

NHS Devon Integrated Care Board (ICB) Meeting

The Board Room, Aperture House, Pynes Hill,
Exeter, EX2 5AZ
and via Microsoft Teams

27 March 2025

09.30 – 13.30

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.

1.		Introductory Items	Lead	Action	Time
1.1	ICB24-118	Welcome, introduction and apologies for absence	Kevin Orford, Chair	Discussion	09:30
1.2	ICB24-119	Declarations of interest	Kevin Orford, Chair	Information	
1.3	ICB24-120	Minutes of the meeting held on 30 January 2025	Kevin Orford, Chair	Approval	
1.4	ICB24-121	Action Register	Kevin Orford, Chair	Approval	09:35
1.5	ICB24-122	Our People and Communities: Engaging on the NHS 10 Year Plan in Devon	Sarah Lonton, Healthwatch	Information	09:40
1.6	ICB24-123	People and Communities Framework	Philippa Harding, Interim Chief Communications and Corporate Affairs Officer	Approval	09:55
2.		Leadership Reports	Lead	Action	Time
2.1	ICB24-124	Chair's Report	Kevin Orford, Chair	Information	10:05
2.2	ICB24-125	Chief Executive's Report	Steve Moore, Chief Executive	Information	10:15
2.3	ICB24-126	Staff Survey Results 2024	Piers Tetley, Chief People Officer	Assurance	10.25
3.		National Oversight Framework Segment 4	Lead	Action	Time
3.1	ICB24-127	Progress on the Requirements of the NHS Oversight Framework – Segment 4	Sam Wadham-Sharpe, Winter Director & Director of Performance	Assurance	10.45
4.		For Approval or Endorsement	Lead	Action	Time
4.1	ICB24-128	NHS Devon strategic intent i. 5-Year Joint Forward Plan (2025-2030) ii. 2025/26 Annual Plan iii. 2025/26 Operating Plan	Steve Moore, Chief Executive	Approval	11.00

		iv. Approach to 2025/26 Board Assurance Framework			
4.2	ICB24-129	Review of the NHS Devon Corporate Governance Framework	Philippa Harding, Director of Governance	Approval	11.20
4.3	ICB24-130	Specialised Commissioning – delegation arrangements	Lou Higgins, Locality Director (North)	Approval	11.35
4.4	ICB24-131	NHS Devon Finances - Equity	Kirsty Denwood, Interim Chief Finance Officer	Approval	11.45
		BREAK			12.00

5.		Governance, Performance and Assurance Reports	Lead	Action	Time
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Quality and Patient Experience

5.1	ICB24-132	Quality Report	Penny Smith, Chief Nursing Officer	Assurance	12.10
5.2	ICB24-133	Torbay Joint Targeted Area Inspection (JTAI) Closure	Penny Smith, Chief Nursing Officer	Assurance	12.20
5.3	ICB24-134	Chair's Report: Quality and Patient Experience Committee – 13 March 2025	Thandiwe Hara, Independent Non-Executive Member	Assurance	12.30

Finance and Performance

5.4	ICB24-135	Finance Reports – Month 10 i. NHS Devon Finance Report ii. One Devon Finance Report	Kirsty Denwood, Interim Chief Finance Officer	Assurance	12.35
5.5	ICB24-136	Chair's Report: Finance and Performance Committee – 12 February and 12 March 2025	Martin Sykes, Interim Independent Non-Executive Member	Assurance	12.45
5.6	ICB24-137	Board Assurance Framework	Philippa Harding, Director of Governance	Assurance	12.50

6.		Partnership Working	Lead	Action	
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6.1	ICB24-138	One Devon Integrated Care Partnership Update	Councillor Mary Aspinall, Chair, One Devon Integrated Care Partnership	Information	12.55
6.2	ICB24-139	Cornwall and Isles of Scilly ICB Update	Kate Shields. Chief Executive, Cornwall and Isles of Scilly ICB	Information	13.00

7.		Committee Chair Reports	Lead	Action	Time
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7.1	ICB24-140	Audit and Risk Committee – 03 March 2025	Graham Clarke, Independent Non-Executive Member	Assurance	13.05
7.2	ICB24	Population Health Improvement	Thandiwe Hara,	Assurance	13.10

	-141	Committee – 12 March 2025	Independent Non-Executive Member		
7.3	ICB24-142	People and Organisational Development Committee – 12 February 2025 and 19 March 2025	Judy Hargadon, Independent Non-Executive Member	Assurance	13.15
8.		Closing Items	Lead	Action	Time
8.1	ICB24-143	Questions from Members of the Public	Kevin Orford, Chair	Discussion	13.20
8.2	ICB24-144	Any Other Business	Kevin Orford, Chair	Discussion	13.25
		Close			13.30



NHS Devon Board Register of Interest - 27 March 2025



Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
Kevin Orford	Chair, NHS Devon	Declaration of Interest	Active	Advisor to the Board of Parental Minds C.I.C. (non-remunerated)	Non-Financial Professional	Should there be any issue relating to Parental Minds, there will be a discussion with the Director of Governance and the Chief Executive to ensure that no conflict of interest ensues.
Steve Moore	Chief Executive Officer	Nil Declaration	Active	N/A	N/A	N/A
Donna Manson	Local Authority Partner Member	Declaration of Interest	Active	CEO Of Devon County Council	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
Francis O'Kelly	Primary Medical Services Partner Member	Declaration of Interest	Active	GP Partner at Amicus Health Group. As well as providing the full range of Primary Care Services the practice is also a provider of Surgical Services (dermatology, carpal tunnel, vasectomies and minor ops) and Dermatology Services. Part of the merged practice is also dispensing.	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
				Blundell's School Lead Doctor	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
				Member of the National Armed Forces Reference Group	Non-Financial Professional	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
				Attends Tiverton High School Welfare Meeting fortnightly	Non-Financial Professional	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
				Contributor to FASD Forum	Non-Financial Professional	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
				5 adopted children, 2 with recognised learning difficulties both receiving PIP and with residential or supported living in Devon	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
				Wife is a book-keeper for STEER Education	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance

NHS Devon Board Register of Interest - 27 March 2025



Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
				I attend a monthly online meeting of Primary Care Partner Members, which is organised and Chaired by the NHS Confederation	Non-Financial Professional	Will be declare on Conflict of Interests at meetings.
				My GP practice (Amicus Health) merged with the Mid Devon Medical Practice on 1.10.24 - Dr. Alex Degan (Medical Director for Primary Care at NHS Devon) is a partner in Mid Devon Medical Practice	Indirect	I have declared the business of Amicus Health Group and will declare it at the start of any meeting where a conflict arises
				member of the SW People Board	Non-Financial Professional	To be managed in line with the conflicts of interest policy
				Son is being assessed for Continuing Healthcare.	Financial	Conflict will be managed in line with the Conflict of Interest Policy and advise from the Governance Team.
Graham Clarke	Non-Executive Member	Declaration of Interest	Active	Non-Executive Director of Medicine Discovery Catapult	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
				Non Executive Member at the Department of Health & Social Care	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
				Trustee and Treasurer of the Cornwall Community Foundation	Non-Financial Professional	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
				Spouse is CEO of Cornwall Partnership Foundation Trust	Indirect	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.

NHS Devon Board Register of Interest - 27 March 2025



Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
				Spouse is a Board Member of Cornwall & Isles of Scilly ICB	Indirect	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
				Member, Institute of Cancer Research. It is a both a charity and a college within London University with Membership (c 50 in total).	Non-Financial Professional	To be managed in line with the Standards of Business Conduct Policy.
Helen Braid	Governance & Assurance Manager and Board Secretary	Nil Declaration	Active	N/A	N/A	N/A
John Finn	Acting Chief Operating Officer	Nil Declaration	Active	N/A	N/A	N/A
Judith Hargadon	Non-Executive Member	Nil Declaration	Active	N/A	N/A	N/A
Kate Shields	Chief Executive Officer, Cornwall and Isles of Scilly ICB	Nil Declaration	Active	N/A	N/A	N/A
Kaye Bentley	Non-Executive Member	Declaration of Interest	Active	Provision of consultancy and advice services to the NHS via KB consulting, a sole trader	Financial	Each assignment to be considered on a case by case basis to ensure there are no conflicts of interest with Devon INEM role. No work will be undertaken in the Devon system
				Independent Chair of the South West specialised services committee. Payment via Somerset ICB to KB consulting	Financial	Committee members representing the 7 ICBs in the South West and NHSE representatives on the committee have considered and agreed there is no conflict as the Chair is not a voting member of the committee.
				Trustee of The Budleigh Salterton Hospital League of Friends, also known as the Budleigh Fund	Non-Financial Personal	Remove from any decision making involving the Budleigh Fund or Seachange.
Kirsty Denwood	Acting Chief Finance Officer	Nil Declaration	Active	N/A	N/A	N/A
Libby Ryan-Davies	Director of Transformation for Urgent and Community Care	Nil Declaration	Active	N/A	N/A	N/A
Lincoln Sargeant	Local Authority Partner Member	Nil Declaration	Active	N/A	N/A	N/A
Lopa Patel	Non-Executive Member	Declaration of Interest	Active	My daughter is undertaking a research-based PhD funded by AstraZeneca PLC, a supplier to the healthcare sector.	Indirect	Will seek advice from the Chair / step out of the room if there are commissioning decisions related to AstraZeneca PLC

NHS Devon Board Register of Interest - 27 March 2025



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				Currently there are 12 members of my family, including my sister, nephews and nieces who work as doctors, dentists and pharmacists in the NHS, although none currently in the NHS Devon ICB commissioning	Indirect	Will seek the advice from the Chair and declare any direct interests if they arise.
				Currently Chair of equality charity, Diversity UK which is focusing on addressing inequalities, particularly for women and ethnic minorities. As a charity, Diversity UK, may receive donations from companies, organisation or individuals to help it deliver its mission. Donations are declared as per Charity Commission guidelines.	Financial	Will seek the advice from the Chair and declare any direct interests if they arise.
Louise Higgins	Locality Director (North and East)	Nil Declaration	Active	N/A	N/A	N/A
Mark Cooke	Managing Director (Strategy, Oversight & Regulation)	Declaration of Interest	Active	Non paid Director	Non-Financial Professional	Declare when necessary
				Director non-paid	Non-Financial Personal	Declaration when appropriate
				Director/trustee	Non-Financial Personal	Declare when appropriate
Martin Sykes	Interim Non-Executive Member	Declaration of Interest	Active	I am an independent non-executive member of NHS Cornwall and Isles of Scilly Integrated Care Board and an interim non-executive member of NHS Devon Integrated Care Board	Non-Financial Professional	No conflicts of interest are anticipated as a result of holding both of these roles. Care will be taken by the respective Directors of Governance of each Integrated Care Board to review the papers for meetings at which I will be present, in order to proactively identify any potential conflicts of interest. Should any potential conflicts of interest be identified, the Director of Governance will determine (in conjunction with the relevant Chair) the most appropriate approach to managing these.
				I am an independent non-executive member of University Hospitals Bristol and Weston	Non-Financial Professional	Exclude from any decisions potentially giving rise to a conflict.
Mary Aspinall	Chair, One Devon Integrated Care Partnership	Declaration of Interest	Active	Elected member of Plymouth City Council and Chair of The Plymouth Health and Wellbeing Board	Financial	To be managed in line with the Conflict of Interest Policy and Governance advice.

NHS Devon Board Register of Interest - 27 March 2025



Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
				Elected member of Plymouth City Council	Financial	To be managed in line with the Conflict of Interest Policy and guidance from Corporate Governance
Penny Smith	Chief Nursing Officer	Nil Declaration	Active	N/A	N/A	N/A
Peter Collins	Chief Medical Officer	Declaration of Interest	Active	Trustee for Orchestras Live (charity promoting widening participation and community engagement within the orchestral sector)	Non-Financial Personal	To be managed in line with the Conflicts of Interest Policy
Philippa Harding	Director of Governance	Declaration of Interest	Active	Founding Director of Harding Advisory Ltd, a professional services company providing corporate governance expertise.	Non Financial Professional	The company is currently dormant. Should any conflicts relating to NHS Devon be identified they will be managed as they arise in line with the NHS Devon Standards of Business Conduct Policy
Phillip Mantay	Mental Health Partner Member	Declaration of Interest	Active	Employed as Chief Executive Officer of Devon Partnership Trust since June 2024	Financial	Declaration of relationship prior to offering opinion or recommendation.
				Children and Family Health Devon delivered services for Devon Partnership NHS Trust of which I am Chief Executive Officer	Financial	To be managed in line with the conflict of interest policy and guidance from Corporate governance
Piers Tetley	Chief People Officer	Nil Declaration	Active	N/A	N/A	N/A
Salma Ali	Non-Executive Member	Declaration of Interest	Active	Non- Executive Director for Birmingham Community Health Care Foundation Trust.	Financial	To be managed in line with the Conflict of Interest Policy and Corporate Governance advice
				Director- SKSN Consultancy & Advice	Financial	To be managed in line with the Conflict of Interest Policy and Corporate Governance guidance.
				Black County Women's Aid	Non-Financial Professional	To be managed in line with the Conflict of Interest Policy and Corporate Governance guidance.
Sam Higginson	NHS Trust and Foundation Trusts Partner Member	Declaration of Interest	Active	Chair of Enfield Unity Primary Care Network	Non-Financial Professional	To be managed in line with the Standards of Business Conduct and Conflicts of Interest Policies
				Committee Member	Non-Financial Professional	To be managed in line with the Standards of Business Conduct and Conflicts of Interest Policies
				Chief Executive Officer	Financial	To be managed in line with the Standards of Business Conduct and Conflicts of Interest Policies.
Samuel Wadham-Sharpe	Director of Performance and Assurance	Nil Declaration	Active	N/A	N/A	N/A

NHS Devon Board Register of Interest - 27 March 2025



Employee	Role	Interest Type	Active / Date Ended	Interest Description	Interest Category	Mitigating Actions
Thandiwe Hara	Non-Executive Member	Declaration of Interest	Active	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality.	Financial	There should be no conflict of interest in current circumstances, but this may arise if, they became a provider during the course of time. I will declare my interest at any meeting that may result in them being considered for service provision and leave
				Member on the NIHR SW Clinical Research Network Board.	Financial	There should be no conflict of interest in current circumstances, but this may arise if, they became a provider during the course of time. I will declare my interest at any meeting that may result in them being considered for service provision and leave
Allison Williams	Contractor (part of SOF4 Mandated support via NHSE Intensive Support Team)	Nil Declaration	Active	N/A	N/A	N/A

DRAFT Minutes of a meeting of NHS Devon Integrated Care Board held in public at the Boardroom, Aperture House, Pynes Hill, Exeter, EX2 5AZ and via Microsoft Teams on Thursday 28 November between 09:30 and 12:55

<i>Name</i>	<i>Title and organisation</i>
Board Members:	
Kevin Orford	Chair, NHS Devon
Steve Moore	Chief Executive Officer, NHS Devon
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Dr Peter Collins	Chief Medical Officer, NHS Devon
Kirsty Denwood	Interim Chief Finance Officer, NHS Devon
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon
Sam Higginson	Partner Member for NHS Trusts and Foundation Trusts, Chief Executive of Royal Devon University Healthcare NHS Foundation Trust
Phill Mantay	Partner Member for Mental Health, Chief Executive, Devon Partnership NHS Trust
Dr Frank O'Kelly	Partner Member for Primary Medical Services Providers, Amicus Health
Dr Lincoln Sargeant	Partner Member, Local Authorities (Population Health and Prevention), Director of Public Health, Torbay
Penny Smith	Chief Nursing Officer, NHS Devon
Martin Sykes	Interim Non-Executive Member, NHS Devon
Also in attendance:	
Councillor Mary Aspinall	Chair, One Devon Integrated Care Partnership
Helen Braid	Governance and Assurance Manager, NHS Devon
Mark Cooke	Managing Director (Strategy, Oversight & Regulation), NHS England South West
John Finn	Acting Chief Operating Officer, NHS Devon
Paul Green (Item 4.1 only)	Director of Primary Care, NHS Devon
Philippa Harding	Director of Governance and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Katy Kerley (Item 2.3 only)	Head of Organisational Development, NHS Devon
Tracey Lee	Chief of Staff, NHS Cornwall & Isles of Scilly ICB
Sophie Pallett	Intensive Support Improvement Director, National Recovery Support Team, NHS England
Libby Ryan-Davies	Transformation Director
Piers Tetley	Chief People Officer, NHS Devon
Sam Wadham-Sharpe	Winter Director and Director of Performance
Lopa Patel	Non-Executive Member Designate, NHS Devon
Apologies for absence	
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly ICB
Allison Williams	System Recovery Director, NHS England

Item	Ref	Discussion
1.		Introductory Items
1.1	ICB24 - 095	Welcome, Introductions and Apologies The Chair welcomed Board members to the meeting. It was noted that apologies for absence had been received from Donna Manson, Partner Member for Local Authorities; Kate Shields, Chief Executive Officer (CEO) of Cornwall and Isles of Scilly Integrated Care Board (ICB) and Allison Williams, System Recovery Director, NHS England (NHSE). The Chair then extended welcomes to: • Councillor Mary Aspinall, Chair of Plymouth Health and Wellbeing Board who had been appointed as Chair of the One Devon Integrated Care Partnership. • Phill Mantay, CEO of Devon Partnership Foundation Trust who had been appointed as Partner Member for Mental Health Services • Libby Ryan-Davies, Transformation Director at NHS Devon. • Lopa Patel who would be joining NHS Devon as a Non-Executive Member on 01 February 2025, but was attending as a member of the public. • Tracey Lee, Chief of Staff of Cornwall and Isles of Scilly ICB who was deputising for Kate Shields. • Mark Cooke, Managing Director, NHS England South West • Sophie Pallett, Intensive Support Improvement Director, National Recovery Support Team, NHS England Deputy Director, Intensive Support for NHS England who was attending on behalf of Allison Williams. It was noted that a meeting in private would be held later in the day when an item commercial in confidence in respect of community care provision would be considered. The meeting was deemed quorate.
1.2	ICB24 - 096	Declarations of Interest The Chair informed the meeting that a declaration of interest in respect of Tracey Lee was not included in the Register of Interests circulated with the agenda, but that since its publication a nil declaration had been received. The Board noted the Register of Interests.
1.3	ICB24 - 097	Minutes of Previous Meeting The minutes of the meeting in public held on 28 November 2024 were approved as a correct record.
1.4	ICB24 -098	Action Register The Board: • agreed the closure of actions 68, 71 and ICB24 37b, 39, 59iii, 60, 79, 80, 83a and b, 86 and 91. • noted the updates in respect of actions 69, ICB24 9, 38 and 91.
1.5	ICB24 -099	Our People and Communities: Experiences of Health and Social Care Winter Director and Director of Performance, Sam Wadham-Sharpe (SWS), provided the meeting with an overview of challenges encountered over winter to date together with initiatives across the system to reduce emergency presentations and hospital admissions. The following points were highlighted:

		• Winter 2024/25 had been challenging to date, with there being an increase in all emergency attendances of over 10%, together with an increased demand in primary care and mental health services. • There had been a significant spike in flu admissions; however, there had been a better management of infection prevention and control, with fewer beds closed and improved discharge processes. • Whilst three critical incidents had been declared in the previous winter; this winter to date there had only been one system critical incident, as a result of all acute providers declaring a critical incident. This had enabled the system escalation protocol to be tested which had resulted in a swifter de-escalation than in previous years. The Board then viewed a short film which focussed on a patient's experience of the Plymouth virtual ward, after she was admitted to it following discharge from Derriford Hospital in November. The following points were highlighted in respect of the film: • Virtual wards were one of six areas of work encompassed by the Out of Hospital Programme with a view to supporting the management of acute pressures over winter, together with minor injury units and same day emergency care. • Whilst each of the six areas of work had delivered as anticipated in terms of reductions in attendances and conveyances, they had not impacted the overall position and an evaluation would be undertaken to understand the reason behind that. • There was a need to ensure that funding remained available for the virtual wards so that they remained sustainable and could become mainstreamed and opened up to surgical specialities as well as medical specialities. • It should be taken into account that virtual wards were not suitable for all patients as they relied upon support being available to patients at home and the property being suitable to support health recovery and improvements. • In light of the flu levels across the system this year, an evaluation of the vaccination programme would be taking place and a decision made as to whether in future years national and regional trends were followed or the system focussed upon its own experience. The Chair extended his thanks to those involved in the making of the film, in particular to Sue Miller for sharing her experience, Nurse Manager Sandra Lacey from University Hospitals Plymouth NHS Trust and Chris Morley, Locality Manager for Plymouth. The Board noted the film.
2.		Leadership Reports
2.1	ICB24 - 100	Chair's Report The Chair, Kevin Orford (KO), introduced the report which provided an update in respect of Non-Executive Board Member appointments, the One Devon Integrated Care Partnership meeting held earlier in the month and proposed amendments to the terms of reference of the Population Health Improvement Committee and the Quality and Patient Experience Committee. KO informed the meeting that he was extremely pleased to have been appointed substantively to the role of Chair of NHS Devon and thanked the Board, system partners and officers for their support during his time as Acting Chair. On behalf of the Board, Non-Executive Member Judy Hargadon congratulated KO on his appointment.

		The following points were then highlighted during consideration of this item: • Further changes had been made to the membership of the Board with three new Non-Executive Members due to take up post during February 2025, these being Salma Ali, Kaye Bentley and Lopa Patel. • As a result of the changes in Board membership a review of Assurance Committee membership would be taking place. • A meeting of the One Devon Integrated Care Partnership (ICP) had taken place in January which had seen the appointment of Councillor Mary Aspinall as Chair. Work was now ongoing to form proposals for the focus of the ICP with this work being supported by the NHS England South West team. The Board: • noted the contents of the report; • agreed to delegate to the Chair of the Board the authority to appoint new the new Non-Executive Members to Board Assurance Committees for the remainder of 2024/25; and. • approved the proposed drafting amendments to the terms of reference of the Population Health Improvement Committee and the Quality and Patient Experience Committee.
2.2	ICB24 - 101	Chief Executive Officer's Report Chief Executive Officer, Steve Moore (SM) introduced his report which provided an update on Executive Board appointments, Executive team changes, the 10 Year Health Plan engagement, follow up to the Torbay Joint Targeted Area Inspection, winter pressures and NHS Devon Executive Business. The following points were highlighted during consideration of this item: • The recent changes to the NHS Devon Executive, including the new roles of Chief Strategic Commissioning and Planning Officer and a Chief Primary Care, Partnerships and Place Based Delivery Officer which would strengthen the Executive and support it in facing the challenges being experienced across the Devon system. • Thanks were extended to the VCSE and Healthwatch for their support in delivering the 10 Year Health Plan engagement across Devon which had resulted in over 1300 pieces of feedback. • Whilst during the winter the system had improved on all key performance indicators, with the exception of Category 2 ambulance response times, this still fell short of what patients expected and deserved. An in-depth evaluation would be undertaken during spring so that a plan could be developed to address the challenges continuing to be faced, particularly at emergency departments. • As the level and scope of GP collective action was increasing, the Devon approach to escalating, assessing and mitigating risks was being adopted, with this work being led by the Chief Medical Officer. • Whilst £2m (2024/25) and £27m (2023/24) had been allocated to the system to cover costs incurred through industrial action, there was no indication that similar funding would be made available to cover any costs associated with GP collective action. • Despite the collective action, Devon primary care was still seeing 14% more patients than before Covid and 20% more than the rest of the country. • The strengthened and consistent leadership that had been provided by NHS Devon in respect of the Joint Targeted Area Inspection in Torbay had been increasingly visible to system colleagues and the focus now was to ensure that the activity associated with the action plan led to positive impacts on children, their families and schools. • Board training around safeguarding was to be refreshed which would include a focus on professional curiosity.

		The Board noted the content of the report.
2.3	ICB24 - 102	Organisational Development Plan Update Head of Organisational Development, Katy Kerley, introduced a report which provided an update on Organisational Development (OD) activity over the past 6 months and a recommended plan for delivery during 2025/26. The report outlined a comprehensive OD Plan for NHS Devon and some key areas of focus for continued Integrated Care System (ICS) development. The following points were highlighted during consideration of this item: • Organisational development was pivotal in enabling service improvement and doing things differently to achieve transformation. • If the organisational culture was not right, none of the other strategies could be delivered and the best organisations were those which had a strong sense of purpose and team. • Research had identified that where people were working in an environment where there was a lack of trust and very low morale it could effect productivity to around the cost of 18% of their salary. • It was essential to maximise productivity particularly now that the organisation was smaller, following organisational change. • The Executive team recently held a development session to consider how NHS Devon developed as an organisation and was also working with CEOs to consider how the system could work together effectively. • A question was posed about previous investment in Outward Mindset methodology and why the system no longer used this as a preferred methodology with it being noted that the methodology was best used at a system level to support collaboration amongst partner organisations. It supported building relationships and looking at system challenges through a different 'lens'. The methodology had not been universally valued by all Senior Leaders at the time of implementation, although some really embraced it. The sustainability of the investment had been considered, and there were still trained facilitators in Devon who supported the delivery of the methodology. • Any organisational development methodology now adopted to develop the culture of the organisation and system had to be one which the majority were comfortable with and was less resource intensive than the Outward Mindset methodology, bearing in mind the recent staffing reduction at NHS Devon and the challenges being faced by the system. • Whilst the report highlighted the team's capacity to deliver the work, the majority of this would fall to a range of people across the organisation and the wider system and it was essential that the capacity requirements were clearly understood so that they could be protected to mitigate the risk of the programme of work not being successfully delivered. • The clinical impact of closed cultures had significant quality implications for patients and so an open, learning culture was important not just from a productivity perspective but also from a safety perspective as high level inquiries often pointed to staffing and culture metrics being a key indicator of wider issues. • The inclusion of professional curiosity in the core values set out in the report was extremely important when considering the culture and climate of the organisation. Actions: • KK to work on the articulation of a specific risk in respect of capacity to deliver to the organisational development plan to be developed and the addition of this to the corporate risk register. • The organisational development plan to link more explicitly to the findings of the staff survey, once published.

		The Board: • Took satisfactory assurance from the update provided on progress against the OD Plan and plans for 2025/26. • Noted the identified risks and mitigations, which would continue to be reviewed. • Approved the adoption of the NHS England Code of Conduct in respect to system working, noting that work to develop a Devon framework for embedding the behaviours was ongoing with system OD leads and senior leaders. • Noted that regular updates on progress of the delivery of the OD Plan will be provided to the People and Organisational Development Committee.						
3.		National Oversight Framework Segment 4						
3.1	ICB24-103	Progress on the Requirements of the NHS Oversight Framework – Segment 4 Winter Director and Director of Performance, Sam Wadham-Sharpe (SWS) introduced the report which sought to provide the necessary assurance to the Board on the progress against the agreed criteria and metrics required to exit Segment 4 of the NHS Oversight Framework (NOF4) in Q1 of 2025/26. The report detailed the system position on the criteria for strategy, leadership, urgent and emergency care (UEC), elective care and finance recovery, accompanied by a locality position on delivery against trajectory and the key actions to either maintain or improve performance. The following points were highlighted during consideration of this item: • The report was presented in a new format that sought to provide an improved assurance-based review and was accompanied by the data packs and key lines of enquiry discussed at the Locality Planning and Delivery Meetings. • Since the last report, the UEC RAG rating had moved from amber to red as there were significant and widening gaps between current performance and trajectory; however, this was being addressed through system wide developments and mitigations. • The Finance and Performance Committee had supported the levels of assurance set out in the report. Strategy and leadership was much improved; elective care performance was moving the right direction and the system was on target to deliver its financial plan. • Some providers were feeling pressures and that was being mitigated through the provision of additional system support and whilst it was important that as a system the financial target signed up to was met it was also important that as the system entered 2025/26 there was a re-balance to ensure that any opportunity around service transformation was not lost. • At the most recent round of Local Planning and Delivery Meetings all providers had confirmed their forecast year end on the 4 hour target. • There was a sense that overall the system was moving in the right direction and whilst some of the detail of the NOF4 exit criteria had not been met, continued and consistent improvement could be demonstrated as could the resilience of the system in finding solutions to the challenges that it faced. The Board: • agreed the following assurance ratings relating to progress against each of the NOF4 exit criteria <table><tr><th>Criteria</th><th>Assurance</th></tr><tr><td>Strategy</td><td>Satisfactory</td></tr><tr><td>Leadership</td><td>Satisfactory</td></tr></table>	Criteria	Assurance	Strategy	Satisfactory	Leadership	Satisfactory
Criteria	Assurance							
Strategy	Satisfactory							
Leadership	Satisfactory							

		<table><tr><td>UEC</td><td>Limited</td></tr><tr><td>Elective</td><td>Limited</td></tr><tr><td>Finance</td><td>Satisfactory</td></tr></table> and took assurance that adequate plans were in place to mitigate the risks relating to the delivery NOF4 exit identified in Locality Planning and Delivery Meetings, and System Leadership Group.	UEC	Limited	Elective	Limited	Finance	Satisfactory
UEC	Limited							
Elective	Limited							
Finance	Satisfactory							
4.		For Approval or Endorsement						
4.1	ICB24 - 104	Primary Care Access Recovery Plan (PCARP) Acting Chief Operating Officer, John Finn (JF), introduced a report which provided an overview of the 2023/24 PCARP delivery and a progress update for each area of the 2024/25 PCARP delivery plan. The report also highlighted the difference the PCARP programme was making to general practice and its patients through four case studies. The following points were highlighted during consideration of this item: - Whilst the GP appointment position was positive, that was only one aspect of general practice and one which often resulted in shorter appointment times and a lack of continuity of care, despite continuity having been demonstrated to reduce long term health conditions; presentations at emergency departments and medicines use. - Funding for primary care, as a percentage of funding across the entire NHS, had declined in recent years which was significantly impacting estates and workforce. - Devon had a diverse range of communities and whilst taken as an average there may be a positive picture for accessing primary care, there were specific areas of concern across the system. - It was recognised that the outcome of the 10 Year Plan process could result in changes in how organisations were constituted, so a strategic conversation with the primary care sector about how the system will evolve would be needed - A single strategy for the system was required which brought together the work of the acute sustainability programme, acute care collaborative and also for primary and community care. A paper would be presented to the March 2025 Board meeting which set out how that work would be undertaken. - A target for primary care during 2025/26 was to get all Primary Care Networks to the position where they were all in the upper quartile of national performance in terms of access, to maintain where the position was strongest and reduce variation. There would also be a test of change around new models of general practice. - The strategic metrics contained within the report were not current due to the lag in the reporting cycle and so whilst it was not possible to accurately determine the impact of GP collective action on access to primary care, the broad headline was that there had been a 2% decrease in raw GP team activity across the system compared with the national figure of 5%. The Board took satisfactory assurance that the PCARP delivery was on track in Devon.						
5.		Governance, Performance and Assurance Reports						
5.1	ICB24 -105	Quality Report Chief Nursing Officer, Penny Smith (PS) introduced the report which provided a summary of key quality information, in the format of both quantitative and qualitative						

		data from sources including NHS Devon data collection including patient experience; and direct from the NHS Devon Nursing and Quality Directorate team's involvement in partner meetings, groups, quality committees and workstreams. The following points were highlighted during consideration of this item: • The report had been considered by the System Quality Group and also the Devon Clinical Cabinet where the national cascades relating to performance and safety had been reviewed, together with the system's response to those and the approach to dynamic risk assessment. • Urgent and Emergency Care continued to be a focus for the Committee due to long waits in the clinical pathway. • Patient Safety Incident Report Framework (PSIRF) requirements were continuing to be met with all providers having moved to the new framework. This area would also be subject to an internal audit. • The role that NHS Devon had played in the sign off of the Clinical Negligence Scheme for Trusts (CNST) submissions, with PS having attended provider Board meetings to support their declarations. • Concern as to the lack of use of the waiting well service despite there being a risk to people's well-being whilst they waited and that this would be considered by the Quality and Patient Experience Committee in the future. The Board: • agreed the overall assurance level relating to the quality position of the One Devon Integrated Care System as satisfactory; and • took satisfactory assurance that adequate plans were in place to mitigate and improve quality risks.
5.2	ICB24 -106	Committee Chair's Report: Quality and Patient Experience Committee – 16 January 2025 The Chair of the Quality and Patient Experience Committee, Thandiwe Hara (TH), introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 16 January 2025. The following points were highlighted during consideration of this item: • Work was ongoing to understand the challenges, opportunities and best practice to understand waiting list data and information. • The Committee had taken assurance in respect of the quality and safety improvements made around discharges from the Royal Devon University Healthcare NHS Foundation Trust (RDUH) to care homes and the work being undertaken as to how this could be sustained and extended across the system. • Vaccination services and the governance around those services had been reviewed, with more work to be undertaken to establish whether there were any potential inequalities in access to those services. • An update on the implementation of Equality Quality Impact Assessments had been received, together with plans for enhancing the process. The Board: • took assurance from the report of the Chair of the Quality and Patient Experience Committee; and • noted the escalations to the Board for information in respect of the emerging risk related to General Practice Collective Action and the positive development of the ongoing development of the Equality Quality Impact Assessment.
5.3	ICB24 - 107	2024/25 NHS Devon Annual Plan – Delivery Assurance Transformation Director, Libby Ryan-Davies (LRD), introduced a report which provided oversight and assurance for the delivery of the each of NHS Devon Directorate's objectives against their agreed Annual Plan and detailed the objectives

		by exception where the NHS Devon Programme Management Office (PMO) and performance team had limited or only partial assurance on the progress being made. The following points were highlighted during consideration of this item: • Of the 128 objectives, 69% were now fully assured with 29% being partially assured and the remaining 2% having limited assurance. • The NHS Devon Executive had considered this report and had taken its own assurance around delivery. Whilst it was accepted that there had been too many objectives within the 2024/25 Annual Plan due to legacy issues, in 2025/26 there would be far fewer objectives and they would be at a more strategic level. • Whilst it was possible to take assurance on individual objectives, there was concern that the data had not been appropriately analysed at directorate level as assurance measuring was not a like for like basis with some objectives being at a much higher level than others. • Individual Chief Officers were responsible for their objectives within the Plan and, as the organisation moved into 2025/26, work would be undertaken to ensure equity across the directorates so that the Executive could be held to account as a team. • It was noted that the ratings in the report that had been applied to the directorates may not reflect the resources allocated to them and the relative challenges of the objectives. The Board: • agreed the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives; and • agreed the proposed amendments to the NHS Devon 2024/25 Annual Plan
5.4	ICB24-108	Finance Reports Interim Chief Finance Officer, Kirsty Denwood (KD), introduced the Month 8 Finance Reports for NHS Devon and for the One Devon Integrated Care System which sought to provide the necessary assurance on the financial position and risk relating to the financial plans for the year ending 31 March 2025. The following points were highlighted during consideration of this item: • The risks highlighted in the Month 6 reports had now been formally managed and this was reflected in the Month 8 reports. • Efficiencies were not being delivered at the rate required to deliver the required forecast outturn which would need to be addressed during the 2025/26 planning round. • To achieve the current £17m surplus for NHS Devon, all of the measures taken had been non-recurrent and so would not impact on the future position in terms of service delivery or investment going forward. However, it was acknowledged that there had been an opportunity cost of taking this approach and, from 2025/26 onwards, there had to be clear step towards moving "upstream" whether that was in terms of community or primary care or ultimately into prevention and population health management. • The financial risk for the system overall had reduced from £29m in Month 7 to £9m. • The service line summary in respect of the mental health overspend had been driven by the Right to Choose Adult Neurodiversity assessments and related to the spend with non-NHS providers. • In terms of productivity, the system was above the national average, with the metric included within the report having been nationally calculated and provided to the system. It was acknowledged, however, that this figure was relative rather than absolute. • Productivity would be an important metric during operational planning for 2025/26 as it gave an indication of the plausibility of plans in terms of

		achievement, with the guidance setting out an expectation of productivity at 4%–5% across the board and systems being provided with productivity packs setting out which areas remained to be targeted. It was noted that the Finance and Performance Committee had supported the recommended assurance level contained within both reports. The Board: • agreed the overall assurance level relating to the financial position of NHS Devon of satisfactory; and • agreed the overall assurance level relating to the financial position of the One Devon Integrated Care System of satisfactory and noted the system re-forecast in month 8.
5.5	ICB24 - 109	Chair's Report: Finance and Performance Committee – 11 December and 17 January 2025 The Chair of the Finance and Performance Committee, Martin Sykes (MS), introduced the reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 11 December and 17 January 2025. The following points were highlighted during consideration of this item: • The Committee had requested that any objectives that had been removed from the Annual Plan could be retained so that they were not lost completely; however, the focus had remained on the 2025/26 plan process in terms of identifying key objectives. • The financial actions taken to maintain a balanced position were noted; however, the Committee had wanted to explore whether there were any negative impacts of that action, such as monies being used for this purpose rather than on service delivery. There was also concern as to the level of non-recurrent Cost Improvement Programme (CIP) savings being higher than anticipated and the impact this would have on 2025-26. • The Committee had accepted the levels of assurances provided in terms of delivery of the 2024/25 Annual Plan and the Month 8 Finance reports. The Board: • took assurance from the reports of the Chair of the Financial and Performance Committee; and • noted the escalations for information contained in the report of the meeting held on 17 January 2025 in respect of the ongoing challenges in Urgent and Emergency care; the understanding of non-recurrent and recurrent shifts resulting from operational efficiencies and delayed expenditures; and the use of financial reserves within the system.
5.6	ICB24- 110	2025/26 Planning and Transformation Transformation Director, Libby Ryan-Davies (LRD) introduced a report which provided an overview of the integrated approach to be taken to planning for 2025/26 to prevent the delivery of separate planning objectives in isolation. The approach included the refresh of the Joint Forward Plan (JFP), development of the multi-year system transformation programme (the Transforming Devon Programme (TDP)) and of the NHS Devon Annual Plan. The output of that activity, alongside partner organisations' plans would then provide the content to service the 2025/26 Operational Plan submissions required by NHS England (NHSE), with that process co-ordinated by NHS Devon for the system. The following points were highlighted during consideration of this item: • That an objective for the financial plan section of the report should be included around ensuring that cost improvements were recurrent rather than

		non-recurrent with it being clear that the degree of recurrence was expected to be at least 70%. - From the acute provider perspective, the UEC section needed to include No Criteria to Reside (NCTR) levels otherwise it would be impossible to plan. This would require a discussion across system partners as to what was going to be commissioned and the levels committed to. - Whether the transformation element of the plan included enough of a community perspective to achieve the “three shifts” set out in the Darzi report. The Board: took satisfactory assurance from the ongoing integrated approach to planning; took satisfactory assurance from progress in establishing the architecture for the Transforming Devon Programme; noted the indicative timelines for operational planning, as well as the assumptions and ambitions shaping the One Devon Integrated Care System’s operational planning in 2025/26 and risk inherent within the assumptions; and endorsed the response and shift of emphasis in development of the NHS Devon Annual Plan.
5.7	ICB24-111	Children and Young People’s Services Recovery – Autism Chief Nursing Officer, Penny Smith (PS) introduced a report which followed on from an initial report to the Board in July 2024 that outlined the number of Children and Young People (CYP) waiting for an autism assessment across Devon and highlighted the significant demand for diagnostic services, the impact of delays on children and families, and implications arising from the special educational needs and disabilities (SEND) regulatory and oversight process. At that time, the Board was asked to note the plan for improvement and recovery to meet the target set by the Department for Education (DfE) and NHS England (NHSE), and to take limited assurance from the planned investment in the recovery of children’s services in 2024/25. The Board also noted the very challenged wider context relating to SEND service provision in Devon. This report provided a position update regarding the autism recovery programme, including current strategies, performance, issues and risks. The following points were highlighted during consideration of this item: - In conjunction with reducing the waiting lists for autism assessments it was important that early interventions were offered to support children and their families. - Over 1100 assessments had been completed between August and December 2024; however, the rate of demand was exceeding the ability of the system to respond effectively with the current model. - Work was ongoing with Local Authority colleagues around therapeutic models to wrap care around children at the earliest possible stage rather than waiting for a medical diagnosis. - The right to choose was becoming a constraint as staff were moving to private providers who were providing the assessments. - Metrics in this area were being aligned to the One Devon oversight arrangements as part of the elective recovery programme. - The elements of a graduated response were beginning to be established; however, trust and confidence would only be gained if improvements to the service were visible. - There was a need to move towards a different way of approaching autism with it not automatically being considered necessary to medicalise a situation which was that some individuals saw the world in a different way which required the input of a range of disciplines across the health, voluntary and local authority sectors.

		- The geography of Devon impacted upon the waiting list numbers across the system; however, there was ongoing work to understand best practice from each of the providers. - This was an area where the methodology implemented for elective recovery across Devon could be utilised, with accurate data being used and understood, clinicians being brought in where necessary, service users being listened to and having the most talented managers focussed on the most complex issues. Action: - An update report to be brought to the Board after six months at the earliest. The Board took limited assurance from the impact of the actions taken to date; and noted that further information about progress would be presented to the Finance and Performance and Quality and Patient Experience Committees, as appropriate.
5.8	ICB24 - 112	Board Assurance Framework (BAF) Director of Governance and Interim Chief Communications and Corporate Affairs Officer, Philippa Harding (PH) introduced a report which provided the Board with an update on the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. The following points were highlighted during consideration of this item: - At this point in the financial year, consideration should be given as to what the BAF should include for 2025/26. - The Governance Team was linking with the Planning Team around the Annual and Operational Plans for 2025/26 when developing the BAF for the next financial year. - Discussions around the 2025/26 content, together with risk appetite, would be considered by the Board at its February 2025 development session. - As there had not been much movement in risk ratings during 2024/25 the Executive had reviewed the BAF in detail in December, with the conclusion being that the impact of winter pressures and the environment across the system had shifted the context of the described risks. The Board approved the content of the latest iteration of the 2024/25 BAF risks to achieving the strategic objectives of NHS Devon.
6.		Partnership Working
6.1	ICB24- 113	Cornwall and Isles of Scilly ICB Update Tracey Lee, Chief of Staff at NHS Cornwall and Isles of Scilly introduced the report which highlighted emerging issues and significant developments within the Cornwall and Isles of Scilly integrated care system. The following points were highlighted during consideration of this item: - The winter issues in Cornwall had been similar to those in Devon. A critical incident had been called after Christmas, but the improved community infrastructure had enabled a quick rebound. - Cornwall ICB was still reporting achieving financial balance 2024/25 but was anticipating a challenging 2025/26. - Investment was being made in primary care hubs so that acute services around conditions such as frailty, end of life care and palliative care could be wrapped around service users and brought out into the community,

		Discussions would take place outside of the meeting regarding the level of No Criteria to Reside in Royal Cornwall Hospital NHS Trust so that any impact on Devon could be established. The Board noted the report.
7.		Committee Chair Reports
7.1	ICB24 - 114	Committee Chair's Report: Audit and Risk Committee – 06 January 2025 The Chair of the Audit and Risk Committee, Graham Clarke (GC), introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 06 January 2025. The following points were highlighted during consideration of this item: - A private session had been scheduled to consider the implementation of the action plan developed in response to procurement and control challenges identified in respect of international nurse recruitment. - The System Audit, Assurance & Risk Committee Chairs' Forum had received its first report in respect of the management of CIPs that had provided assurance around the governance arrangements in place and was now being taken back to individual provider Boards. - The system audit in respect of ambulance handovers was not proceeding as planned due to the challenges of winter pressures; however, the audit in respect of maternity services was proceeding. - A limited internal audit opinion had been received in respect of the NHS Devon Emergency Preparedness Resilience and Response (EPRR) in light of the absence of some divisional plans; however, the 2024 EPRR Assurance Report for the system had been rated as satisfactory. - Concern had been raised that EPRR staff do not have cyber security knowledge that this would be picked up through a linkage with the Data Security Protection Toolkit work. - A limited opinion had also been received in respect of the clinical governance arrangements in respect of Individual Patient Placements and Section 117 Aftercare which had been instigated by the Chief Nursing Officer as a result of due diligence. The Committee took satisfactory assurance around the action plan in place to address the highlighted in the report. The Board: took assurance from report of the Chair of the Audit and Risk Committee; approved the EPRR Assurance Report 2024; and approved the 4 proposed outcomes for assessment as part of the Data Protection and Security Toolkit, those being A1a Board Direction, B3d Mobile Data; B3e Media / Equipment Sanitisation and E2a Managing Data Subject Rights Under UK GDPR.
7.2	ICB24 - 115	Committee Chair's Report: Population Health Improvement Committee – 09 January 2025 The Chair of the Population Health Improvement Committee, Thandiwe Hara (TH), introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 09 October 2025. It was noted that the committee would be of importance in respect of assurance in relation to future care delivery decisions and the impact these might have on the different communities across Devon in terms of inequalities. The Board: took assurance from the reports of the Chair of the Population Health Improvement Committee; and

		• noted the recommendation that the terms of reference of the Committee and that of the Quality and Patient Experience Committee should be amended concerning public engagement, which had been approved under the Chair's Report earlier in the meeting.
8.		Closing Items
8.1	ICB24 - 116	Questions from Members of the Public The Chief Medical Officer, Peter Collins, informed the meeting that he had met with Dr Imraan Jhetam and Dr John Whitehead who had submitted a question in respect of the length of time that had been taken to review the remuneration for Section 12(2) doctors in Devon. Dr Jhetam and Dr Whitehead had been informed that NHS Devon had now completed this work and it was currently progressing through the relevant governance processes with a view to commencing a new fee structure as of 1 April 2025. Whilst this had been welcomed, the doctors had wanted the Board to be aware that as these fees would not be in line with the recommendation of the British Medical Association it may result in some doctors not undertaking this work; however, it was acknowledged that the fee structure had been benchmarked with other systems across the region. It was noted that Councillor Jan Goffey of Okehampton Hamlets had submitted some observations around items on the agenda and a response would be made to her.
8.2	ICB24 - 094	Any Other Business It was noted that the next meeting of the Board in public would be on 27 March 2025.
		Meeting Closed: 12.45

Integrated Care Board Meetings in Public - Action Log						
Action Reference	Date of Meeting	Action - issue to be addressed	Target Date	Lead	Progress on action	Status
69	07.02.2024	An update on the outcome of the review being undertaken by the Executive Team in respect of end of life commissioning and equitable funding for adult hospices in Devon to be reported to the Board.	30.09.2024	John Finn	19.03.2025 - Update included in CEO's Report for 27.03.2025 meeting. Propose to close. 20.01.25 - Funding plan agreed through Triple Lock to move towards a more equitable provision of grant funding for hospices. However, all hospices are continuing to struggle with financial viability due to charitable donation changes, employers National Insurance contribution and workforce cost hikes. The ICB is working with the hospices to better understand this and find alternative solutions to the reduction or closure of services. The ICB has produced a medium-term EOL commissioning plan for Devon and is working with system partners to create a implementation plan over 3 years which seeks to improve EOLC provision and positively impact UEC performance. 09.10.2024 - Proposed way forward to be presented to Board in January 2025 to enable consideration ahead of changes in April 2025. 09.09.2024 - Initial update included in CEO's report. Further update to be scheduled. 15.07.24 – Task and finish work underway and multi-organisation group established; NHS development sessions have taken place. Board item scheduled for September 2024. 24.05.2024 - A meeting with North Devon Hospice has taken place and Steve Moore has commissioned a Task and Finish Group led by Lou Higgins and sponsored by the Chief Medical Officer, to: 1. Rapidly develop a Devon-wide prospective medium-term commissioning plan for End of Life care. 2. Establish a Palliative and End of Life Care Collaborative to provide system-wide co-ordination of change and transformation and advise the ICB on future long-term commissioning plans. The Group will review evidence and guidance, assess Devon's position against this, and make recommendations on a future commissioning model. This replaces the previous action of merely levelling up hospice funding, but instead, going back to commissioning services equitably based on need. The ToR and scoping document for this group will be shared for approval at the next Executive Committee and a	Propose to close
ICB24 009	30.05.2024	Decision-making structures in respect of commissioning to be clarified.	30.09.2024	Steve Moore / Philippa Harding	19.03.2025 - Decision making structure regarding commissioning included within Corporate Governance Framework review included on agenda for 27.03.2025. Propose to close. 21.01.2025 - ToR of Executive Commissioning Group approved, with group meeting on 30.01.2025. Operational Scheme of Delegation being reviewed as part of Corporate Governance Framework effectiveness review and will be presented to the Executive for approval at its meeting on 04.03.2025. 21.11.2024 - Proposed ToR of executive Commissioning Group have been drafted and circulated. To be considered alongside a revised operational scheme of delegation by the NHS Devon Executive meeting on 03 December 2024.	Propose to close
ICB24 038	25.07.2024	A report to be brought to a future meeting of QPEC in respect of the merger between the Devon and the Cornwall LMNS.	31.01.2025	Hannah Pugliese	20.03.2025 - Maternity Summit to be held on 3 April, followed by a specific workshop with C&IOS ICB on 6 May. Update on progress reported to each meeting of QPEC. Propose to close. 03.01.2025 - Both CNOs are engaging with the regional midwife to support this work. This is being explored at a summit in April 2025 following a LMNS effectiveness review January 2025. A report to QPEC will be provided in the next planned maternity report (March 25). 09.09.2024 - Scheduled for January 2025.	Propose to close
ICB24 - 091	28.11.2024	Closure report from the Primary Care Commissioning Transition Committee to be submitted to the Board by the end of the financial year.	27.03.2025	Philippa Harding	19.03.2025 - Included within Corporate Framework Review included on agenda for 27.03.2025 - see appendices. Propose to close. 21.01.2025 - Will be included on Board agenda for 27 March 2025.	Propose to close
ICB24 -102i	30.01.2025	A specific risk in respect of capacity to deliver to the organisational development plan to be developed.	27.03.2025	Piers Tetley	20.03.2025 - Head of Organisational Development working with the Senior Governance and Assurance Manager to articulate the risk.	In progress
ICB24 -102ii	30.01.2025	The organisational development plan to link more explicitly to the findings of the staff survey.	27.03.2025	Piers Tetley	20.03.2025 The action plan for the staff survey is closely aligned to the actions with the OD plan evidenced through the 'Staff Survey Results 2024' report to the People and Organisational Development Committee (19.03.2025) and Board (27.03.2025), together with the Organisational Development Plan approved by the Board on 30.01.2025.	Propose to close
ICB24-111	30.01.2025	Report in respect of Children & Young People's Service Recovery - Autism to be brought back to the Board no sooner than six months time.	31.07.2025	Penny Smith	19.03.2025 - Included in 2025/26 Board Forward Plan for September 2025.	In progress

NHS Devon Integrated Care Board

People and Communities Framework

Date of meeting	Date report produced
27 March 2025	24 February 2025

Author(s)		Report approved by	
Name and title:	Nicola Bonas, Deputy Director of Communications and Engagement	Name and title:	Philippa Harding Interim Chief Communications and Corporate Affairs Officer
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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
This paper provides • An overview of the People and Communities framework, including key drivers and benefits. • The details of the Devon Engagement Partnership and the online platform as the vehicle to deliver the framework • An overview of the framework in action through the lens of the 10 Year Plan engagement programme



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

Reviewed by the NHS Devon Executive at its meeting on 04 March 2025.
Reviewed by the One Devon Integrated Care Partnership at its meeting on 11 March 2025.
Reviewed by the Population Health Improvement Committee at its meeting on 12 March 2025.

