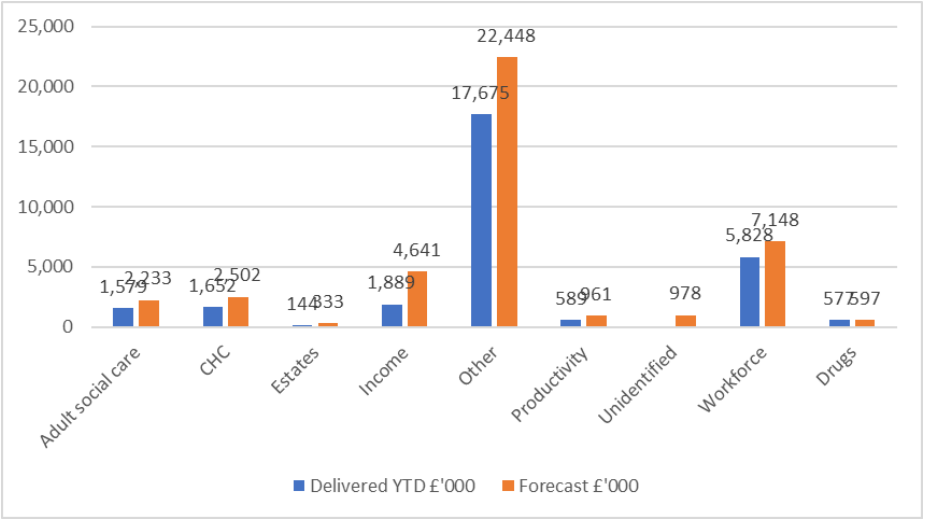


CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at M9 provided through the UHP CIP reporting team.
- As at M9 the UHP has made efficiency savings of £20.4, a favourable variance of £1.5m.
- Total savings are on track to deliver £39.5m

TSD | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
Adult social care	1,388	1,579	191	1,073	2,233	1,160
CHC	1,471	1,652	181	479	2,502	2,023
Estates	164	144	(20)	379	333	(46)
Income	0	1,889	1,889	5,081	4,641	(440)
Other	18,437	17,675	(762)	31,733	22,448	(9,285)
Productivity	1,121	589	(532)	961	961	0
Unidentified			0	0	978	978
Workforce	4,852	5,828	976	6,275	7,148	873
Drugs	383	577	194	597	597	0
Total	27,816	29,933	2,117	46,578	41,841	(4,737)

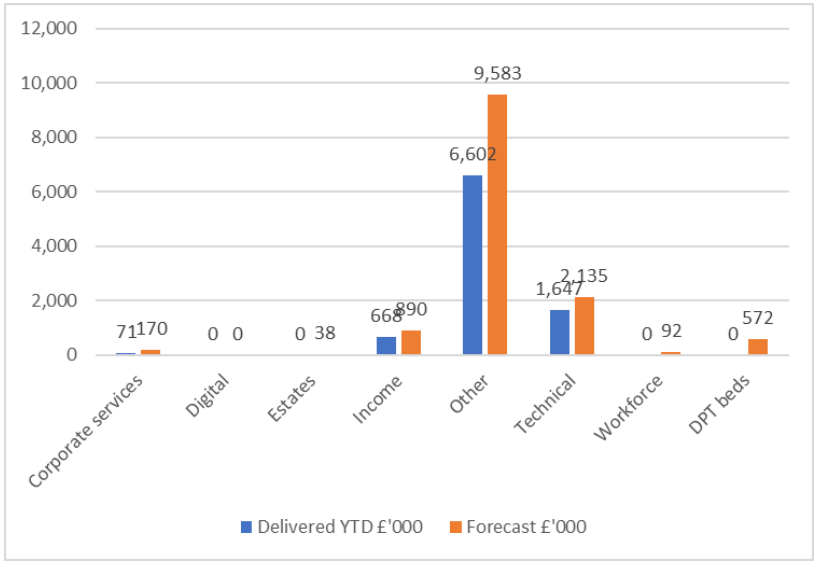


CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at M9 provided through the TSD CIP reporting team.
- As at M9 the TSD has made efficiency savings of £29.9m, a favourable variance of £2.0m.
- Total savings are forecast to deliver a shortfall of £4.7m.

DPT | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
Corporate services	231	71	(160)	430	170	(260)
Digital	0	0	0	500	0	(500)
Estates	133	0	(133)	440	38	(402)
Income	0	668	668	0	890	890
Other	6,074	6,602	528	8,091	9,583	1,492
Technical	1,647	1,647	0	2,200	2,135	(65)
Workforce	348	0	(348)	730	92	(638)
DPT beds	1,300	0	(1,300)	2,800	572	(2,228)
Total	9,733	8,988	(745)	15,191	13,480	(1,711)



CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at M9 provided through the DPT CIP reporting team.
- As at M9 the DPT has made efficiency savings of £9.0m, an adverse variance of £0.7m.
- Total savings are forecast to deliver a shortfall of £1.7m.

Risk RAG by ICB/Providers – Maturity of schemes

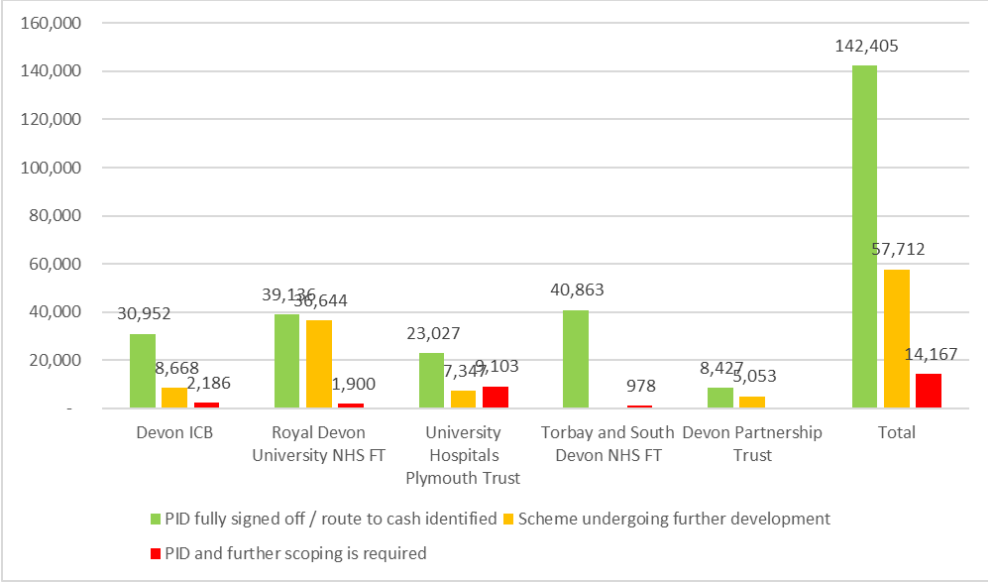
CIP delivery

- As of month 9, the providers are forecasting to deliver plans of £214.3m of which the majority (c.66%) of plans has been reported to have a fully developed PID in place and a route to cash has been identified.
- Providers CIPs have reported that 27%, equivalent to £57.7m, of total plans are being developed with the remaining 7% requires furthering scoping.

Data Source

- CIP reporting from organisations.

	PID fully signed off / route to cash identified	Scheme undergoing further development	PID and further scoping is required	Total
Devon ICB	30,952	8,668	2,186	41,806
Royal Devon University NHS FT	39,136	36,644	1,900	77,680
University Hospitals Plymouth Trust	23,027	7,347	9,103	39,477
Torbay and South Devon NHS FT	40,863		978	41,841
Devon Partnership Trust	8,427	5,053		13,480
Total	**142,405**	**57,712**	**14,167**	**214,284**
%	66%	27%	7%	100%



Risk RAG by delivery risk

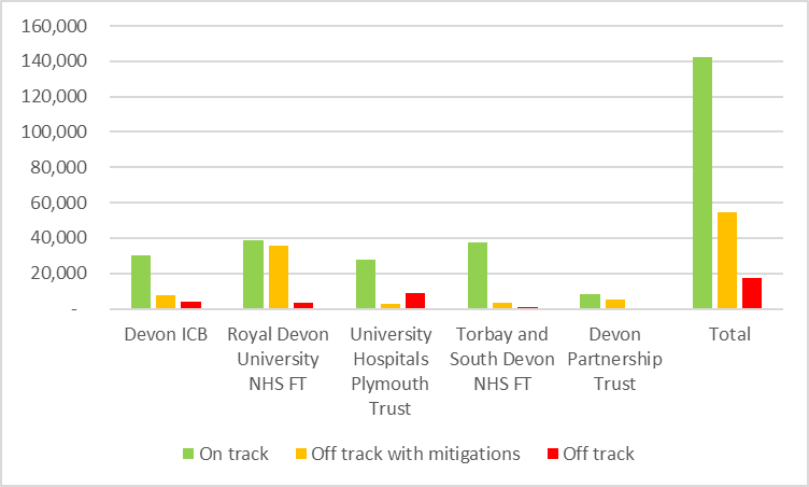
CIP delivery

- The table provides a breakdown of the CIP schemes by delivery status.
- As at month 9 8% of plans are off track to delivery with 66% being on track.