Key recommendations and actions requested

APPROVE the People and Communities Framework.

TAKE SATISFACTORY ASSURANCE FROM the development of the Devon Engagement Partnership and the intention to embed the approach into the governance of NHS Devon.

NOTE the approach to the 10 Year Plan as the blueprint for effective collaboration on inclusive and meaningful engagement.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Positive - By utilising the networks offered by a system partnership approach, inclusive engagement increases the reach to access the voice of people who are impacted by health inequalities and our Core20PLUS5 communities
Improve services and reduced unwarranted variation	Positive - Provides a consistent approach to engagement for key system partners in Devon that is aligned to best practice guidance.
Make more efficient use of our resources	Positive - Drive effective and collaborative work with the Local Care Partnerships, Healthwatch and the Voluntary Community and Social Enterprise sector to align engagement activity and remove duplication
Develop our culture and how we operate	Positive - Builds a focus on best practice approaches across the system, building assurance and influence in engagement work and promotes opportunity for system partners to learn and develop as engagement professionals

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Provides an accessible framework for engaging people and communities in Devon and gaining existing insights. This will enable commissioners to ensure insights and the voice of the people and communities in Devon are embedded into the developing and commissioning of new services.
Health inequalities	Working together across the system widens the opportunity of engagement to our whole population, ensuring that the voices of those who experience health inequalities, or those who live in rural, coastal or remote locations have an equal chance to be heard and influence decision-making.
Workforce	Building engagement resilience through existing workforce working in a system approach
Resources and finance	Reducing duplication and any associated costs
Legal	Reduces risks of legal challenges during significant service change by implementing better processes, a more aligned approach to inclusive, meaningful engagement.
Digital and Data	Development of the existing One Devon website to incorporate a shared online engagement space and an insights library
Engagement and consultation	Provides assurance how the ICB/ICS will meet it's legal/statutory duties in relation to engagement/consultation.

People and Communities Framework

Introduction

1. Working together across the system widens the opportunity of engagement to the whole population, ensuring that the voices of those who experience health inequalities, or those who live in rural, coastal or remote locations have an equal chance to be heard and influence decision-making.
2. Only by understanding the needs of a changing population can we hope to meet those needs through health and care services.
3. By developing and agreeing a consistent approach to genuinely inclusive engagement, and with better alignment across health and care services, we can create a system that is not only more effective but also more equitable, ensuring that every individual is given the opportunity to have their voice heard.
4. A system approach to engagement aims to provide:
 - The strategic link to NHS Devon for all engagement work done at neighbourhood/place/system/One Devon level
 - Effective and collaborative work with Local Care Partnerships, Healthwatch Devon Plymouth and Torbay and the Voluntary Community and Social Enterprise (VCSE) Assembly
 - Champions of best practice and inclusive engagement approaches across the system
 - A link to NHS Devon governance processes and to support alignment to wider system strategies and committees such as the One Devon Integrated Care Partnership

People and Communities Framework

5. NHS Devon, in collaboration with Healthwatch Devon, Plymouth and Torbay and the NHS Devon VCSE Assembly, has developed a framework that sets out the intention that:
 - Partners will work together to ensure whole system involvement through the established Devon Engagement Partnership
 - Insights will be coordinated to ensure visibility of the population voice – and these will be made available by a single engagement platform hosted by NHS Devon
 - The views and experiences of the population will influence decision-making through regular reporting to NHS Devon Board assurance structures
 - NHS Devon Board will hold itself and the system to account on the involvement of people and communities

6. The framework sets out an intent to share ambitions, to champion best practice, to build the voice of people into the governance of NHS Devon, putting the voice of the people and communities in Devon on the decision-making table.
7. In addition to supporting the delivery of the four key aims of an integrated care system, the framework will provide:
 - support for compliance with statutory duties to involve people and communities
 - an agreed approach for system partners to use in engagement, ensuring consistency from Neighbourhoods to system wide
 - a focus on listening to our people and communities, and understanding what really matters to them, their experiences and ideas for improvement
 - opportunities to develop solutions with people that shape a sustainable future for the NHS that meets people's needs and aspirations.

Delivering the Framework – the Devon Engagement Partnership

8. The Devon Engagement Partnership (DEP) will be the vehicle that will support One Devon in effectively and meaningfully listening to and working with people and communities across Devon.
9. The DEP brings together engagement partners from across the health and care system, with the intention of working to a shared set of ambitions and aligning the work engagement work to system and partner priorities. Developing the DEP further is a key priority over the next 12 months, to ensure effective working, and to grow the membership to as wide a representation as possible, but also that the Partnership continues to meet the expectations of its members.
10. The DEP membership is currently made up of colleagues representing:
 - NHS Devon
 - NHS trusts and NHS providers
 - Healthwatch Devon, Plymouth and Torbay
 - Torbay, Plymouth and Devon Voluntary, Community and Social Enterprise (VCSE) Assembly
 - VCSE organisations in Devon
 - Local Care Partnerships
11. To date, the DEP has discussed a series of shared ambitions for working together to involve people and communities in Devon. These are:
 - Engagement should be as **inclusive** as possible, and accessible to ALL as a minimum standard
 - **Co-ordinate** relationships to deliver opportunity to involve as many people as possible.

- Provide support, advice and guidance to **align** any engagement to the core aims of the Integrated Care System
 - Demonstrate how the voices of people and communities are being used in health and care services using **visible and transparent** means
 - Through **continuous** and meaningful engagement, with a focus on what really matters to all communities, including those marginalised, to the fore and building on the exception work already being done
12. These ambitions will be formalised as part of the DEP's development and will be key in supporting a joint approach to systemwide engagement.
 13. The DEP will provide regular reports on its activities to the NHS Devon Population Health Improvement Committee.

Delivering the Framework – online platform

14. NHS Devon has been developing a new 'Get Involved' section on the One Devon website, to provide a single place for all health and care public engagement from across Devon. This will be hosted by NHS Devon and funded through existing non-pay budget. It will provide a consistent and accessible place for NHS commissioners and/or system partners to access public engagement insights and also conduct their own engagement – which embeds the voices of our people and communities in everything that we do. The aim is to provide a single point of access for all public engagement opportunities across the One Devon Integrated Care System, acting as a signpost for people and communities. This platform will also link to health and care local and national communication campaigns.
15. DEP members will be key stakeholders in the management and production of the content of this platform, supporting the co-ordination and the alignment of system engagement work, reducing duplication.
16. The platform will be fully accessible as an online offer (noting that not all people are digitally enabled, and additional support will be put in place), supporting the delivery of inclusive engagement (including translation and screen readers) and reaching as far into our Core20PLUS5 communities as possible.
17. The platform will also be the host site for the new online insight library, which will be accessible to all system partners as a starting point for involvement, but will also be the place where outcomes of engagement are published providing the public assurances that their voice has been heard. This library will be built on the 70+ pieces of engagement that have been carried out since 2018 by NHS Devon, system partners and published local and regional work, which gives a strong starting point for the library.
18. To note – the insight library is already being used in an 'offline' form and was key to the development of the Joint Forward Plan (JFP). The library provided extensive insight and intelligence which aligned to the engagement requirements of the JFP, and therefore no specific engagement was required.

The Framework in action: Devon 10 Year Plan engagement programme

19. NHS Devon in collaboration with Healthwatch designed a system wide engagement programme to embed the voice of the people and communities of Devon into the national 10-year plan development whilst informing local priorities and pieces of work.
20. The DEP membership shared their views on the proposed programme and agreed the roles they would take to reach the people and communities they serve. The starting point was:

What do we already know and what do we need to find out?

21. The programme provided very clear roles and responsibilities that ensured the most appropriate partners were reaching their communities as either the trusted voice or the leader of health and care services in their area. These included:
 - NHS Devon staff
 - Acute and Mental Health provider Colleagues
 - Local authorities
 - Healthwatch Devon, Plymouth and Torbay
 - VCSE organisations
22. NHS Devon allocated funding to Healthwatch Devon, Plymouth and Torbay and VCSE organisations to support the engagement programme. This demonstrated our commitment to VCSE organisations and hearing the view of the Core20PLUS5 communities and widened the reach of the programme to those groups that are not always involved in engagement work like this. This included:
 - People experiencing homelessness
 - Learning disabilities
 - Ethnically diverse communities
 - Carers and older people
 - People with a physical disability
 - Digitally excluded
 - Rural/coastal communities
 - Children and young people
 - Those experiencing social isolation
23. Having a joined-up approach enabled people to provide feedback at events to Healthwatch Devon, Plymouth and Torbay if they had specific experiences, they wanted to raise that didn't relate to the 10 Year Plan engagement programme. As part of the engagement programme design, there were also numerous other ways that the people and communities of Devon could get involved.

24. The approach taken in Devon has been seen as an exemplar of best practice and has been recognised both regionally and nationally. It has given the NHS in Devon a foundation for any future system wide engagement campaigns.
25. At the time of writing the 10 Year Plan engagement has achieved 3,137 pieces of individual feedback:
 - 1,338 Devon survey responses
 - 319 individual public experience responses
 - 527 individual staff experience responses
 - 595 written postcards received
 - 358 workshop attendees including NHS staff and public
 - Over 200 people signed up to be included in future engagement
 - A social media reach of over 200k across Devon

Emerging themes from engagement

- People value the NHS being free at the point of access
- Staff are seen as the most valuable, but most vulnerable asset
- People appreciate the wide range of services and how they have personally helped them
- There is a need to address access to primary care
- Tackle long waits in ED, for elective care and for mental health
- Funding the NHS properly should be a priority
- Join up services better, efficiently and with good communication
- Better access to diagnostics and more preventative services



26. This [summary video](#) designed by Healthwatch Devon, Plymouth and Torbay tells the story of the Devon 10-year engagement programme and how much this has been valued by the people and communities in Devon.

Recommendations

27. The NHS Devon Integrated Care Board is asked to:
 - **APPROVE** the People and Communities Framework.
 - **TAKE SATISFACTORY ASSURANCE FROM** the development of the Devon Engagement Partnership and the intention to embed the approach into the governance of NHS Devon.
 - **NOTE** the approach to the 10 Year Plan as the blueprint for effective collaboration on inclusive and meaningful engagement.

One Devon people and communities framework

System approach and priorities

NHS and CARE working with communities and local organisations to improve people's lives

One Devon people and communities framework

Introduction

Working together across the system widens the opportunity of engagement to the whole population, ensuring that the voices of those who experience health inequalities, or those who live in rural, coastal or remote locations have an equal chance to be heard and influence decision-making.

This framework sets out the intentions that:

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

Learning from the approach to the 10 Year Plan engagement, having a joined up and coordinated approach to involving people and communities will be the blueprint for how we do things in the future. Ensuring we consider all parts of the system, locality, place/neighbourhood and Core20PLUS5 communities. It also enables those who hold the closest relationships and are the trusted voices to nurture the dialogue with our communities.

Only by understanding the needs of a changing population can we hope to meet those needs through health and care services.

System approach to joined up engagement

Drivers

The key driver is to support meeting the four key aims of the Integrated Care system (ICS):

1. improving outcomes in population health and healthcare
2. tackling inequality in outcomes, experience and access
3. enhancing productivity and value for money, and;
4. helping the NHS to support broader social and economic development

In addition to the four key aims, the framework will provide:

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

By connecting the dots between insight and action through bringing partners and their work together into a single place, we can be confident that decision making is inclusive and well informed.

One Devon people and communities framework



Benefits

The framework builds on existing system resources, and will realise the following benefits:

- 1. Reduces risks of legal challenges and improves safety, experience and performance
- 2. Creates trusted partnerships between engagement teams and professionals in the system to improving collaboration and cooperation
- 3. A joined-up approach provides effective processes, which enables better decisions about health and care services, while aligning engagement activities to the four ICS aims
- 4. Utilises networks across the system to reach people who are impacted by health inequalities and our Core20PLUS5 communities
- 5. Demonstrates genuine influence and involvement of people in improving health and care service
- 6. Builds a focus on best practice approaches across the system, building assurance and influence in engagement work and promotes opportunity for system partners to learn and develop as engagement professionals
- 7. Increases team resilience and impact evaluation across the system
- 8. Ensures those with the closest relationships to all of our population are the ones that nurture the relationship and support an on-going, two-way dialogue

Meeting statutory and legal duties

To reinforce the importance and positive impact of working with people and communities, ICBs and trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services.

The main duties on NHS bodies are set out in the National Health Services Act 2006, as amended by the Health and Care Act 2022:

- [section 13Q for NHS England](#)
- [section 14Z45 for integrated care boards](#)
- [section 242\(1B\) for NHS trusts and NHS foundation trusts.](#)

Public involvement activities should not be carried out in isolation from others within the ICS and beyond. A joined up and co-ordinated approach, reduces the burden on both the public and the organisations.

Under common law, a duty to consult may also arise where there has been a promise to consult, where there has been an established practice of consultation, or, in exceptional cases, it would be conspicuously unfair not to consult.

There will also be circumstances in which working with people and communities would be beneficial even if doing so is not a legal requirement.

The price of getting this wrong can be significant.

Although this should not be the primary motivation, failure to meet the relevant legal duties risks legal challenges that could:

- incur substantial costs
- lead to delays in programmes
- cause organisational reputational damage
- negatively affect trust and confidence with organisations, people and communities.



Delivering the framework

The Devon Engagement Partnership

The Devon Engagement Partnership (DEP) will be the vehicle that will support the governance and assurance that the ICS is effectively and meaningfully listening to and working with people and communities across Devon.

Bringing together engagement partners from across the whole system working to a shared set of aims and ambitions.

The DEP consists of colleagues representing:

- NHS Devon
- NHS trusts and NHS providers
- Healthwatch Devon, Plymouth and Torbay
- Torbay, Plymouth and Devon VCSE Assembly
- VCSE organisations in Devon
- Local Care Partnerships

Developing the DEP further is a key priority, to ensure effective working, and to grow the membership to as wide a representation as possible, but also that the Partnership continues to meet the expectations of its members.

DEP shared ambitions



1. Engagement should be as inclusive as possible, and **accessible to all** as a minimum standard

2. Relationships should be **co-ordinated** to deliver opportunities to involve as many people as possible

3. Provide support, advice and guidance to **align any engagement** to the core aims of the Integrated Care System
4. Demonstrate how the voices of people and communities are being used in health and care services using **visible and transparent means**

5. Through **continuous and meaningful engagement**, with a focus on what really matters to communities, bringing marginalised communities to the fore, and building on the exceptional work already underway

A system-based approach to engagement provides clarity on role, assurance, influence.

Role

- The strategic link to NHS Devon for all engagement work done at neighbourhood/place/system/One Devon level
- Effective and collaborative work with the Local Care Partnerships, Healthwatch Devon Plymouth and Torbay and the Voluntary Community and Social Enterprise assembly
- Champions of best practice and inclusive engagement approaches across the system
- A link to NHS Devon governance processes and to support alignment to wider system strategies and committees such as the One Devon Partnership (the integrated care partnership)

Assurance

- Clearly demonstrate that the voice of the population is part of the decision-making process and that the public are shown how their voice has made a difference (you said, we did)
- Developing more best practice approaches to demonstrating the involvement of people and communities in the work of the health and care system
- Formal reporting to the Population Health Improvement Committee through to NHS Devon's Board

Influence

- Embedding engagement in governance processes shows genuine influence over key work, such as the commissioning of health and care services, the development of future plans and strategies
- Identifying the most influential groups where specific engagement needs to be represented to have the most impact, such as the Integrated Care Partnership (ICP)
- Explore opportunities to pilot innovation work, to invest in the work of our partners Healthwatch and the VCSE, and to increase the engagement reach
- Proactively seek involvement in national projects, funding bids and to promote local work on a national level
- Improve organisational reputation both regionally and nationally by showcasing the benefit and impact of true system working



One Devon people and communities framework

System engagement priorities

To support this work, there are additional engagement priorities over the next 12 months.

Devon Engagement Partnership



Develop the partnership by learning from our recent Devon 10-year plan engagement approach. Look at how we strengthen relationships and memberships further, whilst creating momentum to fully embed learning and findings into ICB decision-making and governance.

Online engagement platform



Develop a single online space for system-wide engagement that is funded by NHS Devon but managed by all partners to meet system-wide priorities. This will support all partners by hosting, co-ordinating and linking engagement work and creating opportunities for collaboration.

Online insight library



A searchable, system insights library of engagement reports and previous work that is owned and can be accessed by all partners. Supporting the ethos of 'what do we already know', and building on the 70+ local and national reports already providing insights from people and communities.

Formal reporting mechanism



Establish a robust reporting mechanism from the DEP into the Population Health Improvement Committee. Guided by the 10 principles of working with people and communities from NHS England, to support getting the voice of all our population onto the decision making tables

Supporting engagement activity

This framework identifies how we will work together as a system on shared engagement priorities.

If a new system wide engagement programme is identified, these are the four key steps that will be taken:

1. Initial contact with the ICB engagement team
2. Advice on whether formal duties apply (see appendices for flow diagram)
3. Establish what we already know about through existing engagement
4. Support of the programme through the DEP and this framework

Outputs of this process will form part of the reporting to the governance processes set out in this framework.

One Devon people and communities framework

Appendix one: The framework in action: Devon 10 Year Plan engagement programme

NHS Devon in collaboration with Healthwatch designed the first genuine system wide engagement programme to embed the voice of the people and communities of Devon into the national 10-year plan development whilst informing local priorities and pieces of work.

The DEP membership shared their views on the proposed programme and agreed the roles they would take to reach the people and communities they serve. The starting point was:

What do we already know and what do we need to find out?

The programme provided very clear roles and responsibilities that ensured the most appropriate partners were reaching their communities as either the trusted voice or the leader of health and care services in their area. These include:

- NHS Devon staff
- Acute and Mental Health provider Colleagues
- Local authorities
- Healthwatch Devon, Plymouth and Torbay
- VCSE organisations

NHS Devon allocated funding to invest in Healthwatch Devon, Plymouth and Torbay and VCSE organisations. This benefited the engagement programme in many ways, wider than just the 10-Year plan engagement programme, and to strengthen our relationship with the VCSE.

It demonstrated our commitment to VCSE organisations and hearing the view of the Core20PLUS5 communities and widened the reach of the programme to those groups that are not always involved in engagement work like this. This included:

- People experiencing homelessness
- Learning disabilities
- Ethnically diverse communities
- Carers and older people
- People with a physical disability
- Digitally excluded
- Rural/coastal communities
- Children and young people
- Those experiencing social isolation

The joint approach provided a level of confidence and assurance of being heard through independent facilitation of workshops.

Having a joined-up approach enabled people to provide feedback at events to Healthwatch Devon, Plymouth and Torbay if they had specific experiences, they wanted to raise that didn't relate to the 10 Year Plan engagement programme

Through Healthwatch designing materials and videos to support the campaign, it demonstrates true collaboration with our statutory partners.

As part of the engagement programme design, there were numerous ways that the people and communities of Devon could get involved:

- Complete an online survey
- Attend a workshop – either online/ face to face
- Participate in one of the five engagement days held across Devon
- Complete an engagement postcard
- Telephone Healthwatch Devon, Plymouth and Torbay who would take the feedback for our digitally excluded communities.

As the system lead – NHS Devon designed all the materials/processes for the programme. A toolkit was provided to system partners, and they were empowered to use the information to reach the people and communities they serve.

The approach taken in Devon has been seen as an exemplar of best practice and has been recognised both regionally and nationally. It has given the NHS in Devon a foundation for any future system wide engagement campaigns.

At the time of writing, the 10 Year Plan engagement has achieved 3,137 pieces of individual feedback:

- 1,338 Devon survey responses
- 319 individual public experience responses
- 527 individual staff experience responses
- 595 written postcards received
- 358 workshop attendees including NHS staff and public
- Over 200 people signed up to be included in future engagement
- A social media reach of over 200,000 across Devon

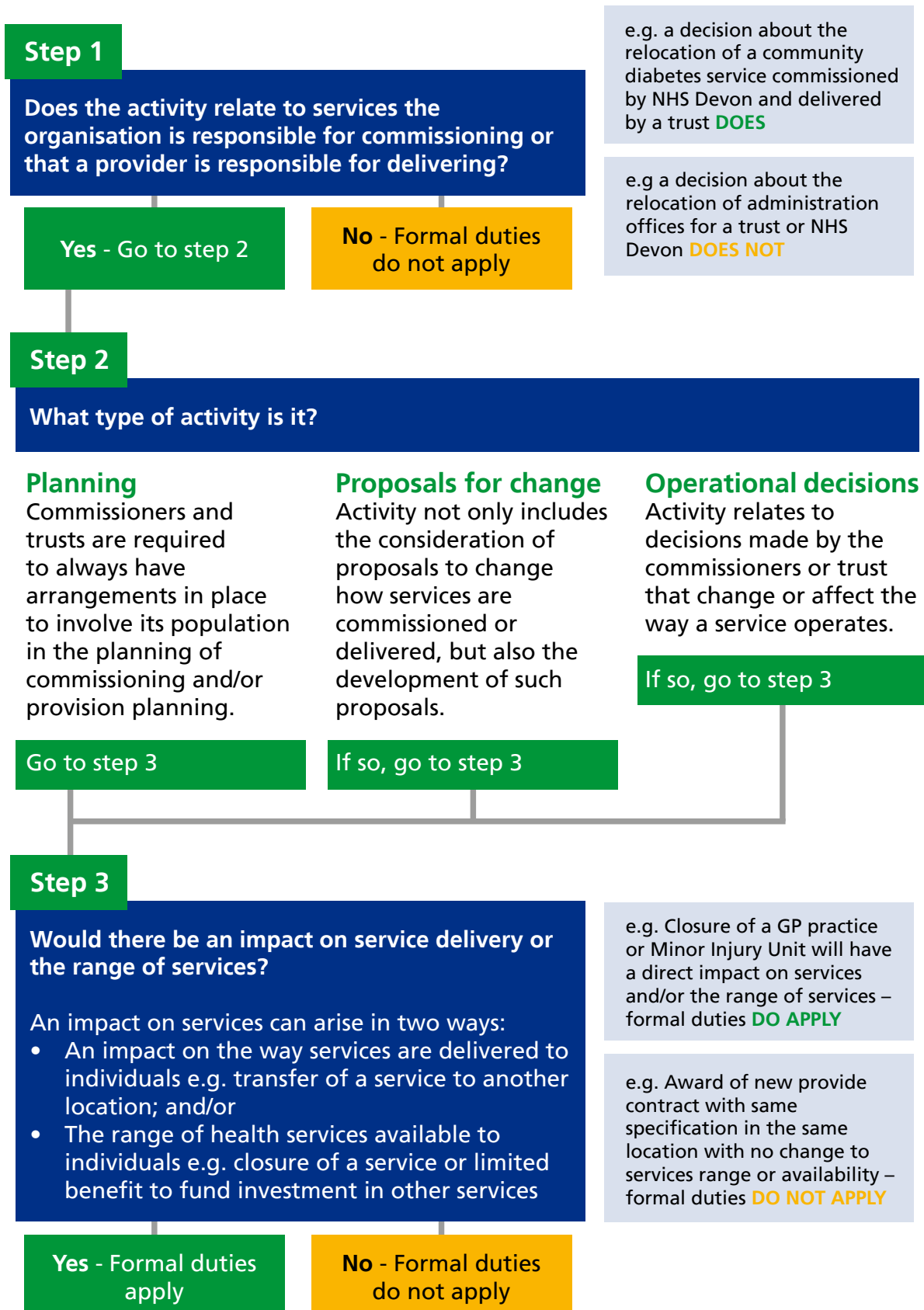
[This summary video](#) produced by Healthwatch Devon, Plymouth and Torbay tells the story of the Devon 10-year engagement programme and how much this has been valued by the people and communities in Devon. The video includes:

- **NHS Devon staff** – detailing what the plan is trying to achieve, how people can get involved and how feedback will be used.
- **Workshop participants** – giving feedback on the approach, how it felt being involved in the Devon engagement programme and what the engagement meant to them. The participants range from members of the public, retired NHS staff, governors of our provider trusts, community connectors and veterans
- **Healthwatch Devon, Plymouth and Torbay** – their view on the programme and why people should support it.



One Devon people and communities framework

Appendix two: Formal duties to involve



Appendix three: Reporting on effectiveness

10 Principles
1. Ensure people and communities have an active role in decision-making and governance
2. Involve people and communities at every stage and feedback to them about how it has influenced activities and decisions
3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
4. Build relationships based on trust, especially with marginalised groups and those affected by inequalities
5. Work with Healthwatch and the VCSE enterprise sector
6. Provide clear and accessible public information
7. Use community-centred approaches that empower people and communities, making connections to what works already
8. Have a range of ways for people and communities to take part in health and care services
9. Tackle system priorities and service reconfiguration in partnership with people and communities
10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places



This document was produced and designed by
the One Devon communications leads

NHS Devon Integrated Care Board

Chair's report

Date of meeting	Date report produced
27 March 2025	11 March 2025

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer	Name and title:	Kevin Orford, Chair
Phone:		Date:	19 March 2025
Email:			

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 Chair.

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



Key recommendations and actions requested

NOTE the contents of the report.

APPROVE the proposed allocations of Board roles and responsibilities

NOTE the exercise of authorities delegated by the Board

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 (if none, please state)

Area	
Quality of services	N/A
Health inequalities	N/A
Workforce	N/A
Resources and finance	N/A
Legal	N/A
Digital and Data	N/A
Involvement, Engagement and consultation	N/A

Chair's report

Recent announcements about changes to the Department of Health and Social Care, NHS England and Integrated Care Boards

1. Board members will be aware of the announcements last week about the disestablishment of NHS England and the requirement that Integrated Care Boards (ICBs) cut their running costs in half by December 2025.
2. ICBs nationally will work with the NHS England Transition Team in order to respond appropriately to these new requirements. Devon ICB has put in place communication and engagement processes to ensure that our Board and our workforce is kept fully informed as guidance to ICBs is issued.

Board membership changes

3. Judy Hargadon and Martin Sykes, two of our Independent Non-Executive Members (INEMs), will be stepping down at the end of this month as their terms of office come to an end. I would like to take this opportunity to thank them for their work on the Board.
4. Having joined in 2019, Judy has provided excellent leadership and insight as the organisation has changed forms, initially from a Clinical Commissioning Group (CCG) to an Integrated Care Board (ICB) in 2022, and more recently through the organisational change process to meet the national 30% running cost reduction target for ICBs.
5. Alongside chairing our organisational change programme group over the past couple of years, Judy has also chaired our Primary Care Commissioning Transition Committee with great professionalism, as well, more recently the Remuneration and ICB Internal Workforce Committee, as the People and Organisational Development Committee.
6. Judy's compassion, attention to detail and determination to do the right thing for the people of Devon has been invaluable over the past six years and we will miss her. We wish Judy all the best for the future.
7. I also wanted to thank Martin Sykes who is leaving at the end of this month as his interim INEM appointment finishes. Martin's expertise and experience has been vital to our Finance and Performance, Audit and Risk, and Remuneration and Internal ICB Workforce Committees during the past few months.
8. I have valued his insight and professionalism as well as the opportunity to work more closely with a colleague from Cornwall and the Isles of Scilly Integrated Care Board.

Board roles and responsibilities

9. In line with best practice all appointment to Board roles and responsibilities are reviewed on an annual basis. This has now been undertaken through the review of the Corporate Governance Framework (further information about this can be found elsewhere on the agenda for this meeting). I am proposing that the following appointments should be made for 2025/26:

Independent Non-Executive Member (INEM) Board roles:

- Deputy Chair – Lopa Patel
- Senior Independent Director - Graham Clarke
- Conflict of Interest Guardian - Graham Clarke
- Champion for Equality, Diversity and Inclusion – Lopa Patel
- Champion for Freedom to Speak Up – Salma Ali
- Champion for Emergency Planning, Preparedness and Resilience – Graham Clarke
- Champion for children and young people with special educational needs and disabilities (SEND) – Thandiwe Hara
- Champion for Safeguarding – Thandiwe Hara
- Champion for Environmental Sustainability – Kaye Bentley
- Integrated Care Partnership membership – Lopa Patel

Executive roles:

- Senior Information Risk Owner (SIRO) – Philippa Harding
- Caldicot Guardian – Peter Collins
- Executive lead for Equality, Diversity and Inclusion – Philippa Harding
- Executive lead for Freedom to Speak Up – Penny Smith
- Board Executive lead for children and young people (aged 0 to 25) - Peter Collins
- Executive lead for children and young people with special educational needs and disabilities (SEND) - Peter Collins
- Board Executive lead for Safeguarding (all-age), including looked after children – Penny Smith
- Board Executive lead for Learning disability and autism (all-age) - Peter Collins and Penny Smith
- Board Executive lead for Down syndrome (all-age) - Peter Collins
- Board Executive lead for Right Care Right Place – Peter Collins
- Accountable Emergency Officer – Steve Moore
- Health and Safety lead – Piers Tetley
- Infection Prevention and Control (IPC) lead – Penny Smith
- Counter Fraud lead/Champion – Kirsty Denwood
- Executive lead for social and economic development – Peter Collins

10. **The Board is asked to APPROVE the proposed allocations of Board roles and responsibilities.**

International Women's Day

11. NHS Devon is committed to ensuring that the needs of women in Devon are met, and that the recommendations of the national Women's Health Strategy are implemented appropriately for our population.
12. To support this and to better meet the needs of women in Devon, we are developing a Women's Health Strategy that is linked to our Joint Forward Plan on which we will share more information in due course.
13. Alongside the strategy, we have also introduced a couple of staff-focused initiatives in the past couple of months including the first lunch and learn session of our recently formed **Women's Network** in late-February.
14. Hosted by Judy Hargadon, one of our INEMs, the event focused on lessons from Take Our Daughters to Work Day, which Judy came across while she was a Harkness Fellow in the US and helped to introduce it to the UK on her return.
15. At the session, Judy talked about why it was an important project and what it means for developing young women. It was a brilliant and inspiring session which was well-received by staff.
16. To mark **International Women's Day** (8 March), Lopa Patel, another of our INEMs, has featured in several short films that have been shared across NHS Devon social media channels and in our internal staff communications. In the clips, Lopa discusses the importance of role models, empowerment and gender equality.
17. Thank you to Judy and Lopa for taking the time to share their experiences and insights with our staff.

10 Year Health Plan engagement

18. I would like to echo Steve's comments about Devon's 10 year plan engagement that has now come to a close. It's fantastic to see what can be achieved when all partners come together. I'd like to thank all of our colleagues who were involved in organising and running the sessions, as well as the thousands of local people who shared their views with us.
19. I recently met with the council leaders in Plymouth and Torbay, and the chair of Devon's Health and Wellbeing Board to start to think about the next steps and how we want to work together to take things forward. I will update the Board as this work progresses.

Exercise of Delegated Authority

Board Committee appointments

20. At the meeting of the Board in public on 30 January 2025, the Board agreed to delegate authority to me to appoint our new INEMs to Board Assurance Committees for the remainder of 2025/25. I exercised this authority in February 2025 and made the following appointments:

- Salma Ali – appointed to People and Organisational Development Committee and Quality and Patient Experience Committee
- Kaye Bentley – appointed to Audit and Risk Committee, Quality and Patient Experience Committee and Finance and Performance Committee
- Lopa Patel – appointed to Remuneration and Internal ICB Workforce Committee and Population Health Improvement Committee

21. Board Committee appointments for 2025/26 are proposed for Board approval elsewhere on the agenda for this meeting.

Headline Operational Plan submission

22. At the meeting of the Board in private on 30 January 2025, the Board agreed that, should a Board decision be required, authority to sign off the high level 2025/26 Operational Plan submission to NHSE should be delegated to Steve Moore and I.

23. I can confirm that the guidance from NHSE was as follows “Boards are not required to formally sign off the Headline Plan submission. However, we expect Boards to be involved throughout the development of plans, and ICBs and providers must work together to ensure that the submission reflects the collective intentions of the system”.

24. Steve Moore and I reviewed and agreed the submission on 26 February 2025 and our Board Development Session on 27 February 2025 provided the opportunity for all board members to review the process and output to date relating to our plan submission.

25. A lot of work has gone into developing a further iteration of the 2025/26 Operational Plan and this is due to be considered at an extraordinary Board meeting in private on Wednesday 26 March 2025. An oral update on the outcome of this meeting is due to be provided elsewhere on the agenda for this meeting.

Revision to One Devon Integrated Care System 2024/25 financial position

26. At the meeting of the Board in private on 30 January 2025, the Board agreed that authority to approve the forecast year end financial position of the One Devon Integrated Care System should be delegated to Steve Moore and I, in consultation with the Chief Finance Officer, Chair of the Finance and

Performance Committee and Chair of the Audit and Risk Committee and communicated back to the Board.

27. Since the financial review in Month 7 and the agreement to re-forecast the system position in Month 8, cost pressures have begun to crystalise across the system. It is also now apparent that further non recurrent revenue allocations to support winter pressures are highly unlikely. In order to recognise and manage the pressures, NHS Devon considers it appropriate to apply the additional flexibility identified to support the system over winter and is therefore unable to deliver an additional surplus to manage the Month 8 position.
28. As Board members will see from the Chair's Report from the meeting of the Finance and Performance Committee on 12 March 2025 (at which the Chair of the Audit and Risk Committee was in attendance), in light of the context set out above, the Committee considered and took assurance from a report setting out a proposal to deteriorate the overall system financial position by £20m. Steve Moore and I agreed to take this approach w/c 17 March 2025.
29. **The Board is asked to NOTE the exercise of authorities delegated by the Board.**

NHS Devon Integrated Care Board

Chief Executive Officer's report

Date of meeting	Date report produced
27 March 2025	11 March 2025

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer	Name and title:	Steve Moore, Chief Executive Officer
Phone:		Date:	20 March 2025
Email:			

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.

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

Key recommendations and actions requested

NOTE the contents of 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 (if none, please state)

Area	
Quality of services	N/A
Health inequalities	N/A
Workforce	N/A
Resources and finance	N/A
Legal	N/A
Digital and Data	N/A
Involvement, Engagement and consultation	N/A

Chief Executive Officer's report

Recent announcements

1. I want to start by acknowledging the significant national announcement on 12 March that all Integrated Care Boards (ICBs) are to reduce their running costs by 50% by quarter 3 of 2025/26, and the uncertainty it has understandably created for our staff.
2. My priority, and that of our whole executive team, is to support our colleagues as we navigate this together and have been engaging regularly with our staff.
3. Ultimately, the NHS exists to give patients the best possible care when they need it. Given the challenging financial context, it is right that we do everything we can to ensure that the maximum possible amount of taxpayers' money goes to where it can deliver the biggest impact to our population.
4. We understand that ICBs will not be abolished but will be refocused. The specifics are not yet known at this stage, but we do know that it's likely that ICBs will focus more on strategic commissioning and will no longer manage provider oversight.
5. As an organisation, we are used to adapting to change. We have recently completed a significant organisational change process to significantly reduce our running costs as per the national ask in 2023, and we are keen to do our bit as part of the future solution.
6. As a result of the thorough organisational change process we undertook, we now have the second lowest on spend on admin and programme costs in the country, which saw us implement a 20% reduction in whole-time equivalent staff numbers (the third largest percentage reduction in headcount across all 42 ICBs).
7. We do not know whether the 50% considers the reductions we have already made over the last two years, or if it is in addition to these changes. What is clear is that we will have to reduce our costs further, and this will mean reducing our workforce, which is never easy.
8. Across our organisation, we have made great progress in many areas over the past few months, and I am committed that we continue to do so, while being cognisant of the changing national picture. This means we are continuing to our advance our annual plan, operational plan and various other projects that are underway.
9. I am hugely grateful to the support of my executive team and the Board over the past couple of weeks, and to our staff who have handled the news with great professionalism. At the time of writing this report, we are awaiting further guidance about the detail of the plans, but we are committed to keeping our staff and stakeholders updated as and when we know more information and how this impacts us locally.

Bill Shields

10. Bill Shields, our Chief Finance Officer (CFO) and Deputy Chief Executive Officer, will be joining NHS Derby and Derbyshire and NHS Nottingham and Nottinghamshire on 1 April as their joint CFO.
11. Bill has been an integral part of NHS Devon's leadership team over the past few years, playing a key role in strengthening the organisation and system's financial performance and strategy.
12. Bill has been temporarily supporting Torbay and South Devon NHS Foundation Trust with additional capacity and leadership for the past few months, including most recently as their interim chief executive.
13. Arrangements for NHS Devon's CFO recruitment will be confirmed in due course. In the interim, Kirsty Denwood will continue to oversee the finance, estates and digital portfolio.
14. I'd like to take this opportunity to thank Bill for his leadership during his time in Devon. His expertise has been instrumental in strengthening our organisation and system's financial strategy and performance, and we wish him all the best for the future.

10 Year Health Plan engagement

15. I am delighted to report that more than 3,400 people have provided feedback during our 10 Year Health Plan engagement programme, which closed at the end of last month. This is a truly outstanding achievement and a testament to everyone involved.
16. The programme was led by our communications and engagement team in collaboration with colleagues from Healthwatch Devon Plymouth and Torbay, mental health providers, acute providers and voluntary, community and social enterprise (VCSE) partners. Feedback was gathered through a range of methods including surveys, postcards, drop-in events and workshops, which took place across Devon.
17. VCSE colleagues hosted workshops with their communities to ensure representation from Core20PLUS5 communities. These communities included people experiencing homelessness, learning disability, ethnically diverse communities, coastal communities, carers and older people, young people and people with a physical disability.
18. Getting out and talking to people about their views and experiences is always so valuable for shaping the work we do and the way we do it. We have fed our insights into the national team to inform the plan, while over the next few weeks, all our local feedback will be reviewed and compiled into a report that will be

shared and used to shape our local plans. A further update will be presented to the Board in due course.

Equality, Diversity and Inclusion (EDI) working group

19. We have established a new NHS Devon Equality, Diversity and Inclusion (EDI) working group to bring the relevant professionals together to capture strategic oversight of the relevant workstreams that contribute to delivering the EDI agenda across our One Devon Integrated Care System (ICS).

20. The group has four key areas of focus:

- Mapping current EDI activity
- Checking how it aligns to legal and statutory responsibilities and the four ICS aims
- Identify gaps and key areas of focus
- Moving towards a model where EDI is embedded in everything we do

21. EDI covers both workforce and population health and the working group will align the work programmes so we are all working towards a common goal.

22. The working group will bring together leads from:

- Governance
- HR
- Workforce
- Finance
- Population health
- Patient experience
- Local care partnerships (LCPs)
- Voluntary, community and social enterprise (VCSE) sector
- Healthwatch
- Communications and engagement
- Chair of the system culture, inclusion and wellbeing group.

23. The working group is currently undertaking a mapping exercise of all the great work that is taking place across Devon that focuses on EDI.

Audiology services in eastern Devon

24. The contract currently held by CHIME Social Enterprise for routine and specialist audiology in the eastern locality of Devon will be ending on 31 March 2025.

25. New providers for both elements of the service have been identified following a procurement process.

26. Routine audiology will now be delivered by several providers within the eastern locality, and patients will be able to choose from these and other commissioned providers across Devon.

27. All new referrals to routine audiology that would have previously been sent to CHIME will temporarily be held by Devon Referral Support Services (DRSS).
28. Patients on the waiting list for an appointment will also be returned to DRSS where a new choice conversation will take place between the patient and DRSS, with services commencing on 1 April 2025.
29. Bookings will be made in order of wait, with the longest waiters being offered appointments first.
30. Royal Devon University Healthcare NHS Foundation Trust is the new provider for specialist services and will take over the contract from 1 April 2025.

End of Life Care

31. A financial settlement has been agreed with the four Devon hospices and detailed below. In summary, an additional £1.5m has been invested into Devon hospices and consequently they are now funded at least a third of their core clinical costs via the NHS which is line with the national average (source: Hospice UK). The settlement includes a year-on-year plan to bring the four hospices to complete equitable funding at a level of 33.33%.

Taken from Hospice Accounts					
Locality	Total Clinical service cost 23/24	Current Grant 24/25	Total investment agreed by DIG	Revised grant value	%
North	£4,534,336	£1,262,308	£249,136	£1,511,444	33.33%
East	£7,877,935	£1,416,927	£1,209,049	£2,625,976	33.33%
South	£6,893,364	£2,458,744	£14,751	£2,473,495	35.88%
Plymouth & West	£7,690,905	£2,560,115	£15,361	£2,575,476	33.49%
Total	£26,996,540	£7,698,094	£1,488,297	£9,186,390	

32. The implementation of the ambitions of the End of Life Care commissioning plan has started with the programme divided into 7 workstreams:

- Gold Standard Framework
- Integrated Care Planning / Advanced Care Planning
- After Death Care
- Specialist Medicine management
- Marie Curie procurement options and plan
- Hospital discharge
- ED admission avoidance

33. The next meeting of the End of Life Care Oversight Group is 27 March 2025, when the first highlight reports and programme summary will be shared and discussed.

NHS Devon 2024/25 Annual Plan - delivery assurance

34. Board members will be aware that the Annual Plan details what NHS Devon needs to achieve by 31 March 2025 and how we will do it. The plan is built on objectives that have been identified for 2024/25 in response to requirements in the NHS Long Term Plan, the NHS Oversight Framework, NHS England's 2024/25 operational planning guidance and One Devon's Integrated Care Strategy.
35. In summary, the total number of objectives actively being monitored has increased from 129 to 131 in last month's report.
36. Of the 131 objectives:
- 101 (77%) are fully assured, an increase of 3%
 - 29 (22%) are partially assured. a reduction of 3%
 - 1 (1%) have limited assurance a reduction of 1%.
 - There are 2 additional objectives which are not actively being monitored moved directorate and have not had their status evaluated.
37. Worsening areas of performance:
- There were no metrics to note of worsening performance this month.
38. Improved areas of performance:
- COO 022: Elective Care: Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 103%:
Elective IP/DC Target: 190,256
Elective IP/DC Actual: 195,212
39. Detailed information about the organisation's performance against the 2024/25 Annual Plan objectives has been presented to the Board Assurance Committees in February and March 2025.

NHS Devon Executive meeting business

40. The NHS Devon Executive's 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).
41. The NHS Devon Executive met on 04 February 2025 and 04 March 2025. Set out below is a summary of the business that was transacted.

04 February 2025

42. The Executive reviewed the following performance assurance reports:
- Progress towards NOF4 exit
 - 2024/25 Annual Plan Progress Update
 - An oral update on quality-related issues

- NHS Devon Integrated Care Board and One Devon Integrated Care System Finance Reports
- The Corporate Risk Register

43. The following additional issues were also considered:

- Internal Audit Update - an update on the progress of the 2023/24 internal audit programme and the closure of actions in response to internal audit recommendations.
- Losses and Special Payments – an oral update confirming that there were no losses or special payments to report.
- Aperture House Adaptations – a review of the possible changes that could be made to NHS Devon's accommodation in Aperture House. It was confirmed that there were no capital funds available for significant works.
- Mental Health Act (s12) Assessments – a proposed approach to payments for doctors undertaking work in accordance with the Mental Health Act. The final decision on this will be made by the Chief Medical Officer.
- Gender Pay Gap – a statutory report reflecting the average difference in pay for men and women. This was subsequently presented to the People and Organisational Development Committee on 12 February and is appended to the Chair's Report of that meeting, which is available elsewhere on the agenda for this meeting.
- One Devon Finance Shared Service Business Case – a draft proposal to implement a single financial and procurement system through a digital partnership with NHS Shared Business Services. This was subsequently presented to the Finance and Performance Committee meeting on 12 February and the meeting of the Board in private on 27 February 2025.
- Better Care Fund Update – a update on the status of the Better Care Fund and proposed approach to 2025/26 in light of recently released planning guidance.

04 March 2025

44. The Executive reviewed the following performance assurance reports:

- Progress towards NOF4 exit
- 2024/25 Annual Plan Progress Update
- Quality Report
- NHS Devon Integrated Care Board and One Devon Integrated Care System Finance Reports
- Board Assurance Framework

45. The Executive also discussed the following reports that can be found elsewhere on the agenda for this meeting of the Board:

- Delegation of Specialised Commissioning
- People and Communities Framework
- Corporate Governance Framework
- Staff Survey and Action Plan

- JTAI Torbay Safeguarding Partnership
- Revision to ICS 2025/25 Financial Position (see Chair's Report)

46. The following additional issues were also considered:

- Working with Industry and Sponsorship Group – an update on the work of this group and agreement to stand it down, with any issues requiring decision in relation to sponsorship to be brought to the Executive in future.
- Executive Committee Effectiveness – a review of the effectiveness of the NHS Devon Executive and its sub-groups.
- Surrender of ICB lease interest at Pomona House – agreement to surrender all ICB leasehold interests, subject to appropriate timing to enable the realisation of savings.
- Estates Updates – information about work being undertaken with regard to a number of NHS sites.
- Policy Framework Update - an update on the status of NHS Devon's non-clinical policies.



NHS Devon Integrated Care Board

Staff Survey Results 2024

Date of meeting	Date report produced
27 March 2025	17 February 2025

Author(s)		Report approved by	
Name and title:	Sam Tribble, Assistant Director of HR and Marianna Borojevic-Gray, Head of HR	Name and title:	Piers Tetley, Chief People Officer
Phone:	none	Date:	24 February 2025
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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
This report provides a summary of the NHS Devon 2024 staff survey results and outlines the next steps.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Reviewed by the NHS Devon Executive at its meeting on 04 March 2025. Reviewed by the People and Organisational development Committee at its meeting on 19 March 2025.

Key recommendations and actions requested
NOTE the content of this report and support next steps described.



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

Impact on NHS Devon objectives	
Objective	Impact
Improve Population Health	
Improve Services and Reduce Unwarranted Variation	
Make More Efficient Use of Our Resources	Improving the experience for staff and providing clarity
Develop Our Culture and How We Operate	Improving the experience for staff and building a more positive culture

Does this report have implications in any of the areas highlighted below?	
Area	
Quality of services	No
Health inequalities	No
Workforce	Improving the experience for staff and building a more positive culture
Resources and finance	No
Legal	No
Engagement and consultation	Engaging with staff about their experience at work

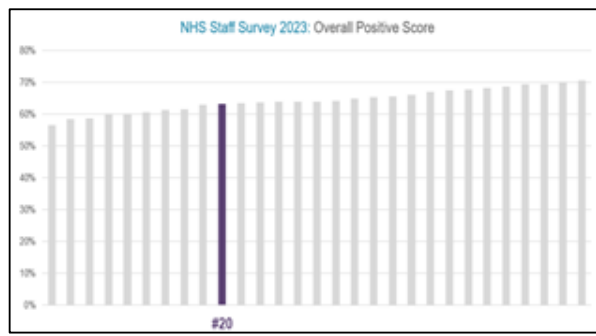
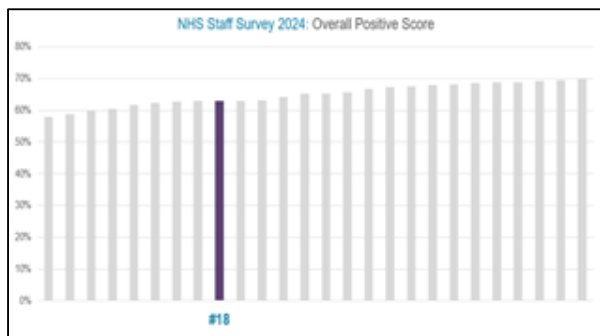
NHS Staff Survey Results 2024

Introduction

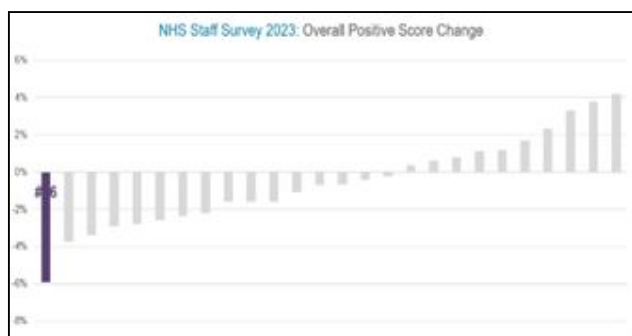
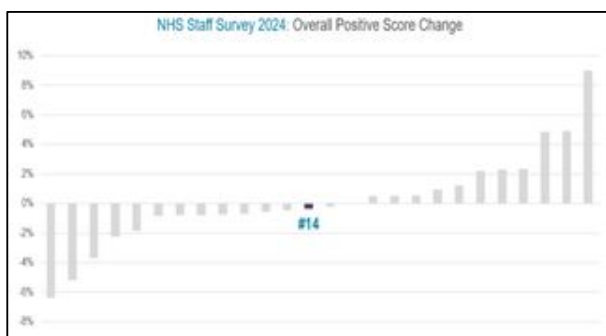
- 1. This report presents the findings of the NHS Devon Staff Survey 2024, offering an overview of staff perceptions and experiences across our organisation.
- 2. The survey, completed between October and November 2024, serves as a vital tool to gauge the morale, engagement, and wellbeing of our workforce, as well as to identify areas of strength and opportunities for improvement.
- 3. By understanding these results, we aim to ensure that the voices of our staff are heard and acted upon, fostering a culture of inclusivity, transparency, and continuous improvement.
- 4. This report highlights key trends, benchmarks against previous years and national averages, and outlines proposed actions to address the themes identified.

Summary of results

- 5. A total of 119 questions were asked in the survey.
- 6. NHS Devon achieved a 71% response rate, compared to the national average of 76%.
- 7. In 2024, NHS Devon ranked 18th out of participating Integrated Care Boards (ICBs), an improvement from 20th position in 2023.
- 8. There is a clustering of organisations in the middle rankings, with only a 3% difference between the 11th and 3rd positions.
- 9. As outlined in the tables below, NHS Devon received an overall positive score of 63%, which is consistent with last year's results.
- 10. We believe that the results are reflective of the ongoing environment of organisational change, which will have no doubt have influenced staff perceptions.



11. The tables below show how the overall positive score changed from the previous survey, and how this change compares to other ICBs who took part in the survey with Picker.

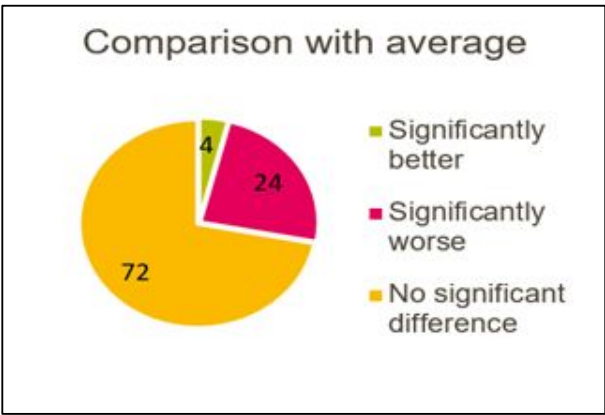
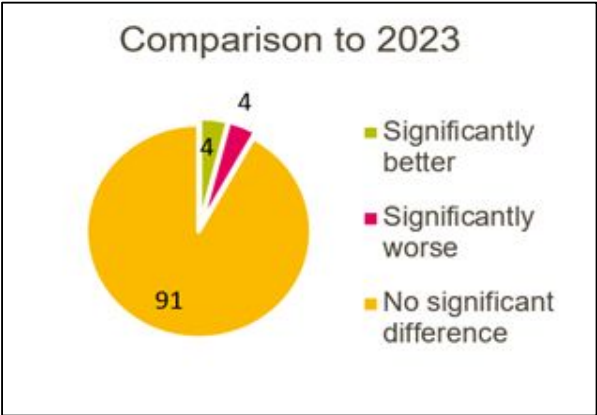


Important contextual factors for this year

12. The survey was conducted between October and November 2024, capturing staff feedback reflecting the preceding 12 months.
13. During this period, there were notable changes in leadership. Furthermore, staff experienced significant and prolonged organisational change, including:
- Phase one of organisational change being implemented.
 - Phase two of organisational change pending.
 - Additional pressures placed on staff and management due to being in Segment 4 of the NHS Oversight Framework (NOF4).

Comparisons with last year

14. Overall, NHS Devon's scores are broadly in line with the national ICB average with 76 questions either better or the same as other ICBs. This suggested that working in ICBs is currently challenging nationally.
15. Compared to the NHS Devon results last year, the results are largely consistent, with 95 questions showing scores that were either the same or better.



Key themes

Positive results

Top 5 scores vs ICB average	Org 2024	ICB Picker Avg 2024
Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	39%	31%
Disability: organisation made reasonable adjustment(s) to enable me to carry out work	88%	81%
Satisfied with level of pay	64%	58%
I can eat nutritious and affordable food at work	78%	73%
Have adequate materials, supplies and equipment to do my work	76%	72%

Most improved scores	Org 2024	Org 2023
I am unlikely to look for a job at a new organisation in the next 12 months	43%	31%
I don't often think about leaving this organisation	36%	27%
There are opportunities for me to develop my career in this organisation	38%	30%
I am not planning on leaving this organisation	52%	44%
Able to make improvements happen in my area of work	66%	61%

Areas for improvement

Bottom 5 scores vs ICB Average	Org 2024	ICB Picker Avg 2024	Most declined scores	Org 2024	Org 2023
Would recommend organisation as place to work	37%	54%	Received appraisal in the past 12 months	74%	86%
Able to access the right learning and development opportunities when I need to	35%	51%	Able to access the right learning and development opportunities when I need to	35%	44%
Care of patients/service users is organisation's top priority	55%	66%	Organisation ensure errors/near misses/incidents do not repeat	57%	65%
Have opportunities to improve my knowledge and skills	57%	67%	Team members often meet to discuss the team's effectiveness	65%	73%
Able to meet conflicting demands on my time at work	35%	44%	Feedback given on changes made following errors/near misses/incidents	40%	48%

Positive Findings

16. There were many positives that arose through the staff survey, which is really encouraging. Key headlines include:
- Staff value the relationships they have with their immediate line managers.
 - There is strong appreciation for working with colleagues, being treated with respect, and feeling valued by their teams. These scores are above the national average.
 - Satisfaction with pay has improved compared to last year.
 - Feelings of involvement in the organisation have also improved and are now better than the national average.
 - Fewer staff are considering leaving the organisation compared to the previous year.
 - Staff report a good level of autonomy and control in their roles and feel empowered to make changes within their areas of work. These scores have generally improved since last year and are above the ICB average.

Areas for Improvement

17. However, there are also key areas that were clear challenges for NHS Devon. Key headlines include:

- Time pressures, conflicting demands, and burnout continue to be significant challenges for staff.
- Development opportunities, including personal and career growth, remain an area requiring further attention.
- Perceptions regarding the reporting, learning, and feedback processes for errors, near misses, and incidents are consistently low.
- Developing a compassionate organisational culture, including improving staff satisfaction with recommending the organisation as a place to work and with the standard of care provided, requires further focus.
- There is a need to strengthen the organisational culture for all staff, particularly in terms of equality, diversity, and inclusion.

Directorate/teams snapshots

18. This section provides a number of key snapshots of the survey results to offer an indication of performance across directorates and teams.
19. It is important to note that the survey data is based on staff employed as of 1 September 2024, a period during which the organisation was undergoing significant change. Staff were categorised as follows:
- Those that were 'slotted in' were placed within their new directorates.
 - Staff in ringfence pools were allocated to the directorate associated with their ringfence pool.
 - Staff in the redeployment pool were placed in the team they were part of as of 1st September 2024.

Overall Directorate satisfaction

20. The average satisfaction scores for each directorate are as follows:
- Chief People Officer: 71.3%
 - Communications and Corporate Affairs: 64%
 - Chief Medical Officer: 68.9%
 - Chief Finance Officer/Deputy Chief Executive Officer: 63.4%
 - Chief Operating Officer: 60.3%
 - Chief Nursing Officer: 59.2%
21. [Appendix 1](#) provides a visual snapshot of satisfaction for each directorate.

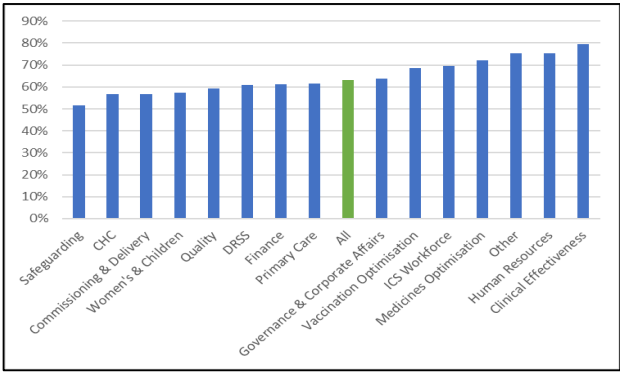
People Promise

22. The survey provides useful information that details how each directorate performs against the people promise elements.

- 23. There is variation across directorates in regard to how well the people promise elements are felt to be met with the People directorate showing the most positive scores.
- 24. [Appendix 2](#) provides a visual snapshot of the People Promise results for each directorate.

Team satisfaction

- 25. The survey also provides a more granular view of results at team level within each directorate.
- 26. There is variation across teams in regard to satisfaction. Human Resources, ICS workforce, Medicines Optimisation, Clinical Effectiveness and Commissioning Localities show generally more positive results. Challenges are seen within a number of teams including CHC, DRSS, Commissioning and Delivery and Quality.
- 27. [Appendix 3](#) provides a visual snapshot of satisfaction for each team and the table below shows an overview of team satisfaction.



- 28. Full results can be made available to Board members on request.

Equality, Diversity and Inclusion

- 29. Disability - one third of respondents declared a disability and this group have a notably poorer experience than those without a disability.
- 30. Age – those aged 51-75 have a more negative experience, with those aged 21-30 and 41-50 having better experiences.
- 31. Ethnicity - results can only be provided for two groups which are 'British' and 'prefer not to say' as there were not enough respondents in any other category to report. Those who 'prefer not to say' have a significantly worse experience.

- 32. Gender - generally men have a slightly better experience than women. For those who “prefer not to say”, this group has a worse experience than men or women. No other categories were reportable.
- 33. Gender identity – results can only be provided for those whose gender is the same now as it was at birth and those who “prefer not to say”; the latter group have a significantly worst experience. No other categories were reportable.
- 34. Sexual orientation – results can only be provided for those who declared as ‘heterosexual’ and ‘prefer not to say’; the latter group have a significantly worse experience. No other categories were reportable.
- 35. Religion – results can only be provided for ‘no religion’, ‘Christian’ and ‘prefer not to say’. ‘No religion’ and ‘Christian’ show similar results overall. Those who ‘prefer not say’ show a significantly worse experience. No other categories were reportable.
- 36. Part time – those who declared that they work part time showed a slightly worse experience overall compared to those who work full time.

Local questions

- 37. Within the NHS Saff Survey, organisations can develop “local questions”. These locally determined questions are specific to that organisation and offer the opportunity to test areas important to that organisation that may not already be addressed within the wider, national survey questions.
- 38. In 2024, NHS Devon asked 11 local questions; 5 of which were also asked in 2023 and thus a direct comparison can be drawn.
- 39. The majority of questions show that over 50% of staff had a positive response to the questions, either agreeing or strongly agreeing.
- 40. For the questions which show a more negative response, these mirror the general staff survey responses and is likely attributable to the organisational change process which has been ongoing throughout the period that the 2024 staff survey covered.

	Local question	% Agree or strongly agree
1	I am clear about the purpose and function of NHS Devon ICB	49%
2	Our Board communicates a clear vision for the future	31%
3	Leaders and managers role model the culture and behaviours that support me to be my best at work	39%
4	Internal communication is effective, and I am kept up to date on changes across the organisation	67%

	Local question	% Agree or strongly agree
5	I have good access to health and wellbeing support	64% (66% in 2023)
6	NHS Devon is an inclusive organisation that values the diversity of its staff	61% (58% in 2023)
7	I feel confident to raise issues and make suggestions about the ICB	52% (43% in 2023)
8	I am encouraged to speak up by my manager	67% (69% in 2023)
9	I am encouraged to speak up by my senior leaders	52% (48% in 2023)
10	I feel safe and respected when sharing my ideas and opinions	60%
11	I feel empowered to make decisions in my role	63%

41. Full results can be made available to Board members on request.

Free text

42. There is opportunity within the staff survey to provide “free text”. Generally, these comments mirror the overall survey responses with key themes pertaining to the prolonged and challenging restructuring process, leadership and cultural issues, lack of career development opportunities and the ongoing impact of these challenged on staff wellbeing.
43. There are however encouraging signs of improvement, particularly under the new chief executive leadership, however (at the time of completing the survey) staff remained frustrated with the slow pace of change and the lack of concrete actions on key issues. A high-level summary is as follows:

Organisational change process

44. The restructuring process has been protracted, lasting over two years, causing significant frustration, uncertainty, and negative effects on staff wellbeing. The lack of clarity around roles and the shifting nature of the structure has made it difficult for employees to remain motivated and focused on the core purpose of their work. The prolonged uncertainty has deeply affected staff morale, with some reporting feeling demoralised and burnt out.

Workplace culture and leadership

45. A toxic culture has been mentioned multiple times, with staff highlighting experiences of bullying and aggressive behaviour, particularly from senior manager/s. While there is recognition of positive changes under the new chief executive, including efforts to restore professionalism and psychological

safety, ongoing efforts are needed to rebuild staff trust and address existing cultural issues.

46. There is also a concern about the visibility and approachability of senior leadership. Some staff report a sense of disengagement, with many leaders not being accessible or responsive to staff concerns.

Staff development

47. Some staff members feel there are few opportunities for career progression or professional development within the organisation. The absence of a clear career pathway has resulted in some skilled staff members leaving, taking valuable knowledge and experience with them. There is a strong call for more career development opportunities, both in terms of training and internal progression.

Wellbeing

48. Despite discussions about mental health support, particularly during the change process, some staff feel that the organisation does not adequately address or prioritise wellbeing. The impact of the restructure on work-life balance and mental health has been significant, with some staff reporting high levels of stress and burnout. There is a clear desire for the organisation to better support mental health and provide more consistent, meaningful wellbeing initiatives.

Hope and improvement for the future

49. Looking to the future, there is a desire for things to improve once the restructuring process concludes. Many staff express hope that the changes under the new chief executive will help create a more positive workplace culture and improve the overall work environment. There is a general sense of optimism that, despite the difficulties, there is a commitment to change. Staff are eager for the organisation to prioritise their wellbeing, provide career development opportunities, and build a more supportive, equitable work environment.

Actions

50. In 2025/26, the organisational change process will be largely finished, and many staff will be settled in their roles after a long period of uncertainty. NHS Devon therefore recognises that there is a significant opportunity to improve the working lives of our staff.
51. Furthermore, we aim to achieve greater stability in leadership across the organisation. Recruitment processes for two Chief Officer posts are in progress to ensure that key leadership roles are filled, enabling stronger direction and support for teams as we move forward.

Organisational wide action

52. In 2025/26 we will implement the NHS Devon Organisational Development (OD) Strategy that will place a strong emphasis on fostering a compassionate culture throughout the organisation.
53. Importantly, from April 2025, NHS Devon will host a series of events “The Next Chapter”. These events will see a number of OD activities come together including communicating and making clear the ICB purpose and function.
54. Further activities for 2025/26 include (but are not limited to):
 - Board development – regular development session to develop the capabilities require to lead the purpose and function of NHS Devon and to develop/build relationships as a team. This includes a comprehensive induction for new Board members.
 - Development plan for the senior leadership team – to develop the capability of senior leaders within the organisation to deliver organisational and system objectives and to develop/build their relationships as a team.
 - A refreshed approach to learning and development - to support the personal and professional growth of all staff; supporting career development and progression opportunities, enhancing skills and competencies to meet the evolving needs of the organisation.
 - Team effectiveness - offer for newly formed teams within NHS Devon with the objective of supporting the development of relationships, capability and delivery of organisational objectives.
 - Staff Values group – to support the review and potential updating of our existing values and behaviours; developing a framework to integrate these values through the organisation.
 - NHS Devon 'Way we work together' plan – to support the interoperability between Directorates and Teams. Mapping activity, systems and processes to develop horizontal integration. Optimising productivity with reduced resources following organisational change.
 - Equality, Diversity, and Inclusion (EDI) - ensuring an inclusive environment where everyone feels valued and supported. For example, through the development of a Women's Network who will support HR on a number of key actions that will help NHS Devon to better understand the experience of women at the ICB and make recommendations for change. Furthermore, the organisation has rolled out a programme of

EQIA training to all staff which will further strengthen a cultural commitment to ensure the organisation considered EDI is all it does.

- Compassionate Leadership - embedding compassionate practices into leadership and team dynamics to create a more supportive and engaging workplace.

55. These initiatives will be key priority for 2025 to ensure staff are equipped and empowered to thrive in their roles.

Directorate actions

56. Directors will play a pivotal role in clarifying the vision and priorities for their respective areas, portfolios, and workforce; ensuring alignment with organisational goals and values.
57. Challenges will vary between directorates and therefore it's important that conversations occur within directorates to review and discuss results.
58. Therefore, from March 2025, directors will lead directorate staff survey sessions, ensuring that localised concerns are discussed, and actions points are co-designed.

Conclusion

59. The NHS Devon Integrated Care Board is asked to **NOTE** the contents of this report and support action/next steps described.

Appendices

Appendix 1: Directorate snapshot

Chief Corporate Affairs and Communications Officer	Chief Finance Officer/Deputy Chief Executive Officer	Chief Medical Officer	Chief Nursing Officer	Chief Operating Officer	Chief People Officer
n = 25	n = 39	n = 59	n = 82	n = 101	n = 22
56.0%	41.0%	57.6%	30.9%	39.6%	68.2%
56.0%	43.6%	57.6%	56.3%	46.0%	77.3%
72.0%	66.7%	72.9%	70.0%	55.0%	81.8%
80.0%	79.5%	74.6%	68.8%	72.3%	86.4%
92.0%	92.3%	89.8%	82.5%	80.2%	90.9%
72.0%	74.4%	81.4%	68.8%	73.3%	95.5%
84.0%	84.6%	86.4%	80.0%	72.3%	81.8%
64.0%	66.7%	55.9%	50.0%	47.5%	68.2%
72.0%	69.2%	72.9%	61.3%	59.4%	86.4%
16.0%	46.2%	45.8%	27.5%	33.7%	40.9%
72.0%	79.5%	81.4%	62.5%	84.2%	77.3%
12.0%	30.8%	32.2%	13.8%	17.8%	31.8%
76.0%	61.5%	71.2%	60.5%	62.4%	77.3%
44.0%	46.2%	52.5%	43.2%	40.6%	63.6%
64.0%	59.0%	79.7%	64.2%	53.5%	81.8%
88.0%	92.3%	93.2%	79.0%	69.3%	95.5%
8.0%	35.9%	33.9%	19.8%	16.8%	12.6%
72.0%	79.5%	83.1%	66.7%	60.4%	77.3%
68.0%	61.5%	62.7%	48.1%	42.6%	63.6%
58.8%	62.5%	87.9%	64.1%	65.6%	65.0%
52.0%	71.8%	78.0%	53.8%	59.4%	77.3%
52.0%	64.1%	79.7%	65.0%	66.3%	63.6%
92.0%	79.5%	91.5%	78.8%	80.2%	100.0%
64.0%	69.2%	79.7%	68.8%	67.3%	77.3%
64.0%	71.8%	71.2%	68.8%	53.5%	77.3%
84.0%	82.1%	81.4%	72.5%	77.2%	86.4%
60.0%	61.5%	74.6%	65.0%	59.4%	68.2%
92.0%	89.7%	96.6%	81.3%	77.2%	90.9%
60.0%	84.6%	67.8%	61.3%	45.5%	77.3%
68.0%	66.7%	57.6%	52.5%	64.4%	63.6%
80.0%	71.8%	81.4%	72.5%	70.3%	90.9%
68.0%	59.0%	66.1%	67.5%	61.0%	72.7%

Note: By default, the RAG comparison is set to 3 or more percentage points difference against the appropriate comparator:

1. **Green colour coding** is where the scores are 3 percentage points above
2. **Amber colour coding** is where the scores are 3 percentage points within
3. **Red colour coding** is where the scores are 3 percentage points below

Appendix 2: People Promise Snapshot of Directorates

People promise element	Description	Comparator (Organisation Overall)	Chief Corporate Affairs and Communication s Officer	Chief Finance Officer/Deputy Chief Executive Officer	Chief Medical Officer	Chief Nursing Officer	Chief Operating Officer	Chief People Officer
		n = 322	n = 26	n = 28	n = 59	n = 32	n = 101	n = 22
1. People We are compassionate and inclusive	Compassionate culture	6.0	5.9	6.0	6.3	5.6	6.1	6.6
	Compassionate leadership	7.6	8.3	7.3	7.7	7.2	7.6	8.0
	Diversity and equality	8.3	8.0	8.5	8.3	8.0	8.2	9.1
	Inclusion	7.3	7.8	7.1	7.5	7.2	7.0	7.9
	We are compassionate and inclusive	7.3	7.5	7.2	7.5	7.0	7.2	7.9
2. We are recognised and rewarded	We are recognised and rewarded	6.7	7.1	6.6	7.1	6.4	6.4	7.5
3. We each have a voice that counts	Autonomy and control	7.1	7.8	7.3	7.2	6.9	6.6	7.9
	Raising concerns	6.4	6.7	6.3	6.5	6.1	6.5	7.1
	We each have a voice that counts	6.7	7.3	6.8	6.8	6.5	6.6	7.5
4. We are safe and healthy	Health and safety climate	5.2	5.0	5.6	5.7	4.8	5.1	5.5
	Burnout	5.2	4.9	5.2	5.9	4.9	5.1	5.4
	Negative experiences	8.3	8.0	8.6	9.0	8.0	8.1	8.2
	We are safe and healthy	6.3	6.0	6.5	6.9	5.9	6.1	6.4
5. We are always learning	Development	5.7	6.3	5.8	5.6	5.6	5.5	6.8
	Appraisals	3.8	4.3	2.6	4.1	3.7	3.8	5.2
	We are always learning	4.8	5.3	4.2	4.8	4.6	4.7	6.0
6. We work flexibly	Support for work-life balance	7.0	7.0	7.0	7.6	6.8	6.8	7.8
	Flexible working	7.6	8.4	8.3	8.1	7.7	6.6	8.6
	We work flexibly	7.3	7.7	7.6	7.9	7.2	6.7	8.2
7. We are a team	Team working	6.7	7.2	6.9	6.9	6.6	6.4	7.3
	Line management	7.5	8.1	7.2	7.8	7.1	7.5	8.0
	We are a team	7.1	7.6	7.1	7.4	6.9	7.0	7.7
Theme: Staff Engagement	Motivation	6.4	6.7	6.2	6.8	6.3	6.0	7.4
	Involvement	7.2	8.0	7.3	7.3	7.0	6.8	8.1
	Advocacy	5.6	5.6	5.9	5.9	5.1	5.7	6.5
	Staff Engagement	6.4	6.8	6.4	6.6	6.1	6.1	7.3
Theme: Morale	Thinking about leaving	5.5	5.7	5.4	6.4	5.3	5.0	6.2
	Work pressure	5.1	4.7	5.5	5.6	4.4	5.1	5.3
	Stressors	6.6	7.1	6.8	7.0	6.4	6.3	7.1
	Morale	5.7	5.8	5.9	6.3	5.4	5.5	6.2



Devon

Appendix 3: Team-Level snapshot of Directorates.

CHC n = 29	Clinical Effectiveness n = 10	Commissioning & Delivery n = 39	Commissioning Localities n = 19	DRSS n = 43	Finance n = 21	Governance and Corporate Affairs n = 17	Human Resources n = 11	ICS Workforce n = 11	Learning Disabilities, Autism and Neurodiversity n = 14	Medicines Optimisation n = 26	Quality n = 15	Safeguarding n = 11	Vaccination Optimisation Programme n = 10	Women's & Children n = 17
27.6%	70.0%	30.8%	47.4%	44.2%	28.6%	52.9%	72.7%	63.6%	64.3%	50.0%	13.3%	30.0%	70.0%	29.4%
41.4%	50.0%	41.0%	63.2%	42.9%	33.3%	52.9%	72.7%	81.8%	71.4%	50.0%	46.7%	80.0%	*	64.7%
72.4%	70.0%	53.8%	73.7%	47.6%	66.7%	82.4%	90.9%	72.7%	85.7%	69.2%	46.7%	80.0%	*	82.4%
72.4%	100.0%	53.8%	78.9%	86.0%	81.0%	88.2%	90.9%	81.8%	50.0%	84.6%	60.0%	*	70.0%	64.7%
79.3%	90.0%	79.5%	94.7%	74.4%	95.2%	94.1%	100.0%	81.8%	71.4%	96.2%	80.0%	*	80.0%	82.4%
65.5%	80.0%	76.9%	89.5%	62.8%	61.9%	76.5%	90.9%	100.0%	78.6%	80.8%	53.3%	*	70.0%	82.4%
72.4%	90.0%	76.9%	84.2%	62.8%	76.2%	82.4%	81.8%	81.8%	71.4%	92.3%	80.0%	*	80.0%	82.4%
48.3%	80.0%	56.4%	68.4%	30.2%	57.1%	58.8%	72.7%	63.6%	42.9%	53.8%	53.3%	*	40.0%	52.9%
48.3%	90.0%	71.8%	73.7%	41.9%	57.1%	70.6%	90.9%	81.8%	64.3%	69.2%	66.7%	*	80.0%	64.7%
20.7%	60.0%	25.6%	47.4%	34.9%	61.9%	17.6%	36.4%	45.5%	28.6%	53.8%	20.0%	*	70.0%	23.5%
55.2%	70.0%	79.5%	94.7%	83.7%	95.2%	76.5%	90.9%	63.6%	64.3%	96.2%	60.0%	*	90.0%	47.1%
3.4%	40.0%	17.9%	15.8%	18.6%	42.9%	11.8%	27.3%	36.4%	14.3%	50.0%	13.3%	*	40.0%	17.6%
55.2%	90.0%	61.5%	73.7%	58.1%	52.4%	76.5%	90.9%	63.6%	64.3%	73.1%	66.7%	60.0%	60.0%	64.7%
27.6%	40.0%	30.8%	52.6%	44.2%	42.9%	35.3%	72.7%	54.5%	50.0%	61.5%	53.3%	30.0%	50.0%	64.7%
48.3%	50.0%	59.0%	84.2%	34.9%	52.4%	58.8%	81.8%	81.8%	78.6%	84.6%	80.0%	50.0%	80.0%	76.5%
69.0%	100.0%	87.2%	84.2%	46.5%	90.5%	88.2%	100.0%	90.9%	92.9%	92.3%	86.7%	90.0%	80.0%	82.4%
13.8%	40.0%	10.3%	10.5%	25.6%	47.6%	5.9%	0.0%	27.3%	21.4%	42.3%	26.7%	10.0%	50.0%	11.8%
62.1%	80.0%	64.1%	84.2%	46.5%	76.2%	70.6%	72.7%	81.8%	78.6%	84.6%	66.7%	80.0%	70.0%	64.7%
55.2%	90.0%	53.8%	31.6%	37.2%	57.1%	64.7%	63.6%	63.6%	42.9%	73.1%	20.0%	30.0%	50.0%	70.6%
60.7%	*	58.3%	61.1%	73.8%	50.0%	*	*	72.7%	85.7%	80.8%	60.0%	*	80.0%	62.5%
41.4%	100.0%	59.0%	68.4%	55.8%	71.4%	47.1%	72.7%	81.8%	71.4%	84.6%	66.7%	*	70.0%	52.9%



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NHS Devon Integrated Care Board

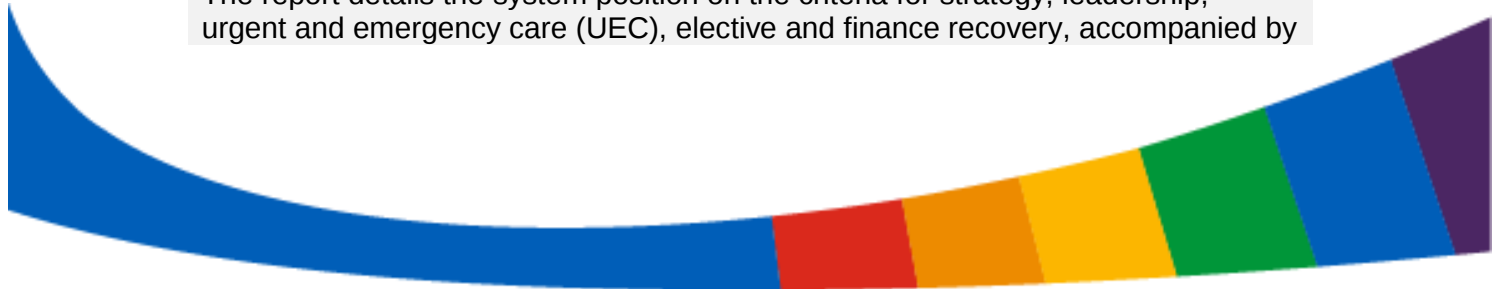
Progress Report on the Requirements of the NHS Oversight Framework – Segment 4

Date of meeting	Date report produced
27 March 2025	26 February 2025

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 Progress Report on the Requirements of Segment 4 of the NHS Oversight Framework (NOF4) seeks to provide the necessary assurance on the progress against the agreed criteria and metrics required to exit NOF4 in Q1 of 2025/26.
The report details the system position on the criteria for strategy, leadership, urgent and emergency care (UEC), elective and finance recovery, accompanied by



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a locality position on delivery against trajectory and the key actions to either maintain or improve performance.

This report seeks to provide an assurance-based review. The data packs and key lines of enquiry discussed at the Locality Planning and Delivery Meetings can be made available to Committee members on request.

NHS Devon carried out progress assurance reviews with all Trusts in January 2025.

The assurance ratings in this report are based on the outcomes of the review meetings and are as follows:

Section	Assurance	Trend from previous month
Strategy	Satisfactory	No Change
Leadership	Satisfactory	No Change
UEC	Limited	No Change
Elective	Satisfactory	No Change
Finance	Satisfactory	No Change

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

N/A

Key recommendations and actions requested

AGREE the assurance ratings relating to achievement of each of the NOF4 exit criteria by the One Devon Integrated Care System of **limited for UEC, satisfactory for all others** and that assurance can be taken that adequate plans are in place to mitigate the risks relating to the delivery NOF4 exit identified in Locality Planning and Delivery Meetings, and System Leadership Group.

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	Delivery of access standards
Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	None
Engagement and consultation	None



Progress Report on the Requirements of the NHS Oversight Framework – Segment 4

Introduction and background

1. NHS Devon is currently in Segment 4 of the National Oversight Framework (NOF4) 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.
3. NHS Devon did not meet its original timeline for NOF4 exit of Q1 of 2024/25 and as such, all NOF4 exit criteria and exit measures have been refreshed for the new financial year.
4. The monthly oversight process in locality planning and delivery meetings in which each locality's progress against the criteria is discussed, including plans to mitigate performance deficits. It should be noted that due to significant levels of sickness in December, these meetings were stood down. As such, the committee may wish to consider if further assurance on recovery actions and capability needs to be sought.

Leadership (see detail in slides 3 and 9 of the NOF4 Assurance Report)

5. Ways of working have improved significantly, supported by refreshed system oversight and assurance structures. This has resulted in improved strategic clarity both in the medium and long-term meaning that the system is well placed to ensure that its Integrated Care Strategy (the strategy) and Joint Forward Plan (JFP) respond to the NHS 10 Year Plan when it is published. It has also resulted in better delivery of improvement plans and significantly better performance in relation to the management of winter pressures.
6. The system has developed a greater clarity on shared programmes to delivery improved sustainability, as evidenced by the successful receipt of the Medium-Term Financial Plan (MTFP) at the NHSE RSP Escalation meeting in October 2024. The Transforming Devon Programme has now been fully established and there is improved grip in relation to the delivery of shared system objectives.

Alongside this, the system has agreed that the One Devon Collaborate Corporate Services (CCS) programme should be progressed to provide services to all NHS partners. A vision and set of overarching principles have been agreed, against which the business case will be guided for the proposed end state. The business case will be subject approval by all six sovereign organisations before the end of 2024/25.

7. There has been greater visibility and co-ordination in relation to quality issues across the system in 2024/25. The System Quality Group (SQG) has taken the lead on ensuring a supportive system-wide approach to learning from concerns raised by regulators. All maternity units in Devon are on the Maternity Safety Support Programme (MSSP). This is due to the system's NOF4 status and all units receiving 'Requires Improvement' at their latest CQC inspection (University Hospitals Plymouth NHS Trust (UHP) 2022, Royal Devon University Healthcare NHS Foundation Trust (RDUH) and Torbay and South Devon NHS Foundation Trust (TSD) 2023). The programme consists of six phases – initiation, implementation, diagnostic, improvement, sustainability and exit. UHP is in the improvement phase, is beginning to implement improvements outlined in its Maternity and Neonatal Improvement Plan (MNIP) and is agreeing exit criteria. TSD & RDUH are currently in the diagnostic phase with diagnostic reports anticipated in Q4 2024/25. Specific workforce and governance diagnostics are underway in each organisation
8. The Board can take **satisfactory assurance** that the current plans place and assurance provided from providers will enable the meeting of the leadership NOF4 exit criteria.

Strategy (see detail in slides 4 and 10 of the NOF4 Assurance Report)

9. Local engagement on the case for change which will inform the final draft case for change. The current draft case for change will be updated following the conclusion of local engagement and will be submitted to boards for sign off in Q4 of 2024/25.
10. Deep dives have been held for the fragile services of stroke, OMFS, dermatology, interventional radiology cardiology, microbiology, urology and paediatric surgery. These deep dives will support implementing project plans at pace and the identification of stretch targets while assuring that any changes planned support the longer-term strategic ambitions of the system.
11. The Board can take **satisfactory assurance** that the current plans place and assurance provided from providers will enable the meeting of the strategy NOF4 criteria. The Committee can take assurance that plans are in place to progress the work around fragile services.

Urgent and Emergency Care (UEC) (see detail in slides 5,11 and 12 of the NOF4 Assurance Report)

12. The system position for urgent care remains improved from the 2023/24 position in most performance areas during January 2024, with improvements seen in most metrics from December 2024, however, is not currently meeting trajectory against any key indicators.
13. All providers missed trajectory for both 4 hour performance and ambulance handover delays in January 2025. The system improved its 4 hour performance position in January 25 to 68.06%% of patients meeting the standard, improved from 65.35% in December. Performance improved across all 3 providers in January, and the position was an improvement on January 2024 (62.42%), maintaining the system record of improved performance on 24/24 throughout the year. To support an understanding of Devon provider performance in comparison to the rest of the country, the table below illustrates the position in terms of ranking for December 2024 and January 2025

	Performance since last month	All Types Performance (January)		All Types Performance Rank (December)
			Rank (January)	Rank (December)
Devon System	Increased	68.1%	36/42	65.3% 34/42
University Hospitals Plymouth NHS Trust	Increased	66.1%	101/124	63.7% 99/124
Torbay And South Devon NHS Foundation Trust	Increased	66.7%	98/124	64.9% 91/124
Royal Devon University Healthcare NHS Foundation Trust	Increased	70.2%	80/124	66.8% 84/124

14. As a further comparison, in July 2024, UHP ranked 116 out of 124 trusts nationally, TSD ranked 100 and RDUH ranked 74. It should therefore be noted that UHP have demonstrated significant improvement in relation to other providers nationally over the past 6 months while the other two providers have maintained their ranking position. In addition to this, the A&E monthly SITREP footprint data identifies UHP as the most improved Trust in the country for 4 hour performance during 2024/25 with a year to date percentage improvement on 9.92%.
15. Time lost due to ambulance handovers slightly worsened from 10,993 in December to 11,217 in January. January’s position is an improvement of approximately 3,000 hours compared to January 2024. It should also be noted that the numbers of 8 hour and 6 hour ambulance handover delays have decreased significantly within Q4 in line with the regional ambulance extremis SOP. It is expected that this target will lower to 4 hours in March.
16. Category 2 response times improved 63 minutes in December to 57 minutes in January. Initial reporting shows a continued reduction in response times moving into February. Despite the improvement in ambulance handover performance compared to FY24/24, the category 2 position remains ~11 minutes worse than the 2022/23 average position.
17. The system continues to work to identify the sources of the demand increases seen, particularly in the western locality. Additional support has been sought from the national UEC team to support this diagnostic and to reflect within the 2025/26 out of hospital programme.

18. There is currently only **limited assurance** regarding the meeting of the UEC exit criteria based on current performance being behind trajectory and the risks identified by the system as they remain significant, particularly as the system manages winter.

Elective (see detail in slides 6,13 and 14 of the NOF4 Assurance Report)

19. While improvements have been made on long waiting patients, the finalised December 2024 position shows that NHS Devon did not achieve its submitted trajectories for 78 week waiters or 65 week waiters.
20. All providers have re-forecast their elective long wait trajectories for the remainder of the year, including identification of when they will reach zero. The national requirement is for all providers to eliminate 78ww by December 2024 and 65ww by March 2025. The detail of the December position against the new trajectories is detailed below

Provider	December78ww	December78ww Trajectory
RDUH	18	0
TSD	0	0
UHP	31	8

Provider	December 65ww	December65ww Trajectory
RDUH	368	251
TSD	237	232
UHP	238	263

21. The forecasting for the end of December position shows that only TSD will meet zero 78ww at this point with both RDUH and UHP missing this position.
22. Risks have been identified to meeting the national requirement for zero 65ww at the end of March 25. TSD are currently forecasting a risk of 120 patients at end of March which is a worsened position from previous forecasts. UHP forecast a trajectory of 90 patients 65ww at the end of March, which is a worsened position. RDUH trajectory has worsened from 190 to 237 patients currently missing the standard at the end of March. NHSE has provided the opportunity to increase levels of elective activity and gain further ERF in Q4 which all providers are currently reviewing the ability meet.
23. It is recommended that the Board can take **satisfactory assurance** that the elective NOF4 criteria will be met. This is based on the progress against the new trajectories despite the risks identified and the work being undertaken to mitigate these.

Finance (see detail in the Finance Report, and slides 7, 15 and 16 of NOF4 Assurance Report)

- 24. The year-to-date position at month 10 is in line with plan for the system. The variances between organisations reflect the system re-forecast completed in month 8.
- 25. The One Devon Integrated Care System is reporting £167.7m efficiency achievement in the first 10 months of the year. This is £12.3m above plan. The forecast is to achieve £216.6m against a plan of £213.3m
- 26. The 2024/25 plan states that 70% of savings are to be recurrent, however achievement of this is now forecast at 56% for the year. At month 10, 55% of year to date efficiency was recurrent (54% M9), against a plan of 72%. The reduction in recurrent efficiency delivery overall is partly as a result of the Month 8 re-forecast whereby NHS Devon has forecast to deliver additional non recurrent CIP through balance sheet and reserves flexibility to ensure the overall system plan of breakeven is delivered.
- 27. At month 10, there is a shortfall in recurrent savings of £19.5m, which has been offset by delivery of non-recurrent savings. Providers expect year end forecast of £28.7m of recurrent efficiencies underachievement to be more than offset by non-recurrent savings by the year-end.
- 28. It is recommended that the Board can support maintaining the finance assurance rating and take **satisfactory assurance** that the finance NOF4 criteria will be met.

Assurance and Recommendations

- 29. Based on the discussions held with ICS organisations and review of the performance and finance highlight reports from each organisation it is recommended that the overall level of assurance that the One Devon Integrated Care System will achieve the planned NOF4 exit for 2024/25 as at Month 10 is as follows:

Section	Assurance	Trend from previous month
Strategy	Satisfactory	No Change
Leadership	Satisfactory	No Change
UEC	Limited	No Change
Elective	Satisfactory	No Change
Finance	Satisfactory	No Change

- 30. The NHS Devon Integrated Care Board is asked to **AGREE** the assurance ratings relating to achievement of each of the NOF4 exit criteria by the One Devon Integrated Care System of **limited for UEC, satisfactory for all others** and that assurance can be taken that adequate plans are in place to mitigate

the risks relating to the delivery NOF4 exit identified in Locality Planning and Delivery Meetings, and System Leadership Group.