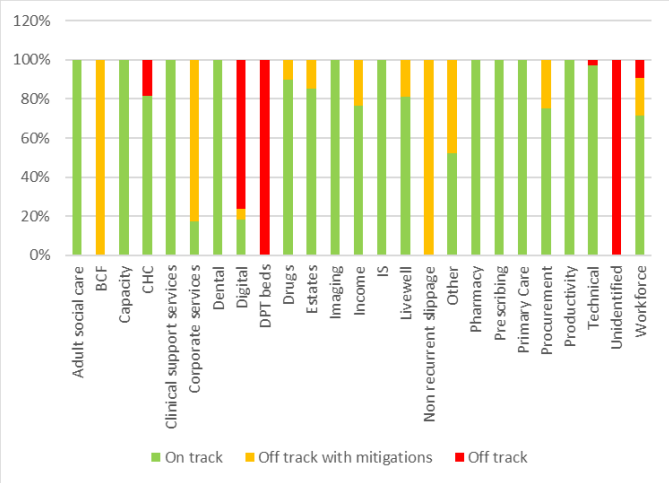
Data Source

- Internal CIP Reporting as of M9

	On track	Off track with mitigations	Off track	Total
Devon ICB	30,311	7,809	3,686	**41,806**
Royal Devon University NHS FT	38,911	35,449	3,320	**77,680**
University Hospitals Plymouth Trust	27,593	3,031	8,853	**39,477**
Torbay and South Devon NHS FT	37,528	3,335	978	**41,841**
Devon Partnership Trust	7,994	4,914	572	**13,480**
Total	**142,337**	**54,538**	**17,409**	**214,284**
%	66%	25%	8%	100%



Risk RAG by CIP initiatives - delivery status



£'000	On track	Off track with mitigations	Off track	Total
Adult social care	2,233			**2,233**
BCF		3,358		**3,358**
Capacity	11,850			**11,850**
CHC	6,688		1,500	**8,188**
Clinical support services	250		-	**250**
Corporate services	596	2,891		**3,486**
Dental	5,000			**5,000**
Digital	345	100	1,449	**1,894**
DPT beds			572	**572**
Drugs	536	61		**597**
Estates	4,106	714	-	**4,820**
Imaging	459			**459**
Income	7,812	2,425		**10,237**
IS	1,500			**1,500**
Livewell	2,159	500	-	**2,659**
Non recurrent slippage		1,000		**1,000**
Other	43,354	39,963	-	**83,317**
Pharmacy	3,025			**3,025**
Prescribing	5,000			**5,000**
Primary Care	500			**500**
Procurement	1,273	424	-	**1,697**
Productivity	19,927		-	**19,927**
Technical	14,361		400	**14,761**
Unidentified			12,017	**12,017**
Workforce	11,364	3,102	1,471	**15,937**
Total	**142,337**	**54,538**	**17,409**	**214,284**

CIP delivery

- The table provides a breakdown of the total CIP schemes across a number of core initiatives.
- As at month 9 there are £12.0m unidentified schemes in the forecast and a further £5.4m of schemes that are off track for delivery.

Data Source

- Internal CIP Reporting as of M9

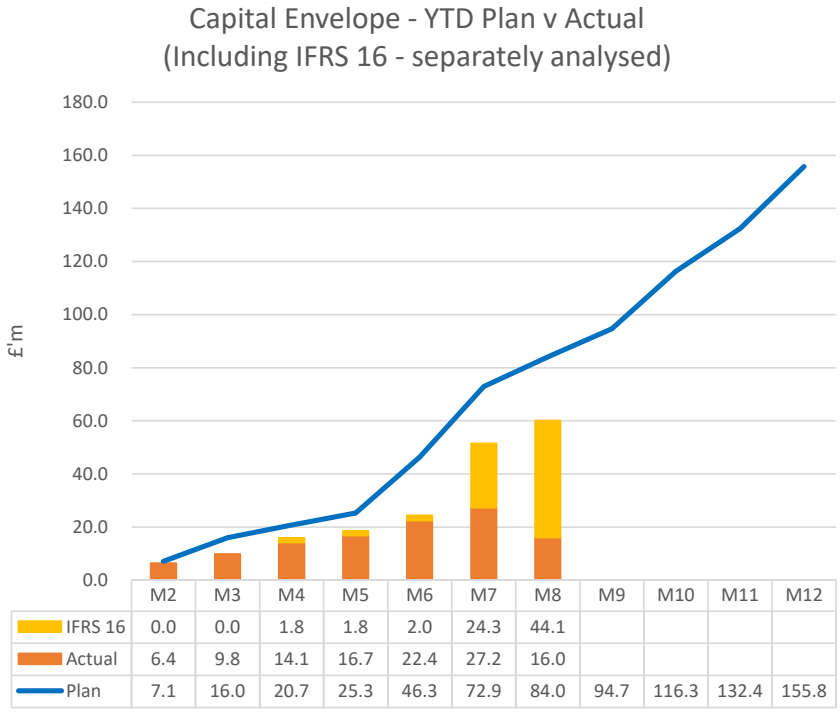
Regional System Capital Monthly Meeting – Devon Month 8 Exec Summary

January 2024

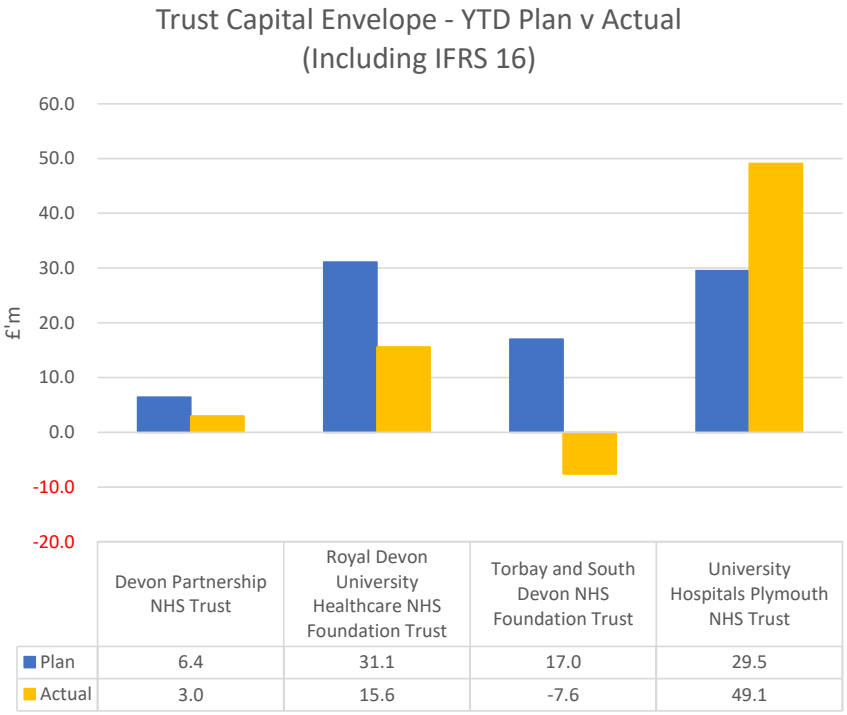
Estelle Nicholls, Interim Head of Finance – Capital & Business Case Assurance

Kathryn Gough, Assistant Head of Finance – Business Case Assurance

System Capital Envelope 2023/24



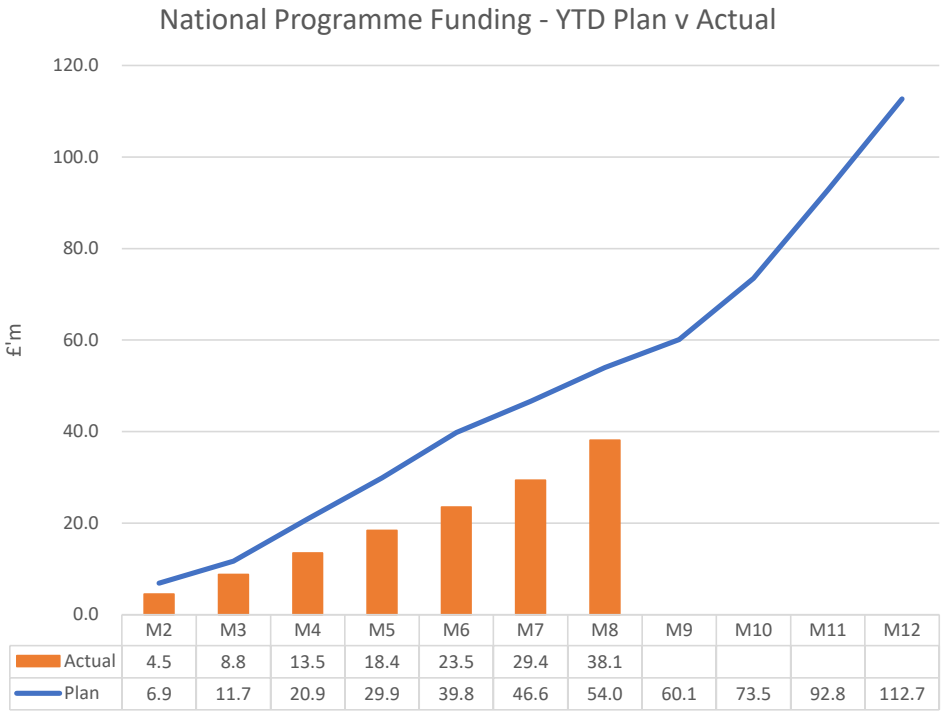
	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
IFRS 16	0.0	0.0	1.8	1.8	2.0	24.3	44.1				
Actual	6.4	9.8	14.1	16.7	22.4	27.2	16.0				
Plan	7.1	16.0	20.7	25.3	46.3	72.9	84.0	94.7	116.3	132.4	155.8



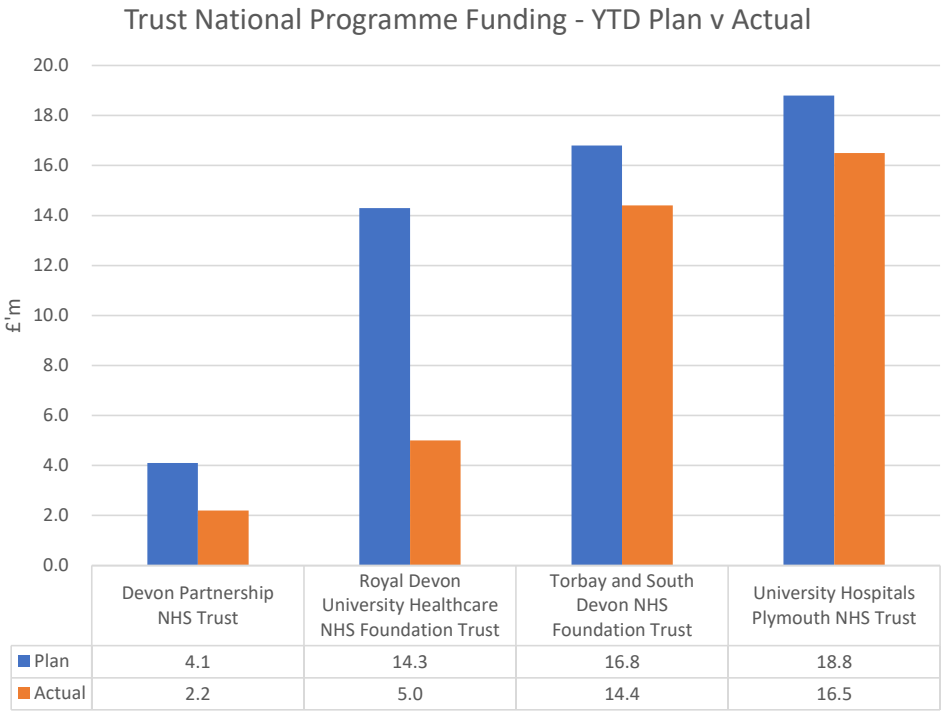
	Devon Partnership NHS Trust	Royal Devon University Healthcare NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Plan	6.4	31.1	17.0	29.5
Actual	3.0	15.6	-7.6	49.1

NB This information has been taken from Tab 44 (Capital CT Analysis) on the Provider Financial Returns

National Programme Funding 2023/24



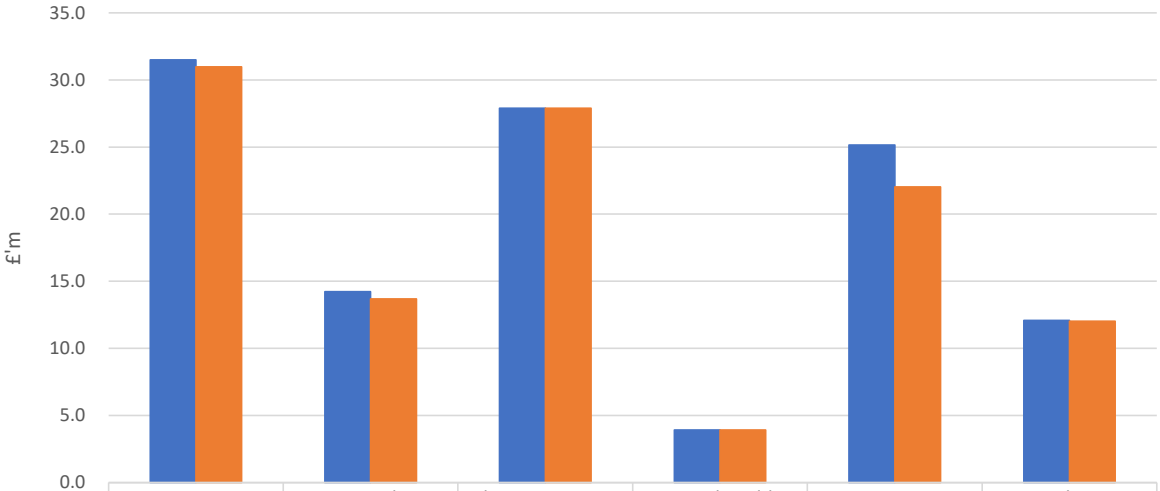
	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Actual	4.5	8.8	13.5	18.4	23.5	29.4	38.1				
Plan	6.9	11.7	20.9	29.9	39.8	46.6	54.0	60.1	73.5	92.8	112.7



	Devon Partnership NHS Trust	Royal Devon University Healthcare NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Plan	4.1	14.3	16.8	18.8
Actual	2.2	5.0	14.4	16.5

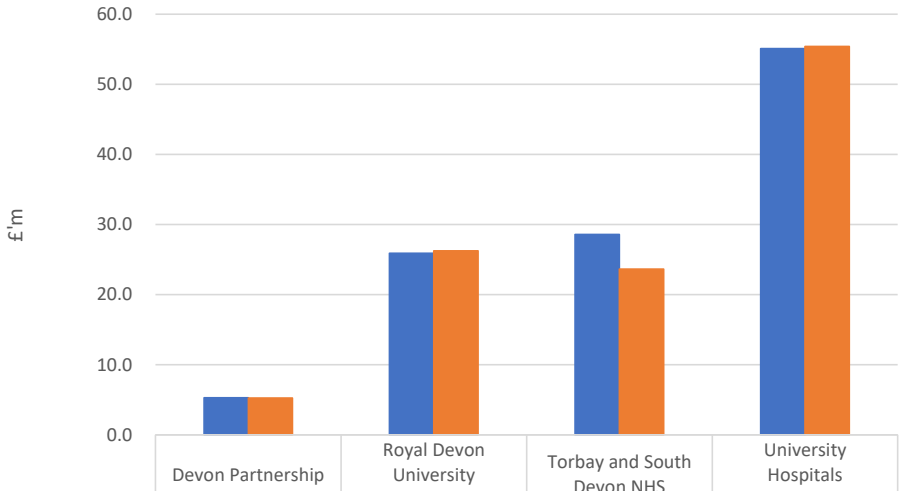
National Programme Funding 2023/24

National Programme Funding By National Programme - Regional View v System FOT



	Diagnostics	Digital	Elective Recovery	Mental Health	NHP	Other
Regional View	31.5	14.2	27.9	3.9	25.2	12.1
FOT	31.0	13.7	27.9	3.9	22.0	12.0

National Programme Funding By Trust - Regional View v Trust FOT

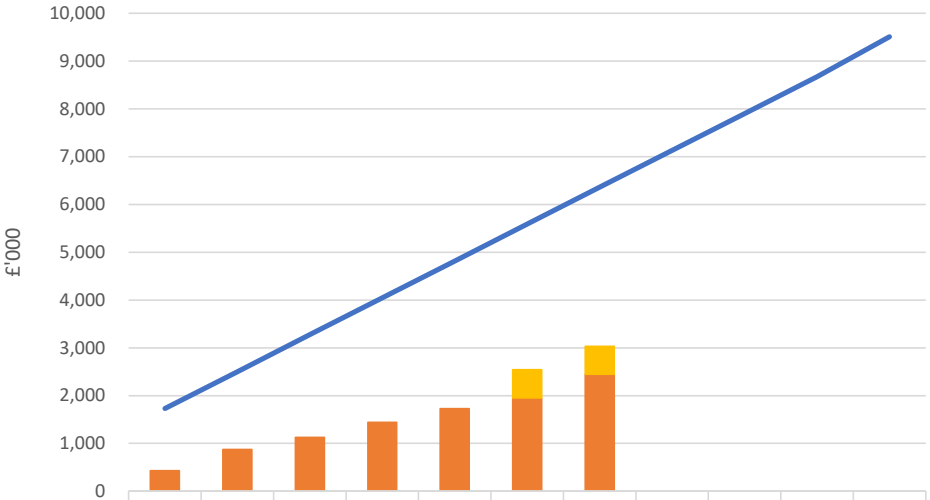


	Devon Partnership NHS Trust	Royal Devon University Healthcare NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Regional View	5.3	25.9	28.6	55.1
FOT	5.3	26.3	23.7	55.4

Please note for National Programme funding: once funding has been notified/secured, please reflect in forecasts as it is the aim that the system/trust forecast, and the regional view aligns