NHS Oversight Framework – progress against Segment 4 exit criteria

February 2025



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NOF4 exit criteria and self-assessment ratings (M10)

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

NHS Oversight Framework Domain	NOF 4 exit criteria theme	NOF 4 exit criteria	Rating (M10)	NOF4 Exit Forecast (Q1 25/26)
Local Strategic Priorities	Strategy	Delivery of Phase 2 of the Acute Services Sustainability Programme		
		Develop and commence implementation of a plan to eliminate unwarranted duplication of specialist DGH services across Devon		
Leadership and Capability	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	Improved	
People	-	-	-	-
Quality of Care, Access and Outcomes	Urgent and Emergency Care (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.		
	Elective Care	Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement		
Preventing Ill Health and Reducing Inequalities	-	-	-	-
Finance and Use of Resources	Finance	Develop and deliver a short-term financial plan (2024/25) that is signed off regionally and nationally	Improved	
		Deliver reductions in the run rate for each consecutive quarter		
		To agree a financial recovery trajectory with NHSE, which includes specific dates for the achievement of non-recurrent and recurrent balance with clear milestones, and the confidence from NHSE as to the deliverability of the plan. This deliverability will be demonstrated through the achievement of key (materially significant) milestones		

Exit Criteria Measures - Leadership

Exit Measure	Progress update	
Review of the ICS strategy (developed by the ICS Board) and Joint Forward Plan (developed by the ICB) during 2024/25 and agree priorities and timelines for delivery	Review of ICS strategy has been ongoing throughout 2024/25. In light of the national development work, local engagement activity has focused on local priorities within the framework of 10 Year Plan in order to inform the revision of the ICS strategy in 2025/26. The Joint Forward Plan for 2024/25 was agreed in March 2024. The Joint Forward Plan for 2025/26 is the subject of a light touch refresh to ensure that it is ready for approval by the ICB in March 2025, following its consideration by the refreshed ICP. The refresh will focus on updating workstreams, financial content, and governance arrangements to align with key local developments, including the development of the Medium-Term Financial Plan (MTFP).	
Revised NOF4 system architecture to reflect learning from 2023/24 RSP process. This will need to include effective governance arrangements for making collective decisions which have financial implications across organisational boundaries including control of workforce, service investments, cost reductions and productivity improvements.	New system governance and delivery architecture embedded. This was been created with input and oversight of Recovery Support Programme (RSP). The System Leadership Group (SLG) is overseeing delivery of the 2025/26 Operating Plan, development of the MTFP and system wide decision making. Review of effectiveness considered December with minor amendments approved by the SLG in January 2025	
Development and delivery of organisational and system improvement plans with clear trajectories aligned to the exit criteria and 2024/25 operational plan to include: - o Named SROs for organisational and system programmes - o Clear accountability and reporting arrangements	The system has developed a greater clarity on shared programmes to delivery improved sustainability, as evidenced by the successful receipt of the Medium Term Financial Plan (MTFP) at the NHSE RSP Escalation meeting in October 2024. The Transforming Devon Programme has now been fully established and there is improved grip in relation to the delivery of shared system objectives.	
Agree which services will be delivered as part of a system-wide 'shared-services' programme and ensure realistic but stretching delivery plans are developed and progressed.	The system has agreed that a One Devon Collaborate Corporate Services (CCS), hosted by a single organisation, should be adopted to provide services to all NHS partners. A vision and set of overarching principles have been agreed, against which the business case will be guided for the proposed end state. The business case will be subject approval by all six sovereign organisations before the end of 2024/25.	
Review and adapt Devon Operating Model and Governance Architecture in response to ICB governance review and the restructure aligned to reduced management costs	Alongside the delivery of the system architecture changes set out above, a behavioural compact, based on the foundational work developed by NHSE has been agreed for adoption by all Boards. Work is ongoing to include local inferences and principles of accountability, including holding oneself and others to account when behaviours are not those that have been agreed. The co-creation of a System Development Plan is also being facilitated by the ICB, describing the priority areas for OD support across the Devon system, including a single leadership development programme and maximising opportunities to share learning and development resources and expertise across all partners.	
Develop, agree and deliver specific improvement plans to address quality and performance issues raised by regulators. This will include any CQC notices and requirements of MSSP .	Improvement plans for quality issues raised by regulators including CQC notices and requirements of the Maternity Safety Support Programme are reviewed through the NHS Devon Quality and Patient Experience Committee, with escalation levels agreed through the System Quality Group which has provider and regulator membership.	
Summary rating	Overall progress in line with expectations	

Exit Criteria Measures - Strategy

Exit Measure	Progress update	
Phase 2 to be launched in May 2024. Maternity services to be brought into the Programme with workshops complete before end July	Complete	
Detailed modelling of the scenarios already developed for paediatric, medicine and surgical assessment services to be completed by September 2024 and Maternity by end November 2024	Detailed activity and travel modelling for paediatric, medical, surgical and maternity scenarios complete and reviewed at Peninsula Acute Provider Collaborative workshop in February.	
Draft Case for Change developed and socialised with key stakeholders during the summer of 2024	Complete. As part of the next phase of work this will be reviewed and finalised for approval by the boards by April 2025	
Final Case for Change agreed and signed off by Boards by November 2024	Local engagement on the NHS 10-year plan underway and will inform final draft of Case for Change. The draft case for change will be updated following engagement and be signed off by Boards in April 2025	
Options appraisal to be undertaken in advance of public consultation process being activated (date TBC before end Q4 2024/25)	Full scenario planning and options will be generated following detailed modelling based on demographics covering the next 5 and 10 yrs, triangulated with workforce, operations, estates and finance. These will be assessed against a set of evaluation criteria and will inform the final recommendations and pre consultation business case ahead of the formal consultation.	
Integrated solutions developed, agreed and in progress for a minimum 6 Fragile services	Tactical Service Change: draft PIDs developed for each project: Stroke, OMFS, Dermatology, Interventional radiology, Cardiology, Microbiology, Urology and Paediatric Surgery to support project implementation at pace. Data needs outlined and circulated for each project for return end of February. Programme plan and governance developed.	
Proposal for elimination of unwarranted duplication of 'specialised services' agreed, and implementation plans underway		
Public consultation process and timeline agreed with Region	For discussion with Region in Q1 25/26. when modelling complete and case for change approved by Boards.	
Summary rating	Phase 2 complete. Governance and plans for phase 3 through to PCBC agreed with different stakeholders. For formal approval in March 2025 (board meeting cycle)	

Exit Criteria Measures - UEC

Exit Measure	Progress update	
Improvements in line with agreed baseline and plan, over two quarters, in ambulance handover delays (>15 minutes & > 3 hours)	Ambulance handovers within 15 minutes worsened from M9 to M10 to 14.6%. This performance position is forecasted to improve in February with performance data showing 19.4% at present. Ambulances waiting longer than 3 hours worsened in M10 to 13.77%.	
Improvements in line with agreed baseline and plan, over two quarters, in ambulance response times for Category 2 incidents to 30 minutes on average	Category 2 response times improved to 57 minutes in M10 and remains behind the required trajectory.	
Improvements in line with agreed baseline and plan, over two quarters, in 4 hour performance & 12-hour breaches	4-hour performance improved in M10 to 68.06% but missed the trajectory of 80%. UHP have re-forecast trajectories for January and February to account for confirmed delays to the UTC but have implemented further mitigations to enable improved performance	
Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	The system is not currently meeting its internal trajectory of 33% with performance fluctuating between 12.1% and 13.4% through the year so far.	
Achieve and sustain a reduction in number of patients who no longer meet the "criteria to reside in hospital"	The system has not met its NCTR trajectory in M10, however NCTR remains at similar levels to earlier in the year	
CQC confirmation of UHP compliance with Conditions on the trust's Licence	CQC reinspected March 24, conditions were not reissued. UHP One Plan in place to address section 29a conditions and expecting further unannounced inspection by end of 2024.	
Meet and maintain the exit criteria for national Tier 1 for UEC.	The M10 position has seen a worsening in performance in ambulance standards, however performance in CAT2 has improved.	
Summary rating	Progress has been made on UEC performance from this point in last year in all areas bar category 2 response times. There remains significant risk to meeting the proposed trajectories for both 4 hour performance and category 2 response times despite this improvement.	

Exit Criteria Measures – Elective care

Exit Measure	Progress update	
Elimination of waits over 104 weeks and 78 weeks, in line with agreed plan and operational planning guidance.	System did not meet original trajectory in M9 with only TSD meeting both 104 and 78 ww and RDUH also meeting 104 ww. System forecast for end of M12 for 78 ww is approx. 32.	
Virtually eliminate waits over 65 weeks for elective care in line with agreed plan and operational planning guidance.	System did not meet original trajectory in M9 with no provider meeting their individual trajectory. System trajectory for end of M12 is 447.	
Meet and maintain the exit criteria for national Tier 1 for Elective, by all trusts	NHS Devon providers de-escalated from Tier 1 to Tier 2 in November 2025 and continue to track re-forecasted trajectories.	
Summary rating	Progress continues to be made on long waiter trajectories; and while original trajectories will not be met, all providers are either meeting or close to meeting revised trajectories. NHS Devon providers de-escalated from Tier 1 oversight in November 24 as a result of progress made over past 18 months. Risk remains to meeting trajectories in certain specialties and will continue to de discussed and mitigated at each Locality Planning and Delivery Meeting.	



Exit Criteria Measures – Finance

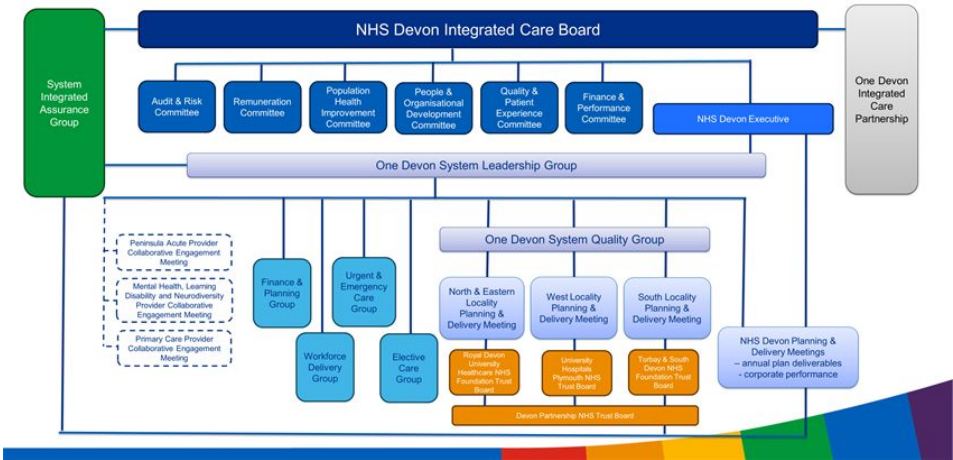
Exit Measure	Progress update	
Develop and deliver a financial plan for 2024/25 that is signed off regionally and nationally. This will include, but not limited to: - Confirmation of the exit underlying run rate from 2023/24 and an improvement in the actual recurrent run rate in the 2024/25 plan (Q1 24/25) - The 2024/25 plan shows an improvement in productivity compared to 2023/24 (Q1 24/25) as agreed with NHS England - A system-wide shared services programme is developed that has all appropriate back-office functions within scope and includes accompanying timelines and delivery plans - The system delivers the financial plan for 2024/25 recurrently for two successive quarters (Q4 24/25) - The system delivers improvements in productivity for two successive quarters compared to [baseline year to be determined] (Q4 24/25).	- The underlying run rate has improved on 23/24 and is currently being refreshed as part of the 25/26 operational planning process. 24/25 productivity metrics up to M8 have been published. The data showed Devon had an implied productivity growth of 8% in comparison to M1-8 23/24 (M7 7.8%) and well above the regional average of 4.4%. - A system wide shared services programme is underway with Angela Hibbard nominated as SRO. There is a timeframe to realise a single CSS across the 9 service functions by FY27/28. A business case is in development and planned to go through organisational and system sign off by end of February. - The financial 24/25 plan was delivered at system level Month 10 and FOT is at plan.	
To agree a financial recovery trajectory with NHSE, which includes specific dates for the achievement of non-recurrent and recurrent balance with clear milestones, and the confidence from NHSE as to the deliverability of the plan. This deliverability will be demonstrated through the achievement of key (materially significant) milestones	The system has updated the Medium-Term Financial Plan, which clearly articulates the recurrent and non recurrent trajectories to financial balance over the next five years, with breakeven achieved in 2027/28 (excluding convergence and debt repayment). This plan will be underpinned by the Financial Improvements delivered by the strategic signature moves as well as business as usual Cost Improvements. This plan was presented at the Exec-to-Exec meeting in October. The system modelled for SIAG in January the differing planning scenarios provided by the region to ascertain the impact on the base case submitted in October. National planning guidance has now been received and a top down high level plan produced with a bridge to explain movements since the original MTFP developed in October. Detailed bottom up plans for 25/26 are being developed as part of the Operational Planning round.	
Develop and agree a Capital Plan that is clearly aligned to System strategic priorities and supports long term financial sustainability.	A system wide prioritised estate exercise has been undertaken, and this is currently being extended to include digital and equipment with prioritisation meetings undertaken in January 2025. The system has also undertaken an analysis of any risks due to a reduced capital allocation and identifying future schemes with no current funding scheme identified. A full report has been completed and shared and the recommendations are being progressed. Within the reduced allocation we will determine the optimal split of strategic capital requirements and ongoing equipment and building maintenance. This is being used to inform capital allocations from 25/26 onwards.	
Develop and agree a workforce plan that is clearly aligned to System strategic priorities and supports long term financial sustainability.	System WTE totals are adverse to plan at month 10 (528WTE) and pay expenditure remains above plan. £10.3m of the £28m adverse position is due to delivery of new funded activity. Workforce plan aligned to strategic priorities in development as part of MTFP and 25/26 planning. Significant risk remains in the TSD position and while assurance gained on grip and control measures, further interventions underway to meet the plan.	
Summary rating	The system continues to deliver the financial plan as at M10. All organisations are forecasting delivery of the revised system neutral plan following a re-forecasting exercise carried out in month 8.	

Oversight and Assurance mechanisms

- The first round of the new Locality Planning and Delivery Meetings (LPDMs) took place w/c 12 August 2024.
- Actions identified in these meetings were refined at the System Leadership Group (SLG) meeting w/c 19 August 2024.
- This report reflects the outcomes of the SLG meeting. It has been signed off by the Chief Executives of each organisation. It is intended to provide the System Integrated Assurance Group (SIAG), as well as the individual Boards of each organisation within the system with a “single version of the truth” in respect of assurance about the overall delivery of the NOF4 exit criteria and each individual organisation’s contribution to this.
- The report is supported by Locality Planning and Delivery packs, which contain local level performance data and the key lines of enquiry for performance improvement. These packs also include an outline of the key discussion points and the actions due to completed within the next month.
- The focus in the first round of initial LPDMs and the SLG has been on the identification of specific actions to enable a return to agreed trajectory (where necessary); the next round of meetings will address the delivery of these actions and their anticipated impacts.

The data packs supporting each Locality Planning and Delivery Meeting and reports of issues considered at those meetings can be made available to Board members on request

One Devon Integrated Care System Governance and Assurance Structures 2024/25



	South	West	North and East
Data pack	 Feb 2025 - South LPDM Data Pack	 Feb 2025 - th & West LPDM C	 Feb 2024 - North East LPDM Data Pa
Report of meeting	 South LPDM Report - Feb 2025	 Plymouth & West 'DM Report - Feb ;	 North & East 'DM Report - Feb ;

Leadership

Exit criteria	Assessment
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	

Ways of working have improved significantly, supported by refreshed system oversight and assurance structures. This has resulted in improved strategic clarity both in the medium and long term (see section on strategy below for more detail) meaning that the system is well placed to ensure that its Integrated Care Strategy (the strategy) and Joint Forward Plan (JFP) respond to the NHS 10 Year Plan when it is published. It has also resulted in better delivery of improvement plans and significantly better performance in relation to the management of winter pressures.

The system has developed a greater clarity on shared programmes to delivery improved sustainability, as evidenced by the successful receipt of the Medium Term Financial Plan (MTFP) at the NHSE RSP Escalation meeting in October 2024. The Transforming Devon Programme has now been fully established and there is improved grip in relation to the delivery of shared system objectives. Alongside this, the system has agreed that a One Devon Collaborate Corporate Services (CCS), hosted by a single organisation, should be adopted to provide services to all NHS partners. A vision and set of overarching principles have been agreed, against which the business case will be guided for the proposed end state. The business case will be subject approval by all six sovereign organisations before the end of 2024/25.

There has been greater visibility and co-ordination in relation to quality issues across the system in 2024/25. The System Quality Group (SQG) has taken the lead on ensuring a supportive system-wide approach to learning from concerns raised by regulators. All maternity units in Devon are on the Maternity Safety Support Programme (MSSP). This is due to the system’s NOF4 status and all units receiving ‘Requires Improvement’ at their latest CQC inspection (UHP 2022, RDUH & TSD 2023). The programme consists of six phases – initiation, implementation, diagnostic, improvement, sustainability and exit. UHP are in the improvement phase and are beginning to implement improvements outlined in their Maternity and Neonatal Improvement Plan (MNIP) and are agreeing exit criteria. TSD & RDUH are currently in the diagnostic phase with diagnostic reports anticipated in Q4 2024/25. Specific workforce and governance diagnostics are underway in each organisation

SLG Escalations and Responses		
Area of plan identified as off track by system	Actions agreed by system to return to plan	System's anticipated impact of action



Strategy

Exit criteria	Assessment
Delivery of Phase 2 of the Acute Services Sustainability Programme	
Develop and commence implementation of a plan to eliminate unwarranted duplication of specialist DGH services across Devon	

Tactical Service Change

- Draft PIDs developed for each project: Stroke, OMFS, Dermatology, Interventional radiology, Cardiology, Microbiology, Urology and Paediatric Surgery to support project implementation at pace.
- Data requirements outlined and circulated for each project for return end of February.
- Programme plan and governance developed.

Strategic Service Change

- Phase 2 completed, and outputs discussed at an extended executives' workshop of the PAPC in February 2025.
- Public engagement to further develop Case for Change started mid-November, aligned with national engagement and as part of the local system engagement on the NHS 10-year plan. Outputs from engagement to inform final version of the case for change by end of Q4 2024/25
- Draft evaluation criteria considered in PAPC workshop in February. Evaluation criteria to be developed by April 2025
- Approach /plans for phase 3 agreed in principle. This will include wider stakeholders like SWAST, primary care, social services etc and will scope out the possibilities based on demographics.
- The governance structure includes Clinical Oversight Groups co chaired by the two CMOs from the ICBs and a Programme Board that will have senior directors from the regional team.

SLG Escalations and Responses		
Area of plan identified as off track by system	Actions agreed by system to return to plan	System's anticipated impact of action
N/A	N/A	N/A



Urgent and Emergency Care (UEC) - System

Exit criteria	Assessment
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.	

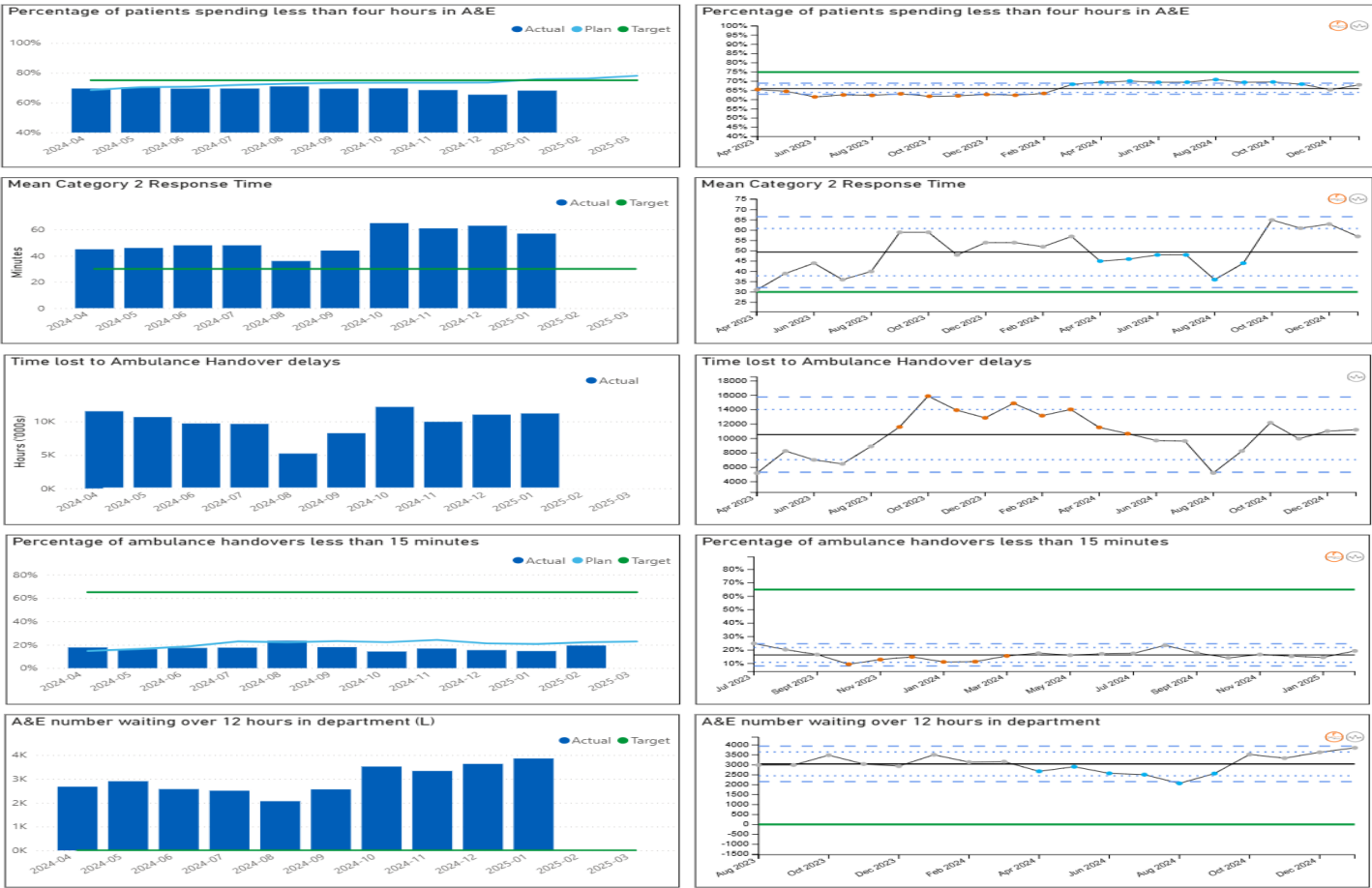
The system 4-hour performance position improved from 65.35% in December to 68.06% in January. The January 25 performance is an improvement on both the January 24 position (62.42%) and the FY23/24 average position (64.10%). The system all type YTD position is currently in excess of 69% maintaining a 5% improvement from the 23/24 position.

Category 2 response times improved 63 minutes in December to 57 minutes in January. Initial reporting shows a continued reduction in response times moving into February. Despite the improvement in ambulance handover performance compared to FY24/24, the category 2 position remains ~11 minutes worse than the 23/23 average position.

Time lost due to ambulance handovers slightly worsened from 10,993 in December to 11,217 in January. January's position is an improvement of approximately 3,000 hours compared to January 2024. The numbers of 8 hour ambulance handover delays improved in January and this improvement continued in February.

There was a slight worsening in the percentage of ambulances handed over within 15 minutes in January to 14.6% from 15.4% in December. Current performance forecasting shows an improving position in February.

The number of patients spending more than 12 hours within emergency departments worsened slightly to 3,858 in January from 3,633 in December. This performance remains similar to that of FY23/24.



The Locality Planning and Delivery packs contain the local level performance data and the key lines of enquiry for performance improvement. These packs also include an outline of the key discussion points and the actions due to completed within the next month.

All actions to be completed in next 4 weeks unless otherwise stated

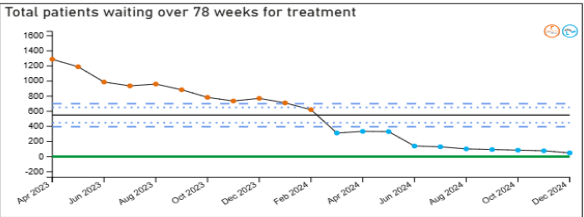
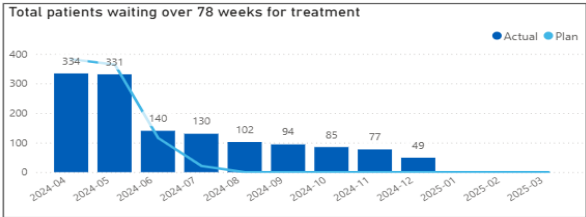
Urgent and Emergency Care (UEC) - Providers

Outcomes of Locality Planning and Delivery Meetings				
	South	West	North and East	NHS Devon
Areas of underperformance identified	4-hour performance 66.70% v trajectory of 73% in M10. 14.9% of ambulances handed over within 15 mins v trajectory of 38% , and 2531 hours lost which is an improvement from M9.	4-hour performance 66.14% v trajectory of 73.7% in M10. 14.1% of ambulances handed over within 15 mins v trajectory of 22% , and 6919 hours lost which is a deterioration from M9.	4-hour performance 70.10% v trajectory of 78.54% in M10. 14.8% of ambulances handed over within 15 mins v trajectory of 12% , and 1767 hours lost which is a improvement from M9	
Actions agreed to address underperformance	- Continuing to maximise the SDEC unit, whilst noting challenges with escalation, bedding the acute medical unit, and lack of consistency between medical and senior review processes. A close review of this has been put into place. - Conversion of the EAU4 to an undifferentiated assessment area to realign the number of surgical beds to medical beds is due to take place w/c 24th February - Continuing to review long length of stay, noting challenges with no criteria to reside, which has deteriorated as a result of the DCC P1 process changes o The ward optimisation programme will be run through business as usual - A breach coordination review to reduce 4-5hr breaches for weekday, end of week, and overnight breaches continues - Relaunch of the McCullum ward short stay following an increase in length of stay as a result of the move from long stay to short stay. This will be monitored through the ward optimisation programme - Resolving the flow issues of the ED to AMU pathway	- Share the outcomes of the demand growth sprint held on 27th January and the five strategic goals set with Steve Moore for oversight – Jo Beer - Meet with Allison Williams, John Finn, and Ian Lightley to identify where the demand growth is coming from and opportunities to use the BCF funding on admission avoidance and feedback progress – Jo Beer - Link with Allison Williams and Mark Hackett on the NOF4 narrative to demonstrate the improvements made in UEC performance – Jo Beer	- Capture learning through the winter review from the critical incident safety concerns and share with the System Quality Group for oversight and review - John Palmer - Model the level of NCTR needed to achieve the 78% 4hr performance target and share with Lou Higgins – Sam Higginson - To submit a shared learning report for oversight at the May Mental Health Planning & Delivery Meeting on: - The review of day-to-day management of mental health liaison in Devon with Chelsea & Westminster Hospital's CEO - The opportunities for a QI led mental health transformation programme in Devon with support from the Hackney Director of Social Services – John Palmer	- Through the UEC escalation plan, pick up learning on the mental health escalation framework to identify acute hospital tolerance levels on mental health patients – Sam Wadham-Sharpe - Link with the Mental Health Collaborative on the 10-point plan report due for presentation at SLG – Peter Collins - Provide an update on the process of pulling patients from the stack, which was an outcome of the sprint event on 27th January – John Finn
Anticipated impact of agreed actions	Expected improvement to 78% 4-hour performance in M12.	UHP plan to return to amended trajectory and improving on ambulance position for M12.	RDUH have forecasted a return to 4-hour trajectory in the financial year and meet 78% M12 position	
Any unmitigated risks remaining	- Risk: There is a risk to achieving the 4hr performance trajectory for the One Plan. - Risk: Whilst improvements from the ambulance improvement project have been seen, the risk with the community remains.	- Delay to the build and opening of the new UTC and the link to the increase in performance levels built into trajectories. - Demand levels in both Type 1 and Type 3	Mental health pressures demand issues in RDUHN	

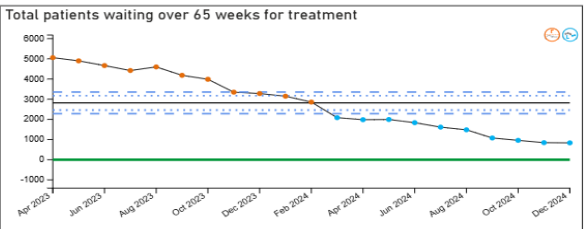
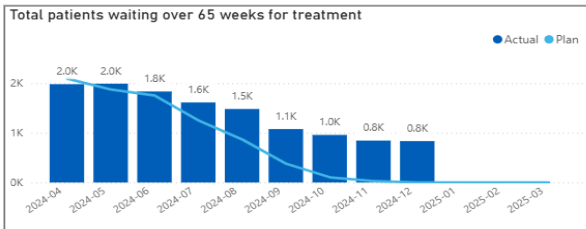
Elective Care- System

Exit criteria	Assessment
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	

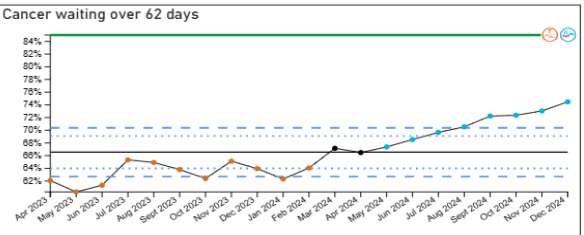
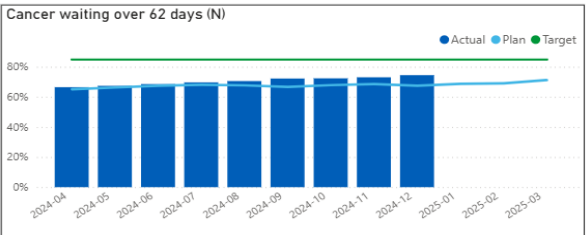
The number of patients waiting beyond 78 weeks for treatment decreased from 77 in November to 49 in December, however, did not meet the system original trajectory (0). Each provider reduced their waiting list by 6-13 patients. TSD has now cleared its waiting list with zero patients waiting.



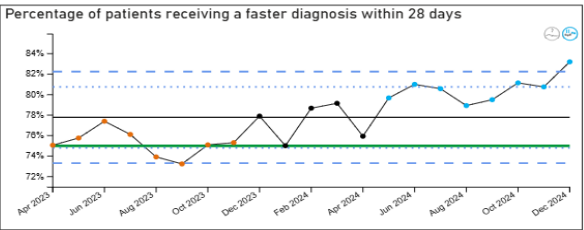
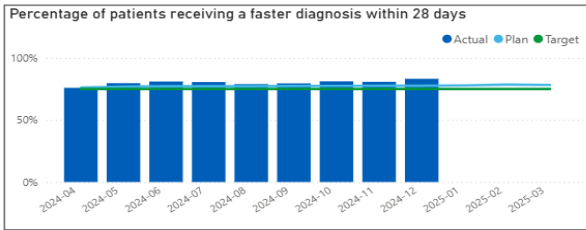
The number of patients waiting longer than 65 weeks for treatment improved from 845 in November to 835 in December. The system trajectory of zero was not met with no individual provider meeting their trajectory. Both UHP and TSD reduced their waiting lists, RDUH saw an overall increase from 333 patients in November to 368 patients in December.



The system met its 62-day trajectory with a performance of 74.5% v trajectory of 67.4%. This represents a continued improvement from the 73% in November and is the best performance this financial year. The 62-day cancer trajectory has been exceeded in each month this year.



The system continues to exceed both the trajectory and national standard for 28-day faster diagnosis standards. Performance was 83.2% in December which was an improvement on 80.8% in November. All providers met their individual targets in December.



The Locality Planning and Delivery packs contain the local level performance data and the key lines of enquiry for performance improvement. These packs also include an outline of the key discussion points and the actions due to completed within the next month.

Elective Care - Providers

Outcomes of Locality Planning and Delivery Meetings				
	South	West	North and East	NHS Devon
Areas of underperformance identified	78ww performance was 0 v trajectory of 0. 65ww performance was 229 v trajectory of 0. Revised Trajectory 78ww performance was 0 v trajectory of 0 65ww performance was 237 v trajectory of 232	78 ww performance was 31 v trajectory of 0, and 65ww performance was 238 v trajectory of 0. Revised Trajectory 78ww performance was 31 v trajectory of 0 65ww performance was 238 v trajectory of 0	78 ww performance was 18 v trajectory of 0, and 65ww performance was 368 v trajectory of 0. Revised Trajectory 78ww performance was 18 v trajectory of 0 65ww performance was 368 v trajectory of 251	
Actions agreed to address underperformance				Meet with John Palmer, Adrian Harris, Kate Lissett, and Helen Lockett to discuss the Primary PCI issues with establishing a joint model with TSDFT support and addressing the concerns raised – Peter Smith
Anticipated impact of agreed actions	Updated March 25 forecast of 120 65ww in TSD, 90 in UHP and 237 in RDUH			
Any unmitigated risks remaining				

All actions to be completed in next 4 weeks unless otherwise stated

Finance - System

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

The year-to-date position at month 10 is in line with plan for the system. The variances between organisations reflect the system re-forecast completed in month 8.

The ICS is reporting £167.7m efficiency achievement in the first 10 months of the year. This is £12.3m above plan. The forecast is to achieve £216.6m against a plan of £213.3m.

The 24/25 plan states that 70% of savings are to be recurrent, however achievement of this is now forecast at 56% for the year. At month 10, 55% of year to date efficiency was recurrent (54% M9), against a plan of 72%. The reduction in recurrent efficiency delivery overall is partly as a result of the Month 8 re-forecast whereby the ICB has forecast to deliver additional non recurrent CIP through balance sheet and reserves flexibility to ensure the overall system plan of breakeven is delivered.

At month 10, there is a shortfall in recurrent savings of £19.5m, which has been offset by delivery of non-recurrent savings. Providers expect year end forecast of £28.7m of recurrent efficiencies underachievement to be more than offset by non-recurrent savings by the year-end.

The Locality Planning and Delivery packs and the ICS M10 finance pack contain the local level data and the key lines of enquiry for improvement. These packs also include an outline of the key discussion points and the actions due to completed within the next month.

Organisation	Year to date			Forecast		
	Plan surplus / (deficit) £000	Actual surplus / (deficit) £000	Variance favourable / (adverse) £000	Plan for the year surplus / (deficit) £000	Forecast surplus / (deficit) £000	Variance favourable / (adverse) £000
Devon ICB	23,682	35,750	12,068	28,419	46,129	17,710
Devon Partnership NHS Trust	3,048	3,049	1	3,591	3,591	0
Royal Devon University NHS FT	(4,741)	(3,024)	1,717	(2,790)	0	2,790
Torbay and South Devon NHS FT	(13,097)	(23,182)	(10,085)	(13,624)	(28,624)	(15,000)
University Hospitals Plymouth NHST	(14,888)	(18,587)	(3,699)	(15,596)	(21,096)	(5,500)
Total	(5,996)	(5,994)	2	(0)	0	0

Organisation	Year to date			Forecast		
	delivery £000	delivery £000	favourable / (adverse) £000	year £000	Forecast £000	favourable / (adverse) £000
Devon ICB	25,605	37,673	12,068	37,228	54,938	17,710
Devon Partnership NHS Trust	12,963	12,928	(35)	15,739	15,722	(17)
Royal Devon University NHS FT	48,790	48,511	(279)	63,610	63,610	0
Torbay and South Devon NHS FT	27,821	23,261	(4,560)	39,900	25,773	(14,127)
University Hospitals Plymouth NHS Trust	40,215	45,370	5,155	56,801	56,605	(196)
Total	155,394	167,743	12,349	213,278	216,648	3,370

	Year to date			Forecast		
	Plan CIP delivery £000	Actual CIP delivery £000	Variance benefit / (adverse) £000	Plan for the year £000	Forecast £000	Variance benefit / (adverse) £000
Recurrent efficiencies	111,332	91,871	(19,461)	150,076	121,334	(28,742)
Non-recurrent efficiencies	44,062	75,872	31,810	63,202	95,316	32,114
Total	155,394	167,743	12,349	213,278	216,650	3,372
Recurrent %	71.6%	54.8%		70.4%	56.0%	
Non-recurrent %	28.4%	45.2%		29.6%	44.0%	

Class	Year to date (excl capitalised)			Full Year (excl capitalised)			WTE current month		
	Plan £000	Actual £000	Variance fav/(adv) £000	Full Year Plan £000	Forecast £000	Variance fav/(adv) £000	Plan wte	Actual wte (per PWR)	Variance fav/(adv)
Substantive	1,461,957	1,477,696	-15,739	1,745,587	1,768,991	-23,404	32,341	32,207	134
Bank	66,492	78,145	-11,653	77,462	92,195	-14,733	981	1,515	-534
Agency	31,800	32,461	-661	37,484	37,515	-31	399	527	-128
	1,560,249	1,588,302	-28,053	1,860,533	1,898,701	-38,168	33,721	34,249	-528

Pay expenditure: The ICS is reporting 2% (£28m) adverse expenditure against plan at month 10. Of this total, additional income to offset pay costs above the plan of circa £10.3m has been received, for elements such as new funded activity and new funding for externally funded posts and packages of care which were not in place at planning stage.

SLG/System Escalations and Responses		
Area of plan identified as off track by system	Actions agreed by system to return to plan	System's anticipated impact of action
- System net risk is £24.5m which is a £14.4m increase on the previous month due to recognised winter pressures. - Year to date CIP delivery is above plan but recurrent CIP delivery trajectory behind in both TSD and UHP thereby putting underlying exit position at risk. - Workforce costs ytd over plan, but partly offset by additional income. Main area of concern is TSD with high levels of agency and bank usage.	- Turnaround support to TSD. - Additional work to understand impact on underlying exit position for both UHP and TSD. - Continued focus on continued reduction of system risk in FOT to reduce net risk to the system	- Development of key recovery actions for TSD - Confirmation of underlying financial positions for providers - Reduction in net system risk

Finance - Providers

Outcomes of Locality Planning and Delivery Meetings				
	South	West	North and East	Devon ICB
Areas of underperformance identified	Financial position YTD is (£23,182k) v plan of (£13,097k) CIP delivery is £4.6m below plan at M10.	Financial position YTD is (£18,587k) v plan of (£14,888k) CIP delivery is £5.2m ahead of plan at M10.	Financial position YTD is (3,024k) v plan of (£4,741k) CIP delivery is £0.3m below plan at M10.	Financial position YTD is £46,128k v plan of £28,419k
Actions agreed to address underperformance	Share the approvals for the revised wording on the finance exit criteria with Kirsty Denwood – Sophie Pallett			- Link with Piers Tetley to prepare a paper for presentation at the March SIAG on the system wide workforce reduction and redundancy scheme approach – Steve Moore - Link with Bill Shields, Joe Teape, and Anne-Marie Bond to develop a scoping proposal identifying the next steps and internal system commissioning opportunities on the provision of Adult Social Care to be taken through the relevant governance route – Steve Moore - Develop a proposal to review the current Torbay CHC arrangements into the wider ICB CHC review and present at SLG for agreement on 25th February – Steve Moore - Ensure ICB representation at the Section 75 Group – Karen Barry
Anticipated impact of agreed actions	Expectation to meet re-forecasted plan	Expectation to remain on agreed plan	- Expectation to remain on plan - Commitment to move toward break even in 25/26	
Any unmitigated risks remaining				

All actions to be completed in next 4 weeks unless otherwise stated

NHS Devon Integrated Care Board

5-Year Joint Forward Plan (2025-2030)

Date of meeting	Date report produced
27 March 2025	12 March 2025

Author(s)		Report approved by	
Name and title:	Jon Taylor, Head of Planning and PMO	Name and title:	Libby Ryan-Davies, Transformation Director
Phone:	07738859670	Date:	13 March 2025
Email:	jontaylor@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 presents the 5-Year Joint Forward Plan (JFP) 2025–2030 (Appendix 1) for Board approval and also seeks Board approval to begin the rapid development of the NHS Devon Health and Care Strategy, which will form the foundation of next year’s JFP. The JFP 2025–2030 sets out how NHS Devon and its partners will deliver the One Devon Integrated Care Strategy over the next five years. It details how the local NHS will meet population health needs, fulfil statutory commitments, and support the four core purposes of Integrated Care Systems (ICSs).



This year’s refresh has been light-touch, in line with national guidance, as we await the publication of the NHS 10-Year Plan. The strategic goals remain unchanged from last year, as the One Devon Integrated Care Strategy has not been updated.

Key updates in this refresh include:

- Alignment of content with the NHS Devon Annual Plan.
- Incorporation of 2025/26 operational planning priorities.
- Response to outputs from NHS and local government medium-term financial planning.
- In-year update of One Devon governance arrangements and description of the Transforming Devon Programme.

With the NHS 10-Year Plan expected in the spring, a more substantial update to the JFP will be required in 2025/26.

To ensure broad stakeholder engagement and an inclusive development process, we seek the Board’s approval to immediately begin work on the NHS Devon Health and Care Strategy. This strategy will shape the JFP 2026–2031 and guide our long-term approach to health and care transformation.

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

6 March 2025, Plymouth Health and Wellbeing Board; plan endorsed
6 March 2025, Torbay Health and Wellbeing Board; plan endorsed
11 March 2025, One Devon Integrated Care Partnership; plan endorsed
20 March 2025, Devon Health and Wellbeing Board; plan to be endorsed
25 March 2025, System Leadership Group

Key recommendations and actions requested

- **APPROVE** One Devon’s updated 5-Year Joint Forward Plan (Appendix 1)
- **AGREE** the proposal to begin rapid development of NHS Devon Health and Care Strategy which will form the foundation of the 5-Year Joint Forward Plan to be updated next year.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Delivery of the plan will improve population health.
Improve services and reduced unwarranted variation	Delivery of the plan will improve services and reduce unwarranted variation.
Make more efficient use of our resources	Delivery of the plan will drive more efficient use of our resources.



Develop our culture and how we operate	There are many elements within the plan that support the development of a strong culture and improve how we operate.
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Outline the implications of matters covered in this report for the following areas (if none, please state)

Area	
Quality of services	Positive if delivered.
Health inequalities	Positive if delivered.
Workforce	Positive if delivered.
Resources and finance	Positive if delivered.
Legal	N/A
Digital and Data	Positive if delivered.
Involvement, Engagement and consultation	Positive - the vision described provides a framework and narrative to support involvement, engagement and consultation.

5-Year Joint Forward Plan (2025-2030)

Introduction and Background

1. The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires Integrated Care Boards and their partner trusts to prepare a 5-Year Joint Forward Plan (JFP), setting out how they propose to exercise their functions over the next five years. The plan must be reviewed and/or revised annually before the start of each financial year.
2. The plan is required to describe how each Integrated Care Partnership's Integrated Care Strategy will be delivered and sets out how the local NHS will:
 - Meet the health needs of the population.
 - Deliver universal NHS commitments and fulfil ICB statutory duties.
 - Address the four core purposes of Integrated Care Systems (ICSs).
3. The JFP consolidates local plans (e.g., NHS operational plans and Joint Local Health and Wellbeing Strategies (JLHWSs)) to ensure alignment of transformation efforts across the ICS footprint, and support stakeholder engagement and consultation. It is designed to be public-facing and aims to:
 - Align health and care stakeholders in delivering a single Integrated Care Strategy.
 - Set clear milestones to achieve the strategic goals outlined in the Integrated Care Strategy.
 - Describe how the ICB and system partners will work together to meet population health needs.
4. Although we have conducted a light-touch update of our Joint Forward Plan in 2024/25, with the NHS 10-Year Plan expected in the spring, a much more comprehensive update to the 5-Year Joint Forward Plan will be required in 2025/26. We therefore seek board approval to begin work immediately on the development of an NHS Devon Health and Care Strategy which will form the basis of our Joint Forward Plan in 2025/26.

National Planning Requirements 2025/26

5. This year's planning guidance states that ICBs are required to undertake a limited, light-touch refresh of their JFPs in 2024/25 ahead of the publication of the NHS 10-Year Plan later in the year which is expected to necessitate a more comprehensive update in 2025/26.
6. As part of this year's update, systems are required to:
 - Highlight priorities and progress since the last refresh.
 - Describe how they plan to address the 17 statutory requirements for ICBs.

- Align content with the latest strategic, operational, and financial priorities.
 - Update objectives to reflect the new plan duration (2025–2030).
7. As NHS England (NHSE) is responsible for ensuring that JFPs meet the 17 legislative requirements, NHS Devon is required to submit the updated JFP to NHSE by 31 March 2025, ahead of its publication. NHSE will review the plan, assessing how the activities described enable partners in Devon to deliver statutory requirements. The delivery of the JFP also remains a key part of NHS England’s performance assessment of ICBs.

Local Approach to Updating the Joint Forward Plan

8. There has been no update to the One Devon Integrated Care Strategy in 2024/25, as the system awaits the publication of the NHS 10-Year Plan. A full update to the Integrated Care Strategy is planned for 2025/26, with a process and timeline for this to be set out in due course.
9. The 2025 local refresh process has been light-touch, in line with national advice, with the strategic goals (linked to the One Devon ICS Strategy) remaining unchanged. As a result, there has been no requirement for extensive local stakeholder or public consultation this year however we have engaged with Health and Wellbeing Boards and the One Devon Integrated Care Partnership to support the update, particularly to ensure our plan continues to align with the latest relevant local health and wellbeing strategies.
10. The Joint Forward Plan is structured around three key themes that reflect system priorities:
- Healthy People
 - Healthy, Safe Communities
 - Healthy, Sustainable System
11. Key updates in this refresh include:
- Alignment of content with the NHS Devon Annual Plan.
 - Incorporation of 2025/26 operational planning priorities.
 - Response to outputs from NHS and local government medium-term financial planning.
 - Description of the Transforming Devon Programme as a mechanism to support delivery of long-term transformation.
12. The delivery structure and governance arrangements outlined in the JFP have been updated to reflect the recently agreed One Devon governance arrangements. This includes recognising the leadership role of System Leadership Group in overseeing JFP delivery.
13. Health and Wellbeing Board statements will also be updated once the plan has been endorsed by all three Devon Health and Wellbeing Boards. The Devon

Health and Wellbeing Board will be the last to review the plan at its meeting on 20 March 2025.

14. Appendix 1 presents the refreshed Joint Forward Plan (2025-30), updated in line with national advice and guidance and following the locally agreed approach set by System Leadership Group (SLG) last year.

Governance, Oversight, Review and Publication

15. The JFP refresh has been overseen by a JFP Steering Group, which included representatives from health organisations and local authorities and reported to the SLG.
16. The plan has been endorsed by Devon's three Health and Wellbeing Boards and the One Devon Integrated Care Partnership before publication, ensuring strong system-wide engagement and strategic alignment.
17. The plan will be agreed by SLG and approved by the NHS Devon Board before submission to NHS England for review.
18. A copy of the plan will be submitted to NHS England's regional team for review and feedback by 31 March 2025 ahead of publication in April.

Next Steps: Developing NHS Devon's Health and Care Strategy as the 5-Year Joint Forward Plan

19. With the NHS 10-Year Plan expected to be published in the spring, a more extensive update to the 5-Year Joint Forward Plan will likely be required in 2025/26.
20. To allow sufficient time for broad stakeholder engagement and development, while also addressing current financial, performance and quality challenges, we are starting work on NHS Devon's Health and Care Strategy immediately.
21. This strategy will form the foundation of our Joint Forward Plan for 2026–31 and will set out how we will respond to the NHS 10-Year Plan, the Integrated Care Partnership's Integrated Care Strategy, and local Health and Wellbeing Board Joint Local Health and Wellbeing Strategies (JLHWS).
22. The diagram below outlines the timetable and key phases of development for NHS Devon's Health and Care Strategy.



Recommendations

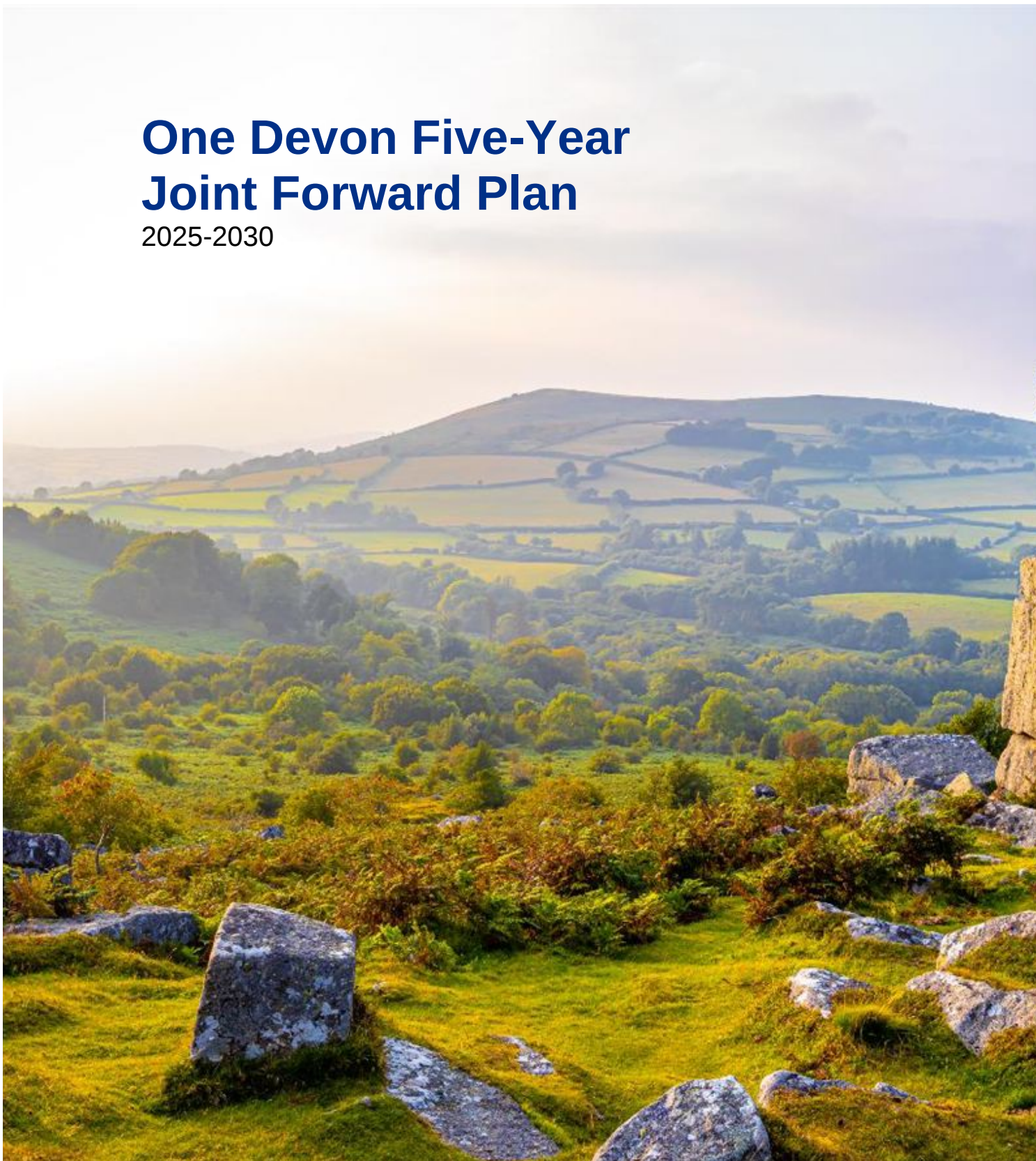
23. The Board is asked to:

- **APPROVE** One Devon's updated 5-Year Joint Forward Plan (Appendix 1).
- **AGREE** the proposal to begin rapid development of NHS Devon Health and Care Strategy which will form the foundation of the 5-Year Joint Forward Plan to be updated next year.



One Devon Five-Year Joint Forward Plan

2025-2030



NHS and CARE working with communities and local organisations to improve people's lives

Contents

[Contents..... 2](#)

[Foreword 3](#)

[Health and Wellbeing Board opinions 5](#)

[Introduction 6](#)

[Developing and updating our JFP 10](#)

[Getting the system in balance 11](#)

[Our Joint Forward Plan 14](#)

[Healthy People 15](#)

[Healthy, safe communities 37](#)

[Delivering the Joint Forward Plan and future development 62](#)

[Appendices 69](#)

DRAFT

Foreword

We are pleased to publish this refreshed Five-Year Joint Forward Plan (JFP), setting out how we will work together across the health and care system to respond to the One Devon Integrated Care Strategy. This plan brings together the collective ambitions of NHS organisations, local authorities, and other system partners to ensure a coordinated and aligned approach to improving health and care services for the people of Devon.

The NHS and local authorities in Devon are working together and take joint responsibility for delivering this plan. Over the last 12 months, system partners have embedded the JFP into their planning and service delivery, strengthening alignment between health and other sectors. This plan integrates the work of individual health and care organisations, Provider Collaboratives, and Local Care Partnerships into a single, overarching plan to deliver the strategic goals of our Integrated Care Strategy over the next five years.

The last year has been a challenging time for all public sector services. NHS partners have been working hard to support both NHS Devon and partner NHS trusts in moving out of segment four of the NHS Oversight Framework. Local authorities have also been managing significant financial and operational pressures.

Our plan acknowledges these challenges and prioritises system recovery in the early years. However, it also sets out how we will balance immediate recovery and financial stability with a longer-term focus on transformation. This balance is crucial for ensuring we continue to improve outcomes for the people of Devon while securing a sustainable future for our services in years to come.

Key developments shaping this plan

Several significant developments are reflected in this update:

- The development of the system's **Medium-Term Financial Plan (MTFP)**, which sets out the financial parameters and key assumptions that NHS organisations will work within over the next five years.
- The launch of our **Transforming Devon Programme**, a multi-year, system-wide change programme structured around four strategic pillars. This programme will drive both short-term recovery and longer-term transformation.
- The recognition that the strategic context for health and care is evolving and will change significantly in the next few years, with the publication of the **Darzi Review** likely to shape our future direction.

In addition to these key developments, the publication of the **NHS 10-Year Plan** and local government reorganisation linked to English devolution are likely to have a significant impact on our work in future years, bringing changes to policy and joint delivery arrangements in Devon.

In response to this evolving context, we expect to undertake a significant review of our Integrated Care Strategy in 2025–26. Insights gathered through engagement with our communities and partners will help us refine our local plans and ensure they remain aligned with national and regional priorities.

Engaging with our communities is at the heart of how we plan and deliver services in Devon. This year, NHS Devon led a county-wide engagement programme to inform the national NHS 10-Year Plan. Gathering more than 2,000 responses from staff, people, and communities across Devon, including significant input from Core20PLUS5 communities. The insights gained from this work will not only shape national policy but also strengthen our local plans and future Integrated Care Strategy.

Through this One Devon Five-Year Joint Forward Plan, we are reaffirming our commitment to collaboration, innovation, and shared responsibility in delivering high-quality, sustainable health and care services. We will continue working closely with our partners, listening to our communities, and responding to the challenges and opportunities ahead.

Steve Moore / Kevin Orford

Health and Wellbeing Board opinions

There has been ongoing engagement with the three Devon Health and Wellbeing Boards regarding the JFP since it was first published in 2023. Each year, as the plan has been updated, each Board has submitted a formal opinion to confirm that the JFP aligns with the local Health and Wellbeing Strategy and addresses the local population needs identified in the Joint Strategic Health Needs Assessments (JSNAs).

Devon County Council

To be added after Health Wellbeing Board review

Plymouth City Council

To be added after Health Wellbeing Board review

Torbay Council

To be added after Health Wellbeing Board review

Introduction

About Devon

Devon is a complex system, with many different arrangements delivering functions across a unique geography. Elements of the plan are delivered across a range of provisions including:

- Two unitary authorities (Plymouth City Council and Torbay Council).
- One county council (Devon), with eight district councils.
- 117 GP practices across 31 Primary Care Networks (PCNs) .
- Devon Partnership Trust (DPT) and Livewell South West (LWSW) provide mental health services.
- Four acute hospitals – North Devon District Hospital and the Royal Devon and Exeter Hospital, both managed by the Royal Devon University Healthcare NHS Foundation Trust (RDUH), Torbay and South Devon NHS Foundation Trust (TSDFT) and University Hospitals Plymouth NHS Trust (UHP).
- One ambulance trust – South Western Ambulance Service NHS Foundation Trust (SWASFT).
- Dental surgeries, optometrists and community pharmacies.
- A care market consisting of independent and charitable/voluntary sector providers.
- Many local voluntary sector partners across our neighbourhoods.



Purpose of the Five-Year Joint Forward Plan

The JFP 2025–30 outlines how NHS Devon and partner NHS trusts will deliver the One Devon Integrated Care Strategy over the next five years responding to the 12 Devon Challenges described below. It aligns with national requirements, demonstrating how the local NHS will meet the physical and mental health needs of the population, fulfil statutory commitments, and addresses the four core purposes of Integrated Care Systems (ICSs).

This year's JFP refresh has been a light-touch update, in line with national guidance, as the One Devon system awaits publication of the NHS 10-Year Plan. We have focused on aligning the JFP with new and emerging priorities, including the Devon Medium-Term Financial Plan (MTFP), the NHS Devon Annual Plan, and the Transforming Devon Programme, as well as updating content in response to NHS operational planning guidance published recently in February 2025.

This JFP reflects the work happening across the wider Devon system, in the health and care sectors and beyond, demonstrating how this work aligns with the strategic goals in One Devon's Integrated Care Strategy.

The JFP consolidates various local plans across the system, including, but not limited to:

- The NHS Devon Annual Plan.
- NHS Operational Plans.
- Joint local health and wellbeing strategies.
- Plans developed at a Local Care Partnership (LCP), Provider Collaborative and NHS Provider level.
- Internal local authority plans (e.g., adult social care, children's services).

Devon main challenges

- An ageing and growing population with increasing long-term conditions, co-morbidity and frailty.
- Climate change.
- Complex patterns of urban, rural and coastal deprivation.
- Housing quality and affordability.
- Economic resilience.
- Access to services, including socio-economic and cultural barriers.
- Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas.
- Varied education, training and employment opportunities, workforce availability and wellbeing.
- Unpaid care and associated health outcomes.
- Changing patterns of infectious diseases.
- Poor mental health and wellbeing, social isolation, and loneliness.
- Pressures on health and care services (especially unplanned care).

Integrated Care Strategy summary

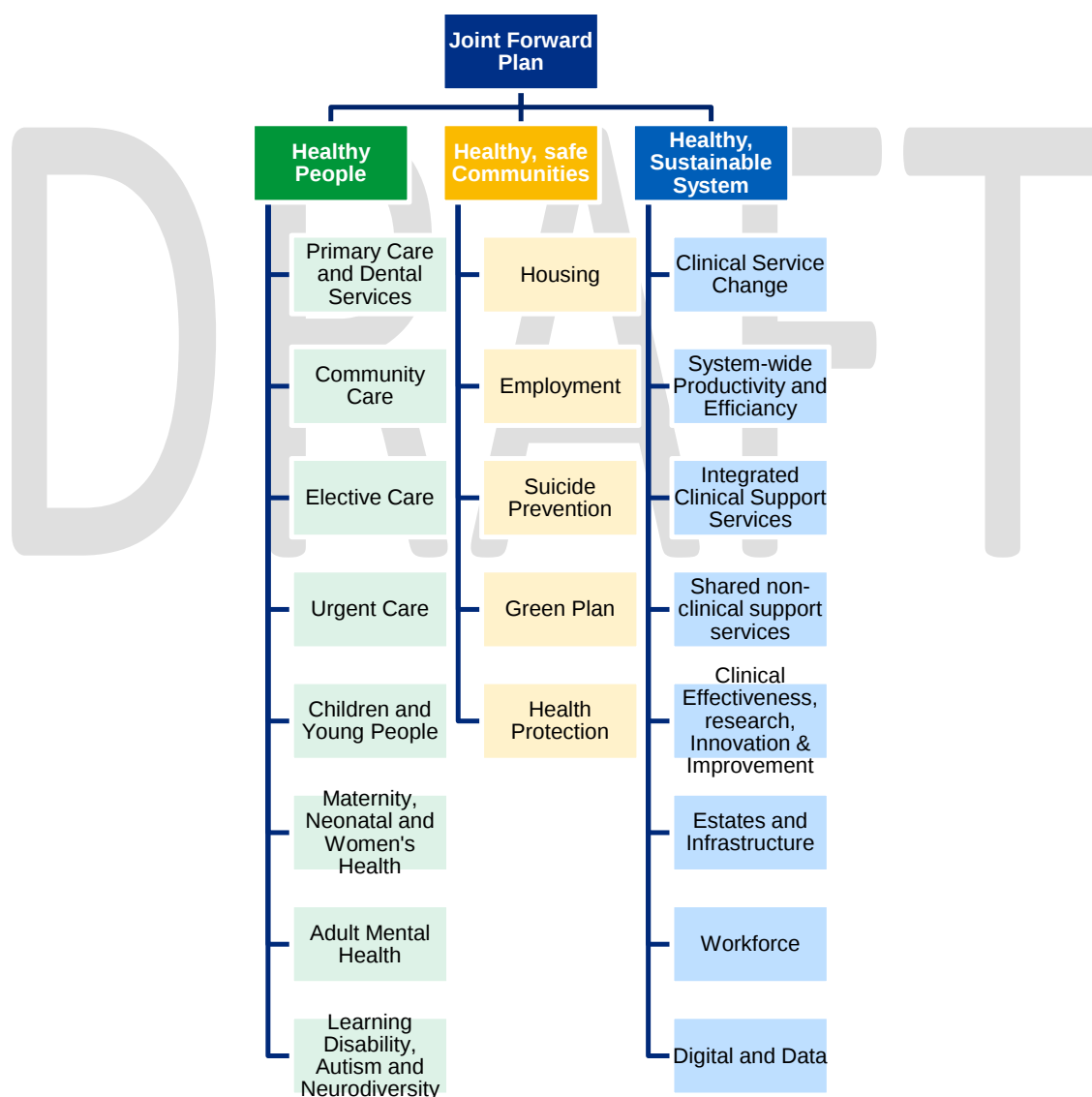
Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Strategic goals	One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money			
	Suicide prevention	Access to information and services	Improving experiences and productivity	Careers support
	Safe and sustainable system	Protection from preventable diseases and infections	Shared digital system	Supporting children and young people through school
	Support people to be involved as in their health and care	End-of-life care	Make the best use of funding	Greener and environmentally sustainable system
	Population health and prevention	Housing	Recruitment, retention and training	Empowering communities and groups
	Children and young people's mental health and wellbeing	Equality, diversity and inclusion		Supporting economical and sustainable development
	Preventative, pro-active and personalised care			

Developing a sustainable future

The JFP describes how the Integrated Care System (ICS) plans to deliver health and care services that meet population needs and remain sustainable, in response to the Integrated Care Strategy.

Our plan is once again structured around three themes: Healthy People, Healthy, Safe Communities, and a Healthy, Sustainable System.

Each theme is underpinned by a series of high-level delivery plans, which articulate what partners aim to achieve collectively through the JFP in the short, medium, and longer term.



Our plan sets out our vision and ambition for the next five years across a wide range of health and care services. In line with the fourth ICS purpose, our plan also articulates the work that the NHS does with its partners to support broader social and economic development.

To develop a sustainable future for the health and care services in Devon, we need to recover our system, stabilise services and deliver long term sustainable improvements.

Each section of our plan therefore describes:

- The workstream ambitions and objectives.
- The difference that delivery of the objectives will make to the people of Devon.
- Achievements and outcomes delivered in 2024/25.
- Short term objectives to improve performance and reduce costs in line with requirements in the 2025/26 operational planning guidance.
- Medium term objectives to stabilise and improve services.
- Longer term objectives to transform services for a sustainable future.
- Which of the ICS aims the activities described support, providing a golden thread throughout the plan.

Developing and updating our JFP



Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
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The One Devon Integrated Care Strategy has not been updated this year due to the extensive work already undertaken to develop it. The case for change, which underpins the strategy, was developed through a thorough and wide-reaching process in 2023. This involved significant engagement across system partners and the public, ensuring that the priorities set out remain relevant and reflective of local need. Given the depth of this work and the fact that the case for change is still current, a further update this year was deemed unnecessary. Additionally, the upcoming NHS 10-Year Plan will require a substantial review and revision of our

strategy in 2025/26. Instead, our focus this year remains on delivering against the existing strategy while preparing for the future changes ahead.

Each workstream section of the plan highlights the ICS aims it supports, ensuring a clear and consistent thread throughout.

In 2024/25, workstream leads engaged with relevant stakeholders to refresh their high-level delivery plans. These updates have been reviewed by the **Joint Forward Plan Steering Group** and One Devon Leadership Delivery Group (SLG) to ensure alignment current strategic and operational priorities.

There is an immediate need to recover Devon's financial and performance position to ensure a sustainable system going forward and this need is reflected throughout our plan. This year's JFP references the newly established Transforming Devon Programme, set up in-year to support system recovery. Each high-level delivery plan outlines both short- and longer-term objectives to support recovery and prioritises the actions we need to take individually and collaboratively to exit NOF4.

The JFP is a system-wide plan. It reflects our commitment to working collaboratively and in partnership to deliver system ambitions. However, it is important to acknowledge that statutory duties remain with individual organisations.

There are also specific statutory duties that NHS Devon must deliver as part of its legal responsibilities. These duties are incorporated throughout the plan and are referenced specifically in Appendix A.

Getting the system in balance

NHS recovery

There is an immediate need to recover both the financial and performance position for Devon to ensure a sustainable health system going forward. To meet the requirements set out in the latest operational planning guidance, NHS partners in Devon must develop plans that are affordable within the 2025/26 allocations and demonstrate that all opportunities to improve productivity and reduce waste have been fully explored.

Providers in Devon will need to significantly reduce their cost base and improve their overall productivity in 2025/26.

When prioritising resources to best meet the health needs of our local population, we need to consider both the in-year and medium-term impacts on quality, finance, and population health as different options are identified and developed.

NHS Devon and 3 of our acute hospital trusts remain in Segment 4 of the NHS National Oversight Framework (NOF4). Exiting NOF4 will require improvements in

leadership, strategy, Urgent and Emergency and Elective care performance as well as Finance.

Key financial challenges for 2025/26 include:

- Delivery of financial balance (post-deficit support).
- Delivery of a challenging cost improvement programme.
- Improvement to underlying financial positions.
- Measuring and mapping productivity improvements.
- Delivery of capital plans.

The Transforming Devon programme has been established to support the delivery of strategic, system-level financial recovery opportunities. In addition to this, each NHS organisation will lead recovery within its own organisation, while also working collaboratively across organisational boundaries to implement system-wide solutions where they are most effective.

Local authority recovery

Devon County Council

Our overriding focus is to meet the needs of the young, old and most vulnerable across Devon. We will work closely with our One Devon partners to support and develop the local health and care system, to help support the local economy, improve job prospects and housing opportunities for local people. We will respond to climate change, champion opportunities and improve services and outcomes for children and young people, support care market sustainability, and address the impacts of the rising cost of living for those hardest hit.

With key local partners we will continue to quality assure, benchmark and improve how we do things. So we can continue to deliver vital local services and improve outcomes for the people of Devon as efficiently and effectively as we can with a focus on strengthening partnerships and evidencing. The level of commitment from teams, working together as one organisation has been vital.

The level of assurance that has been involved in the budget-setting process, mean that the 2024/25 budget is as robust as possible and will deliver best value for the people of Devon.

Plymouth City Council

Plymouth City Council is ambitious in its vision and objectives for the City. It is committed to ensuring that services to children and vulnerable adults, the provision of affordable housing and helping those affected by homelessness continue to be key priorities. Like all Councils, we have continued to see big increases in our costs and rising demand for our homelessness and social care services for the elderly, vulnerable adults, and children. We spend around 83% of our total revenue budget on these vital services.

Within Adult Social care we are working with partners to respond proactively to shifting demand and regulatory expectations, ensuring services adapt to meet these evolving needs. The new Colwill and The Vine facilities, expected in May 2026, will expand day and respite services, reducing the need for high-cost out-of-area placements.

The Council is committed to continuous improvement as we look to the future. The challenges ahead remain substantial, but we are determined to meet them head-on. Through a Prevention-First Strategy including focusing on early identification and intervention, leveraging AI and data insights, and building resilience through community partnerships, we will fundamentally shift how services are designed and delivered. We are now building a prevention programme focussing on children's social care, homelessness and adult services.

Torbay

Torbay's approach to Adult Social Care (ASC) is a long-standing integrated approach between Torbay Council and Torbay and South Devon NHS Foundation Trust - working closely with the local Community and Voluntary Sector.

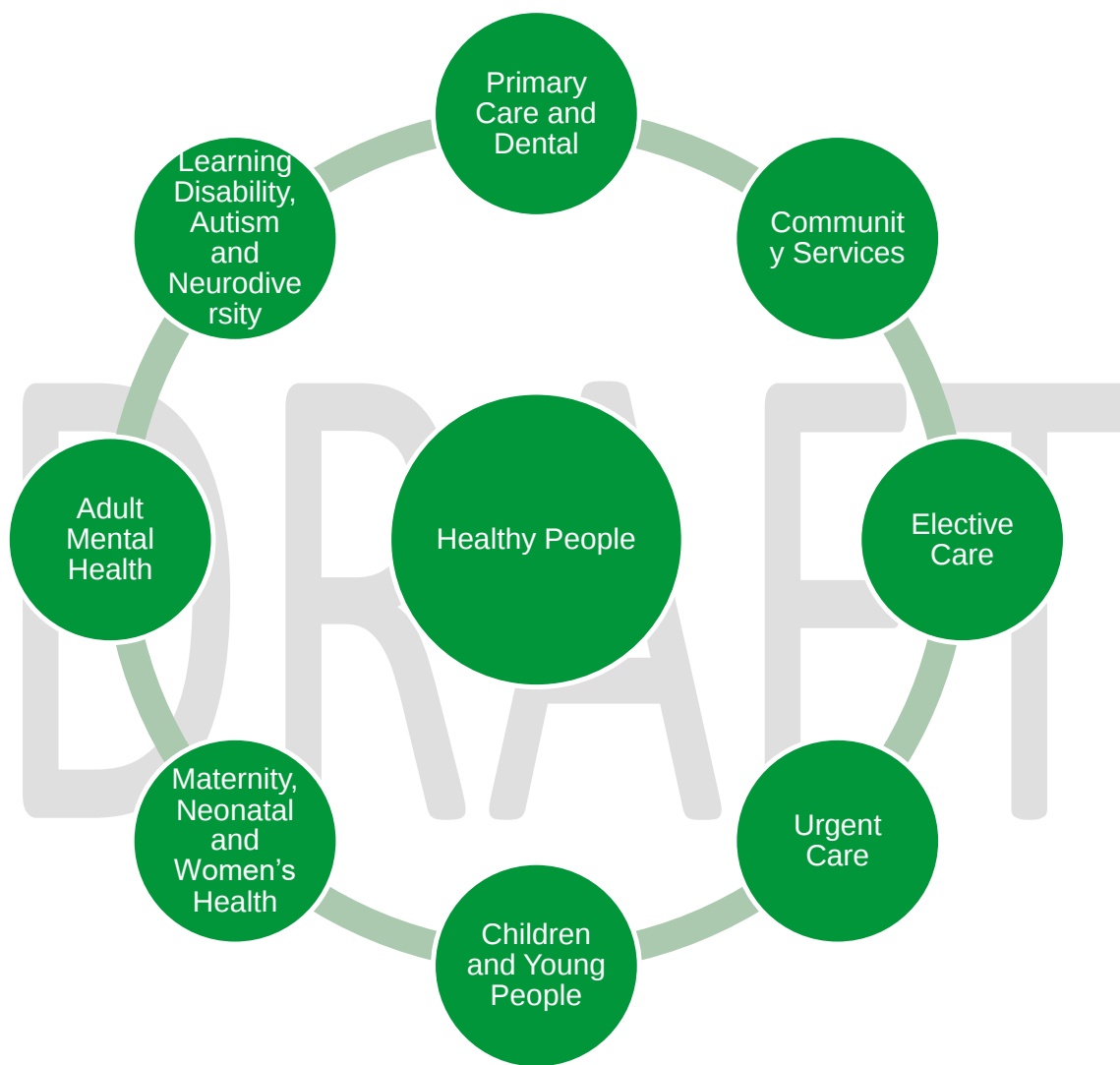
ASC faces significant financial challenges, given the forecast shortfall and rising cost and demand. Going forward, we are continuing with our extensive transformation plan which focuses on:

- Expanding the role of digital in our ASC, especially through our front door.
- Promoting independence through reablement and intermediate care.
- A new Target Operating Model.
- Enhanced market shaping and promoting the role of housing with a particular focus on working age adults.
- Close working with the Community and Voluntary Sector, through our Community Wellbeing contract.

Our Joint Forward Plan

Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Themes	Healthy People	Healthy, safe communities	Healthy, sustainable system	
Programmes	Primary Care and Dental	Housing	Clinical Service Change	
	Community Services	Employment	System-wide productivity and efficiency	
	Elective Care	Suicide Prevention	Integrated clinical support services	
	Urgent Care	Green Plan	Shared non-clinical support services	
	Children and Young People	Health Protection	Clinical Effectiveness, research, Innovation & Improvement	
	Maternity, Neonatal and Women's Health		Estates and Infrastructure	
	Adult Mental Health		Workforce	
	Learning Disability, Autism and Neurodiversity		Digital and Data	

Healthy People



Challenges

Some of our key challenges in Devon relate to the health and wellbeing of people.

- We have **an ageing and growing population with increasing long-term conditions, co-morbidity and frailty**, the Devon population is older than the overall population of England we have a disproportionately small working age population relative to those with higher care needs.
- Significant inequalities exist across One Devon, with people living in deprived areas and certain population groups, experiencing significant health inequalities as a result. People living in more deprived areas have **poorer health outcomes caused by modifiable behaviours and earlier onset of health problems** than those living in the least deprived communities. This leads to lower life expectancy and lower healthy life expectancy in these communities, coupled with higher and earlier need for health and care services. The proportion of the population providing **unpaid care is increasing**, with higher levels of the One Devon population caring for relatives, both the physical and mental health of carers can suffer as a result.
- Our population experiences **poorer than average outcomes in relation to some measures of mental health and wellbeing**.

Strategic objectives

To address these challenges, we have set the following strategic objectives:

- People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.
- Population health and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability
- Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people
- Children and young people (CYP) will have improved mental health and wellbeing
- Children and young people will be able to make good future progress through school and life.
- People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.
- People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.
- Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place

Primary care and dental services

Our vision

We will create a strong, collaborative system across primary care, community services, voluntary and community organisations, and independent social care providers. Our goal is to build a resilient, high-quality general practice that meets demand, ensures timely access, and operates at scale.

We will expand NHS dental provision, reducing inequalities and targeting those most in need. Community pharmacies will play a greater role in delivering care, increasing access, safety, and service quality.

By integrating these services within neighbourhood health models, we will strengthen primary care, improve patient outcomes, and ensure sustainable, high-quality care for all.

What Devon will see

- 1. Resilient, sustainable, high quality and patient valued General Practice and Community Pharmacy services as part of an integrated neighbourhood health service offer.
- 2. Improved dental offer with expanded NHS offer that has materially reduced baseline inequality gaps.

Our objectives

ICS aims



Population health



Tackling inequalities



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. We will develop a collaborative approach to working across communities. By 2026, we will have effective collaborative mechanisms in place for primary care, community services, voluntary and community services and independent social care providers.	x		
2. We will have an integrated, neighbourhood approach focussed on PCN boundaries. By 2026, we will have developed integrated ways of working that encompass primary care, community services, mental health, social care, voluntary and community services and acute	x		

services working as part of a multi-disciplinary team to jointly deliver services			
3. By 2026, we will develop our same day services so they can consistently meet people's urgent needs and avoid emergency admission to hospital. This includes pro-actively identifying people at high risk of admission, virtual wards, timely access to general practice and community pharmacy services, urgent community response, social care support and access to specialist support.	x		
4. During 2025/6 we will test and evaluate 4 different models of PCN delivered Primary Medical Services, and achieve upper decile performance at ICB level against core identified access performance indicators.	x		
5. During 2026/7, and supported by transfer of funding towards General Practice, we will start meaningful rollout of revised models of Primary Medical Services at PCN level. By 2027, we will have reduced variation and aggregated upwards such that all PCN levels core access measurements place Devons PCNs within the upper quartile nationally.		x	
6. By 2028, we will have resilient, sustainable and high-quality general practice which is able to meet clinically appropriate demand, offer timely access, operate at scale and have a planned approach to managing change. By 2029/30 we will see upper quartile performance for all PCNs against national patient survey indicators.			x
7. We will start work on building greater resilience among our community pharmacy contractors, including increasing the supply of local enhanced services from them by 40%. During 2026/7 we will evaluate work undertaken designed to improve contractor resilience and build a formal resilience programme for community pharmacy.	x		
8. By 2027/8 we will commission local enhanced services from community pharmacy providers that are 100% above baseline. We will maximise the potential of pharmacy services; by 2028 we will have increased service resilience and improved patient access, safety and quality of care. By 2027/8 we will commission local enhanced services from community pharmacy providers that are 150% above baseline.		x	x

9. During 2025/6 we will make a number of contractual and delivery changes that increase NHS dental supply in Devon by 10%. During 2026/7 we will start rebasing contracts and redirecting released funding towards identified populations such that we start addressing dental inequalities.	x		
10. By 2027/8 a combination of our urgent, stabilisation and rebasing programmes will have increased dental activity by 25% against baseline. By 2028 the ICB will have commissioned sufficient dental services to ensure all disadvantaged groups have access to a routine dental check-up, every 24 months for adults and 6-12mths for children, as well as enough capacity to meet demand for urgent care.		x	
11. By 2029/30 a combination of our urgent, stabilisation and rebasing programmes will have increased dental activity by 40% against baseline.			x
12. Ensure delivery of Core20+5 deliverables (including adult and CYP) in line with national reporting requirements.	x	x	x
13. Implement co-ordinated prevention plans in priority areas including CVD, diabetes and respiratory.	x	x	x
14. Take on formal delegation of specialised commissioning functions.		x	x

What we have achieved in 2024/25

- Achieved the lowest level of Did Not Attend (DNA) rates for General Practice appointments of any ICB area (most recent data – December 2024).
- Ranked second highest in the raw offer of General Practice-provided clinical contacts of any ICB area (most recent data – December 2024).
- Reduced the number of GP practices with high/very high resilience challenges by approximately 40%, with national interest in our resilience programme.
- Launched four different pilot models of General Practice at the PCN level.
- Initiated multiple dental programmes and service changes to deliver an increase in dental activity in 2025/26.
- Delivered the 'Know Your Numbers' campaign to raise awareness of high blood pressure, its risks, and local services where people can check their blood pressure and get clinical advice or treatment.

Community-based care and support

Our vision

We will commission, deliver, and develop community-based care models while strengthening health and care services at both ‘place’ and neighbourhood levels. This includes empowering the voluntary, community, and social enterprise (VCSE) sector and developing initiatives to address health inequalities.

Our aim is to support and enable communities to be strong, resilient, inclusive, and connected—where people support one another in an environment that promotes wellbeing.

This integrated neighbourhood health and care offer, which includes primary care, community services, social care, the independent sector, and the voluntary and community sector, will ensure that we meet people’s needs in a way that matters to them and that supports them to stay living safely at home in their community, retaining their independence for as long as possible, living the life they want to lead.

What Devon will see

- 1. Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people.
- 2. Community partnerships will have Identified existing assets (incl. networks, forums and community activities) so they can harness these to tackle gaps in local provision.
- 3. People have multiple opportunities to influence the decisions that affect their health & wellbeing - ‘no decision about me without me’.
- 4. A collaborative system that supports the VCSE and community groups to maximise the health and wellbeing of their local citizens through people led change.
- 5. Increased public awareness of health risks and prevention, reducing illness and healthcare costs while improving overall well-being.

Our objectives

ICS aims

	Population health		Enhancing productivity
	Tackling inequalities		Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Further to the Darzi report and Neighbourhood Health Guidelines for 2025/2026, develop a pan-Devon neighbourhood health service core offer and delegate to place the specific operating and delivery models in line with local need and existing assets.	x	x	x
2. Using risk stratification, a personalised approach will be utilised across every integrated team, prioritising those population groups who will benefit most from the approach (e.g. end of life, frailty and dementia)	x	x	x
3. By 2026, we will have developed consistent, robust pathways for falls and frailty, so people are able to access the right, expert input to support them at home. This will include the development of outreach models so that hospital specialists are better able to support professionals in the community to look after people in their own homes.	x		
4. By 2028, we will have developed an improved End of Life care pathway across Devon, where early identification, advanced care planning and care coordination are prioritised. Services will be funded equitably and there will be an evidenced reduction in unplanned care and crises for people in the last year of their life.	x	x	
5. By 2027, we will have a consistent offer of 'home first', 'discharge to re-able to assess' hospital discharge pathways across Devon to ensure people spend no longer than necessary in hospital and the majority of people return home with little or no long-term care.	x		
6. By 2026, there will be a range of community-based admissions avoidance offers to reduce the demand into ED, linked into the Neighbourhood Health model of care.	x		
7. By 2026, each PCN will adopt an integrated, proactive approach, with a focus on prevention and early intervention. PCNs will use population health data to support the identification of the people that are most likely to benefit from this approach.	x		
8. By 2026, people will be easily able to understand what community-based services are available and how to access them. By 2026, we will have implemented the consistent use of the Joy App by social prescribers across 100% of PCNs.	x		

6. Local authorities will meet their Care Act duties by ensuring a sufficient care market.	x	x	x
7. Innovative extra care and supported living schemes will be developed to provide people with greater independence and support them to remain in their own homes.			
8. Our places, called Local Care Partnerships (LCPs) will have the support and evidence-base they need to deliver change at local level and will be empowered to make decisions with their populations on an ongoing basis.	x		
9. Develop an action plan to deliver the Anchor Institutions Strategy. Ensure that all ICS partners are engaged in delivering as Anchor organisations.	x		
10. By 2028, local communities, and particularly disadvantaged groups, will be empowered by placing them at the heart of decision making through inclusive and participatory processes and have an active role in decision-making and governance – ‘no decision about me without me’.	x	x	
11. By 2028, local communities will work in partnership to bring about positive social change by identifying their collective goals, engaging in learning and taking action to bring about change for their communities.	x	x	
12. By 2028, a community development workforce will be supported, equipped and trained to agreed standards, code of ethics and values-based practice.	x	x	
13. By 2028, Local Care Partnerships will have integrated the role of community partnerships into their infrastructure and planning to ensure the communities of Devon are an equal partner both at system and local level.	x	x	
14. We will develop the One Devon involvement platform to be the single online space for the One Devon Partnership, focussing on engagement and involvement with people and communities, including the One Devon Citizens Panel. This will be achieved by ensuring a Local Care Partnerships are all actively using the platform to support local engagement work.	x		
15. Deliver inclusive involvement in collaboration with the People and Communities Strategy to support the ICB and ICS key aim of tackling inequalities in outcomes, experience and access.	x		

What we have achieved in 2024/25

- Completed the Anchor Organisation Strategy.
- Secured a successful National Lottery bid for the One Northern Devon Local Care Partnership, in collaboration with the VCSE, to fund six Community Developer roles and two Connector roles across Northern Devon (Youth/Rural).
- Continued the use of Prevention and Health Inequalities funding at LCP level to support the Community Development workforce.
- Established the Devon Engagement Partnership (DEP) to bring together health and care engagement professionals, including partners from Healthwatch and the VCSE Assembly.

Elective care

Our vision

One Devon is committed to delivering excellent health outcomes for patients while reducing waiting times for elective procedures, cancer diagnosis, and treatment. We will achieve this by driving productivity through efficiency and innovation, ensuring that resources are used effectively to provide value-for-money services for the people of Devon.

Tackling health inequalities will be central to our decision-making, helping to remove barriers to care for those who experience inequalities in access. By taking a population health approach—recognising the county’s diverse demographics and rurality—we will ensure patients receive timely, effective, and efficient elective care, improving outcomes, experiences, and access. Wherever possible, we will bring elective care closer to home so that patients receive the right care, in the right place, at the right time.

NHS Devon will work closely with local partners, including councils, independent providers, and third-sector organisations, to ensure elective care is embedded in Devon’s wider social and economic development.

What Devon will see

- 92% of patients receiving elective treatment within 18 weeks.
- Faster cancer diagnosis and improved adherence to waiting time standards.
- 95% of patients receiving diagnostic procedures within six weeks.
- Optimised elective care pathways, maximising productivity through workforce efficiency, digital innovation, and infrastructure improvements.
- Fewer unnecessary follow-ups, reducing system pressure and patient inconvenience.
- Reduced health inequalities, ensuring fair access to care.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Reduce the time people in Devon wait for their elective care procedure by improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% in line with the national objective by March 2026, and with every trust to deliver a minimum 5%-point improvement.	x		
2. Reduce the time patients in Devon wait for their elective care and return to the constitutional standard of waits of less than 18 weeks by 2029. This will be achieved by increasing productivity, maintaining high quality services, reducing health inequalities and maximising elective capacity in Devon.	x	x	
15. The system will continue to improve in cancer performance against the 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.	x		
16. The system will continue to improve in cancer performance against the 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively.	x	x	x
17. Increase diagnostic capacity including Community Diagnostic Centres and return to patients receiving their diagnostic within 6 weeks.	x	x	x

What we have achieved in 2024/25

- Clearance of all 104ww patients.
- Significant reduction in all long waiting patients across the system.
- System achievement of the 28-day faster cancer diagnosis and the 62 day performance.
- Community Diagnostic Centre (CDC) opened in Torbay with an additional expansion opened in Exeter.
- System achievement of the Patient Initiated Follow Up (PIFU) 5% deliverable.
- System achievement of Advice and Guidance utilisation deliverable.

Urgent care

Our vision

We will work together across the NHS in Devon to deliver high-quality, safe, and sustainable urgent and emergency care as close to home as possible, improving both patient outcomes and experience. Reducing health inequalities will be at the heart of everything we do, ensuring that everyone in Devon can access the care they need.

Our focus will be on making sure people receive the right care, in the right place, at the right time—first time. To achieve this, we will prioritise:

- Co-ordination – to deliver an integrated and responsive health and care system that helps people stay well for longer through proactive support, preventative interventions, and timely primary care.
- Signposting and Navigation – Ensuring patients can access urgent care 24/7 via NHS 111, where they will receive expert advice and be directed to the most appropriate service.
- Alternatives to hospital – Expanding access to safe, high-quality care closer to home, maintaining as much continuity of care as possible.
- Rapid response – Ensuring people who are seriously ill, injured, or in a mental health crisis receive the fastest and most appropriate response for their needs.
- Hospital care and discharge – Optimising hospital care from the point of admission and ensuring people can return home or to their community as soon as it is safe to do so.
- Home first – Prioritising home-based recovery, supporting people to regain independence quickly and safely following a hospital stay.

What Devon will see

1. Improved A&E waiting times and ambulance response times.
2. More patients treated in community settings, avoiding unnecessary hospital visits.
3. New, improved pathways for healthcare professionals, enhancing care coordination.
4. Easier navigation of urgent care services, improving patient experience.
5. Better access to community urgent care services.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Building on the excellent work in 2024/25 to bring all Urgent Treatment Centres (UTCs) in line with national specifications, we will implement the recommendations of the strategic review of Minor Injuries Unit (MIU) services across the county to further improve our out-of-hospital urgent care offer.	x	x	x
2. One Devon is committed to ensuring that people with urgent care needs receive treatment in the right place, first time. Building on the success of the Single Point of Access (SPOA), we will define a longer-term plan for Care Coordination and set out how it will be implemented across the county including ensuring the service enables ambulance services to increase see & treat activity.	x		
3. Clinically Safe Alternatives to Admission: Over the past two years, our Integrated Urgent Care Service (IUCS) provider has consistently improved performance and is now recognised as one of the best in the country. We will build on this success by working with our provider to further strengthen this service.	x	x	
4. One Devon will improve A&E waiting times and ambulance response times compared to 2024/25 with a minimum of 78% of patients seen within 4 hours in March 2026.	x		

5. One Devon will continue to drive improvements in ambulance performance, ensuring that ambulance response times average no more than 30 minutes across 2025/26.	x		
6. As part of our commitment to improving mental health crisis care, NHS Devon will pilot Mental Health Response Vehicles. Following evaluation, if the outcomes are positive, we will consider a wider rollout across the system.	x		
7. To remove unwarranted variation across Devon, we will establish a system-wide approach to Discharge to Assess (D2A) and Trusted Assessors. We will work closely with acute providers to develop bespoke locality plans aimed at improving No Criteria to Reside (NCTR) rates to an agreed standard.	x	x	
8. In partnership with Local Authorities, we will develop a long-term strategy for sustainable market management and commissioning of post-discharge care.	x		
9. We will fully implement a 'Home First approach', reducing the risk of readmission by supporting more people to return home safely after a hospital stay. This aligns with the recommendations of the Darzi Review, reinforcing the shift from hospital-based to home-based care.	x	x	x

What we have achieved in 2024/25

- Delivered progress across six core workstreams: SDEC, Virtual Wards, Frailty, End of Life, UCR, and Community Urgent Care.
- Achieved a significant reduction in ambulance handover delays.
- Improved performance in Emergency Departments and Category 2 response times.
- Successfully transitioned Care Coordination into the IUCS service.
- Took a system-wide approach to winter communications for the eighth consecutive year, building on award-winning work to provide clear, practical advice to vulnerable groups on staying healthy during colder months.

Children and young people

Our vision

To create an Integrated System and Care Model for Children and Young People (CYP) that supports all aspects of their health, emotional wellbeing and mental health, so that they can make good future progress through school and life. Our work spans from birth, through transition to young adults. We will work effectively in an integrated and equitable way within and across health, care and education and will achieve this by sharing information, jointly commissioning services (where appropriate), providing access to care, advice and knowledge, and adopting a strength-based approach.

What Devon will see

1. Inclusive, accessible and sustainable services and settings where children can learn and achieve their potential in life.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Services for children who need urgent treatment and hospital care will be delivered as close as possible to home. There will be a recognition of the potential impact and harm for CYP and their families whilst on waiting lists for paediatrics within mental health provision, acute, community and surgery procedures. By the transformation of pathways to better prioritise the use of clinical capacity, waiting times will steadily improve across the next five years.	x	x	x
2. Through implementation of the neurodiversity offer, by 2027 children and families with neurodiverse, emotional and communication needs will be able to access services and be supported across health, care and education, preventing crisis and enabling them to live their best life.	x		

3. We will improve outcomes for children with long term conditions and will reduce health inequalities by understanding differences for our Core20PLUS5 populations. We will work to address significantly poorer outcomes for care experienced children and young people, and other vulnerable groups by tackling issues affecting access and equity of care.	x	x	x
4. We will fulfil our statutory safeguarding responsibilities under 'Working Together to Safeguard Children' (2023) and respond to the local safeguarding children partnership priorities; to ensure that the health needs of all vulnerable children are identified and met by 2028.	x	x	
5. The Special Education Needs and Disabilities (SEND) of children and families will be prioritised across the Devon ICS. SEND reforms will be embedded across the three Local Authorities to address the weaknesses identified through the Torbay, Devon and Plymouth Local Area Inspection's within the mandated timeframes for each local area.	x		
6. We will improve the emotional wellbeing and mental health of children and young people through improved access to advice, guidance and help, strengthened support, and care and treatment specifically developed for mental health crisis, and eating disorders pathways.	x	x	x

What we have achieved in 2024/25

- Multi Agency Safeguarding Hub (MASH) capacity increased to enable the Devon to meet its statutory duties under Working Together to Safeguard Children responsibilities.
- Improved reporting and increased access for children and young people with needs relating to emotional wellbeing and mental health both in 2024/25 and in future years through investment in Mental Health Support Teams and the procurement of the system wide Emotional Wellbeing & Mental Health Service.
- Autism recovery programme implemented across the Devon system to establish a more streamlined pathway of support, assessment and delivery models.
- Neurodiversity Hub established on MyHealth Devon providing support, information and resources for children, young people and families.
- Children and Young People provider services represented on the System escalation dashboard to enable reporting on operational pressures.
- Launched Council for Disabled Children SEND level 1 training and developed Standard Operating Processes across the health system for SEND statutory processes.

Maternity, neonatal and women's health

Our vision

We will ensure that Maternity and Neonatal care is safe, equitable, personalised and kind, delivered through a positive culture of respect, learning and innovation. We will provide women and girls in Devon with timely, appropriate and easily accessible women's healthcare, as outlined in the Women's Health Strategy through collaborative working across health and care sectors.

What Devon will see

1. Reduction in number of women and birthing people presenting with pelvic floor issues postnatally due to pelvic floor muscle exercise education.
2. A reduction in perinatal mortality, intrapartum brain injury and maternal de
3. A reduction in mortality and morbidity associated with complex social factors for vulnerable pregnant women.
4. Increased proportion of women and birthing people maintaining breastfeeding/exclusive breastfeeding as a result of improved support.
5. Increased awareness of birth choices, the progression of a typical birth and potential interventions, with the potential to reduce levels of psychological damage/trauma.
6. Improved access to expertise to support women experiencing adverse menopause symptoms.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Our objectives

Objective	Year 1-2	Year 3-4	Year 5+
1. Through a 5-year maternity and neonatal delivery plan, maternity care will be delivered safely and will offer a personalised experience to women, birthing people and their families. Maternity and neonatal workforce will be inclusive, well trained and fit for the future. The Core20PLUS5 approach for women and birthing people will be implemented as part of the core programme.	x	x	x
2. To lead the delivery of a high performing Local Maternity and Neonatal System (LMNS), which oversees the delivery of each Trust's national Maternity Safety Support Programme (MSSP), and that responds to the maternity and neonatal objectives within the Peninsula Acute Sustainability Programme (PASP), with a focus on those at greatest risk of health inequalities, by March 2027.	x		
3. We will work collaboratively with System Partners to establish and deliver responsive, data led, inclusive and accessible services to meet the health needs of young girls and women across their life cycle through local implementation of the national Women's Health Strategy.	x	x	x

What we have achieved in 2024/25

- Perinatal Pelvic Health Services (PPHS) have been implemented in all Trusts
- All Trusts have provided sufficient evidence to be compliant with Saving Babies Lives.
- Development of definition and criteria of complex social factors (CSF) to support the work for vulnerable pregnant women and development of a system wide infant feeding strategy.
- Implementation of Real Birth Company antenatal education in all Trusts.
- Implementation of the Devon Menopause Service (DMS).

Adult mental health

Our vision

To work together to improve the mental health of our population by improving care and support for people with mental illness across Devon; we commit to improving life opportunities for people who have mental ill health. People with mental illness, carers, staff and our communities will co-produce, lead and participate to deliver our shared purpose; we commit to engage, listen and act with intent and integrity to improve the mental health and wellbeing for the people of Devon.

What Devon will see

1. People requiring support and/or treatment for their mental health will be able to access this at the earliest point of needs presenting.
2. Co-production will be core to service development and pathways will be co-produced so that the provision available meets and responds to the needs of those requiring support.
3. Ongoing improvements to pathways for those presenting in Mental Health crisis.
4. Ongoing developments to ensure that people with a severe mental illness will be able to access timely identification and treatment of any physical health needs.
5. Implementation of the Dementia Strategy to support identification (diagnosis), treatment and support for those living with dementia.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. More women and families get help early in development of perinatal mental health need (access to increase from 1,115 NHS Long Term Plan (LTP) target and wait time baseline to be established in 2024/25).	X	X	X
2. More adults and older adults with serious mental illness will have a complete physical health check which leads on to each person having a meaningful action plan and access to follow up care as needed.	X	X	X
3. More people (of all ages) will have access to treatment within 4 weeks (Community Mental Health- establish baseline and improvement plan of 10%, increase IAPT access to achieve the LTP target for 2023/24, 32,474) and a larger proportion of support will be delivered by VCSE (establish baseline and improvement plan of 10%).	X	X	X
4. People (of all ages) experiencing mental health crisis will be able to get the help they need as early as possible. In 2024/25 this includes 111 option 2 'going live' (all age), increasing call handling performance for telephony-based service offers (dropped calls and hold times) and increasing access to non-ED crisis response services (establish baseline access levels to non-acute offer and increase access by 10%).	X	X	
5. Devon will sustainably eliminate inappropriate out of area bed use for adults and older adults who need hospital admission for acute mental ill health. (zero new admissions by 2024/25)	X		
6. People will have a timely dementia diagnosis and planned onward care and support (at least 66.7% of prevalence diagnosed and wait times from referral to treatment/ diagnosis in a specialist team will decrease)	X	X	X

What we have achieved in 2024/25

- Met the NHS Long-Term Plan target, ensuring 1,115 women and birthing people could access perinatal mental health support.
- Developed a GP information and resource pack to support engagement with individuals with Severe Mental Illness, improving uptake of annual health checks.
- Implemented the 111 Press 2 option, creating a single point of contact for those experiencing a mental health crisis.
- Drafted a dementia strategy through the Mental Health Collaborative.
- Completed the first year of implementing the Mental Health Inpatient Strategy, providing a clearer understanding of capacity requirements and gender-specific needs for inpatient beds.
- Conducted a review of the Psychiatric Liaison Service across the NHS Devon footprint.