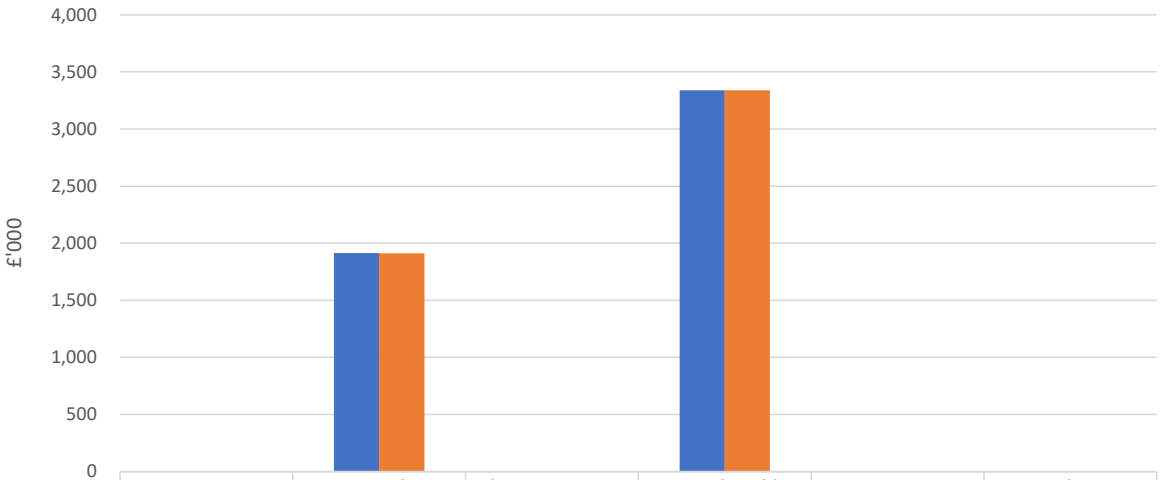
Capital by Trust – Devon Partnership NHS Trust

Capital Envelope - YTD Plan v Actual
(Including IFRS 16 - separately analysed)



	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
IFRS 16	0	0	0	0	0	587	587				
Actual	428	871	1,127	1,439	1,730	1,954	2,445				
Plan	1,730	2,502	3,274	4,046	4,818	5,590	6,362	7,133	7,903	8,673	9,508

National Programme Funding By National Programme - Regional View v Trust FOT



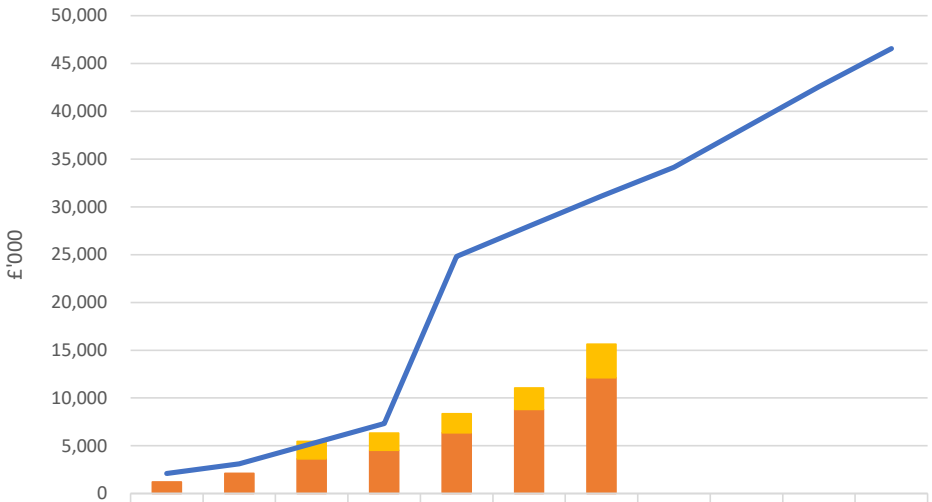
	Diagnostics	Digital	Elective Recovery	Mental Health	NHP	Other
Regional View	0	1,913	0	3,338	0	0
FOT	0	1,912	0	3,338	0	0

This information is based on Capital Schemes on Tab 15 on the Provider Financial Return, and not the information on Tab 44.

Please note for National Programme funding: once funding has been notified/secured, please reflect in forecasts as it is the aim that the system/trust forecast, and the regional view aligns

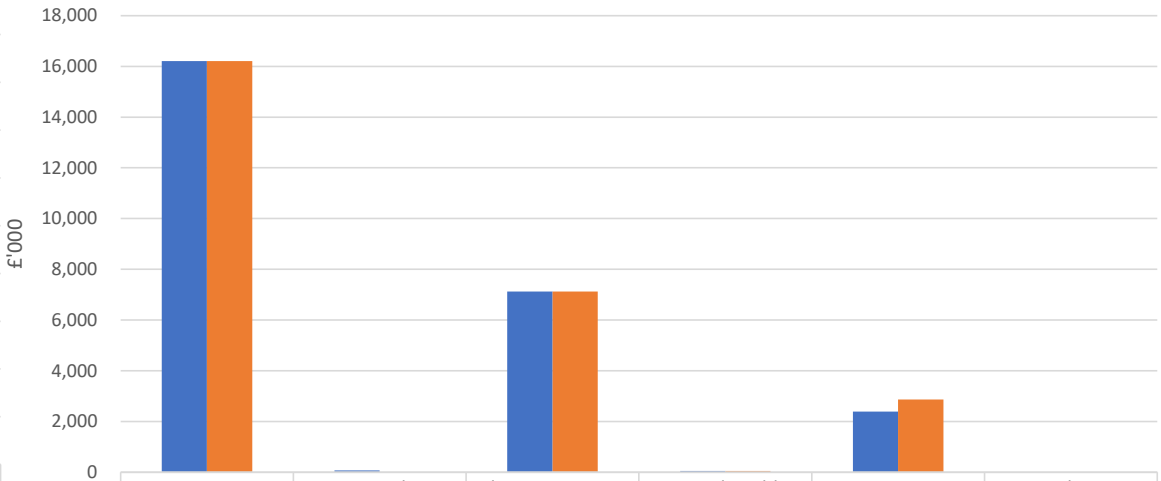
Capital by Trust – Royal Devon University Healthcare NHS Foundation Trust

Capital Envelope - YTD Plan v Actual
(Including IFRS 16 - separately analysed)



	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
IFRS 16	0	0	1,807	1,807	1,990	2,256	3,495				
Actual	1,221	2,108	3,646	4,532	6,369	8,794	12,126				
Plan	2,107	3,108	5,215	7,323	24,812	27,973	31,134	34,135	38,349	42,562	46,562

National Programme Funding By National Programme - Regional View v Trust FOT



	Diagnostics	Digital	Elective Recovery	Mental Health	NHP	Other
Regional View	16,205	75	7,122	55	2,397	0
FOT	16,205	0	7,122	55	2,876	0

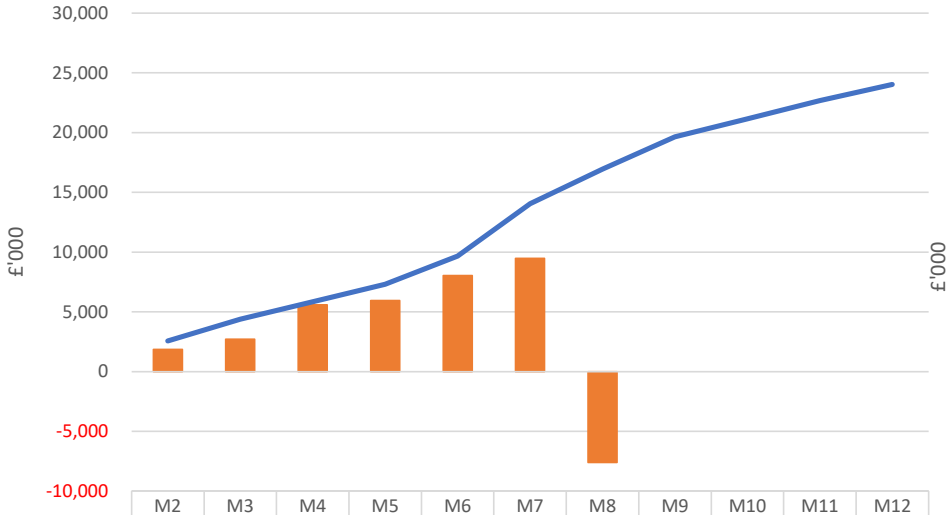
This information is based on Capital Schemes on Tab 15 on the Provider Financial Return, and not the information on Tab 44.

Please note for National Programme funding: once funding has been notified/secured, please reflect in forecasts as it is the aim that the system/trust forecast, and the regional view aligns

6

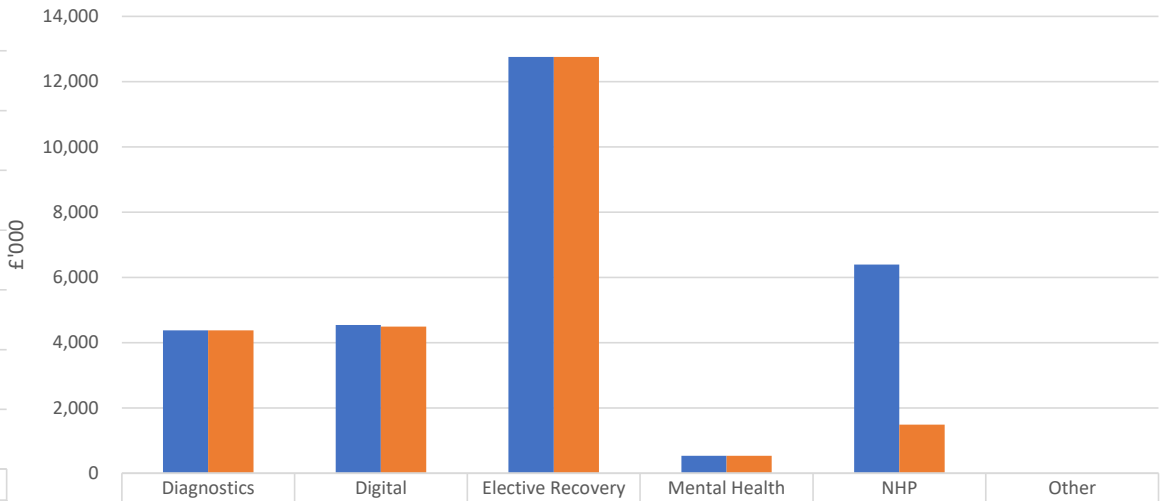
Capital by Trust – Torbay and South Devon NHS Foundation Trust

Capital Envelope - YTD Plan v Actual
(Including IFRS 16 - separately analysed)



	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
IFRS 16	0	0	0	0	0	0	0				
Actual	1,850	2,701	5,592	5,938	8,042	9,480	-7,604				
Plan	2,562	4,384	5,839	7,303	9,674	14,063	16,959	19,642	21,164	22,673	24,037

National Programme Funding By National Programme - Regional View v Trust FOT



	Diagnostics	Digital	Elective Recovery	Mental Health	NHP	Other
Regional View	4,377	4,538	12,759	535	6,390	0
FOT	4,377	4,491	12,759	535	1,483	0

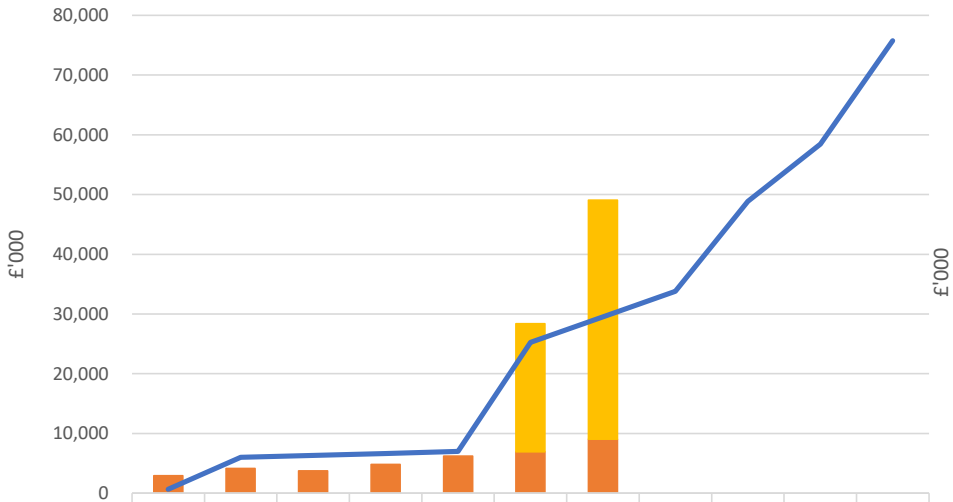
This information is based on Capital Schemes on Tab 15 on the Provider Financial Return, and not the information on Tab 44.

Please note for National Programme funding: once funding has been notified/secured, please reflect in forecasts as it is the aim that the system/trust forecast, and the regional view aligns

7

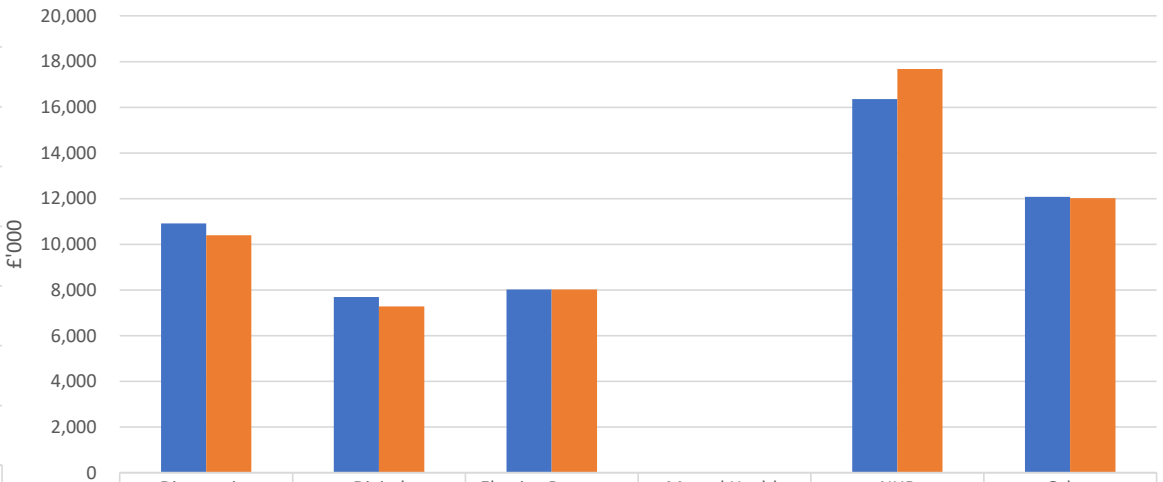
Capital by Trust – University Hospitals Plymouth NHS Trust

Capital Envelope - YTD Plan v Actual
(Including IFRS 16 - separately analysed)



	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
IFRS 16	0	0	0	0	0	21,428	40,006				
Actual	2,926	4,142	3,739	4,813	6,235	6,951	9,057				
Plan	666	5,999	6,332	6,665	6,998	25,242	29,525	33,808	48,873	58,456	75,732

National Programme Funding By National Programme - Regional View v Trust FOT



	Diagnostics	Digital	Elective Recovery	Mental Health	NHP	Other
Regional View	10,915	7,690	8,020	0	16,360	12,084
FOT	10,397	7,279	8,020	0	17,674	12,024

This information is based on Capital Schemes on Tab 15 on the Provider Financial Return, and not the information on Tab 44.

Please note for National Programme funding: once funding has been notified/secured, please reflect in forecasts as it is the aim that the system/trust forecast, and the regional view aligns

8

Differences Between the Regional View & Trust FOT

NHS England South West

Trust Name	DHSC Programme	Regional View £'000	FOT £'000	Variance £'000	Reason
Royal Devon University Healthcare NHS Foundation Trust	Critical Cybersecurity Infrastructure Risks	75	-	75	MOU issued in M07 and advised in last month's System Capital meetings. Please advise why PFR has not yet been updated.
Royal Devon University Healthcare NHS Foundation Trust	NHP	2,397	2,876	-479	Regional View reflects early fees and enabling works MOU issued in M06. Please advise why there is a difference to FOT.
Torbay and South Devon NHS Foundation Trust	Critical Cybersecurity Infrastructure Risks	47	-	47	MOU issued in M07 and advised in last month's System Capital meetings. Please advise why PFR has not yet been updated.
Torbay and South Devon NHS Foundation Trust	Diagnostic Digital Capability Programme	882	885	-3	Drawdown Code is CENT/SCREE/REF/..., so should be coded to Screening - Diagnostics Programme.
Torbay and South Devon NHS Foundation Trust	NHP	6,390	1,483	4,907	Regional View continues to be updated to reflect the latest information from the NHP. Please update your FOT to reflect the latest information, or provide an explanation for the variance. This variance was reported in M07.
Torbay and South Devon NHS Foundation Trust	Screening - Diagnostics Programme	3	-	3	FOT is currently showing against Diagnostic Digital Capability Programme. Please correct coding error.
University Hospitals Plymouth NHS Trust	Critical Cybersecurity Infrastructure Risks	51	-	51	MOU issued in M07 and advised in last month's System Capital meetings. Please advise why PFR has not yet been updated.
University Hospitals Plymouth NHS Trust	Endoscopy - Increasing Capacity	3,770	3,490	280	Regional View includes Transnasal endoscopy equipment and advised in last month's System Capital meetings. Please advise why PFR has not yet been updated.
University Hospitals Plymouth NHS Trust	Front Line Digitisation	7,639	7,279	360	Variance relates to Electronic Bed & Capacity Bed Management System, which is included within Regional View.