Learning disability, autism and neurodiversity

Our vision

Our vision is built on national strategies and legislation, shaped into clear, measurable pledges to improve health and social care for people with learning disabilities and autism. These pledges will be owned and delivered through the Learning Disability and Autism Partnership.

We will expand Health Action Plans in primary care, improving outcomes for people with learning disabilities. Specialist hospital care will be designed by experts with lived experience, ensuring care is provided closer to home.

Workforce training will embed awareness of reasonable adjustments, ensuring neurodiverse individuals receive the support they need. More people will receive timely ASC and ADHD diagnoses, with ongoing support in place.

Above all, we will maintain a system-wide focus on reducing health inequalities, ensuring no missed opportunities for care.

What Devon will see

1. Expanded Health Action Plans in primary care for people with learning disabilities (LD), improving health outcomes.
2. Specialist hospital care closer to home for people with LD and autism, designed by experts with lived experience.
3. Greater workforce awareness of reasonable adjustments needed for LD and neurodiversity support.
4. More people receiving timely diagnosis and ongoing support for ASC and ADHD.
5. A system-wide focus on reducing health inequalities, ensuring no missed opportunities for care.

Our objectives

ICS aims



Objective	Year 1-2	Year 3-4	Year 5+
1. Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and a quality health action plan. Increase the number of eligible people on the GP Learning Disability registers.	x	x	x
2. Reduce reliance on Mental Health locked and secure inpatient care, while improving the quality of Mental Health inpatient care, so that by March 2028 (in line with national target) no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an Mental Health inpatient unit. 10% reduction as per NHSE 2025/26 Operational Planning Guidance.	x	x	x
3. Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times by March 2028.	x	x	
4. Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance.	x	x	x

What we have achieved in 2024/25

- As of December 2024, performance is up 1% on the previous year, with an increase in Learning Disability register size to 8,053, continuing the expected upward trajectory, with the majority of uptake recorded in Q4.
- Relocated LD/MH inpatient beds to the South West following £40 million in capital investment. Established a partnership with BSW ICB to offer a regional bed provision and introduced the South West Regional Front Door protocol for bed admissions.
- Gained a greater understanding of the LDA community's needs through bed occupancy analysis, leading to quantifiable data that informs future commissioning—particularly a shift from single LD diagnoses to more complex cases involving ASC and other mental health comorbidities.
- Established a governance structure and accreditation process for Right to Choose, supporting the delivery of Autism and ADHD diagnoses. This has led to increased provision and strengthened quality and safety assurance.
- Continued the rollout of Oliver McGowan Mandatory Training across the health system, improving awareness and access to support for people with learning disabilities and autism.
- Developed workforce plans to support the end-to-end pathway in the community, helping to drive progress in reducing health inequalities. This includes work on screening, digital Red Flag alerts, learning from LeDeR, and ongoing AHC audits.

Healthy, safe communities



Challenges

Some of our key challenges relate the wider determinants of health in our communities:

- Devon has **complex patterns of urban, rural and coastal deprivation**, **hotspots** of urban deprivation are evident, with the highest overall levels in Plymouth, Torbay and Ilfracombe. Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by lower wages, and a higher cost of living.
- Housing is **less affordable in Devon**, and the **age and quality** of the housing stock poses significant challenges in relation to energy efficiency and issues associated with excess heat, excess cold and damp.
- **Varied education, training and employment opportunities, workforce availability and wellbeing** is impacting on success later in life for children, the health of our economy and our ability to deliver high quality, safe services.
- **Access to health and care services varies significantly across Devon**, both in relation to geographic isolation in sparsely populated areas, as well as socio-economic and cultural barriers. Poorer access is evident in low-income families in rural areas who lack the means to easily access urban-based services. Poorer access is also seen for people living in deprived urban areas, certain ethnic groups and other population groups, where traditional service models fail to take sufficient account of their needs.
- The Covid-19 pandemic has **changed the pattern of infectious disease** and along with increasing levels of healthcare associated infections and the risks posed by anti-microbial resistance. These diseases have disproportionately affected the most disadvantaged and vulnerable in our society and contribute further to health inequalities.
- **Suicide rates and self-harm** admissions are above the national average, anxiety and mood disorders are more prevalent, there are poorer outcomes and access to services for people with mental health problems.

Strategic objectives

To address these challenges, we have set the following strategic objectives:

- The most vulnerable people in Devon will have accessible, suitable, warm and dry housing
- People in Devon will be provided with greater support to access and stay in employment and develop their careers.
- Every suicide should be regarded as preventable and we will save lives by adopting a zero-suicide approach in Devon, transforming system wide suicide prevention and care.
- We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
- Climate change poses a significant risk to health and wellbeing and is already contributing to excess death and illness in our communities, due to pollution,

excess heat and cold, exacerbation of respiratory and circulatory conditions and extreme weather events.

- Everyone in Devon will be offered protection from preventable infections.

Housing

Our vision

Our vision for Devon is to create thriving communities with high-quality, affordable, and sustainable housing.

We want everyone to have a home that supports their health and wellbeing. This means improving housing conditions, increasing specialist housing for those most in need, enabling older and disabled people to live independently, ensuring key workers and residents have access to affordable homes, and taking a strong, proactive approach to preventing homelessness.

What Devon will see

1. People with existing health conditions being able to live in warm and dry homes which will result in a reduction in emergency attendances and admissions for a number of conditions.
2. People are supported to have warm and dry homes, regardless of the current health status, recognising that this will help to reduce the development of health conditions and/or support the management of them.
3. That no one will be without a home. There are a myriad of risks faced by people, including children, who do not have safe and secure housing, ranging from the obvious impact on low level mental health to the longer term development of physical health issues.

Our objectives

ICS aims

	Population health		Enhancing productivity
	Tackling inequalities		Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. By 2026 we will establish processes to systematically identify vulnerable groups with chronic conditions such as children and young people with asthma, living in substandard housing and direct them to appropriate support services.	X		

2. By 2028, our aim is to decrease health issues arising from poor housing conditions. This will be achieved by increasing referrals of those living in inadequate housing to a variety of health, social, and VCSE support services.	X	X	
3. By 2026, we will implement processes to identify vulnerable individuals in poor quality housing on admission and discharge. This will improve the efficiency of admission/discharge planning and enhance the referral process for additional support.	X		
4. By 2028 the ICS will work to ensure that Local Plans reflect the needs of older people and those with health conditions, to support the delivery of suitable housing	X	X	
5. We will reduce homelessness in Devon, through the implementation of comprehensive support systems, and the expansion of support services. Specific targets include: a. Ensuring no family stays in B&B accommodation for more than six weeks. b. Achieving a 10% reduction in the number of households in temporary accommodation. c. Increasing the success rate of preventing homelessness by 30%. d. Offering accommodation to 100% of individuals who sleep rough.	X	X	X

What we have achieved in 2024/25

- We have continued to identify and support low-income households living in poor-quality homes, providing advice on improving housing conditions, reducing fuel costs, and maximising income. Efforts have been targeted at high-risk groups, such as older people not receiving Pension Credit and those with frequent hospital admissions.
- Data sharing across the ICS is improving, helping to better target interventions through tools like the One Devon Dataset and Low-Income Family Tracker.
- The Devon Housing Commission has reported its findings, with recommendations being taken forward by the Combined Authority and local agencies. Plymouth's Housing Taskforce has developed an action plan to address local housing challenges.
- Homelessness remains a pressing issue. While Exeter has the highest recorded rates, rural homelessness is harder to measure. Plymouth faces significant challenges but prevents hundreds of families from becoming homeless each quarter. Work continues across Devon to support those at risk or already homeless.

Employment

Our vision

Our vision in Devon is to create a supportive and inclusive employment landscape where those facing significant barriers, can access meaningful employment opportunities and career development.

Focused on empowering the most vulnerable groups, including young people transitioning into adulthood, those with disabilities, mental health conditions, or other health-related employment barriers, and residents from the most deprived communities, we aim to harness the health and social care sector as an inclusive employment destination.

This approach not only supports those in need of assistance but also strengthens our workforce, ensuring a healthier, more prosperous community for all.

What Devon will see

1. Fewer young people NEET– Reduction in the number of young people Not in Education, Employment, or Training (NEET), particularly those with complex needs, and improving transition into adulthood.
2. Inclusive employment opportunities – Increase in disabled people and those with mental health conditions gaining access to sustainable work, in roles which support fair career progression.
3. More inclusive employment opportunities– Fewer barriers to employment for vulnerable groups.
4. A diverse, skilled health and social care workforce – More resilient NHS and care services delivered by a representative, inclusive workforce.
5. Better support for unpaid carers – More flexible employment opportunities enabling carers to remain in or return to work.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Seek to reduce level of 16-18-year-olds Not in Education Employment and Training ('NEET') in Devon by 1% by 2027.	x		
2. Reduction in number of individuals with a disability or mental health need who are unemployed compared to the national average by 4% by 2027	x		
3. Build on resources developed across the local authorities and wider partners to support more vulnerable people into employment, working closely with DWP and wider health partners.	x	x	x
4. Unpaid carers will be supported to remain in or re-enter employment	x	x	x

Suicide prevention

Our vision

In Devon is for all suicides to be considered preventable and that suicide prevention is everyone's business. The ambition for suicide prevention is to deliver a consistent downward trajectory in the suicide rate for all areas of Devon, Plymouth and Torbay so that they are in line with or below the England average.

What Devon will see

1. Primary care clinicians with more knowledge and skills in supporting people with thoughts of suicide.
2. More of the public and professional workforces aware of suicide and how to initially support others before professional help.
3. Grassroots and community organisations supporting populations more at risk of suicide with their wellbeing.
4. More professionals in Devon aware of the links between domestic abuse and suicide
5. A responsive suicide bereavement service that has no waiting lists and can support anybody affected by suicide at any point in their lives.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities

Objective	Year 1-2	Year 3-4	Year 5+
1. Local Suicide Prevention Groups to each have a published annual action plan based on the national strategy which sets out local delivery priorities for the year.	x	x	x
2. Local Suicide Prevention Groups to report annually on their suicide rates and their annual action plan to their respective Health and Wellbeing Boards.	x	x	x
3. Local suicide prevention leads to present local suicide prevention action plans and suicide rates for whole of the ICS area to NHS Devon Suicide Prevention Oversight Group.	x	x	x
4. One Devon Suicide Prevention Oversight group to consider development of a single One Devon Suicide Prevention Plan.	x	x	x
5. One Devon to prioritise provision of appropriate suicide prevention training to relevant workforces and the wider population to support system knowledge of suicide and suicide prevention. Identification of funding to progress this objective is required following utilisation of NHSE suicide prevention grant.	x	x	x
6. One Devon to prioritise the ongoing provision of a suicide bereavement service and a real-time suspected suicide surveillance system, coordinated across the whole of Devon.	x	x	x

What we have achieved in 2024/25

- In 2024, Pete's Dragons suicide bereavement service have supported 686 (387 new and 299 existing) people affected by suicide.
- Delivered Community Suicide Awareness and Emotional Resilience training to 801 participants across Devon in 2024.
- Delivered Primary Care Suicide Prevention Training to 89 clinicians across Devon ICS in 2024.
- Put on a Domestic abuse and Suicide Conference - November 2024, attended by over 120 delegates.
- Development and distribution of thousands of 'It's OK to talk about suicide leaflets' - co-designed with people with lived experience
- Provided small-grants suicide prevention funding of between £1,000 and £10,000 to 26 community and grass roots organisations across Devon ICS.

Green plan

Our vision

We will create a greener, fairer and more environmentally sustainable health and care system in Devon, that adapts to and mitigates climate change and promotes actions to create healthier and more resilient communities. As an ICS we are committed to delivering the national ambition for the NHS to become the first net zero health service, ensuring that we respond to climate change while improving health outcomes for the population of Devon.

Aligned with the NHS Long Term Plan and the Greener NHS strategy, we will take local action to reduce emissions, embed sustainability into healthcare delivery, and drive system-wide transformation.

We will aim to achieve net zero for emissions we control directly by 2040 (NHS Carbon Footprint) and influence wider emissions to reach net zero by 2045 (NHS Carbon Footprint Plus). Our approach will integrate the opportunities and requirements in the NHS Net Zero Travel and Transport Strategy, Net Zero Building Standard, and the Estates Net Zero Carbon Delivery Plan into a local ICS Green Plan outlining our system-wide response to nationally determined targets.

What Devon will see

1. More products and services are bought locally promoting the concept of the Devon Pound across the ICS and its partners.
2. One Devon will achieve net zero for emissions we control directly by 2040 and influence wider emissions to reach net zero by 2045.

Our objectives

ICS aims



Population health



Tackling inequalities



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
Develop and deliver ICS Green Plan to reduce emissions, embed sustainability into healthcare delivery, and drive system-wide transformation (in response to NHSE Green Plan guidance, NHS Net Zero Travel and Transport Strategy, Net Zero Building Standard, and the Estates Net Zero Carbon Delivery Plan).	x	x	x

Health protection

Our vision

Protecting our population from preventable diseases, hazards and infections. This is set within the context of new and emerging threats, including antimicrobial resistance and climate change. Diseases disproportionately impact on our most vulnerable communities. We also know that some communities in Devon are less likely to access preventative services, and yet are more likely to experience the severe consequences of diseases and infections.

What Devon will see

1. More walk-in opportunities for winter vaccination to increase opportunistic vaccinations.
2. Improved insight to accurate vaccination for 0-5s uptake and identification of gaps to be addressed.
3. Proactive health campaigns that educate and empower people to make healthier lifestyle choices, preventing disease and promoting long-term health.
4. Targeted outreach to communities most affected by health inequalities, improving access to healthcare and encouraging positive health behaviours across society.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

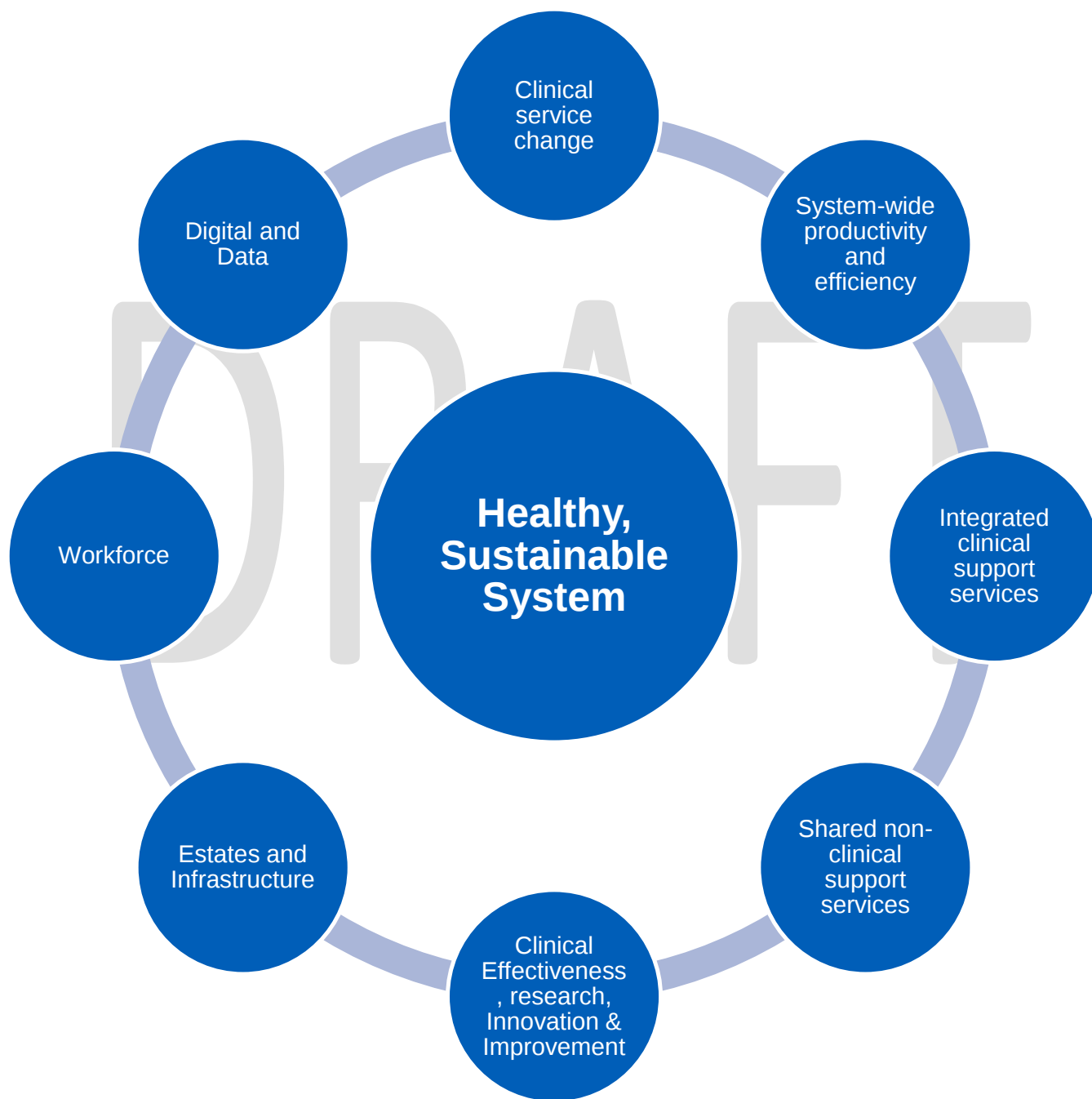
Objective	Year 1-2	Year 3-4	Year 5+
Reduce occurrences of healthcare associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA) and community onset community associated (COCA) occurrences of HCAs.	x		
Ensure effective antimicrobial use in line with NICE guidance. Optimising outcomes, reducing the risk of adverse events and slowing the emergence of antimicrobial resistance. Ensure that antimicrobials remain an effective treatment for infections.	x		
Providers to demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes – with particular focus on Devon's priority populations (CORE20PLUS5) for children and young people and adults, aiming to achieve uptake levels comparable for the previous year for influenza and ideally exceed them where applicable. Maintain current levels of access to influenza and Covid vaccination programmes and demonstrate improvement in year-on-year uptake levels of seasonal vaccinations.	x	x	
Continue current access levels to eligible cohorts for influenza and Covid vaccinations across Community Pharmacies, GP Surgeries and VCs, supported by the Outreach model. Increase uptake among front line health and social care workers to reduce impact on providers during periods of peak demand. Halt decline in year-on-year uptake levels of seasonal vaccinations.	x		
Achieve vaccine coverage of 95%+ (children under 5) of two doses of MMR, with particular focus on Devon's priority populations (Core20PLUS5) by adapting to new MMRV vaccination and changes to the routine immunisation schedule. Work with Family Hubs and Early Years Champions to target barriers to uptake and General Practice to improve data quality.	x	x	x

Achieve vaccine coverage of 95% of the 4-in-1 pre-school booster by the time the child is five, with particular focus on Devon's priority populations (Core20PLUS5) by working with Family Hubs and Early Years Champions to target barriers to uptake and General Practice to improve data quality.	x	x	x
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve year on year improvement in uptake working towards the 90% target as stated in national service specification with particular focus on Devon's priority populations (CORE20PLUS5) for CYP.	x	x	x
Halt the decline in cervical screening coverage and improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon's priority populations (Core20PLUS5) for Adults. Continue the delegation of screening commissioning working with NHSE to support their delivery of this objective in 2025/26 and to plan for delegation in future years.	x	x	
Work closely with NHSE commissioner, supporting the delivery of the national campaign to increase breast screening uptake. Reducing areas of inequalities (NHS England and provider led) focussing on Devon's priority populations (Core20PLUS5) for Adults. Continue to work with NHSE to support their delivery of this objective in 2025/26 and to plan for delegation in future years.	x		
Address the commissioning and delivery gaps identified in the 2022 South West Gap Analysis project. Ensuring that Devon has available pathways and capabilities responding to key pathogens, health protection related incidents and emergencies. Minimising the impact across different communities in Devon.	x		

What we have achieved in 2024/25

- Increased access to winter vaccinations through wider provision from Community Pharmacies and outreach teams.
- Increased activity to data cleanse 0-5s vaccination records to support accurate reporting and identification of future priorities.
- Delivered a range of vaccination campaigns targeting different groups, contributing to some of the highest vaccination uptake rates in the country.

Healthy, sustainable system



Challenges

Some of our key challenges relate to how we work together as a system

- There is an immediate requirement to stabilise the financial position and recover activity, to improve operational performance, access and quality of care. In order to achieve both, we need to transform the way we work together across our system so that it is healthy and sustainable in the future.
- The financial challenge facing all our health, social care and wellbeing partners is significant. Lower salaries and higher housing costs, with rising bills for energy, fuel, food and other costs in the One Devon area will increase the impact of the cost-of-living crisis. People and communities already experiencing higher levels of poverty will be disproportionately affected.
- An older age profile and more rapid population growth in Devon, coupled with the impacts of the Covid-19 pandemic and current 'cost of living' crisis, are contributing to increased demand for health and care services. The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.

Strategic objectives

To address these challenges, we have set the following strategic objectives:

- We will have a safe and sustainable health and care system.
- People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.
- People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.
- In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.
- We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.
- We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.
- Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably.
- We will improve quality, equity, access and performance including by shifting the focus from hospital to community and sickness to prevention.
- We will together make the best use of collective system assets to deliver clinical, workforce and financial sustainability.
- We will strengthen organisational leadership capacity and capability.
- We will prioritise performance and financial improvement so we can exit NOF4 sustainably breaking the cycle of moving in and out of escalation.

Clinical service change

Our vision

We will reshape healthcare delivery across Devon, shifting more care into the community while strengthening hospital services. By managing demand effectively, we will reduce unnecessary hospital reliance, address secondary care fragility, and develop new acute care models that improve health outcomes and reduce health inequalities.

Through clinical service change and transformation, we will stabilise acute services, remove duplication, and ensure people receive the right care in the right place. Our approach will prioritise efficiency, sustainability, and patient-centred care, to ensure high-quality, sustainable services across Devon.

What Devon will see

1. A shift towards a home-first approach, reducing reliance on hospital care.
1. Integrated care pathways between primary and secondary services, improving patient journeys and experience.
2. Interoperable digital solutions, enabling seamless information sharing and improvements in productivity and service efficiency.
3. Targeted interventions available for high-risk and vulnerable groups, particularly those with mental health disorders, long-term conditions, and those facing access inequalities.
4. A new acute care model, designed to improve productivity, increase service stability and improve patient outcomes.

Our objectives

ICS aims



Enhancing productivity

Objective	Year 1-2	Year 3-4	Year 5+
1. Complete the design of a new model for Out of Hospital delivery.	x		
2. Implement the new model for Out of Hospital delivery.		x	x
3. Stabilise services identified as fragile across the Peninsula.	x		
4. Development of the New Model for Acute services.	x	x	x
5. Delivering the recommendations of the Dementia Strategy.	x	x	

6. Development of 24/7 Mental Health Community response.	x		
7. Explore digital options that may be able to support people to remain at home rather than be admitted to hospital.	x		

System-wide productivity and efficiency

Our vision

We will undertake financial planning and resource allocation collaboratively to maximise value for money. Our focus will be on high-cost, high-impact services, making the best use of system assets to build NHS capacity and reduce reliance on the independent sector.

By driving system-wide efficiency, we will support Devon's financial recovery, ensuring those on waiting lists are more likely to be seen by NHS providers. Every investment will be targeted to maximise impact, reduce health inequality, and deliver sustainable improvements in care while securing the future of local NHS services.

What Devon will see

1. This priority will contribute to the financial recovery of the system.
2. Those that are on waiting lists will be more likely to be seen by an NHS service than by an independent sector provider.

Our objectives

ICS aims



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Repatriate activity from the Independent Sector back to the NHS. Future objectives still to be defined	x		
2. Review of all ICB investments to ensure delivery of value for money.	x		
3. Identification of a digital solution to enable greater efficiency within the AACC team.	x		
4. Development of a system wide approach to commissioning placements.	x	x	

Integrated clinical support services

Our vision

We will transform Radiology and Pathology services to make the best use of resources and deliver better outcomes for patients. Standardised diagnostic processes and service redesign will enhance efficiency, ensuring faster, more effective diagnostic reporting.

By improving access to high-quality diagnostics, we will support earlier and better-informed clinical decision-making, leading to faster treatment times and improved patient care.

What Devon will see

- 1. Improved clinical services through enhanced diagnostics, leading to better patient outcomes.
- 2. Faster, more effective diagnostic reporting, improving treatment times.

Our objectives

ICS aims



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Develop an optimised model of Pathology delivery across the system.	x		
2. Transform Pathology services to deliver the new model of delivery.	x	x	x
3. Extension of the Shared Insourced Reporting programme.	x		
4. Development of a clinical effectiveness programme to support clinical change.	x	x	x

Shared non-clinical support services

Our vision

We will explore the development of a single managed service for back-office functions, including Finance, HR, Payroll, and Procurement, to maximise efficiency, effectiveness, and cost savings across the system. By streamlining corporate services, we will improve resource flexibility between partners and contribute to the financial recovery across the system. Our approach will reduce duplication, increase resilience, and allow frontline services to focus on delivering high-quality care.

What Devon will see

1. Efficient use of corporate services across all health partners.
2. More flexible use of resource between partners.
3. This priority will contribute to Financial recovery.

Our objectives

ICS aims



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Design of the Target Operating model and digital implementation for People Digital and Payroll.	x		
2. Optimise shared HR and Payroll services.	x		
3. Transition of all shared services to a single host and explore commercial opportunities.		x	x
4. Transitional Target Operating model for Procurement services to be delivered.	x	x	x
5. Optimise and deliver shared Procurement services.	x	x	x
6. Deliver single Target operating model for Digital and Business intelligence functions.	x	x	x
7. Begin Pre-implementation of the finance model.	x		
8. Go live for the Shared Finance model.	x		
9. Develop and deliver the full Corporate services implementation model.	x	x	x

Clinical effectiveness, research, innovation and improvement

Our vision

To build a research-positive culture across One Devon ICS that maximises the benefits of performing research for our population, our patients, our organisations and our staff.

What Devon will see

- 1. Greater visibility of research and innovation projects, increased investment in research and innovation and evidence that findings from research and innovation are informing commissioning.
- 2. Delivery of clinically effective, evidence-based healthcare, ensuring high standards of care.
- 3. Devon's NHS leading in research and innovation, using research to advance care and improve patient outcomes.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
Strengthen research and innovation networks by increasing collaboration, mapping, and coordinating activity across localities, system organisations, and academic partners to maximise impact.	x	x	
Expand research opportunities by reviewing existing commercial activity, benchmarking performance against other regions, and identifying areas of regional expertise—including within universities and NHS organisations—to better inform investment bids.	x	x	
Develop joint schemes with NIHR infrastructure, supporting pump-prime investment.			
Create a Regional Innovation Strategy that brings together a network of organisations and individuals in Devon to drive research and innovation.	x		

Increase patient and public involvement and equity of access to research by co-designing proposals with local/national experts, raising awareness, and supporting recruitment.	x		
Work with One Devon involvement networks to embed research in ongoing engagement, ensuring diverse groups have opportunities to participate.	x	x	
Ensure the workforce is engaged in research by routinely sharing findings, promoting a pro-research culture, recognising the value of evidence, and facilitating research education and training.	x		
Raise awareness of research opportunities for staff and patients, embedding research within the everyday work of One Devon to increase participation.	x		
Strengthen leadership commitment and accountability by: 1. Increasing the visibility of research and innovation. 2. Appointing a named Research Champion at the executive level across stakeholder organisations. 3. Establishing an appropriate level of investment to support research infrastructure.	x	x	x
Use research outcomes to drive service improvements, embedding learning from local, national, and international research into commissioning and delivery, ensuring people receive the most effective care.	x	x	
Increase research activity annually by expanding the number of PCNs active in research within Primary Care and Community Settings.	x	x	

What we have achieved in 2024/25

- Agreement of £50k funding for PRIP for 2024/25
- PRIP Mission groups established and supported by One Devon colleagues
- Letter of support for PenARC bid
- Involvement in design of national R&I metrics as a member of ICB R&I metrics pilot project.
- Collaboration with neighbouring ICBs to share approaches to improving connections between R&I work and commercial research activity

Estates and infrastructure

Our vision

One Devon ICS is committed to ensuring that our estates and infrastructure are fit for purpose, future-proofed, and located in the right places to meet the health and care needs of our population and maximise workforce productivity. We will take a system-wide approach to estate planning, ensuring that our facilities are sustainable, accessible, and aligned with national priorities.

To achieve this, we will undertake a strategic review of the ICS-wide estate, ensuring our infrastructure supports the delivery of high-quality care. We will develop and deliver a public-facing ICS Estates Strategy, setting out our vision and priorities for investment. A five-year capital prioritisation pipeline and investment plan will provide a clear roadmap for addressing critical infrastructure challenges.

A dedicated cross-system estates and facilities team will be established to drive delivery and improve collaboration making best use of capacity and capability across the ICS. We will also develop a local framework/implementation plan to deliver with Phase 1 of the revised New Hospital Programme (NHP), ensuring that hospital upgrades and infrastructure improvements are delivered.

What will Devon see

1. Implementation of the infrastructure strategy over a 15 year period
2. Cross-system estates and facilities team in place making best use of capacity and capability across the ICS
3. Phase 1 of the revised New Hospital Programme (NHP), progressing and infrastructure improvements being delivered.

Our objectives

ICS aims



Enhancing productivity



Supporting broader development

Objective	Year 1-2	Year 3-4	Year 5+
1. Undertake strategic review of the ICS-wide health estate	X		
2. Deliver a public facing ICS Estates Strategy – to be delivered over a 15-year implementation period	x	X	x

Develop an investment plan and a five-year capital prioritisation pipeline in conjunction with system partners and build in the interdependencies to Cornwall and the Isles of Scilly with multi boundary opportunities	x	x	
3. Develop a cross-matrix team that can support the delivery of estates and facilities at an ICS-wide level.	x		
4. Establish local framework/plan to address critical infrastructure needs and hospital upgrades in line with phase 1 on the revised national New Hospital Programme (NHP).	x	x	x

What we have achieved in 2024/25

- Delivery of an ICS system infrastructure strategy
- NHS estate in Devon mapped out in considerable detail
- PCN estates strategy completed
- Achieved full system of collaboration of Estates and Facilities Directors

Workforce

Our vision

Develop and deliver a system-wide plan to improve staff wellbeing, workforce productivity and efficiency, by increasing our focus on inclusion, coordinating training pathways, supporting recruitment and retention initiatives, and ensuring sustainability through workforce transformation.

What Devon will see

1. Improved productivity and stability across System workforce
2. Improvements in colleague representation
3. Highly productive and effective System leadership.

Our objectives

ICS aims



Enhancing productivity

Objective	Year 1-2	Year 3-4	Year 5+
Design and deliver workforce programmes to support System Transformation priorities, including those within the Transforming Devon Programme, to achieve the Medium-Term Financial Plan.	x	x	x
Develop future workforce models for talent attraction and development to ensure optimal service delivery and workforce sustainability.	x	x	x
Develop and implement a workforce redesign toolkit across NHS providers, aligning workforce and clinical redesign.	x		
Develop and deliver talent attraction models, such as Career Hubs, to build new talent pipelines and help the ICS meet its Anchor Institution responsibilities.	x		
Increase placement capacity by 20% by the end of 2025/26, expanding placement experiences by 30% and reducing under-utilisation by 30% to maximise opportunities	x		
Increase domestic nursing and AHP supply through undergraduate, T-level, and apprenticeship recruitment.	x		
Ensure a sustainable supply of domestic nursing, midwifery, and AHP staff to meet the long-term workforce plan. By 2025/26, Devon will increase apprenticeships by 20% and implement service redesign to expand the number of advanced practitioners by 20%.	x		
Achieve 100% compliance with the Advanced Practice Governance Matrix by the end of 2025/26	x		
Implement at least four components of the Student Learner Experience Charter by 2025/26, increasing the number of registrants supporting learning, assessment, and supervision by 20%.	x		
Expand Oliver McGowan Mandatory Training by the end of 2025/26, increasing the number of 'Train the Trainers' by 50% and delivering Tier 2 training across the system.	x		
Develop and deliver a comprehensive Organisational Development plan for the Devon System in preparation for the successful delivery of	x	x	x

the NHS 10-year plan and a single operating model for Devon.			
Support the implementation of the regional 'Leading for Inclusion' strategy within the Devon system and work collectively on achieving a shared vision. Initially focussing on the six high impact actions in the NHS England EDI Improvement Plan.	x		

What we have achieved in 2024/25

- Robust system wide workforce controls implemented securing associated financial savings and improvements including reduction in agency usage to 2.1% of pay bill (lowest agency usage in Southwest)
- Implementation and delivery of workforce financial recovery programs supporting workforce transformation, reduced reliance on temporary workforce, improved medical & non-medical productivity.
- Commencement of programs to support workforce transformation (i.e. standardised job evaluation, development of workforce transformation product).

DRAFT

Digital and data

Our vision

Through investment we will make the most of advances in digital technology to help people stay well, prevent ill health, provide care, better support our staff in their roles and enable the delivery of sustainable, effective and efficient services. People will only tell their story once. First contact will be digital where appropriate and more advice and help will be available online.

What Devon will see

- Citizens will only need to tell their story once.
- Digital tools will be empowering patients to manage their health and conditions.
- Citizens will be able to engage digitally through simplified channels.
- Our staff will be empowered with active notifications and workflow at the point of care.
- Staff will benefit from connected data across the ICS.

Our objectives

ICS aims



Population health



Enhancing productivity



Tackling inequalities

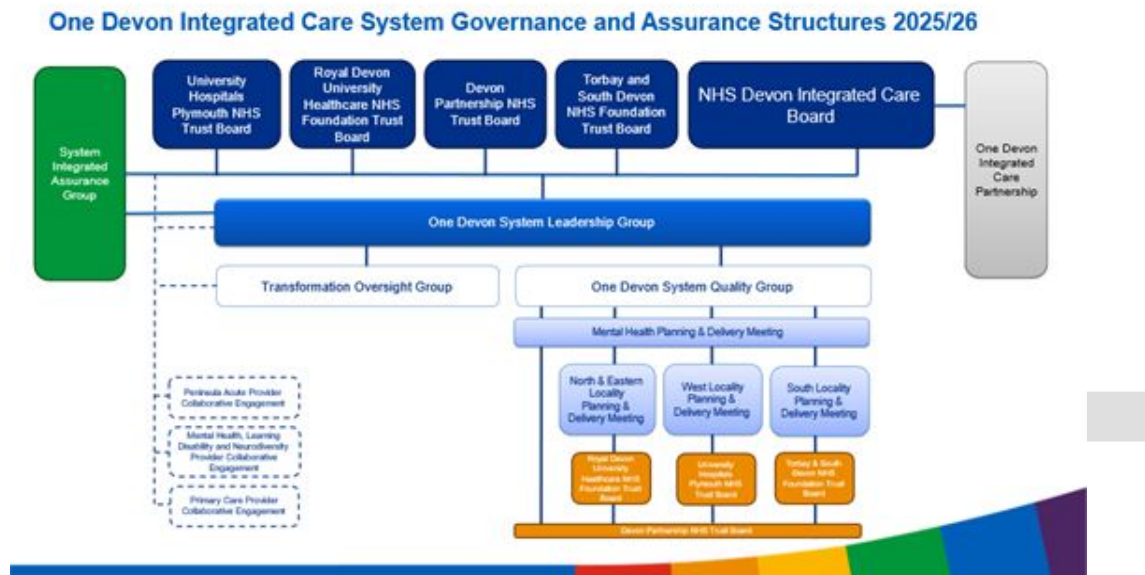
Objective	Year 1-2	Year 3-4	Year 5+
1. Number of eligible citizens connected to the NHS App increased to support national target of 60%.	x		
2. Production of standard GP practice website templates by March 2027.	x		
3. Remaining core health and care organisations connected to the Devon and Cornwall Care Record by March 2028.	x	x	
4. To prepare the business case for the re-procurement of the Devon and Cornwall Care Record (DCCR) and subject to approval to procure and implement the DCCR.	x	x	
5. Additional functionality of the Devon and Cornwall Care Record scoped and implemented subject to funding.	X	x	x

6. Re-procurement of GP EPR clinical system completed by March 2028	X		
7. EPRs implemented in TSDFT and UHP by 2026 including LIMS.	X		
8. We will assure the ICS Digital Strategy delivery of data centre rationalisation as opportunities are progressed.	X	x	x
9. We will aim to achieve £400k of savings in 2025/26 from mobile contracts and work as a system to identify additional savings.	x	x	x
10. Building on the One Devon Dataset, further develop PHM data architecture and reporting by March 2026, with a focus on supporting the system prevention priorities.	X	x	
Develop an ICS data platform and associated reporting, linked to EPR implementation during 2026. Optimise the use of national developments including the Federated Data Platform (FDP).	X	x	x
11. Work collaboratively with regional ICS teams to implement and develop the regional secure data environment to support future research	x		
12. Implement the national Digital Inclusion Framework, working in partnership with the population health team, to increase accessibility to digital health resources among underserved populations.	x	x	x

What we have achieved in 2024/25

- Devon and Cornwall Care Record – eTEP implemented on the DCCR now with over 19,500 eTEPs, 20,000 users, RDUH connected with 6,000 users, supported the development of the National Record Locator within the Orion Health platform.
- Roadmap developed for a Digital Collaborative Corporate Service
- TSDFT and UHP achieved sign-off of FBC for a new Electronic Patient Record
- Digitising Social Care programme performed higher than the national average and is currently exceeding the national target of 80% with 92% of care home and domiciliary care providers with a digital social care record.
- Rationalisation of data centres from 15 to 8
- HSJ Winner (Gold) for the Virtual Care Project of the Year 2024 for ICS Devon developed 'GP in the Cloud' remote working solution for GP locums

Delivering the Joint Forward Plan and future development



In 2024/25, the NHS Devon Integrated Care Board (ICB), with the agreement of its NHS system partners, established new governance and assurance structures for the One Devon Integrated Care System.

NHS Devon

The **NHS Devon Board** is accountable for approving and delivering the ICB's actions associated with the improvement plan agreed with NHS England. It also has a role in relation to providing strategic leadership for the system-wide recovery process, by facilitating whole-system approaches to service and financial sustainability.

Assurance to the NHS Devon Board with regard to system recovery-related activity has been provided through Quality and Patient Experience Committee, and Finance and Performance Committee, both of which are chaired by an Independent Non-Executive Member of the Board.

One Devon System Leadership Group (SLG)

The **One Devon Leadership Delivery Group (SLG)** acts as the key group for the co-ordination of decision-making across the One Devon ICS. It is chaired by the NHS Devon Chief Executive Officer and through it the NHS partners in the One Devon ICS work together to ensure the delivery of system recovery, the Joint Forward Plan and other agreed system priorities, as well as informing in-year priorities.

The SLG ensures that key system decisions are agreed in principle before being disseminated to One Devon ICS NHS partner organisations for formal approval (if necessary – many of the decisions of the SLG will relate to high level operational issues that fall within the delegated authority of its members). In 2025/26, the focus of the SLG will be on delivery of the plans agreed by members' Boards.

Transformation

A major development this year has been the launch of our Transforming Devon Programme—a multi-year, complex, system-wide change programme spanning four strategic pillars.

Transforming Devon will serve as the vehicle for supporting system recovery from NOF4 while also driving the longer-term transformational work outlined in our JFP. The programme's initial focus areas are:

- Clinical Service Change
- System Productivity and Efficiency
- Integrated Clinical Support Services
- Shared Non-Clinical Support Services

Agreement has already been reached to progress each of these pillars through a system-wide Transforming Devon programme. The programme will not only enable us to take forward the strategic opportunities set out in the MTFP, it also enables us to develop the system governance and delivery architecture to drive broader system-level transformations, such as those described in our JFP.

Over time, the infrastructure and capability the Transforming Devon Programme will be further developed and strengthened to support the system's long-term journey toward clinical and workforce sustainability.

Transformation Oversight Group (TOG)

The Transformation Oversight Group (TOG) is the forum through which delivery of system-wide transformation programmes is driven, managing interdependencies, ensuring alignment of outcomes and unblocking tactical delivery issues.

The scope of the TOG encompasses the workstreams identified as part of the Transforming Devon Programme; however, it is designed to also cater for any programme across the One Devon Integrated Care System that delivers across multiple organisations or is complex due to its interdependencies across the system.

Programmes being driven through the TOG may be initially conceived elsewhere (Provider Collaboratives, SLG, NHS Devon etc.), with SLG commissioning and agreeing those programmes that are driven through TOG and any changes in scope.

The TOG will not act as the formal decision making forum for programmes, but will provide a forum for jointly agreed recommendations to be made in regards to the

optimal delivery and alignment of programmes, which will ultimately allow organisational boards to take sovereign decisions.

The TOG will enable a standardised approach to reviewing progress of system wide programmes of work, and will be the forum for agreeing the standard Transformation and Programmatic approach to be taken across the One Devon Integrated Care System.

Planning and Delivery Meetings supporting the SLG

Three **Locality Planning and Delivery Meetings (LDPMs)** have been established, reporting into the SLG, as follows:

- Northern and Eastern Locality Planning and Delivery Meeting
- West Locality Planning and Delivery Meeting
- South Locality Planning and Delivery Meeting

Alongside these meetings, a **Mental Health Planning and Delivery Meeting** has also been set up, which works on a system-wide basis.

Chaired by the NHS Devon Chief Executive Officer, each planning and delivery meeting is attended by relevant NHS Devon Chief Officers and Locality Leads, as well as the Executive Team of the relevant NHS provider. In 2025/26 Primary and Community Care representatives, Local Authority colleagues, other key stakeholders and relevant NHSE colleagues (South West Regional Team/National RSP Team/other National Teams as appropriate) will also be invited to join these meetings.

Each of these meeting follows a standard agreed agenda and data and to enable specific scrutiny of performance including but not limited to; RTT, Cancer, Diagnostics, Urgent Care including ambulance handover, out of hospital services, ERF activity, Quality issues and any further metrics related to NOF (not just those areas in Segment 4). This process would recognise the accountability of individual providers in achieving performance, explore the support that they require from NHS Devon and be focussed on future improvements against agreed performance standards, including rigorous review of trajectories and action plans for areas of performance not meeting agreed standards.

An aggregated dashboard and highlight report of the issues discussed by each meeting is submitted to the One Devon SLG and the NHS Devon Executive, in advance of its submission to the NHS Devon Finance and Performance and Quality and Patient Experience Committees, as appropriate, and the NHS Devon Board. This report is also be shared with the System Integrated Assurance Group (SIAG). This enables the SIAG to take assurance of the steps being taken to address the overarching actions required to meet the system's NOF4 exit criteria, as well as the actions required to address each individual provider's NOF segmentation.

In due course, each Locality (all constituent partners including NHS Trusts) will be expected to develop Delivery Plans in response to the One Devon Integrated Care System Operational Plan. The LPDM will then become the place where all partners are then required to demonstrate progress against these plans and course correct as necessary. Work will begin on this as soon as possible.

System co-ordination – working more closely with the provider collaboratives

To ensure the work of the existing Provider Collaboratives reflects support the delivery of the key system priorities dedicated **Provider Collaborative Engagement Meetings (PCEMs)** are being established with each as follows:

- Peninsula Acute Provider Collaborative Engagement Meeting
- Mental Health Learning Disability and Neurodiversity Provider Collaborative Engagement Meeting
- Primary Care Provider Collaborative Engagement Meeting

Each of the Provider Collaboratives within the One Devon Integrated Care System is at a different level of maturity. Chaired by the NHS Devon Chief Executive Officer, the expectation is each PCEM would be attended by all relevant NHS Devon Chief Officers and the leadership of the relevant Provider Collaborative.

The detail of the business conducted at each of these meetings will be worked through collaboratively over the course of the next few months. It is envisaged that it will focus on:

- Longer term projects and strategy development
- Specific pieces of work that can only be delivered through working in partnership
- Ensuring clear plans in place to address fragile services
- Reviewing challenges in-year

The outcomes of these meetings will be presented to the SLG.

As the meetings should be co-designed with the Provider Collaboratives, it is likely that they will differ in focus and scale, with some taking place at Locality level, whilst others may look to whole peninsula working and require engagement with NHS Cornwall and the Isles of Scilly Integrated Care Board.

System Integrated Assurance Group (SIAG)

The **System Integrated Assurance Group (SIAG)** is an assurance meeting that was established by NHS England to oversee the progress being made by NHS system partners within the One Devon ICS towards NOF4 exit.

Due to NHS Devon's NOF4 status and the identified gap in performance management and oversight, NHSE's South West Regional and National Teams have

assumed this role in an attempt to gain further assurance particularly focussing on elective long waiters and urgent care.

One Devon Integrated Care Partnership

The **One Devon Integrated Care Partnership (ICP)** is a joint committee established by NHS Devon and its Local Authority partners which includes a range of organisations and groups who can influence people's health, wellbeing and care. Its primary aim is driving integration by producing a strategy to join-up services, reduce inequalities, and improve people's wellbeing, outcomes and experiences.

All partners are jointly accountable for delivering this strategy by:

- Facilitating joint action to improve people's health and care, and reduce inequalities
- Influencing wider factors that affect health (like housing) to create healthier environments
- Building a culture of collaboration to promote and support wellbeing, and involve people

Work has been undertaken to refresh the One Devon ICP in 2024/25 and a new Chair has recently been appointed. This committee will focus on the review of the integrated care strategy and neighbourhood health in 2025/26.

Accountability

The One Devon ICP has overall accountability for the vision, aims and strategic goals contained in One Devon's Integrated Care Strategy. NHS Devon, local authorities and NHS provider organisations are accountable for the delivery of key plans described in this overarching Joint Forward Plan which is designed to implement the strategy.

ICS outcomes framework

The Integrated Care System Outcomes Framework is an interactive dashboard designed to track progress against the strategic goals set out in the One Devon Integrated Care Strategy.

Aligned with national frameworks such as NHS Outcomes, the Public Health Outcomes Framework, and the Social Care Outcomes Framework, it focuses on quantitative measures to provide a clear, data-driven view of system performance with a focus on understanding the impact of our work over the medium and longer term.

The framework enables us to demonstrate progress over time, evaluating whether our strategic priorities are being delivered and whether our work is achieving the desired outcomes for Devon's population.

It is a valuable tool for the One Devon Integrated Care Partnership, our System Leadership Group, and other relevant groups and bodies, supporting assurance, evidence-based planning and continuous improvement.

The framework is available via an interactive dashboard with drill down functionality to highlight inequalities and support local action.

The dashboard provides breakdowns of information at three ICS tiers (system, LCP and PCN), two local authority tiers and for inequalities (socio-economic, geographic, personal characteristics and clinical factors). The ICS outcome measures and key indicators are shown below.