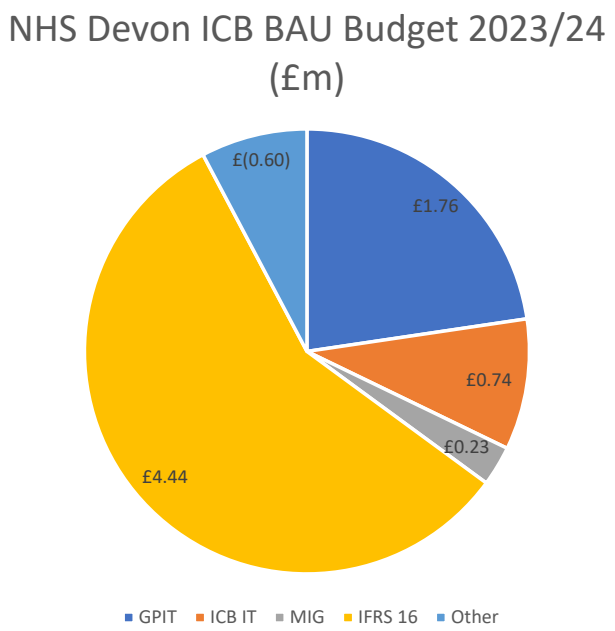
9

Differences Between the Regional View & Trust FOT - continued

Trust Name	DHSC Programme	Regional View £'000	FOT £'000	Variance £'000	Reason
University Hospitals Plymouth NHS Trust	NHP	16,360	17,674	- 1,314	Regional View continues to be updated to reflect the latest information from the NHP. Please update your FOT to reflect the latest information, or provide an explanation for the variance.
University Hospitals Plymouth NHS Trust	Screening - Diagnostics Programme	238	-	238	MOU issued in M07 and advised in last month's System Capital meetings. Please advise why PFR has not yet been updated.
University Hospitals Plymouth NHS Trust	Mandate Transfer - National	60	-	60	New MOU raised in M08. Please include within your PFR for M09.
Total		**37,912**	**33,687**	**4,225**	

Please address variances ahead of Month 9. Those variances that have been carried forward from prior months, and no action taken, are highlighted in amber.

Commissioner BAU



Scheme Description	Funding Type	Funding Status	Amount £'m
QJK-023-001	BAU - Primary care minor improvement grant	Allocated	0.23
QJK-023-002	GPIT - Replacement of IT equipment ie	Allocated	0.95
QJK-023-003	GPIT - Replacement of IT equipment ie	Allocated	0.64
QJK-023-004	GPIT - Core IT infrastructure, servers and	Allocated	0.18
QJK-023-005	ICB capital replacement project	Allocated	0.14
QJK-023-006	HQ Property for Devon ICB	Awaiting Approval	4.44
QJK-023-007	Devon ICB Head Quarters IT	Awaiting Approval	0.60
QJK-Receipt	Shared Care Records Receipt from Council	Disposal Proceeds Received	-0.60
Total (excluding IFRS 16)			**2.12**
BAU Allocation (ex IFRS 16)			2.15
Outstanding PID's			**0.03**

The PID for the remaining allocation of £0.03m has now been received. The IFRS 16 lease PID has been highlighted in blue, and excluded from totals, as the amount has not yet been allocated.

11

IFRS 16 Implications 2023/24 – Month 08

Organisation	YTD Plan £'000	YTD Actual £'000	Variance £'000	FY Plan £'000	FY FOT £'000	Variance £'000	Allocation £'000	Variance £'000
Devon Partnership NHS Trust	1,592.0	587.0	(1,005.0)	2,384.0	1,555.0	(829.0)		
Royal Devon University Healthcare NHS Foundation Trust	15,488.0	3,495.0	(11,993.0)	15,488.0	10,280.0	(5,208.0)		
Torbay and South Devon NHS Foundation Trust	2,533.0	0.0	(2,533.0)	2,800.0	2,800.0	0.0		
University Hospitals Plymouth NHS Trust	18,961.0	40,006.0	21,045.0	48,043.0	57,960.0	9,917.0		
Total Providers	**38,574.0**	**44,088.0**	**5,514.0**	**68,715.0**	**72,595.0**	**3,880.0**	**33,877.0**	**38,718.0**
Devon ICB	0.0	0.0	0.0	4,485.0	4,485.0	0.0	0.0	4,485.0
Total for System	**38,574.0**	**44,088.0**	**5,514.0**	**73,200.0**	**77,080.0**	**3,880.0**	**33,877.0**	**43,203.0**

Please notify england.southwestcapital@nhs.net of any material variances to the full year forecast against plan.

The Provider IFRS 16 allocation is shown against the System as a whole. The ICB allocation will be allocated once the PID has been approved, and expenditure is shown within the ICB ledger.

PDC Limits 2023/24 – As at 18 December 2023

NHS England South West

Org Code	Org Name	Ref No.	Scheme Type	Limit	Expenditure to date
RWV	Devon Partnership NHS Trust	CENT/CYBER/RWV/2023-11-09/A	CENT - CYBER - Cyber Improvement Programme (CIP) - 23/24	£22,000.00	£22,000.00
RWV	Devon Partnership NHS Trust	CENT/MHUEC/RWV/2022-08-02/A	CENT - MHUEC - Mental health capacity and safety	£188,000.00	£0.00
RWV	Devon Partnership NHS Trust	CENT/MHUEC/RWV/2023-11-07/A	CENT - MHUEC - Mental health capacity and safety	£3,150,000.00	£1,176,000.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/CDCHU/RH8/2022-11-23/A	CENT - Diagnostics Fund (CDCHU) - 22 23	£0.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/CDCHU/RH8/2023-02-14/A	CENT - Diagnostics Fund (CDCHU) - 22 23	£4,400,000.00	£196,000.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/CDCHU/RH8/2023-07-13/A	CENT - Diagnostics Fund (CDCHU) - 23-24	£16,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/CYBER/RH8/2023-11-09/A	CENT - CYBER - Cyber Improvement Programme (CIP) - 23/24	£75,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/DDCPP/RH8/2023-01-09/A	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£474,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/DDCPP/RH8/2023-01-09/C	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£0.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/DDCPP/RH8/2023-01-23/A	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£214,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/DDCPP/RH8/2023-01-23/B	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£317,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/DDCPP/RH8/2023-10-30/A	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£100,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/ENDOS/RH8/2023-08-15/A	CENT - Diagnostics General - ENDOS - 23/24, 24/25	£10,547,000.00	£203,000.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/ENDOS/RH8/2023-12-15/A	CENT - Diagnostics General - ENDOS - 23/24, 24/25	£119,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/MHUEC/RH8/2022-10-10/A	CENT - MHUEC - Mental health capacity and safety	£55,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/NHPEN/RH8/2023-08-04/A	CENT – New Hospital Programme Enabling – NHP	£1,200,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/NHPEN/RH8/2023-09-26/A	CENT – New Hospital Programme Enabling – NHP	£479,000.00	£0.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/NHPFE/RH8/2023-06-09/A	CENT – New Hospital Programme Fees – NHP- – HIP2.09	£1,125,000.00	£592,000.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/NHPFE/RH8/2023-08-24/A	CENT – New Hospital Programme Fees – NHPFE	£137,000.00	£21,000.00
RH8	Royal Devon University Healtcare NHS Foundation Trust	CENT/TIFES/RH8/2022-11-14/A	CENT - TIFES - Elective Recovery TIF estates funding (£700m) - 22 23	£7,122,000.00	£4,017,000.00
RA9	Torbay and South Devon NHS Foundation Trust	CENT/CYBER/RA9/2023-11-09/A	CENT - CYBER - Cyber Improvement Programme (CIP) - 23/24	£47,000.00	£0.00
RA9	Torbay and South Devon NHS Foundation Trust	CENT/DDCPP/RA9/2023-01-09/A	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£115,000.00	£0.00
RA9	Torbay and South Devon NHS Foundation Trust	CENT/DDCPP/RA9/2023-01-09/B	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£500,000.00	£0.00
RA9	Torbay and South Devon NHS Foundation Trust	CENT/DDCPP/RA9/2023-01-23/A	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£267,000.00	£0.00

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PDC Limits 2023/24 – As at 18 December 2023 – Continued