ICS Outcome Framework Measures		
Admissions Following Accidental Fall	Support from local organisations to manage own condition	Population vaccination coverage (5 years old)
Deaths in usual place of residence	Digital exclusion risk index (DERI)	Flu vaccination coverage (at risk individuals)
Total Carbon Emissions (kt CO2)	Unified Digital Infrastructure	Covid-19 vaccination rates
NHS and LA Attributable Carbon Emissions (kt CO2)	Healthy Life Expectancy at birth	Children and young people accessing mental health services
Deaths attributable to air pollution	Gap in Healthy Life Expectancy at birth	Coverage of 24/7 crisis support for mental health
Index of Multiple Deprivation	Under 75 mortality rate from causes considered preventable	Suicide Rate
Access to Community Facilities	Global Burden of Disease: Top 10 Causes (DALYs)	Placeholder: Social Prescribing Uptake Rates
Rough sleepers per 1,000 households	Global Burden of Disease: Top 10 Modifiable Risk Factors (DALYs)	Access to eating disorders services for CYP
Average house price to full time salary ratio	Children achieving a good level of development at the end of Reception	Avoidable admissions for ambulatory care-sensitive conditions
Households in temporary accommodation	16-17 year olds not in education, employment or training (NEET)	Patient Activation Measures
Supply of key worker housing	Employment of people with mental illness or learning disability	Access to dentists / pharmacy / optometry / primary care
Fuel poverty	Workforce diversity (employment profile vs Devon by EDI characteristics)	Vacancy Rate for ICS Organisations

One Devon Cost of Living Index	Uptake/Coverage of Local Authority Carer Support Services	Financial Sustainability
Investment in Local Communities and Businesses	Unpaid Carers Quality of Life	Unified Approach to Procurement and Commissioning
Improved experience of navigating services	Carers Social Connectedness	Community Empowerment / Volunteering
Waiting Times		

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Appendices

Appendix A: Universal NHS commitments, Statutory Duties and How These will be Delivered

NHS statutory duties	How we will meet our duties	ICB Duty Sections
Describe health services the ICB proposes to arrange to meet needs	This Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an Operating Plan that provides more detail about the planned performance of services.	14Z52, 14Z53, 14Z54
Duty to promote integration	The Joint Forward Plan is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each section describes how system partners are working together to deliver joined up services.	14Z42 223M
Duty to have regard to wider effect of decisions	The Joint Forward Plan is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood	14Z43
Implementing any JLHWS	There are three Health and Wellbeing Boards in Devon and we have worked closely with all three to ensure that their priorities are reflected in this plan.	14Z52, 14Z53, 14Z54
Financial duties	Refresh of system-wide Medium Term Financial plan that will set out how Devon will achieve financial balance over the JFP 5-Year period. Year on year delivery of agreed financial plan	223M
Duty to improve quality of services	Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality. In accordance with the National Quality Board (NQB) guidance have robust mechanisms in place to enable proactive improvement and risk	14Z34

	management where quality and safety standards are not being met or are at risk. We have developed ways to effectively share intelligence and triangulate insights. and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system recognising responsibility sits in different teams across provider, ICBs and others.	
Duty to reduce inequalities	One of our system aims is 'tackling inequalities in outcomes, experience and access' and two of our strategic goals focus on the top five risk factors and causes of death and disability. A third strategic goals explicitly states that we want 'everyone to have an equal opportunity to be healthy and well'. To achieve this each section of our plan outlines how relevant workstreams will contribute to reducing inequalities, particularly in relation to Core20PLUS5 (including Children) and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families., NHS Devon's newly established Population Health function will be a key enabler and will co-ordinate our cross system work in this area	14Z35
Duty to promote involvement of each patient	We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal 'People in Devon will be support to stay well at home, through preventative, proactive and personalised care'. Specifically, the Primary and Community Care workstream describes how it will use the comprehensive model of personalised care to deliver this ambition.	14Z37
Duty to involve the public	Our Working with People and Communities Framework sets out our principles for involving local people. The communications and involvement enabling programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way.	14Z45
Duty to enable patient choice	We support patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which	14Z37

	supports patient choice at the point of referral into secondary care.	
Duty to obtain appropriate advice	We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South West Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health.	14Z38
Duty to promote innovation	We work closely with Health Innovation South West and Peninsula Research and Innovation Partnership to ensure we are cognisant of innovation and best practice. The Research and Innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.	14Z39
Duty in respect of research	We work closely Health Innovation South West and Peninsula Research and Innovation Partnership to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.	14Z40
Duty to promote education and training	We work collaboratively with our academic institutions, NHS and social care providers to promote health and care as a career option, supporting the development of programmes and learners within practice. Our ambitious plans align with the transformation of services to provide a supply of skilled staff, providing care at the right time, in the right place, with the right reporting framework and robust metrics.	14Z41
Duty as to regard to climate change etc	Our Green Plan enabling programme outlines our clear commitment to successfully deliver targets for all local authorities to be carbon neutral by 2030 and the NHS by 2040.	14Z44
Addressing the particular needs of children and young people	Our plan includes specific strategic goals on children and young people and the children and young people delivery programme outlines the wide programme of work. Specific work programmes ensure that the ICB duties are	

	met for; • Special Education Needs and Disabilities (SEND) • Safeguarding • Children in Care	
Addressing the particular needs of victims of abuse	We are active members of the three Safety Partnerships, two Safeguarding Adult Boards and three Safeguarding Children Partnerships in Devon. We work together to improve recognition of and protection of victims of abuse, to understand the needs of victims and survivors so they feel safe and can recover, and to work with communities to prevent and tackle community safety issues. We undertake individual case reviews to identify good practice and areas for improvement, and we work with partners to embed learning into practice to improve care, safety, and patient experience. We work with our health providers to improve the recognition of and response to those affected by violence and abuse, whether they be patients or staff members, and to meet the health needs of those impacted by trauma.	

Appendix B: National priorities and success measures for 2025/26

Priority	Success measure
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026.
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
	Deliver a balanced net system financial position for 2025/26

Live within the budget allocated, reducing waste and improving productivity	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

Appendix C: Glossary

Abbreviation	Meaning
AACC	All Age Continuing Care
A&E	Accident and Emergency
A&G	Advice and Guidance
ABCD	Asset-based-community-development
ACE	Adverse Childhood Experience
ACS	Ambulatory Care Sensitive
ADHD	Attention-deficit/hyperactivity disorder
A-EQUIP model	Advocating and Educating for Quality Improvement
AHC	Annual Health Checks
AHSN	Academic Health Science Network
AMR	Antimicrobial resistance
ARC	Applied Research Collaboration
ARRS	Additional Roles Reimbursement Scheme
ASC	Adult Social Care
B&B	Bed and Breakfast
BFI	Baby Friendly Initiative
BMI	Body Mass Index
BPTP	Best Practice Timed Pathway
BSW ICB	Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board
C. diff	Clostridium difficile
C2C	Clinician to Clinician
CAS	Clinical Assessment Service
CDC	Community Diagnostic Centre
CFO	Chief Finance Officer
CHC	Continuing Healthcare
CIC	Community Interest Company
CIOS	NHS Cornwall and Isles of Scilly
CIP	Cost Improvement Programme
CLD	Community learning and development
CMO	Chief Medical Officer
COCA	Community onset community associated
Core20PLUS5	The most deprived 20% of the national population PLUS the 5 ICS chosen population groups experiencing poorer than average health access, experience and/or outcomes that may not be captured in the core 20.
CPD	Continued Professional Development
CQC	Care Quality Commission
CRGs	Clinical Referral Guidelines
CRN	Clinical Research Network
CSF	Complex Social Factors
CSDS	Community Services Data Set
CT	Computerised tomography

CTR	Care and Treatment review
CUC	Community Urgent Care
CVD	Cardiovascular disease
CYP	Children and Young People
D2A	Discharge to Assess
DASV	Domestic abuse and sexual violence
DCCR	Devon and Cornwall Care Record
DDR	Dementia Diagnosis Rate
DEP	Devon Engagement Partnership
DERI	Digital exclusion risk index
DMBC	Decision-Making Business Case
DMS	Devon Menopause Service
DNA	Did Not Attend
DOS	Directory of Services
DPT	Devon Partnership NHS Trust
DRSS	Devon Referral Support Service
DSR/C(E)TR Policy	Dynamic Support Register (DSR) and Care (Education) and Treatment Review C(E)TR policy
DWP	Department for Work and Pensions
EBI	Evidence-Based Interventions
Ecosia	Search engine that uses the advertising revenue from searches to plant trees
ED	Emergency Department
EDI	Equality, diversity and inclusion
EHCP	Education, health and care plan
EHCS	Emergency Healthcare Plan
EPC	Energy Performance Certificate
ePHR	Electronic Patient Held Record
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response
EQIA	Equality and Quality Impact Assessment
ERF	Elective Recovery Fund
eTEP	Electronic Treatment Escalation Plan
FDS	Faster Diagnosis Standard
FDP	Federated Data Platform
G&A	General and Acute
GIRFT	Getting it right first time national programme, designed to improve the treatment and care of patients through in-depth review of services
GRAIL	Healthcare company focused on saving lives and improving health by pioneering new technologies for early cancer detection
HbA1C	Haemoglobin A1c (HbA1c) test measures the amount of blood sugar (glucose) attached to your haemoglobin
HCAI	Healthcare associated infections
HEE	Health Education England
HEI	Higher Education Institution
HI	Health Inequalities

HR	Human Resources
HVLC	High Volume Low Complexity
HWBB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board (NHS Devon)
ICP	Integrated Care Partnership (One Devon Partnership)
ICS	Integrated Care System (One Devon)
Immedicare	Telemedicine service providing 24/7 NHS video-enabled clinical support for care homes nationally
IPS	Individual Placement Support
IUCS	Integrated Urgent Care Service
JCP	Job Centre Plus
JFP	Joint Forward Plan
JLHWS	Joint Local Health and Wellbeing Strategy
JOY app	Real-time directory and case management tool that enables GPs and other health and social care professionals to easily refer into local services, helping to create a more joined-up system for service users.
JSNA	Joint Strategic needs Assessment
L&D	Learning and Development
LA	Local Authority
LCP	Local Care Partnership
LD	Learning Disability
LDA	Learning Disability and Autism
LDAP	Learning Disabilities and Autistic People
LDPM	Locality Planning and Delivery Meeting
LeDer	Learning from Lives and Deaths (People with a Learning Disability and Autistic People)
LES	Local Enhanced Services
LGBTQ+	Lesbian, gay, bisexual, transgender, queer (sometimes questioning) plus other identities included under the LGBTQ+ umbrella
LIMS	Laboratory Information Management System
LMNS	Local maternity and neonatal system
LOS	Length of Stay
LPA	Local Planning Authorities
LTC	Long term condition
LTP	Long Term Plan
LWSW	Livewell South West
MASH	Multi Agency Safeguarding Hub
MD	Medical Director
MDT	Multi-disciplinary team
MECC	Making every contact count
MH	Mental Health
MHLDN	Mental Health, Learning Disability and Neurodiversity
MHST	Mental Health Support Teams in Schools model
MIS	Maternity Information System
MIU	Minor Injuries Unit

MMR	Measles, mumps, and rubella
MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant Staphylococcus aureus
MSSP	Maternity Safety Support Programme
MSW	Maternity Support Worker
MTFP	Medium Term Financial Plan
NCTR	No criteria to reside
NEET	Not in employment, education, or training
NHP	New Hospitals Programme
NHSE	NHS England
NHSEI	NHS England and NHS Improvement
NHP	New Hospital Programme
NICE	National Institute for Health and Care Excellence
NOF / NOF4	NHS Oversight Framework / NHS Oversight Framework segment 4
NOS	National Occupational Standards
NPA	National Partnership Agreement
NQB	National Quality Board
PCN	Primary Care Network
PCEM	Provider Collaborative Engagement Meeting
PenARC	Applied Research Collaboration South West Peninsula
PIFU	Patient Initiated Follow Up
PPHS	Perinatal Pelvic Health Services
RDUH	Royal Devon University Healthcare NHS Foundation Trust
R&I	Research & Innovation
RTT	Referral to Treatment
SAI	School-aged Immunisation
SDEC	Same Day Emergency Care
SEND	Special Education Needs and Disabilities
SIAG	System Integrated Assurance Group
SLG	Strategic Leadership Group
SOP	Standard Operating Procedure
SPOA	Single Point of Access
SRM	Supplier Relationship Management
SRP	System Recovery Programme
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics
STOMP	Stopping overmedication of people with a learning disability, autism or both
Suicide Safer Communities	https://www.every-life-matters.org.uk/suicide-safer-communities/
SW	South West
SWAHSN	South West Academic Health Science Network
SWASFT	South Western Ambulance Service NHS Foundation Trust
THRIVE	The THRIVE Framework for system change is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families.

TIF	Tech Innovation Framework
TLHC	Targeted Lung Health Check Programme
TDP	Transforming Devon Programme
TOG	Transformation Oversight Group
TSDFT	Torbay and South Devon NHS Foundation Trust
UCR	Urgent Community Response
UDA	Unit of Dental Activity
UEC	Urgent and Emergency Care
UHP	University Hospitals Plymouth NHS Trust
UKHSA	UK Health Security Agency
UTC	Urgent Treatment Centre
VBA	Value-Based Approach
VCSE	Voluntary, Community and Social Enterprise
VW	Virtual Ward
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent

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NHS Devon Integrated Care Board

NHS Devon Annual Plan (2025/26)

Date of meeting	Date report produced
27 March 2025	12 March 2025

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

This report presents NHS Devon’s 2025/26 Annual Plan. The Annual Plan outlines the work that NHS Devon will undertake over the coming year to meet strategic and operational objectives, fulfil its statutory duties, and deliver key operational planning requirements. It also includes the actions we need to take as an organisation to exit segment four of the NHS Oversight Framework.

Alongside delivering our core planning requirement, this year’s Annual Plan is also focused on preparing for the future. A key part of this will be the development of a new Health and Care Strategy, which will form the basis of our 5-Year Joint Forward Plan next year, setting out how we will deliver the priorities set out in the NHS 10-Year Plan.



This year’s plan has been shaped by rapid organisational development work undertaken with the Executive and the Board, to review and refine NHS Devon’s role and purpose within the evolving NHS landscape. The plan is built around 17 overarching objectives agreed by the Board for 2025/26.

The 17 overarching objectives agreed by the Board are supported by high-level delivery and enabling plans, which outline:

- The scope of work to be undertaken.
- The actions required to deliver on objectives.
- The milestones that need to be achieved.
- The expected outcomes from delivering this work.

These high-level delivery plans will drive implementation, providing the focus for Board assurance and committee oversight. They will be underpinned by detailed project and programme plans, which will be available for in-depth Committee review as needed.

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

N/A

Key recommendations and actions requested

APPROVE NHS Devon’s 2025/26 Annual Plan

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Delivery of the plan will improve population health.
Improve services and reduced unwarranted variation	Delivery of the plan will improve services and reduce unwarranted variation.
Make more efficient use of our resources	Delivery of the plan will drive more efficient use of our resources.
Develop our culture and how we operate	There are many elements within the plan that support the development of a strong culture and improve how we operate.



Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Positive if delivered.
Health inequalities	Positive if delivered.
Workforce	Positive if delivered.
Resources and finance	Positive if delivered.
Legal	N/A
Digital and Data	Positive if delivered.
Involvement, Engagement and consultation	Positive - the vision described provides a narrative to support involvement, engagement and consultation.

NHS Devon Annual Plan (2025/26)

Introduction and Background

1. The NHS Devon Annual Plan (Appendix 1) outlines the work that NHS Devon will undertake over the coming year to meet strategic and operational objectives, fulfil its statutory duties, and deliver key operational planning requirements. It also includes the actions we need to take as an organisation to exit segment four of the NHS Oversight Framework.
2. This year's Annual Plan comes at a time of transition for the NHS. NHS Devon, along with the wider NHS, is navigating significant changes in national policy and strategy, and changes to organisational structures. With a new government in place, we expect the NHS 10-Year Plan to be published in the spring, which will have a major impact on how we plan and deliver services from 2025/26 onwards.
3. As a result, alongside delivering our core planning requirements, this year's Annual Plan is also focused on preparing for the future. A key part of this will be the development of a new Health and Care Strategy, which will form the basis of our 5-Year Joint Forward Plan next year, setting out how we will deliver the priorities set out in the NHS 10-Year Plan.
4. This year's plan has been shaped by rapid organisational development work undertaken with the Executive and the Board, to review and refine NHS Devon's role and purpose within the evolving NHS landscape. The plan is built around 17 overarching objectives agreed by the Board for 2025/26. These objectives respond to key national and local priorities, such as those set out in the:
 - NHS Devon 5-Year Joint Forward Plan (2025–30)
 - NHS Operational Plans (2025/26)
 - One Devon Integrated Care Strategy
 - Our plans to meet statutory requirements, including general ICB duties
5. Our plan this year also responds to insight from the Darzi Review which has given us an early indication of the themes likely to feature in the NHS 10-Year Plan, expected later this year.
6. While the plan is high-level, it includes clear actions, impact statements, and timelines. High-level delivery and enabling plans (or Plans on a Page, POAPs) support accountability by linking the objectives agreed by the Board to Chief Officers and Board Assurance Committees.

Plan Development

7. To provide the context for annual planning and establish a clear organisational framework for delivery, the NHS Devon Executive and Board undertook rapid

organisational development work to clarify and define NHS Devon's role and purpose. This work focused on three key questions:

- How we work?
- Who we are as an organisation?
- Why we do the work we do?

8. The process involved:

- Defining the organisation's role and purpose
- Clarifying our strategic aims
- Agreeing priorities across strategy, planning, commissioning, and transformation
- Reviewing governance processes
- Initiating work to strengthen values and behaviours to support delivery
- The outputs from this work have shaped the 2025/26 Annual Plan, providing focus and parameters for our organisational objectives.

9. Building on the organisational development work, which provided the foundation for our Annual Plan, the planning team worked closely with the Executive and Board to rapidly co-produce a set of cross-cutting, overarching objectives that:

- Clearly link to relevant published strategies, recognising that these will be updated in 2025/26 following the publication of the NHS 10-Year Plan.
- Align directly with NHS Devon's purpose, maintaining a visible connection to the wider ICS vision and key strategic drivers.
- Reflect Darzi's three key shifts, as we expect these to feature significantly the NHS 10-Year Plan expected later this year.
- Capture cross-directorate priorities, including population health and prevention.
- Balance 'in year improvement work and longer-term transformation, with a greater focus on how NHS Devon and its partners will drive long-term change alongside short-term financial and performance recovery.
- Defines the journey to developing our Health and Care Strategy in 2025/26 (Joint Forward Plan)

10. Alongside the work undertaken with the NHS Devon Executive and Board, Chief Officers have also worked with their own teams to review existing workplans and identify directorate-level priorities and actions required to meet finance, quality, and performance requirements. This review has ensured that critical business-as-usual, statutory, and commissioning responsibilities remain visible in the Annual Plan and are included for monitoring and assurance purposes.

11. The 17 overarching objectives agreed by the Board are supported by high-level delivery and enabling plans, which outline:

- The scope of work to be undertaken.
- The actions required to deliver on objectives.
- The milestones that need to be achieved.

- The expected outcomes from delivering this work.
12. These high-level delivery plans will drive implementation, providing the focus for Board assurance and committee oversight. They will be underpinned by detailed project and programme plans, which will be available for in-depth Board Assurance Committee review as needed.

Annual Plan Delivery

13. The NHS Devon Executive and Directors will lead the delivery of the Annual Plan, drawing on subject matter expertise and leadership from across the organisation. This matrix approach will ensure that cross-cutting themes and interdependencies are managed effectively.
14. To support this, the Programme Management Office (PMO) will oversee the internal process, ensuring progress is monitored and issues are escalated through agreed governance structures. The focus will be on delivering the 2025/26 Annual Plan objectives, using high-level delivery plans to track progress against agreed milestones and metrics.
15. The outputs from Planning and Delivery process will be consolidated into a monthly performance and highlight report, submitted to the agreed Board Assurance Committees and NHS Devon Executive before formal progress reporting to the NHS Board via the Chief Executive's Report.
16. For additional assurance, each 2025/26 Annual Plan objective has been allocated to the appropriate Board Assurance Committees. This will enable a more formal review of progress and key risks linked to each objective, improving delivery oversight and improving visibility of progress and barriers to delivery at Board level.
17. Board Assurance Committees may also conduct deeper dives into areas of concern and scrutinise detailed programme plans as needed. Where planning objectives span the remit of multiple committees, committees may work together to undertake more holistic deep dives.

Next Steps

18. Executive leads to identify cross-functional teams to deliver the objectives assigned to them, agree on the delivery approach, and establish matrix working arrangements.
19. PMO to update and refresh planning and delivery process Standard Operating Procedure (SOP) engaging with Executives and Directors to strengthen the process.
20. Planning team with Board Assurance Committees to agree forward plans, schedule deep dives on individual objectives, and agree the assurance process to support delivery.

Recommendations

21. The Board is asked to **APPROVE** NHS Devon’s 2025/26 Annual Plan.



NHS Devon Annual Plan 2025/26

DRAFT

Contents

- Introduction..... 3
- Key Planning Requirements Informing our Annual Plan..... 4
- Organisation Role and Purpose..... 6
- Plan Development..... 7
- NHS Devon 2025-26 Annual Objectives..... 8
- Delivery Plans..... 12
- Delivering our Statutory Duties..... 57
- Annual Plan Delivery..... 61
- Appendices..... 62
 - A. Joint Forward Plan
 - B. National Priorities and Success Measures for 2025-26
 - C. NOF 4 Requirements

Introduction

The Annual Plan sets out the work NHS Devon will undertake over the coming year to achieve strategic and operational objectives, fulfil statutory duties, and meet key operational planning requirements. This includes the actions needed to exit segment four of the NHS Oversight Framework and support financial and performance recovery.

This year's Annual Plan comes at a time of transition for the NHS. NHS Devon, along with the wider NHS, is navigating significant changes in national policy and strategy, and changes to organisational structures. With a new government in place, we expect the NHS 10-Year Plan to be published in the spring, which will have a major impact on how we plan and deliver services from 2025/26 onwards.

As a result, alongside delivering our core planning requirements, this year's Annual Plan is also focused on preparing for the future. A key part of this will be the development of a new Health and Care Strategy, which will form the basis of our 5-Year Joint Forward Plan next year, setting out how we will deliver the priorities of the 10-Year Plan.

To get a head start, our high-level delivery plans for this year have been informed by insights from the Darzi Review, which has provided an early indication of the themes likely to feature in the NHS 10-Year Plan.

This year's plan has been shaped by rapid organisational development work undertaken with the Executive and the Board, to review and refine NHS Devon's role and purpose within the fast-evolving NHS landscape.

The plan is built around 17 overarching objectives agreed by the Board for 2025/26.

These objectives respond to key National and local priorities, including:

- The NHS Long Term Plan
- The NHS Oversight Framework
- NHS England's 2025/26 operational planning guidance
- Joint Health and Wellbeing Strategies (JHWSs), informed by local Joint Strategic Needs Assessments (JSNAs)

To ensure comprehensive delivery, our objectives incorporate key requirements from:

- NHS Devon 5-Year Joint Forward Plan (2025–30)
- NHS Operational Plans (2025/26)
- One Devon Integrated Care Strategy
- Our plans to meet statutory requirements, including general ICB duties

While the plan is high-level, it includes clear actions, impact statements, and timelines. High-level delivery and enabling plans support accountability by linking the objectives agreed to Chief Officers and Board Assurance Committees.

Key Planning Requirements Informing our Annual Plan

Our Annual Plan is designed to respond to several key National planning requirements that shape our priorities and commitments each year. These include statutory duties, National operational guidance, and additional oversight requirements specific to NHS Devon.

5-Year Joint Forward Plan (JFP)

Under the National Health Service Act 2006 (as amended by the Health and Care Act 2022), Integrated Care Boards (ICBs) and their partner Trusts must develop a 5-Year Joint Forward Plan (JFP). This plan sets out how they will exercise their functions over the next five years and must be reviewed and, if necessary, updated annually before the start of each financial year.

The JFP outlines how ICBs, will:

- Deliver the Integrated Care Partnership's Integrated Care Strategy.
- Meet the health needs of the local population.
- Fulfil NHS commitments
- Deliver on the four core purposes of Integrated Care Systems (ICSs).

Additionally, the JFP must:

- Describe the health services that the ICB intends to commission.
- Set out how the ICB will meet its statutory duties under sections 14Z34 to 14Z45 (general duties) and 223GB and 223N (financial duties).
- Explain how the ICB will implement Joint Local Health and Wellbeing Strategies
- Detail specific steps to address the needs of:
 - Children and young people (under 25).
 - Victims of abuse, including domestic and sexual abuse.

While the JFP provides flexibility in scope and structure, it must be informed by Joint Strategic Needs Assessments (JSNAs), Joint Health and Wellbeing Strategies (JHWSs), and operational planning guidance published annually.

ICBs are accountable for delivering the JFP, with scrutiny from the Integrated Care Partnership (ICP), Healthwatch, and Local Authorities' health overview and scrutiny Committees. The Joint Forward Plan is included in Appendix A.

With the NHS 10-Year Plan expected to be published in the spring, a more extensive update to the 5-Year Joint Forward Plan will likely be required in 2025/26. To allow sufficient time for broad stakeholder engagement and development, we are planning to start work on NHS Devon's Health and Care Strategy immediately. This Health and Care strategy will form the foundation of our Joint Forward Plan for 2026–31 and will set out how we will respond with our partners to the NHS 10-Year Plan.

NHS Operational Planning Guidance

Each year, NHS England publishes operational planning guidance, setting National priorities, targets, and expectations for the upcoming financial year. NHS organisations are required to develop operational planning submissions in response to the guidance setting out how in year priorities will be delivered while also addressing other relevant local priorities and commissioner requirements.

NHS England holds all NHS organisations accountable for the delivery of operational plans, ensuring they contribute to the delivery of Nationally set objectives, informed by the Government's NHS Mandate. The latest operational planning priorities are detailed in Appendix B.

Additional Oversight Requirements for NHS Devon

Beyond National planning requirements, NHS Devon and three NHS providers in Devon are currently in Segment 4 of the NHS Oversight Framework (NOF). This means organisations in Devon must take additional actions to support performance improvement and financial recovery, exceeding the standard requirements set out in the NHS operational planning guidance.

These additional oversight measures require additional focus on financial sustainability, operational recovery, and system-wide transformation. The specific NOF 4 requirements for Devon are outlined in Appendix C.

By aligning our Annual Plan with the core planning requirements described above, we have ensured that our delivery approach in 2025/26 is both compliant with National policy objectives and responsive to the needs of our population, system partners, and regulators.

Organisation Role and Purpose

Defining our role and purpose

To provide the context for annual planning and establish a clear organisational framework for delivery, the Executive and Board undertook rapid organisational development work to clarify and define NHS Devon's role and purpose. This work focused on three key questions:

- How we work?
- Who we are as an organisation?
- Why we do the work we do?

The process involved:

- Defining the organisation's role and purpose
- Clarifying our strategic aims
- Agreeing priorities across strategy, planning, commissioning, and transformation
- Reviewing governance processes
- Initiating work to strengthen values and behaviours to support delivery

The outputs from this work have shaped the 2025/26 Annual Plan, providing clear focus and parameters for developing our organisational objectives.

Our purpose

- To lead on the development of the local NHS strategy
- To undertake the necessary planning to move us towards our strategic objectives
- To use our commissioning expertise to enact those plans
- To secure full engagement and involvement in strategy and planning
- To develop our people, culture, leadership and organisational competence
- To deliver an all-age continuing care service
- To provide system-wide coordination and emergency preparedness

Our role

- Establish and maintain a 5–10-year strategy for NHS Devon
- Develop specific 1–3-year delivery plans to move health services systematically and continuously towards these strategic objectives
- Implement plans by deploying commissioning and resource in partnership with statutory, VCSE and private sector providers
- Continuous improvement in quality, safety and patient experience
- To enable staff, patients, the public and their elected representatives to be fully involved in the design and delivery of NHS Services
- To create the environment where healthcare staff can grow and develop and where talent is nurtured, and leadership skills are developed at all levels
- Provide an all-age continuing care and complex needs service
- Be a well-run, effective and efficient organisation
- Provide system coordination and escalation, and maintain system preparedness for emergencies

Plan Development

The NHS Devon Annual Plan sets out the work the ICB will undertake in the coming year to deliver on the four ICS aims, the objectives outlined in our Joint Forward Plan, and the statutory duties for ICBs outlined in the Health and Care Act 2022. All of these objectives need to be delivered within the context of the organisational role and purpose agreed by the Board at the end of 2024.

Building on the organisational development work, which provided the foundation and parameters for our Annual Plan, the planning team worked with the Executive and Board to rapidly co-produce a set of cross-cutting, overarching objectives that:

- Clearly link to relevant published strategies, recognising that these will be updated in 2025/26 following the publication of the NHS 10-Year Plan.
- Align directly with the ICB's purpose, maintaining a visible connection to the wider ICS vision and key strategic drivers.
- Reflect Darzi's three key shifts, as we expect these to feature significantly the NHS 10-Year Plan expected later this year.
- Capture cross-directorate priorities, including population health and prevention.
- Balance 'in year' improvement work and longer-term transformation, with a greater focus on how NHS Devon and its partners will drive long-term change alongside short-term financial and performance recovery.

Alongside the work undertaken with the Executive Committee and Board, Chief Officers worked with their teams to review existing workplans and identify directorate-level priorities and actions required to meet finance, quality, and performance requirements. This additional directorate-level review has ensured that critical business-as-usual, statutory, and commissioning responsibilities remain visible in our Annual Plan and are included for monitoring and assurance purposes.

The 17 overarching objectives agreed by the Board are supported by high-level delivery and enabling plans, which outline:

- The scope of work to be undertaken.
- The actions required to deliver on objectives.
- The milestones that need to be achieved.
- The expected outcomes from delivering this work.

These high-level delivery plans will drive implementation, providing the focus for Board assurance and committee oversight. They will be underpinned by detailed project and programme plans, which will be available for in-depth committee review as needed.

NHS Devon 2025-26 Annual Objectives

Objective	Executive Lead	Committee Responsible for Assurance
1. Population Health and Prevention Focused Commissioning Develop capacity capability and processes to enable the ICB to reduce inequalities and shift focus from treatment to prevention. This will result in an improvement in Healthy Life Expectancy and a reduction in the gap in life expectancy between advantaged and disadvantaged populations.	Chief Medical Officer	Population Health Improvement Committee (PHIC)
2. Enhance Primary Care Outcomes Work with the emerging Primary Care Provider Collaborative and Primary Care Networks (PCNs) to design, commission and implement new models of care, which ensures patients can access the right services at the right time, improving patient experience and workforce productivity.	Chief Primary Care Partnerships & Place Delivery Officer/ Chief Operating Officer	Finance and Planning Committee (FPC)
3. Strengthen Community-Based Care and Support Design, commission and implement community-based care models and strengthen health and care services, at 'place' and neighbourhood, actively supporting the voluntary, community, and social enterprise (VCSE) sector, and delivering initiatives to address health inequalities.	Chief Primary Care Partnerships & Place Delivery Officer/ Chief Operating Officer	Finance and Planning Committee (FPC)

4. Improve Services for Adults with Mental Health Disorders, Learning Disabilities, Autism, and Neurodiversity Commission, monitor and drive targeted improvements to services for mental health, learning disabilities, autism, and neurodiversity, ensuring timely access to services, a positive patient experience, and improved outcomes for the population.	Chief Primary Care Partnerships & Place Delivery Officer/ Chief Operating Officer	Quality and Patient Experience Committee (QPEC)
5. Improve Services for Children and Young People Design, commission and implement a new care model in Devon which addresses long community waiting lists, delivers SEND (Special Educational Needs and Disabilities) improvements, reduces inequalities, and better supports children and young people with long-term conditions, including those with mental health issues, learning disabilities, autism, and neurodiversity.	Chief Nursing Officer	Quality and Patient Experience Committee (QPEC)
6. Maternity and Neonatal Improvements and Women's Health Oversee the delivery of neonatal improvement programmes in each Trust ensuring alignment with the national Maternity Safety Support Programme (MSSP). By overseeing delivery of the programme, NHS Devon will drive and monitor the required improvements to meet the national compliance agenda for maternity and neonatal care.	Chief Nursing Officer	Quality and Patient Experience Committee (QPEC)
7. Health Protection and Prevention of Infectious Diseases Take a lead role in outbreak planning and prevention working with primary care and community providers to drive vaccination uptake for preventable diseases.	Chief Nursing Officer	Population Health Improvement Committee (PHIC)
8. Proactive, Preventative, Personalised Care at Home Design, commission and implement integrated care models to provide proactive, personalised support at home for those with long-term conditions and those approaching End of Life (EoL), focused on reducing emergency hospital admissions, empowering patients, and improving overall outcomes.	Chief Primary Care Partnerships & Place Delivery Officer/ Chief Operating Officer	Finance and Planning Committee (FPC)
9. Improve Quality and Safety	Chief Nursing Officer	Quality and Patient Experience Committee (QPEC)

Lead the development and delivery of a co-produced five-year Quality Framework, to support the delivery of local and national quality objectives.		
10. Strengthen Safeguarding Across the System Lead system-wide safeguarding initiatives with a focus on improving service commissioning for vulnerable populations and embedding adult and children's safeguarding requirements into provider contracts and partnership arrangements.	Chief Nursing Officer	Quality and Patient Experience Committee (QPEC)
11. Clinical Service Change and Transformation Support the development and stabilisation of acute services in Devon by addressing secondary care fragility and delivering new models of acute care. This will include leading engagement and consultation in relation to significant service change and commissioning and overseeing the implementation of new models of acute care.	Chief Primary Care Partnerships & Place Delivery Officer/ Chief Operating Officer	Finance and Planning Committee (FPC)
12. Support 'In-Hospital' Productivity Improvement Work with Acute care providers to reduce elective waiting lists and improve urgent care flow, by driving productivity improvements. This will include optimising care pathways, encouraging and supporting collaboration across providers, securing capital investment in modern buildings and equipment, and supporting the development of a flexible workforce to increase service stability and resilience.	Chief Primary Care Partnerships & Place Delivery Officer/ Chief Operating Officer	Finance and Planning Committee (FPC)
13. System Productivity and Efficiency Lead collaborative financial planning and resource allocation to maximise economies of scale and increase value for money, with a focus on high-cost and high-impact services, making best use of system assets and capacity.	Chief Finance Officer	Finance and Planning Committee (FPC)
14. Shared Clinical and Non-Clinical Support Services Work with system partners to deliver at scale to maximise efficiency and effectiveness, and reduce costs through the design, development and commissioning of new, and better use of existing, shared service models for corporate back-office functions and clinical support services.	Chief Finance Officer	Finance and Planning Committee (FPC)

15. Digital Systems and Technology Lead the implementation of a shared digital care record to enable real-time information sharing and reduce duplication for clinicians and patients, and maximise the benefits of digital systems, automation, and AI while addressing digital exclusion	Chief Finance Officer	Finance and Planning Committee (FPC)
16. Workforce Productivity and Transformation Develop and deliver a system-wide plan to improve staff wellbeing, workforce productivity and efficiency, by increasing our focus on culture and inclusion, coordinating training pathways, supporting recruitment and retention initiatives, and ensuring sustainability through workforce transformation.	Chief People Officer	People and Organisational Development Committee (PODC)
17. Social and Economic Development NHS Devon will play a full an active role working with partners to address social, economic and environmental priorities identified by the One Devon Integrated Care Partnership to reduce health inequalities and improve population health and wellbeing.	Chief Medical Officer	Population Health Improvement Committee (PHIC)

Delivery Plans

Objective 1: Population Health and Prevention Focused Commissioning Delivery Plan

Develop capacity capability and processes to enable the ICS to reduce inequalities and shift focus from treatment to prevention. This will result in an improvement in Healthy Life Expectancy and a reduction in in the gap in life expectancy between advantaged and disadvantaged populations.

Scope	Benefits
The focus of this workstream will be on creating the environment in which the ICB and partners can work to improve population health and reduce inequalities. In scope A focus on population health is embedded in all the work of the ICB. There will be a specific focus on: • Services embedded in primary and community care that focus on prevention, including mitigating demand on the urgent and emergency care system • Programmes addressing modifiable risk factors such as smoking cessation, healthy eating, and physical activity. • Initiatives aimed at reducing preventable hospital admissions through early intervention and condition management. • Multi-disciplinary working (e.g., GPs, nurses, community health workers collaborating) to deliver prevention services.	• Improved Healthy Life Expectancy • Reduced inequalities in access experience and outcomes • Reduction in disease prevalence (e.g., type 2 diabetes, cardiovascular disease). • Cost savings from fewer hospital admissions and reduced treatment needs.



- Evidence-based interventions that improve health outcomes and reduce the burden on acute care services. - Public health initiatives that integrate with primary care to promote lifestyle changes.	
Metrics	
- Improvement in QOF CVD figures - Plans in place for Respiratory/Diabetes/F+F - Reduction in smoking rates - EQIAs for all new interventions - Core20+5 evaluation framework in place - Digital Inclusion Framework in place. - Inclusion Health Framework in place - Personas in place	

NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4
Increase Secondary Prevention to Improve outcomes in Population Health. Develop system-wide plans for prevention Of CVD, Diabetes, Respiratory, Falls and Frailty	CVD - Finalise prevention plan F+F - Agree and implement new working structures (central and localities)	Ongoing delivery of CVD plan Establish Respiratory Working Group Complete F+F Development Plan	Ongoing delivery of F+F plan Ongoing delivery of CVD plan Draft Diabetes and respiratory plans	Ongoing delivery of F+F plan Ongoing delivery of CVD plan Finalise Diabetes and Respiratory Plans
Tackle inequalities in access, experience and outcomes. - Implement NHSE Inclusion Health Framework - Implement revised EQIA process - Implement mechanisms to demonstrate progress on Core20+5 Framework	IHF - Agree Action Plan Implement new EQIA process Establish Homeless Working Group	Ongoing delivery of Inclusion Health Framework Agree evaluation framework for Pop Health Core20+5 - Map all existing activity	Ongoing delivery of Inclusion Health Framework	Ongoing delivery of Inclusion Health Framework Annual review of Core20+5 activity Annual review of EQIA process



Devon



Devon

Embed Population Health Management (PHM approach) - Commission system-wide infrastructure to support use of One Devon Dataset - Increase Primary Care sign-up to ODD	Establish reasons for lack of Primary Care sign-up to ODD.	Establish segmentation and risk stratification processes (aligned to neighbourhood teams)	Proposal to Board for commissioning strategic PHM data	100% sign-up to ODD
Develop Organisational Culture focused on improving Population Health - Agree and implement Population Health governance and reporting framework - Implement Digital Inclusion Framework (DIF) - Implement Population Health Charter and supporting resources - Create a set of Devon Personas	Governance Groups x4 commenced Agree plan for Digital Inclusion Framework Launch Charter with all Partners	Launch SHINE Ongoing delivery of DIF	Ongoing delivery of DIF	Evaluate SHINE and Charter Evaluate DIF Review of new governance arrangements

Objective 2: Enhance Primary Care Outcomes Delivery Plan

Work with the emerging Primary Care Provider Collaborative and primary care networks (PCNs) to design, commission and implement new models of care, which ensure patients can access the right services at the right time, improving patient experience and workforce productivity.

Scope	Benefits
In scope - Identifying and funding new models of care to improve access. - Supporting workforce resilience and capacity planning. - Monitoring performance using GPAD (General Practice Appointment Data). - Collaborating with PCNs and providers to enhance patient access - Expanding existing locally commissioned pharmacy services. - Commissioning new pharmacy-led initiatives Out of scope - While digital solutions may support access, developing new platforms is not the primary focus. - Private dental service expansion	- Devon population have increased access to high quality, resilient primary care services. - Community pharmacies will play a greater role in delivering care, increasing access, safety, and service quality. - By integrating primary care services within neighbourhood health models, we will strengthen primary care, improve patient outcomes, and ensure sustainable, high-quality care for our population.
Metrics	
Top metrics: - The number of appointments delivered by General Practice across Devon ... GP raw access at Devon level upper quartile. - The number of additional 24,269 dental urgent episodes of care (national requirement for an increase of 24,269 appointments in Devon) - The number of Pharmacy First episodes of care provided (aim to increase by 40%)	

NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4
Procurement complete and contract in place for a primary care remote consultation solution by end of June 25.	Procurement complete and contract in place for practices currently using	Put a new process in place to allow GP practices that have decided to purchase their own	None	None, work will be complete by Q4.



Devon



Devon

	Accurx by end of April 2025. 91 Practice affected.	system from the approved list to reclaim equivalent funding.		
To identify by July 2026 how General Practice may be supported or advised in the appropriate governance for AI projects.		Governance arrangements for AI projects reviewed and defined. Levels of support identified, within the existing resource constraints, to assist General Practice in their journey in adopting AI. Offer of support established.	Implement offer of support dependent upon decision and availability of resources.	None, work will be complete by Q4.
The ICB will build resilience and invest in new models of general practice to achieve same day and 2-week targets, demonstrated on a quarterly basis using GPAD. - Undertake comprehensive LES review - Halve historic LES funding deficits - Increase Practice resilience has agreed target as per headline submissions - Increase Practice ratings of Good and / or Outstanding - this has agreed target as per headline submission - Invest in an implement viable PCN / PCN+ new delivery models *- upper quartile same day target by PCN *- upper quartile two-week target by PCN *- upper decile raw contact offer by PCN	Completed 2 LES reviews Commence and conclude evaluation of pilots in place at Q1 Have in place 3 new model pilots	Have invested timing will be dependent on DDRB Completed 3 LES	Completed 5 LES	Have option scoped all Practices at Q4 with in scope score Completed 7 LES
ICB will improve dental provision in Devon by achieving a 10% increase in NHS dental activity by Q4 2025/26. - Support 10 (WTE) Golden Hellos under the national incentive scheme 10% activity increase	EoI actionable EOI live for current providers	3 applications supported By the end of Q2 15% of target is delivered 3,640	3 applications supported By the end of Q3 an additional 25% of	4 applications supported By the end of Q4 an additional 60% of target is delivered 14,562



Devon



Devon

- Deliver 24,269 urgent episodes of care above baseline (Q4) (will be a back loaded trajectory with 0 for Q1 (TBC)) - Evaluate and implement in feasible new patient premium / waiting list initiative - Run procurement for at least 2 new dental practices in Devon	Appraised options progressed and launched Scheme option(s) appraisal complete Procurement approach agreed	Procurement process live	target is delivered 6,067 Procurement process live	Contract award
ICB will extend the provision of locally commissioned pharmacy services by 40% from the baseline by Q4 2025/26 - Increase contractor resilience - Grow nationally commissioned clinical pharmacy services by 40% from baseline - Pharmacy first clinical pathway consultations (baseline 3205) - Oral Contraceptive Service Consultations (baseline 768) - Hypertension Case finding service blood pressure check consultations (baseline 5224) - Launch our strategic framework for Community Pharmacy	Res prog launched Q1 3411 Q1 798 Q1 5524 Strategical framework issued and socialised	Q2 3817 Q2 828 Q2 5827 Workplan implemented to take forward actions from strategic framework	Q3 4147 Q3 951 Q3 6568 Actions delivered in line with workplan	Q4 4487 Q4 1075 Q4 7314 Actions delivered in line with workplan
Put in place action plans to improve general practice contract oversight, commissioning and transformation and tackle unwarranted variation in 25/26.	Draft action plans in place in line with PG timelines	Finalised plans June 25		



Objective 3: Community-Based Care and Support Delivery Plan

Design, commission and implement community-based care models and strengthen health and care services, at ‘place’ and neighbourhood, actively supporting the voluntary, community, and social enterprise (VCSE) sector, and delivering initiatives to address health inequalities.

Scope	Benefits
This focus of this workstream will be on developing and commissioning community-based care models, strengthening services at neighbourhood and place levels to create resilient, inclusive, and connected communities. It will ensure delivery of national guidance on integrated neighbourhood health services. In scope • Primary care, community services, social care, the independent sector, and the voluntary and community services are within scope. • Community care -based models • Initiatives that empower VCSE • Local and Neighbourhood-Level Services • Out-of-Hospital demand management initiatives Out of scope • Hospital based care models • Private sector health care services	Our aim is to support and enable communities to be strong, resilient, inclusive, and connected. Benefits of delivering this will include: • Improved access to integrated community care as people receive timely, personalised support at the neighbourhood level, reducing reliance on acute services. • Reduced emergency admissions and fewer hospital stays due to standardised pathways and admission avoidance initiatives help people remain at home, with fewer unnecessary hospital visits. • Strengthened VCSE partnerships and a skilled community development workforce enable people to shape and support local health and wellbeing initiatives.
Metrics	
• % of PCN social prescribers using Joy App • Commence implementation of neighbourhood health service offer	

NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4



Devon



Devon

Deliver a core neighbourhood health service offer, with delivery tailored to local needs and assets and response to national guidance	Stock take, local delivery against guidance and partner engagement	Agree neighbourhood health service offer blueprint	Roadmap delivery by end of Q3	Commence implementation of offer and test it
Complete the design phase of the OOH programme by the end of Q1, to define the community model for delivery, with a strong focus on mitigating demand on the UEC system	Design phase and define community model from Q1 – Q2	Design phase and define community model from Q1-Q2	Implementation phase	Delivery and evaluation
Achieve 100% adoption of the Joy App by social prescribers across all PCNs.	40% coverage on Joy App	60% coverage on Joy App	80% coverage on Joy App	100% coverage on Joy App
Strengthen community-led social change initiatives, fostering collaboration and learning by 2028.	Map community-led social change initiatives	Undertake review existing initiatives to identify strengths and weaknesses	Agree recommendations	Implement action plan based on recommendations
Establish a skilled, values-driven community development workforce by 2028.	Stocktake current delivery models and workforce	Agree blueprint for delivery and implementation plan	Delivery phase	Implementation and evaluation
Development of LCP's across Devon (maturity of arrangements and response to local population need)	Assess and establish current state	Agree ICB ambition for delivery against operating model	Develop delivery model	Test delivery model
Review adult social care arrangements (those subject to Section 75 partnership agreement) in Torbay to strengthen support for hospital discharge, reablement and independent living.	Undertake a review Section 75 agreement.	Undertake a review Section 75 agreement.	TBC	TBC

Objective 4: Improve Services for Adults with Mental Health Disorders, Learning Disabilities, Autism, and Neurodiversity Delivery Plan

Commission, monitor and drive targeted improvements to services for mental health, learning disabilities, autism, and neurodiversity, ensuring timely access to services, a positive patient experience, and improved outcomes for the population.