Org Code	Org Name	Ref No.	Scheme Type	Limit	Expenditure to date
RA9	Torbay and South Devon NHS Foundation Trust	CENT/ENDOS/RA9/2022-08-24/A	CENT - Diagnostics General (ENDOS) - 22 23	£3,492,000.00	£3,492,000.00
RA9	Torbay and South Devon NHS Foundation Trust	CENT/MHUEC/RA9/2022-12-12/A	CENT - MHUEC - Mental health capacity and safety	£535,000.00	£0.00
RA9	Torbay and South Devon NHS Foundation Trust	CENT/NHPEN/RA9/2023-08-04/A	CENT – New Hospital Programme Enabling – NHP	£423,000.00	£0.00
RA9	Torbay and South Devon NHS Foundation Trust	CENT/NHPFE/RA9/2023-06-09/A	CENT – New Hospital Programme Fees – NHP- – HIP2.19	£1,060,000.00	£722,000.00
RA9	Torbay and South Devon NHS Foundation Trust	CENT/SCREE/RA9/2023-10-10/A	CENT - SCREE - Diagnostics General	£3,000.00	£0.00
RA9	Torbay and South Devon NHS Foundation Trust	CENT/TIFES/RA9/2022-11-14/A	CENT - TIFES - Elective Recovery TIF estates funding (£700m) - 22 23	£12,759,000.00	£11,841,000.00
RA9	Torbay and South Devon NHS Foundation Trust	DHPF/SYSCP/RA9/2023-11-09/A	DHPF - SYSCP - System Capital Support PDC	£5,486,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/ACTIF/RK9/2023-11-10/A	CENT - ACTIF - Additional Capacity Targeted Investment Fund 23 - 24	£12,024,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/CDCHU/RK9/2023-08-14/A	CENT-CDCHU-Diagnostics General (CDCHU) - 23 24	£5,838,000.00	£750,000.00
RK9	University Hospitals Plymouth NHS Trust	CENT/CYBER/RK9/2023-11-09/A	CENT - CYBER - Cyber Improvement Programme (CIP) - 23/24	£51,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/CYBER/RK9/2023-12-08/A	CENT - CYBER - Cyber Improvement Programme (CIP) - 23/24	£75,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/DDCPP/RK9/2023-01-09/A	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£115,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/DDCPP/RK9/2023-01-09/B	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£500,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/DDCPP/RK9/2023-01-23/A	CENT - DDCPP - Diagnostics Digital Capability (DDC) Programme	£454,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/ENDOS/RK9/2022-10-18/A	CENT - Diagnostics General (ENDOS) - 22 23	£3,490,000.00	£1,750,000.00
RK9	University Hospitals Plymouth NHS Trust	CENT/ENDOS/RK9/2023-12-15/A	CENT - Diagnostics General - ENDOS - 23/24, 24/25	£280,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/MISCS/RK9/2023-12-15/A	CENT - MISCS - Miscellaneous 23/24	£60,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/NHPFE/RK9/2022-12-07/A	CENT – New Hospital Programme Fees – NHP¬ – HIP2.04	£4,140,000.00	£4,140,000.00
RK9	University Hospitals Plymouth NHS Trust	CENT/NHPFE/RK9/2023-03-31/A	CENT – New Hospital Programme Fees – NHP¬ – HIP2.04	£3,000,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/SCREE/RK9/2023-10-10/A	CENT - SCREE - Diagnostics General	£238,000.00	£0.00
RK9	University Hospitals Plymouth NHS Trust	CENT/TIFES/RK9/2022-11-14/A	CENT - TIFES - Elective Recovery TIF estates funding (£700m) - 22 23	£8,020,000.00	£4,800,000.00
RK9	University Hospitals Plymouth NHS Trust	DHPF/SYSCP/RK9/2023-10-03/A	DHPF - SYSCP - System Capital Support PDC	£8,000,000.00	£0.00
			Total	**£100,712,000.00**	**£33,722,000.00**

At 18 December, only 33.5% of expenditure had been drawn down against a limit of £100.7m for the system. Please address low draw rates ahead of Month 10.

14

DHSC MOU Reference to Programme Dropdown

Scheme Name(s)	5 Character PDC Reference *	Tab 15 Dropdown (15CAP01D - DHSC Programme Type)
Additional Capacity Targeted Investment Fund 23 - 24	ACTIF	UEC Capacity
AI Lab Programme / Data for RND (Secure Data Environments) / Front Line Digitalisations	AILAB / DFRND / FLDSY	Front Line Digitisation
Aseptic Transformation	SEPTC	Aseptics Transformation
Community Diagnostic Centres	CDCHU	Community Diagnostic Centres
Cyber Improvement Programme (CIP)	CYBER	Critical Cybersecurity Infrastructure Risks
Diagnostic Digital Capability Programme	DDCPP	Diagnostic Digital Capability Programme
Diagnostic Imaging 2023/24	IMAGI	Diagnostic Imaging Capacity
Elective Recovery / Targeted Investment Fund Estates	TIFES	Elective Recovery/ Targeted Investment Fund
Endoscopy - Diagnostics General	ENDOS	Endoscopy - Increasing Capacity
Eradication of Mental Health Dormitories	EMHDS	Mental Health Dormitories
Reinforced Autoclaved Aerated Concrete	RAACP	RAAC Plank
Screening - Diagnostics Programme	SCREE	Screening - Diagnostics Programme
Targeted Lung Health Check Programme	LUNGS	Targeted Lung Health Check Programme
Mandate Transfer	MISCS	Mandate Transfer - National
Mental Health Capacity & Safety	MHUEC	Mental Health
HIP1 / HIP 2 (Seed Funding) / HIP 2 Acceleration	HIP1E / HIP2E / HIPAC	NHP
New Hospital Programme - Building / Enabling / Fees	NHPBU / NHPEN / NHPFE	NHP
STP Wave 1 - NHP / STP Wave 4 - NHP	STPIF	NHP
STP Wave 1 / STP Wave 2 / STP Wave 3 / STP Wave 4 / STP wave 4b	STPIF	STP Wave 1 / STP Wave 2 / STP Wave 3 / STP Wave 4 / STP Wave 4b
System Capital Support PDC (issued in prior years)	CAPSP / EMCAP	System Capital Support PDC (Pre-Committed)
If you are in receipt of a scheme not listed above, then please contact: england.capitalcashqueries@nhs.net		

Please use the 5-character reference found within the main reference supplied with the programme MOU. For example CENT**/CDCHU/**RXX/2023-05-01/A, **CDCHU** would therefore map to 'Community Diagnostic Centres' as the programme dropdown.

Failure to classify in-year programmes correctly may have an adverse impact on capital allocations, specifically operational capital (inside envelopes). If this guide is not followed, then you may be asked to resubmit your PFR.

If you are in receipt of a scheme not listed, then please contact england.capitalcashqueries@nhs.net.

- Information correct as at 23rd November, 2023, table is updated as and when new schemes are announced.
- Changes since last month are highlighted in yellow.

Key Actions for Month 9

- Please continue to send in your draft IFR on Working Day 8 to england.swfinance.support@nhs.net
- Within the ICB tab on the IFR, please can you make sure all the information has been updated, especially around PID status, and YTD values, and check for any IFRS 16 leases, that you have chosen the correct entity in column I (Capital Acquisition / Capital Grant Description). Please can you also include all your 2024/25 PID's.

Any Questions?

Main Contact

South West Capital Mailbox (england.southwestcapital@nhs.net)

Lead Capital Contacts

Estelle Nicholls, Interim Head of Finance – Capital & Business Case Assurance (estelle.nicholls1@nhs.net) – 07702 418335

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BAU Capital Contacts

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Integrated Care Board Meetings in Public - Action Log						
Action Reference	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**In progress / Completed**
37	03.05.2023	Chief Delivery Officer to review the orthopaedic pathway and barriers to an efficient, cost effective and user-friendly pathway. Review of specialist physiotherapist pathway to be brought back to a future Board Meeting.	Jul-23	Anthony Fitzgerald	15.11.2023 - A review of the hip and knee assessment pathway was undertaken by James Rodger, Consultant Physiotherapist and behalf of the ICB. The report has been considered by the Elective Care Board and the recommendations of this review and agreed action plan will be completed by the end of March 2024. 29.08.2023 The orthopaedic pathway is in the process of being reviewed as part of the One Devon Elective pilot building on the work that was completed last year using the methodology used for the spinal pathway review. The pathway is about to be reviewed and an update will be circlulated to Board members once the review has been completed.	**In progress**
52	06.12.2023	The VCSE Assembly to be approached regarding involvement in the work of the care co-ordination hub.	07.02.2024	Anthony Fitzgerald	22.01.2024 - The Associate Director for Urgent Care is presenting to the next available VCSE assembly which is taking place on 19.03.2024. In the meantime, work is underway to further develop and scale existing pathways where VCSE support is already provided to ensure effective service delivery.	**In progress**
53	06.12.2023	An evaluation report in respect of the outcomes achieved through the Care Co-ordination Hub be presented to the Finance and Performance Committee before the end of the 2023/24 financial year.	31.03.2024	Anthony Fitzgerald	22.01.2024 - Evaluation of the service to date is being completed to inform a paper for the Devon Investment Group and a full business case for ongoing financial support.	**In progress**
54	06.12.2023	An update to be provided as to where the narrative around safeguarding and services for children and young people was located, if this was not within the BAF.	07.02.2024	Penny Smith / Nigel Acheson		
55	06.12.2023	The next iteration of the BAF to be presented to the Board seminar session in January 2023 for consideration in advance of its submission to the Board for approval in February 2024.	07.02.2024	Philippa Harding	16.01.2024 - Board Development Session on 07.02.2024 to focus upon BAF. To be submitted to the Board for approval in March 2024.	**In progress**
56	06.12.2023	Performance information in respect of young people in care accessing mental health services will be circulated to the Board.	07.02.2024	Nigel Acheson	16.01.2024 - Data is not currently available for children in care accessing mental health services and children in care is not a unique identifier on the clinical systems. Information in respect of children accessing mental health services is available and will be circulated to Board Members.	**In progress**
57	06.12.2023	Consideration to be given to how wider system performance which was not included within the IQPR might be reported to the Board.	07.02.2024	Anthony Fitzgerald	22.01.2024 - Current reporting initially discussed with both Devon County Council and Plymouth City Council. A Task & Finish Group has been established to review current reports and potential alignment with the IQPR to report back by the end of February 2024.	**In progress**
58	06.12.2023	The proposed approach to quality at a system level to be reported to the Quality & Patient Experience Committee.	21.02.2024	Penny Smith	24.01.2024 - Considered at Quality & Patient Experience Committee on 17.01.24 **PROPOSE TO CLOSE**	**Propose to Close**
59	06.12.2023	The NHS Lead for Dentistry, once appointed, should liaise with Local Authority colleagues around the engagement with children and young people in care about how they access dental services.	07.02.2024	Nigel Acheson	10.01.24 - No dental lead identified as yet. However, discussions are ongoing and a business case has been approved by the Devon Investment Group. This approval has enabled NHS Devon to instigate an Expression of Interest for dental care for Looked After Children. An update on this exercise and whether any providers have been identified should be available in approximately one month.	**In progress**

NHS Devon

NHS Devon Integrated Care Board

Public petition in support of Exeter Hospiscare

Date of meeting	Date report produced
07 February 2024	24 January 2024

Author(s)		Report approved by	
Name and title:	Nick Pearson, Chief of Staff	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer
Phone:		**Date:**	26 January 2024
Email:			

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
The paper presents the NHS Devon Board with a public petition, dated 19 December 2023, that has been received by NHS Devon regarding current funding allocations in support of Exeter Hospiscare. It also provides context and background information for the petition.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
N/A

Key recommendations and actions requested
1. The Board is asked to **note** the petition in line with the requirements of NHS Devon's Constitution.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	All
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	The petition requests that Exeter Hospiscare receives increased funding allocation.
Legal	None
Digital and Data	
Involvement, Engagement and consultation	The petition helps the ICB to discharge its duties outlined in the NHS Devon constitution.

Public petition in support of Exeter Hospiscare

Introduction

1. This paper presents the NHS Devon Board a public petition, dated 19 December 2023, regarding current funding allocations in support of Exeter Hospiscare.

2. It also provides context and background information for the petition.

3. Petitions to NHS bodies may be viewed as the expression of the views of people who sign it and as such are an important mechanism to have a voice on local health matters.

4. However, to ensure that voices are heard appropriately and to avoid the danger of issues being raised in isolation, it is important to state that petitions are only one piece of evidence that contribute to the overall understanding of public opinion. They represent a view as opposed to a full picture of a given situation – and it is for this reason that alongside the details of the petition (below) additional contextual information is offered.

The petition

5. The petition (attached as Appendix A to this report) is addressed to the Chair and Chief Executive of NHS Devon from a Mr Arthur Harman.

6. It is signed by 107 people with addresses in Exeter, Mid and East Devon.

7. The petition states that it is in support of Exeter Hospiscare regarding “the inequality of current funding allocated to them by the Devon Integrated Care Board.

8. “Exeter Hospice not only provides End of Life care for thousands, as well as attending to the needs of recently bereaved families. In addition this important service reduces the demand on our local [hospital, its staff] and the NHS overall.”

9. It adds that Devon comprises a higher proportion of older residents than other counties and that it is “imperative that Exeter Hospiccare receives at the very least, the appropriate average for funding…to maintain this important and much needed and vital service to our Devon community.

10. “We…demand that the ICB urgently reconsider the funding allocated to Exeter Hospiscare.”

Contextual information

11. NHS Devon has carefully considered the position of hospices in Devon and is aware of the financial challenges they face.

12. We recognise the high level of care hospice colleagues and their teams across the county provide. These services, like NHS and social care, are under great pressure.

13. The funding position for hospices has not changed – we have not reduced the amount of money they receive.

14. NHS Devon currently has grant arrangements in place which offer financial support to the four adult hospices operating inpatient beds within the NHS Devon footprint. These arrangements are historic having been established and evolved over many years, pre-dating the creation of the NHS Devon Integrated Care Board.

15. As a result of these legacy arrangements, funding rates and expectations differ between the hospices. Whilst this flexibility has supported service delivery, innovation and developing a consistent core offer in terms of inpatient beds, there is variability in the local community offer in each of the localities.

16. This issue is not limited to Devon, there has been a national historic challenge about how end of life care is commissioned given the mix of NHS, voluntary sector and independent providers who together support end of life care.

17. This historic challenge was really brought to the fore during the pandemic and prompted a national review of how hospice care and other voluntary and community sector providers of care can be more sustainable.

Current NHS Devon position

18. Earlier this year we undertook a review into end of life care commissioning in Devon and we are keen to keep working closely with hospices on the recommendations from this.

19. NHS Devon is subject to regulatory action under the National Oversight Framework at the most severe level. Any investment increases would be subject to regional approval as part of the additional controls placed upon us.

20. In 2023/24 as part of our journey to achieving a balanced budget, the forecast deficit for the county's NHS system as a whole is £42.3 million, which includes a £212 million savings plan.

21. However, as shown by our December Board papers, at this point in the year, we are £32.5 million adrift against our plan. This means, of course, we are continually having to take difficult decisions on spending.

22. Our executive team met in October to discuss the issue and are working on plans to move towards equitable NHS funding for all four adult hospices in the county.

23. NHS Devon has committed to assessing several options that were part of the end of life commissioning review. This work will be completed in the Spring.

24. Our colleagues at NHS England South West wholeheartedly support the provision of timely, responsive, personalised care towards the end of people's lives, and they are working with us to support the implementation of sustainable, effective end of life support for people and families across Devon.

25. We are keen to keep working closely with Hospiscare on funding issues and continue to support our hospice partners in Devon.

Recommendations

26. The Board is asked to **note** the petition in line with the requirements of NHS Devon's Constitution.

19/12/23

2 Farm Park
Cranbrook
Exeter
EX5 7AQ.

Tel: 01 404 514 555.

Ref: Under Funding Petition.

To Dr, Sarah Wollaston & William Shields, Chair & CEO of Devon ICB.

This petition comes in support of Exeter Hospiscare, regarding the inequality of current funding allocated to them by the Devon Integrated Care Board. Exeter Hospice not only provides End of Life Care for thousands, as well as attending to the needs of recently bereaved families. In addition, this important service reduces the demand on our local Royal Devon and Exeter Hospital its Staff and the NHS overall.

In 1948 at the conception of the NHS, it was proudly proclaimed to be from the Cradle to the Grave.
The ICB are most definitely helping to deliver the latter, by assisting people to an untimely and early grave, simply by their refusal to reconsider their inadequate funding of 18% when the Average is 37% throughout the country.

Devon comprises of a higher proportion of Elderly Residents than other counties, which is constantly ever increasing. Thereby, decreasing the value of 18%, therefore, it becomes imperative that Exeter Hospice receives at the very least, the appropriate average funding, for the Hospice to maintain this important and much needed and vital service to our Devon Community.

We the undersigned, having read and signed this petition, demand that the ICB urgently reconsider reviewing the funding allocated to the Exeter Hospiscare,

Respectfully,

Arthur Harman.

Name.	Post Code / Address.
ARTHUR HARMAN	2 FARM PARK EX5 7AQ
JON CLARKE	The Willows EX5 3LA.
DEBBIE CLARKE	THE WILLOWS EX5 3LA
STEPHEN TAYLOR	BROCKHILL HOUSE, EX5 3AR
CHRIS BRADLEY	15 BRAMLICOMBE MEADOW, EX1 3JA

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Jean Yorke	EX15 1NJ
Peter Fowler	EX2 9QL Willowmead.
Debbie Carter	EX4 2EJ No.12
Chris Carter	" " "
Andrew Guck	EX4 5AD 39
Harriet STEARS	37, EX4 2AW
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a E White	4, Cypress Drive Exeter EX4 2DP
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SHAUN ELSTON	11. knowle DRIVE Exwick Exeter EX4 2DF
Richard Davey	46 Peterborough Rd, EXETER EX4 2EG
Neil Martin	2 HAYNE CLOSE, EXETER, EX4 8QU
John Sherwood	74 VANSITTART DRIVE EXMOUTH EX8 5PD

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Bob Brierley	1 OAK TREE CLOSE EX5 3UE
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Judy Prior.	31 Bramley cote Exeter
TERESA MASON	99 Hill Barton Rd, EX1 3PW
MARGARET SLADE	POLTIMORE WAY EX1 3GA
Mark ROSS	7 farm Park, Cranbrook, EX5 7A
Tania Ross	7 farm park, Cranbrook, EX5 7AG
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Sophie Bailes	38 Buckingham Road EX2 [illegible].
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Mark Brown	24 Exevale Rd EX2 6LF.
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Megan White	24 NEW buildings EX5 3EX
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Ash SNOOK	16 oak tree close Broadclyst EX5 3NB
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Simon Cusack	22 Poundsland Broadclyst EX5 3HB EX5 3EW.
Nick Hollett	EX4 8ER
Hazel Bright	EX24 6QU
Adam Bright	EX24 6QU
R Sibley	TA20 4HL.
M. I williams	EX13 7PA
R Le Sale	EX14 3Y
M. Johnson	EX13 8X
Aidan Cross	EX5 4DL - NO. 5
Torin Morrell	EX5 7GH
Sam Fowkes	EX12 2TN
kyle francis	EX2 8YV
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