Scope	Benefits
In scope • Reduce inappropriate demand and delays in ED and improve outcomes for service users. • Reduce Length of Stay and support discharge pathways for complex needs and system support requirements. • Implementation of national guidance for community mental health response including assertive outreach provision. • Cross cutting perinatal mental health implementation plan scoping and developing future delivery requirements. • Bespoke workforce plans for LD and Autism workforce. • Develop ADHD patient choice pathway. • Lead commissioners for future beds – capital investment £40.5m. Out of scope • Children's ADHD assessments. • Transitions for people aged over 25 • ARMS for 35+ age group.	• Improved support for dementia patients • Better treatment and outcomes for patients from underserved populations. • Improve health outcomes for people with SMI and/or ED. • Reduced demand on partner agencies. • Enhanced services for people with LD or autism. • Reduce Health Inequalities • Reduce the reliance on Mental Health inpatient admissions for LD and autistic people • More informed staff able to better support patients with LD or autism.
Metrics	
• @Benchmark data • Dementia Diagnosis Rate • SMI and ED PHC data • Crisis text data • Perinatal access	

NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4
Monitoring and implementation on mandatory and statutory requirements and long-term plan objectives	Evaluation monitoring quality assurance report	Evaluation monitoring quality assurance report	Evaluation monitoring quality assurance report	Evaluation monitoring quality assurance report
Dementia Strategy. Provider Collaborative Signature Move	Conduct a comprehensive needs analysis aligned to the Devon Dementia Strategy by engaging key stakeholders and analysing relevant data. EQIA Gap Analysis	Develop a commissioning policy for the effective delivery of integrated dementia care services. Establish focus areas	Establish performance metrics to monitor alignment with national KPIs and local outcomes. Preparation of commissioning statement	Plan for Implementation that has been agreed by ICB Board and Partners Evaluate progress made in Year 1.
Addressing the treatment gap in mental health services. Provider Collaborative Signature Move	Conduct a comprehensive needs analysis aligned to the Devon commissioning MH gap by engaging key stakeholders and analysing relevant data. EQIA Gap Analysis	Develop a commissioning policy for the effective delivery of integrated dementia care services. Establish focus areas	Establish performance metrics to monitor alignment with national KPIs and local outcomes. Preparation of commissioning statement	Plan for Implementation that has been agreed by ICB Board and Partners Evaluate progress made in Year 1.
Physical health monitoring for individuals with SMI and Eating Disorders.	Gap Analysis and data collection EQIA Analyse data collection Produce stakeholder engagement events for pathway development	System workshops: Co production on the neurodiversity system pathway. Co production forum LDN groups and Local Authority	Business Case Options appraisal Development for consideration and agreement by the system and board.	Agreed options appraisal to be part of the operational planning and prioritisation 26/27
Transitions	Conduct mapping exercise		Evaluate programme	

Intensive community support	Complete recommendations from the national review.	Full review of operational procedures and growth Undertake EQIA to consider Impact of recommendation within Devon.	Preparation of commissioning statement	Plan for Implementation that has been agreed by ICB Board and Partners
Perinatal Mental Health Redesign and transform Emotional and Mental Health pathways of care for Women, Birthing People, babies and partners during pregnancy and the first year after childbirth that: - Identifies need early - Provides clinically optimised care from GP and maternity through to MBU - Is integrated with social care led vulnerable pregnancy pathways and early help offers	Review current service provision and undertake scoping exercise consider gap analysis undertake EQIA and Stake holder engagement	To be Reviewed by Maternity CYP and Women's Health	To be Reviewed by Maternity CYP and Women's Health	To be Reviewed by Maternity CYP and Women's Health
Neurodiversity Community Offer	Gap Analysis and data collection EQIA Analyse data collection Produce stakeholder engagement events for pathway development	System workshops: Co production on the neurodiversity system pathway. Co production forum LDN groups and Local Authority	Business Case Options appraisal Development for consideration and agreement by the system and board.	Agreed options appraisal to be part of the operational planning and prioritisation 26/27
Neurodiversity (inc. right to choose and delivery pathway). Implementation of National Legislation through the right choice.	Develop dashboard to inform trajectories and referral routes from primary care. Standardised contract reporting and governance oversight. EQIA undertaken and completed.	Dashboard roll out and first information from the DRSS referral route. Trajectories on patterns of referral routes convergent rates and neurodiverse profile.	Trajectories on patterns of referral routes convergent rates and neurodiverse profile.	Analyse full year data and report



Devon



Devon

Reasonable Adjustment Digital Flag, linked to Electronic roll out across the system	Develop Digital Flag Strategy for Q1 for sign off and progress report	Continued implementation across health care providers: Progress report	Continued implementation across health care providers: Progress report	Continued implementation across health care providers: Progress report. Evaluate progress
Oliver McGowan Mandatory Training Commissioned Living Options to deliver the OMMT training and train the trainer sustainability plan. Workforce statutory requirement.	Update and delivery and performance to compliance rate 33 %-year-end target.	Train the trainer implementation trust to improve for trained individuals: Workforce report on compliance	Workforce on Compliance: Trusts commissioning intentions for 26/27	Train the trainer implementation trust to improve for trained individuals: Workforce report on compliance. Year End update.
Southwest Regional Future Beds This is the Mental Health In Patient Unit One in Devon and One in Bristol for the seven ICB of SW. Appropriate inpatient care for LD and Autistic people.	Devon: First Bed Day June 2025. Board sign off of Provider Assurance of progress and board have sight of the MOU and clinical pathways and confidence of the process for first bed day. Bristol: Continue to progress development all governance is aligned to the same pathway.	Regional overview and monitoring of provision and implementation review for Devon. Bristol: preparation of workforce working towards. Quarterly Update on mobilisation.	Devon: First 100 day review of provision: Quality and safety review and impacts. Quarterly update on mobilisation	Bristol: First Day Devon: Planning of 1st year review of delivery. Review of Financial position. Year End update on mobilisation.
S117 and Individual Patient Placement IPP	Complete recommendations from the Southwest Audit	Full review of operational procedures and growth Undertake EQIA to consider Impact of recommendation within Devon.	Preparation of commissioning statement	Plan for Implementation that has been agreed by ICB Board and Partners



Objective 5: Improve Services for Children and Young People Delivery Plan

We will create an Integrated System and Care Model for Children and Young People (CYP) that supports all aspects of their health, emotional wellbeing and mental health, so that they can make good future progress through school and life. Our work spans from birth, through transition to young adults. We will work effectively in an integrated and equitable way within and across health, care and education and will achieve this by sharing information, jointly commissioning services (where appropriate), providing access to care, advice and knowledge, and adopting a strength-based approach.

Scope	Benefits
In scope • Improved access to health services: Ensuring all children and young people (CYP) who need hospital care, mental health, and community services have better access, including reducing waiting lists. • Reduced health inequalities for looked after children: Addressing and minimising health disparities for looked after children and care-experienced young people. • Improved services for children with Long Term Conditions: Enhancing services and reducing health inequalities for children with long-term health conditions. • Leadership of SEND health improvements: Leading initiatives to improve health services for children with Special Educational Needs and Disabilities (SEND). • Mental health crisis model of care: Providing a responsive model of care for children and young people in mental health crises. • Enhance individual commissioning services: Improving the commissioning of personalised services for children and young people. • Improve the delivery of safeguarding practice: Commission sufficient capacity, as set out in the Working Together to Safeguard Children 2023 guidance and deliver all front door safeguarding statutory duties. Out of scope • Work managed within the PASP framework. • All age elective recovery. • Adult mental health. • Adult neurodiversity	• Improved access for CYP to health services: Ensuring children and young people (CYP) can access the health services they need more easily. • Enhanced patient outcomes for children experiencing health inequalities: Improving health outcomes for children who face disparities in healthcare. • Better quality of life for children with Long Term Conditions: Enhancing the overall well-being of children with chronic health issues. • Faster response and treatment for children in crisis: Ensuring timely intervention and care for children in urgent situations. • Compliance with safeguarding statutory duties: Ensuring all safeguarding practices meet legal requirements. • SEND: Improvement delivered in all three local areas, with better experience for families and improved life outcomes for children and young people.
Metrics	

- Waiting times on health waiting lists - Experience whilst waiting - Inspection outcomes in all three local areas; SEND, CIC, Safeguarding				
NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4
1. To improve the access to health services, for all CYP who need hospital care, mental health and community services , including all those on health waiting lists, through improved delivery against current contracts, and effective commissioning of additional and enhanced capacity where this is required, by March 2026.	Scope, analyse and priority services agreed.	Implementation plan within resource available agreed.	Implement agreed changes.	Monitor and evaluate and plan for 26/27.
2. Core20PLUS5: To improve the delivery of priority health services consistently across Devon, for children and young people living with long term conditions , and reduce the level of health inequalities experienced, by March 2026.	Priority actions identified and programme plan developed.	Implementation plan developed.	Implement agreed changes.	Review completed and actions identified delivered.
3. Core20PLUS5: To improve the delivery of priority health services consistently across Devon, for children in care and care experienced young people , and reduce the level of health inequalities experienced, by March 2026.	Priority services and improvement actions identified.	Improvement delivered in local areas.	Monitor improvements and evaluate.	Plan for 26/27.
4. To commission sufficient capacity, as set out in the Working Together to Safeguard Children 2023 guidance, within the multi-agency safeguarding hubs (MASH) , to ensure delivery of all front door safeguarding statutory duties and improve the delivery of safeguarding practice, by March 2026.	Appropriate level of resource identified to increase delivery in providers, or risk clearly described and documented.	Implementation plan within resource available agreed.	Implement agreed changes, within resource available.	Safeguarding statutory duties implemented and safeguarding processes improved.
5. To lead the health system delivery of SEND health improvements as a statutory responsibility of the ICB, through effective commissioning and leadership across all three	Lead delivery of improvement in local areas, as defined in each area's SEND improvement plan.	Ensure any opportunities for whole Devon improvement are realised.	Evaluate local area improvement and share learning and best practice where relevant.	Ensure all completed improvement actions are visible within SEND inspection updates and



Devon



Devon

Local Areas, with full implementation by March 2027.				inform the revision of local areas plans.
6. To develop the model of crisis support for children and young people with emotional wellbeing and mental health , in conjunction with the South West Provider Collaboratives redesign of inpatient support and pathways by March 2027.	Crisis provision and model scoped.	Pathways and model developed and agreed with stakeholders, including South West Provider Collaborative.	Implementation plan drafted, and shared for engagement.	Implementation plan finalised and resource planning completed for 26/27.
7. To design and implement an ICB process which consistently addresses individual commissioning needs for CYP , where their needs fall outside of core commissioned services, by March 2026.	Focus priority areas identified that fall outside of core commissioned services.	Process designed on how to address individual commissioning needs.	Process implemented and considered alongside wider re-commissioning plans.	Agreed new process monitored, with feedback from local areas sought.
8. To plan for the effective re-commissioning of children's services to enable improved and more consistent delivery across the Devon footprint by March 2029.	Agree scope of re-commissioning plan.	Commence needs assessment and stakeholder engagement.	Finalise procurement plan.	Engagement work inform implementation of procurement.



Objective 6: Maternity and Neonatal Improvements and Women’s Health Delivery Plan

Oversee the implementation of maternity and neonatal improvement programs across each Trust, ensuring adherence to the national compliance agenda, CQC standards, and the national Maternity Safety Support Programme (MSSP). NHS Devon will lead and monitor the essential priority improvements for 2025/26 and establish the necessary enablers to plan for sustainable future perinatal services in Devon.

We aim to coordinate efforts to enhance women's health services within the ICS, addressing specific gaps in care and improving access and experience. By integrating a more preventative approach, we can achieve greater effectiveness.

Our vision is to ensure that Maternity and Neonatal care is safe, equitable, personalised and kind, delivered through a positive culture of respect, learning and innovation. We will provide women and girls in Devon with timely, appropriate and easily accessible women’s healthcare as outlined in the Women's Health Strategy through collaborative working across health and care sectors.

Scope	Benefits
In scope • Maternity and neonatal service improvement • Perinatal, emotional and mental health pathways of care • Women’s health services • Vulnerable pregnancy multi-agency pathways Out of scope • Perinatal mental health services commissioning • Children’s Social Care delivery	• Effective governance of perinatal improvement programmes • Standardisation across Devon for trainee doctors and wider policy and practice • Improved outcomes for babies born into vulnerable families • Improved mental health and emotional pathway of care for women, birthing people and their families • Effective preparation for long term sustainable change • Reduced in hospital demand through community services
Metrics	
• CNST • MSSP exit criteria • Three-year delivery plan success measures • CQC survey (experience) • Key safety ambitions: ○ Stillbirth rate ○ Neonatal death rate ○ Maternal death rate	

○ Intrapartum brain injury rate ○ Preterm birth rate				
NHS Devon action	Milestones			
	Q1	Q2	Q3	Q4
Establish the leadership and governance framework needed to drive, deliver and assure maternity improvement and transformation for the Peninsular.	Leadership, governance & reporting requirements for full perinatal portfolio mapped.	Revised accountability and assurance framework developed. Leadership responsibilities clarified & agreed.	Peninsula LMNS established. MNVP new contract operational.	
Lead and drive priority improvements at system's level that will achieve patient safety requirements and efficient use of resources.	Maternity summit held. System improvement priorities agreed.	Data review and assurance process in place; <i>"have we met our safety ambitions & are current interventions making a difference"</i> .	Policy review group established.	
Quantify where MSSP and other improvement agendas have workforce and financial implications. Prioritise and agree case for change within the context of current financial pressures.	Workforce plans costed. Capital costs scoped.	Financial commitments fed into systems financial planning for affordability 25/26 and opportunities for 26/27.	Financial commitments finalised.	End year progress reports produced.
Establish the work programme needed to develop sustainable future perinatal services in Devon, in conjunction with PASP.	In conjunction with PASP, LMNS to provide clinical and commissioning perinatal expertise.			
Commission pilot pathways for socially vulnerable women that increase the number of babies that remain safely with their birth families by March 2026.	Pathways with scope for improvement identified and agreed across multi-agency governance (LA, provider, ICB).	Pilot pathways developed.	Implementation plans agreed and evaluation metric identified.	Pilot pathways operationalised. Early outcomes assessed.
Establish Perinatal Mental Health community of practice to ensure a cohesive mental health and emotional support pathway of care for women, birthing people and their families.	Community of Practice established.	Collaborative vision agreed. Gap analysis completed.	Commissioning and transformation implications understood.	Agreed comprehensive pathway of care for women requiring perinatal support.



Develop a more integrated, preventative approach to women's health, through effective co-ordination of women's health initiatives across Devon ICS.	Review and gap analysis of services currently in place against the 10 priority services outlined nationally.	Services which could be developed to work in a health hub model identified and engagement commenced.	LARC training offered to all general practise settings.	Selection of services to develop into women's health hub model confirmed.
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Objective 7: Health Protection and Prevention of Infectious Diseases Delivery Plan

Take a lead role in outbreak planning and prevention working with primary care and community providers to drive vaccination uptake for preventable diseases.

Scope	Benefits
In scope - Monitoring of Devon infection rates. - Delivering the implementation of antimicrobial stewardship strategy and monitoring antimicrobial use. - Delivering strategies and campaigns to increase vaccination rates. - Implementing NHSE guidelines for outbreak management. - Coordinating with local partners during infectious disease outbreak. Out of scope - Implementation of National policy changes not specific to Infection management and Vaccination. - Vaccine policy development.	- Improved Patient Safety by ensuring adherence to infection control protocols and a reduction in healthcare-associated infections. - Ensuring implementation of antimicrobial stewardship programmes will promote the effectiveness of antibiotics, reducing the risk of antibiotic resistance. - Stronger Collaborative Networks: Building and maintaining strong relationship with partners will foster a collaborative environment, leading to more effective infection management. - Higher Vaccination Rates: Increasing vaccination uptake will reduce the incidence of vaccine-preventable diseases, contributing to overall public health. - Effective Outbreak Management: Compliance with NHSE guidelines will ensure a rapid and coordinated response to infectious disease outbreaks, minimising impact.
Metrics	
- Reduction in inappropriate antibiotic prescriptions. - Increase in vaccination uptake rates. - Compliance with NHSE guidelines. - Response time to outbreaks.	

NHS Devon Actions	Milestones			
	Q1	Q2	Q3	Q4





Devon



Devon

Improved Patient Safety	Establish a baseline for current infection rate in Devon. HCAI monitoring and reporting.	Trusts to adopt SW IPC strategy into their IPC action plans and report on their progress at each IPC committee meeting. Completion of impact assessment -EQIA	Conduct initial review of staff training on IPC protocols across providers	Ensure effective IPC training by implementing the NHS IPC education framework Revisit EQIA re impact
Enhanced Antimicrobial Effectiveness	Establish a base line for AMS activity, Develop improved ICB role in coordination of AMS activity.	Establish a collaborative data collection system, analyse prescribing data, and identify and report trends to stakeholders.	Report on compliance with national guidelines and resistance rates.	Prepare and present reports to stakeholders
Stronger Collaboration and system leadership	Co-create projects with partners focusing on vaccination uptake, infection management	Hold regular communication and coordination meetings.	Provide leadership in ongoing projects	Evaluate the progress of collaborative initiatives
Effective Outbreak Management NHS England » Clinical response to local incidents and outbreaks of infectious disease: Commissioning guidance for ICBs	Develop improved outbreak plans with Public Health colleagues.	Collaboration with partner agencies to implement NHSE guidelines	Continue collaboration with partner agencies to implement NHSE guidelines	Evaluate and report on compliance and readiness for control and management of incidents.
Prepare for ICB's commissioning of section 7a vaccinations by April 2026, achieve higher Vaccination Rates	Begin shadowing NHSE for section 7a vaccinations.	Develop a detailed plan for ICB commissioning transition. Launch campaigns to increase routine 0-5s vaccination uptake	Monitor progress towards 95% uptake for routine 0-5s vaccinations.	Finalize preparations for ICB commissioning of section 7a vaccinations.

Objective 8: Proactive, Preventative, Personalised Care at Home Delivery Plan

Design, commission and implement integrated care models to provide proactive, personalised support at home for those with long-term conditions and those approaching End of Life (EoL), focused on reducing emergency hospital admissions, empowering patients, and improving overall outcomes.

Scope	Benefits
In scope - Partnering with primary care, community services, voluntary sector, hospices, social care - Maximising use of technology to empower patients - Empower patient self-care management - EoL pathways Out of scope While this focuses on at-home support, it does not include all aspects of long-term condition management (e.g., specialist outpatient services).	- Reduce Emergency admissions - Improve patient experience and quality of life - Enhance EoL care - Improved workforce efficiency and collaboration - Better integration of health and social care - Cost efficiencies for the system – avoid hospital admissions and bed stays - More efficient use of community and primary care services - Population health improvements
Metrics	
Access to technology - Number of remote monitoring/digital health interventions used for proactive care. Increased Patient Empowerment & Self-Management - % of patients receiving self-management support (education, digital tools, coaching). Enhanced End-of-Life (EoL) Care Delivery - % of EoL patients dying in their preferred place of care and % of patients with treatment escalation plan (TEP) in place Metrics may need to be updated when we understand what we can measure	

NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4
Access to technology By end of March 2026, we will have explored opportunities to develop an approach with partners to enable access to technology for personalised	Map out existing technology solutions	Assess different technology solutions, engagement, identify barriers	Develop an approach and test feasibility	Finalise recommendations and next steps

care at home for patients with LTC and EOL				
Increased Patient Empowerment & Self-Management Implement risk-stratified, personalised care across integrated teams, prioritising high-need groups (e.g. frailty, dementia, end-of-life care).	Refresh the baseline assessment and agree prioritisation of high need groups	Process design and development Review and agree phased implementation plan	Roll out of phase 1 Implementation	Review and evaluation of phase 1
Enhanced End-of-Life (EoL) Care Delivery Enhance end-of-life care with early identification, advanced care planning, and coordinated support.	Complete new service specifications for all elements of the EOL pathway by end of Q1 Establish EOLC Collaborative by end of Q1	Procure new service elements between Q2-Q4*	Procure new service elements between Q2-Q4*	Procure new service elements between Q2-Q4* note that some procurement activity will extend into 26/27

Objective 9: Improve Quality and Safety Delivery Plan

Lead the development and delivery of a co-produced five-year Quality Framework, to support the delivery of local and national quality objectives.

Scope	Benefits
In scope Darzi principles of Quality – Safety, Experience & Outcomes Delivery of national quality guidance	• Good standards of quality of care in Devon • Good evidence of ICB accountability for delivery of patient care in Devon • Improved relationship with stakeholders • Enhancing the safety profile of the system through statutory, national and regional guidance. • Total Quality Management informed assurance • Enhanced levels of assurance • Improved levels of system working across services.
4 Metrics	
Utilisation of System Quality Metrics Dashboard to provide system level assurance - Inclusive of • Safeguarding data • Patient safety data • Patient experience data inclusive of complaints/concerns/compliments • Outcome data	

NHS Devon Actions	6 Milestones			
	Q1	Q2	Q3	Q4
Quality Framework: Deliver a “working draft” framework for consultation and collaboration” of a NHS Devon ICB 5 year Quality Framework (Strategy) – inclusive of Total Quality Management principles enabling an engagement programme to co-produce a Quality Strategy to be launched in 26/27.	Draft framework inclusive of draft Quality Management System Process Conference planning for Q3 event	Engagement and collaboration events/activities to develop final strategy Conference planning for Q3 event	Drafting of Strategy drafts to ExCo and QPEC for assurance Deliver NHS Devon “Quality of Care” conference: QI hub ongoing implementation	Co-production of strategy Strategy will go through ICB and System Quality Governance processes Review and evaluate QI Hub impact

Deliver a NHS Devon “Quality of Care” conference to celebrate and inspire improving care quality across Devon sharing the draft framework for system quality strategy co-production.	Implementing the ICB Quality Hub approach.	QI hub - ongoing implementation updates to QPEC		
EQIA: NHS Devon will have robust and evidenced impact assessments through the of EQIA process	Fully implement new datix process Deliver mandatory ICB staff EQIA training	Maintain mandatory ICB staff training - EQIA Monitor/Report coverage and quality of EQIA undertaken	Maintain mandatory ICB staff training - EQIA Monitor/Report coverage and quality of EQIA undertaken	Review and evaluate delivery, compliance and outcome of EQIA activity in 25/26
System Quality Metrics Dashboard: - Implementation of system quality metrics dashboard incorporating QEWS, Model Health, Learning from Patient Safety Events (LfPSE) and other national data sources for “Watch & Escalation” - Respond to identification of risks from dashboard	(Draft) Dashboard sign off through quality governance processes Complete accompanying EQIA	Implement Dashboard through System Quality Group and reporting to Quality & Patient Experience Committee	Ongoing Monitoring & Reporting	Review and evaluate impact of dashboard and revisit EQIA
Patient Safety & Experience: Maintain and improve standards of patient safety, experience & outcomes throughout the Devon System, via: - BAU delivery of LFPSE/PSIRF - Increasing primary care adoption (100% GP Practice coverage target) - Independent/VCS sector support/development	Develop 25/26 patient safety & experience action plan and report to QPEC	Delivery of plan- progress update reported to QPEC Implement Patient Experience Network in Devon System (inclusive of Children's & Young People participation).	Delivery of plan- progress update reported to QPEC	Review and evaluate role delivery/outcomes of plan to inform 26/27 planning



• Patient safety partners development				
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Objective 10: Strengthen Safeguarding across the System Delivery Plan

Lead system-wide safeguarding initiatives with a focus on preventing abuse and neglect and strengthening robust safeguarding responses across Devon ICS.

Scope	Benefits
In scope Safeguarding adults, safeguarding children, domestic abuse and sexual violence, and serious violence.	- Evidence fulfilment of statutory duties through system governance. - Improved relationship with stakeholders - Early recognition of and response to abuse and neglect. - Providing excellent services to vulnerable children and adults. - Reduced inconsistencies of safeguarding practices across Devon, thereby providing equitable services.
Out of scope Children in care	
Metrics	
- MASH data – Key metric - ICB safeguarding training compliance – 90% ambition – Key Metric - Safeguarding data - Patient safety data - Patient complaints data	

5 Deliverable / NHS Devon action	6 Milestones			
	Q1	Q2	Q3	Q4
Work with Safeguarding Partners to implement the Children's Wellbeing and Education bill, ensuring health resources to meet requirements for an integrated front door, Lead Practitioners and multiagency child protection teams.	Scope vision and requirement.	Develop plan with Women and Children Commissioners. Complete EQIA	Develop capacity and capability within workforce.	Implement plan Reevaluate EQIA
Support ED providers to implement ISTV (information sharing to prevent violence) that will enable NHS Devon to meet Serious Violence duties.	Support ED providers to complete a data sharing agreement with Community Safety Partnership (CSP) details	Review data sharing arrangements to ensure implementation.	Seek assurance regarding data quality.	Evaluate delivery



Commission sufficient capacity within the multi-agency safeguarding hubs (MASH) to ensure delivery of all front door safeguarding statutory duties by September 2025.	Confirm requirement for additional capacity and opportunities to increase productivity and efficiency.	Review provider recruitment to MASH posts	Embed new staffing model and processes.	Evaluate MASH delivery.
The National Safeguarding Steering Group has updated a suite of protocols that outline ICB responsibilities in relation to: • Child Protection – Information System • Female Genital Mutilation • Child Death Review Process • Domestic Abuse and Sexual Violence • Modern Slavery and Human Trafficking • Domestic Homicide Reviews	Complete mapping exercise and develop action plans related to each protocol. Complete EQIA	Implement plan to ensure compliance with protocols	Implement plan	Review and evaluation of actions, produce end of year report on progress made. Review EQIA
Support TDSAP and health providers to implement MARMM (multiagency risk management meetings) across Torbay and Devon.	Implementation of test of change	Evaluate test of change	Further roll out of MARMM process	Evaluation of roll out.



Objective 11: Clinical Service Change and Transformation Delivery Plan

Support the development and stabilisation of acute services in Devon by addressing secondary care fragility and duplication and delivering new models of acute care. This will setting the overall clinical strategy for acute care and leading the engagement and consultation in relation to significant service change.

Scope	Benefits
In scope Addressing Secondary Care fragility and duplication: Measures focused on identifying and mitigating areas of fragility in acute care and areas where services are duplicated across several sites that could benefit from alternative models of care. New Models of Acute Care: Designing and implementing innovative approaches to acute care delivery, potentially including alternative care pathways, technology integration, or streamlined processes tailored to acute settings Out of scope Primary, Community or Long-Term Care: Initiatives that fall under primary care, community or long-term care services rather than acute or secondary care. Non-Acute Care Innovations: Models or approaches that do not specifically address acute or secondary care needs, such as those aimed solely at community-based or preventative services.	• Enhanced Patient Outcomes: By addressing secondary care fragility and implementing innovative models of acute care, patients can receive faster, more effective treatment, reducing complications and mortality. • Improved Service Resilience: Stabilising acute services helps build a more resilient system capable of better managing unexpected surges in demand, ensuring that critical care is maintained even during crises. • Patient Flow: Streamlining acute care delivery can reduce waiting times and improve patient flow, leading to more efficient use of resources and fewer delays in treatment. • Cost Efficiency: Improved processes and innovative care models can lead to more efficient use of funding and resources, potentially reducing unnecessary hospital admissions and associated costs.
Metrics	
Service Efficiency and Capacity: • Waiting times in fragile service specialties across providers Innovation and New Models Implementation: • Number of fragile and duplicated service reviews completed [This is the overarching key metric] Financial Performance: • Savings achieved in fragile services e.g. reduced outsourcing, reduced on-call costs, reduced locum spend. Workforce: • Reduced on-call frequency, reduced locum usage.	

NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4
Support development of Case for Change – sign off final case for change.	Feed in outputs from 10 year plan engagement	Sign off final version of case for change		
Develop overarching clinical strategy for acute services	Outline strategy for acute care			
Ensure activity modelling reflects demographic changes over the next 5 – 10 years	Analyse impact of demographic changes on activity modelling	Update activity modelling to reflect demographic changes		
Support detailed modelling for workforce, finance and estates to create options	Co-ordinate expertise from Trusts to contribute to finance, workforce and estates modelling	Co-ordinate expertise from Trusts to contribute to finance, workforce and estates modelling		
Contribute to the development of evaluation criteria and sign off final criteria	Contribute to development of evaluation criteria	Sign off final evaluation criteria		
Contribute to the evaluation of options and sign off final short list of options			Contribute to the evaluation of options	Sign off final short list of options
Sign-off of pre-consultation business case				Sign off draft pre-consultation business case
Lead stakeholder and public engagement in conjunction with PAPC Communications and Involvement Group	Develop citizens panel to support involvement in modelling and option development	Support citizens panel involvement in modelling and option development and evaluation criteria	Support citizens panel involvement in evaluation of options	Support citizens panel involvement in pre-consultation business case review
Align Annual plan and Transforming Devon reporting to reduce duplication	Ensure alignment in reporting			
Involvement via PAPC Executive Group and PAPC Board to drive networked and consolidated models of care for fragile and	Consider Q4 PAPC report	Consider Q1 PAPC report	Consider Q2 PAPC report	Consider Q3 PAPC report



duplicated services and to identify ICB approval where required.				
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Objective 12: Support 'In-Hospital' Productivity Improvement Delivery Plan

Work with Acute care providers to reduce elective waiting lists and improve urgent care flow, by driving productivity improvements. This will include optimising care pathways, encouraging and supporting collaboration across providers, securing capital investment in modern buildings and equipment, and supporting the development of a flexible workforce to increase service stability and resilience.

Scope	Benefits
In scope - Adult Elective services, this will include community services where opportunity to optimise end to end pathway resulting in an improvement in productivity - Adult urgent and emergency care services this will include community services where opportunity to optimise end to end pathway resulting in an improvement in productivity Out of scope - Children's elective services - Primary care services	- Supports provider delivery of Operating plan targets, specific impact to be quantified through detailed programme development. - Increased productivity, creating more capacity from existing resource - Maximises available capacity across providers at sub specialty level - Ensures patient seen by right clinician in right place, avoiding duplication and reducing unnecessary demand (impact in terms of reduction in secondary care activity requires scoping at specialty level) - Improves adm/non adm RTT position. - Reduce number of consultant referrals by 20% - Reduce the total number of GP referrals and maximise the use of non-consultant led services where possible (eg use of physio first, digital support, group support, CNS triage and nurse led/AHP led delivery models) reducing the amount of consultant delivered care required - Support achievement of diagnostic waiting times standards - Support reduction in agency/outsourcing workforce models
Metrics	
% Theatre capped utilisation - Reduction in RTT data for 18 (adm and non adm) and 52 wks - PIFU, DNA - Specialty specific measures (eg % procedure X performed as DC) - Numbers of appointments per OP clinic - Number of procedures per operating list - Increase in activity per WTE consultant - Number of RTT clock stops via validation	

- Number of clock stops –5% of waiting list depending on provider
- 90% of patients waiting over 12 weeks validated
- Number of consultant referrals
- Number of CRGs reviewed and implemented
- Volume of diagnostic tests per hour, by modality
- Turnaround times and reporting times
- 6-week national diagnostic target
- Achievement of national diagnostic programme milestones

NHS Devon Actions	Milestones			
	Q1	Q2	Q3	Q4
Establish a recovery plan and programme to eliminate waits of over 18 weeks for community services and how front-end pathways are streamlined and consistent to support in hospital activities	Design a recovery plan and pathway/service review for key community priority areas: MSK, diabetes and weight management, neuro rehab	Implement recovery plan and programme	Implement recovery plan and programme	Evaluate recovery plan and programme
Develop a three-year recovery plan to return to the meet the 18-week standard for elective services, this will commence with high volume specialties initially (orthopaedics)	Produce demand and capacity plan to understand gap in capacity	Validate plan with providers and monitor productivity delivery realised and plans to create additional capacity	Develop demand and capacity analysis for further set of specialties	Ensure year 2 of plan is agreed as part of operating plan for 26/27
Develop a plan to maximise the use of existing NHS assets to support elective recovery, reducing our reliance on Independent Sector capacity where possible and appropriate.	Develop a plan linked to 2025/26 operational plan delivery			
For a set of prioritised elective specialties (One Devon Elective Specialty Improvement): -deliver further faster metrics in line with national GIRFT benchmarks -Maximise all capacity by working cross provider, and ensuring adoption of best practice and innovative delivery models (eg Group clinics,	Finalise prioritisation exercise to confirm specific specialties For existing specialties, re confirm 25/26 deliverables. Confirm managerial and clinical leadership, project support	Hold grip around deliverables at provider level Facilitate pathway redesign work and supporting policy	Hold grip around deliverables at provider level Implement new pathways/CRGs	Evaluate full year performance



Devon



Devon

targeted 'waiting well' health optimisation approaches) -implement best practice referral and community pathways and surgical pathways -Implement best practice CRGs in line with national referral pathways -Apply commissioning policy and CRG review to all Consultant referrals	For new specialties, confirm deliverables and impact of these Collate C2C and GP referral information to feed into prioritisation	requirements with clinical teams/primary care	Ensure capacity is Commissioned	
Waiting list validation For all elective care specialties Deliver best practice waiting list validation: - System leadership and grip of national validation sprint roll out	Facilitate roll out in Devon Implement sprint approach	Hold grip around deliverables at provider level	Hold grip around deliverables at provider level	Hold grip around deliverables at provider level
Diagnostics delivery -Ensure compliance of productivity standards for specific tests -Ensure best practice operating models for diagnostic services -Improve turnaround time to support both elective and cancer pathways -Commission further CDC capacity to support demand for elective and cancer patients -Establish direct to test and one stop pathways in CDCs				
Demand management For all elective care specialties - Implement a 'No acceptance of Consultant referral without application of commissioning policy and CRG ensure secondary care as standard' discipline For further specialties that specifically have a referral rate higher than peer comparators: -CRG review, development and implementation of system standard best practice (national referral pathways	Learning session with acutes and roll out plan development Prioritisation exercise for CRG development	Commence/finalise implementation Commence reviews	Monitor and feedback Finalise Q2 reviews and commence Q3 reviews	Monitor and feedback Finalise Q3 reviews and commence Q4 reviews



Continue to ensure range of interventions to reduce demand on hospitals for Urgent and Emergency Care are maximised: - Alternatives to admission - Coordination and navigation - HIU/EoLC/Same Day Primary care - Care home demand reduction - Navigation of low acuity patients	For areas listed as delivery phase ICB will monitor For areas at development stage (bold) – create plans by end of Q1	Commence implementation	Finalise implementation	Evaluation and BAU
Ensuring maximised in hospital alternatives and pathways /avoidance of hospital capacity when not required – consistently for Devon - SDEC, frailty, MIU, virtual ward - LoS, discharge	For areas listed as delivery phase ICB will monitor For development areas (bold) review and refine current discharge improvement plans with localities. Create further in hospital LoS efficiencies by working with providers to review interventions for patients over an agreed LoS and alternative management	For areas listed as delivery phase ICB will monitor Commence implementation	For areas listed as delivery phase ICB will monitor Finalise implementation	For areas listed as delivery phase ICB will monitor Evaluation and BAU

Objective 13: System Productivity and Efficiency Delivery Plan

Lead collaborative financial planning and resource allocation to maximise economies of scale and increase value for money, with a focus on high-cost and high-impact services, making best use of system assets and capacity.

Scope	Benefits
To be agreed.	• Financing cost effect services, within budget, meeting the needs of the people of Devon • More effective resource allocation • Demonstrating fiscal maturity, supporting the withdrawal from NOF4 and NOF3. • Financially sustainable aspectic and radiopharmacy services. • Enhanced system wide leadership • A future proofed primary care estate
Metrics	
• Financial account statements • Budgets • Establish Aseptic and Radiopharmacy KPIs. • Establish wastage KPIs • Primary care funding	

NHS Devon action	Milestones			
	Q1	Q2	Q3	Q4
Deliver ICS financial revenue plan for 25/26 including delivery of CIP targets and any additional financial criteria related to NOF4 exit.	Boards sign off financial plan Establish robust reporting metrics across system	Identify any mitigations for potential slippage.	Start CIP planning for 26/7	Complete delivery of plan with no overspend
Deliver ICB financial revenue plan for 25/26 including delivery of the CIP targets and any additional financial criteria related to NOF4 exit.	Boards sign off financial plan	Identify any mitigations for potential slippage.	Start CIP planning for 26/7	Complete delivery of plan with no overspend
Delivery of the ICB requirements	Exit NOF4		Plan exit of NOF3	Prepare to exit NOF3



Devon



Devon

Develop a framework for commissioning/decommissioning linked to delivery of the 2025/25 operational plan.	Develop framework and process for decommissioning linked to op plan delivery.			
Co-ordinate providers to deliver sustainable aseptics and radiopharmacy services with peninsula acute providers.	Conclude service reviews with providers	Agree future strategy and governance arrangements	Implement plan	Implement plan
Produce Devon ICS Research and Innovation Strategy	Prepare and socialise draft strategy	Publish Strategy		
Develop alignment between ICB/ICS objectives and regional clinical networks	Review network workplans and identify contributions to ICS plans	Ensure ICB and network plans are complementary		
Update Clinical & Care Professional Leadership framework and develop updated implementation plan, with any actions agreed for 2025/26 to take place.		Prepare updated framework	Socialise framework with stakeholders	Publish framework
In 25/26 we shall drive transformation and deliver savings across the estates portfolio and programme through minimising wastage and undertaking long term strategic planning to enable future decisions to be made over our core assets.	Continue to develop rationalisation programmes for our tail categorised assets and proceed with implementation through current governance arrangements	Continue to develop rationalisation programmes for our tail categorised assets and proceed with implementation through current governance arrangements	Continue to develop rationalisation programmes for our tail categorised assets and proceed with implementation through current governance arrangements	Continue to develop rationalisation programmes for our tail categorised assets and proceed with implementation through current governance arrangements
As PCN funding becomes available, we will deliver a primary care estates programme over a 15-year schedule.	Recruit to Primary Care Estates Manager role	Reset primary estates delivery programme in accordance with NHSE PCN guidance	Continue to develop schemes alongside BAU activity	Continue to develop schemes alongside BAU activity
The Devon New Hospital Programme (NHP) requires considerable investment of time and strategy to ensure its effective delivery.	Review scope of NHP programme for each trust in light of recent funding announcements	Assess risks associated with changes in NHP delivery and revise each trust programme in accordance with new funding timescales	Socialise revise programmes through system governance routes and with collaborative partner organisations	Establish as appropriate a support network to help facilitate newly revised trust programmes



Objective 14: Shared Clinical and Non-Clinical Support Services Delivery Plan

Deliver at scale to maximise efficiency and effectiveness, and reduce costs through the development of new, and better use of existing, shared service models for corporate back-office functions and clinical support services.

Scope	Benefits
In scope • Shared Service Models for Corporate Back-Office Functions ○ Centralising finance, HR, payroll, procurement, IT, and estates management to improve efficiency. ○ Implementing automated processes and digital solutions to streamline administrative tasks • Shared Service Models for Clinical Support Services ○ Optimising laboratory, radiology, pharmacy, and pathology services through shared models. ○ Supply chain management for medical consumables • Governance & Stakeholders- Engaging ICBs, NHS Trusts, and partner organisations to design shared models Out of scope • Direct Frontline Clinical Care Delivery - The focus is on corporate and clinical support services, not direct patient-facing care • One-Size-Fits-All Approach - Local flexibility is required, so not all NHS organisations will adopt identical shared service models	Increased Efficiency & Streamlined Operations • Reduces duplication • Automates tasks • Optimise resource allocation Cost savings and financial sustainability • Economies of scale • Reduction on procurement spending • Free up funding to be reinvested into clinical services Improve service quality and standardisation Enhance workforce productivity Faster and more reliable clinical support service • Improves patient outcomes through quicker diagnostic results and treatment planning
Metrics	
Estates and facilities teams by Q4 will have established operational groups with governance to begin working in a matrix format to support system wide delivery	

NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4



In 25/26 Estates and facilities shall implement new ways of collaborative working. We shall run a series of workshops to identify areas for collaboration for service mergers and agree a plan for further system integration	Agree phased integration plan with system estates directors and with the consideration to collaboration with CIOs partners	Establish a series of workshops with various strands of Estates and Facilities departments.	Commence delivery of first tier implementation with agreed departments	Evaluate and plan for next tier. Report back to Estates Directors.
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Objective 15: Digital Systems and Technology Delivery Plan

Lead the implementation of a shared digital care record to enable real-time information sharing and reduce duplication for clinicians and patients, and maximise the benefits of digital systems, automation, and AI while addressing digital exclusion.

Scope	Benefits
In scope - Procure and implement a Devon and Cornwall Care Record (DCCR) to enable data sharing across health and care providers. - Improve digital access for citizens and reduce health inequalities by addressing barriers to digital inclusion and ensuring equitable service availability. - Conduct an AI assessment to explore appropriate use cases for supporting General Practice, ensuring alignment with governance standards. Out of Scope - Direct changes to clinical pathways or services beyond digital enablement. - Development of new digital platforms outside of the Devon and Cornwall Care Record (DCCR) procurement. - Digital inclusion initiatives beyond the reach of services procured, commissioned or delivered by the NHS.	- Increase in % of citizens connected to NHS app - All core health and care organisations connected to DCCR - contract for DCCR in place, system being implemented - GP Practices have a lower burden of administration as mundane and repetitive tasks are automated using AI technology
Metrics	
- National NHS Statistics on % NHS App uptake by ICB (published monthly) - Names of organisations connected to the DCCR, with percentages for GP Practices and Care Homes - AI documentation developed - PCN and GP Leads undertaking Clinical Safety Training	

NHS Devon action	Milestones			
	Q1	Q2	Q3	Q4
Number of eligible citizens connected to the NHS App increased to 60%.	55%	56%	58%	60%



Devon



Devon

Remaining core health and care organisations connected to the DCCR by March 2028.	Torbay & South Devon NHS Connected to DCCR Care Home pilots connected to DCCR	Torbay Council connected to DCCR 90% of GP Practices connected to DCCR	Plymouth City Council Connected to DCCR 98% of GP Practices connected to DCCR	All core organisations connected to DCCR
To prepare the business case for the re-procurement of the DCCR and subject to approval to procure and implement the DCCR.	Business case completed. Apr 25 ICB Devon decision on business case (OBC): contract extension, full procurement or stop.	Procurement completed. Jul 25	FBC completed. Sept 25 ICB decision on FBC.	Contract agreed Implementation commenced (if different supplier)
Conduct an AI assessment to explore appropriate use cases for supporting General Practice, ensuring alignment with governance standards. (This Objective overlaps with 2, Primary Care Outcomes)	Run workshop with PCNs on potential AI and Automation opportunities. Governance processes agreed for pilot sites	Explore possible solutions and test them via the NHS England Regional Primary Care Lab	Develop Clinical safety Cases and documentation for using AI in PCNs	AI Test sites underway and providing feedback on the pros and cons

Objective 16: Workforce Productivity and Transformation Delivery Plan

Develop and deliver a system-wide plan to improve staff wellbeing, workforce productivity and efficiency by increasing our focus on inclusion, coordinating training pathways, supporting recruitment and retention initiatives, and ensuring sustainability through workforce transformation.

Scope	Benefits
In scope - Development and implementation of workforce programmes to support delivery of agreed system transformation programmes including:- - Out of Hospital - Urgent & Emergency Care - Peninsula Acute Sustainability Programme - Children & Young People - Transforming Devon Programme - Workforce redesign across the ICB priority areas (PASP/CYP/UEC/Out of Hospital) will have an impact on the requirements of workforce models required to deliver services. This is likely to require role reconfiguration, skill mix, changes to numbers of workforce within the service. - Designing our Future Workforce, talent attraction and development models (e.g. Careers Hub) to enable optimum service delivery and workforce sustainability. - Working with education partners to increase placement capacity, apprenticeships, AHPs and enhance the learner experience. - Internal ICB OD programme to improve the culture and ensure staff have the capabilities to deliver the annual plan priorities and the NHS 10-year plan. - Develop system leadership capability to support the transition of care from acute to community. Out of scope - Collaborative Corporate Services including Payroll - People Digital	- Delivery of NHS Long Term Workforce Plan. Delivery of statutory requirements of ICB People Function. - Delivery of MTFP and operational plan priorities - Improvement plans for achieving workforce financial sustainability targets, productivity and cost effectiveness. - Delivery of system transformation priorities - Improved culture and engagement of staff measured through staff survey and HR dashboard metrics - Improved system working and leadership capability - Future Workforce supply secured through robust and effective training.
Metrics	

- Cultural Dashboard monitoring EDI & People Promise deliverables (this will also capture wellbeing & engagement improvements)
- Sustainability grip and control informed by System Workforce Dashboard to monitor:
 - Sustainability metrics to include WTE, spend on substantive, bank, overtime and agency
 - Key workforce metric including
 - Retention / Sickness / Vacancies
 - Medical job planning % completed.
 - Placements / Apprenticeships / AHP learners
 - New roles/ TDP workforce transformation deliverables

NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4
Increase placement capacity across the system by 20% with the range of placement experiences increasing by 30% and reducing underutilisation by 30%	Collate placement baseline in secondary care	Placement baseline data across primary and secondary care Placement demand baseline data from educational establishments	Analysis of supply and demand data from providers and education partners. Design and pilot new learner models to increase placement capacity and utilisation Increase placement capacity by 10%	Develop a supply and demand dashboard, enabling future planning educational placements Increase placement capacity by 10%
Increase nursing and midwifery apprenticeships by 20%	Apprenticeship provider plans across health and social care in place for 25/26 academic starts. Build apprenticeship system dashboard, assuring of supply. 20% increase from baseline target	Review of at-risk professional groups and commence plans for 26/27 - MH/LDA/ODP. Podiatry, OT, Orthotics, Review educational pathways to meet system need. Dashboard pilot with providers	System wide levy agreement signed off and embedding into BAU. Engagement with private sector to increase levy funds if needed System dashboard operating	Review apprenticeship plans 26/27, 20% increase from baseline (2023) for 2026/27 academic starts
Increase advanced practitioners by 10% and by end 25/26 100% compliance with advanced practice matrix	Workshops to develop new and emerging areas of practice across providers Advanced Practice Scoping returns to NHSE	Workshop 2 to design posts and job plans Workforce planning for advanced practice posts 26/27	Governance review of advanced practice maturity matrix, identify system barriers and improvement plan to enable expansion	Review of workforce plans Review of learner quality panels Governance returns



Devon



Devon

Deliver against the Safe Learning Environment Charter – build a culture that better attracts and retains learners to local systems, ensuring best practice	4 components of Learner Charter identified to put into place	Plan in place for the 4 components System wide infrastructure built to support implementation	Pilot implementation in large provider and review	4 components of the charter implemented in secondary care and share learning in primary and social care
Design and deliver workforce programmes to enable in year delivery of System Transformation priorities	PASP round 1 modelling. Workforce Transformation Product fully developed and live.	PASP round 2 modelling. Clarity of TDP workforce priorities	PASP final round modelling.	Support to Transforming Devon Programme workforce redesign as requested
Our Future Workforce – designing future workforce, talent attraction and development models to enable optimum service delivery and workforce sustainability	Commence development plan for System Career Hub model.	Commence development of 5-year workforce plan. Continued development of System Career Hub model.	Continued development of 5-year workforce plan. Launch of System Career Hub model	5-year plan fully developed. System Career Hub model fully implemented.
Design, development and implementation of Cultural Dashboard to monitor key EDI, wellbeing and People promise delivery metrics at System level.	Specification of dashboard and engagement with key stakeholders	Dashboard live	Data informing corrective actions and scoping of 26/27 culture priorities	Data informing corrective actions. 26/27 culture deliverables fully scoped for approval
Create a culture for NHS Devon staff to grow and develop, nurturing talent and developing leadership skills at all levels, maximising the opportunities for NHS Devon to be a well-run, effective and efficient organisation in pursuit of our aims and objectives.	ICB Values and Behaviours Framework agreed, and implementation commenced	Commence Training Needs Analysis. Develop 'Way we work together' plan. Team Effectiveness offer for newly formed teams.	SLT development plan in place. Procurement of Learning & Development solutions.	Learning & Development plan in place for ICB. Implementation of 'Way we work together' plan.
Develop and deliver a comprehensive OD plan for the Devon System in preparation for the successful delivery of the NHS 10 year plan and a single operating model for Devon	ICS Maturity Framework complete. Stocktake of current leadership training	Plan for Single System Leadership Programme	Approval through relevant governance	Procurement and implementation

Objective 17: Social and Economic Development Delivery Plan

NHS Devon will play a full an active role working with partners to address social, economic and environmental priorities identified by the One Devon Integrated Care Partnership to reduce health inequalities and improve population health and wellbeing.

Scope	Benefits
In scope NHS Devon will work with partners across all communities to identify and implement actions that will support broader social economic development	1. Widen Access to Quality Work 2. Broaden Apprenticeships and Enhance Partner Capabilities 3. Purchase Locally 4. Leverage Social Value for Community Benefit 5. Strengthen Ties with Community and Local Organisations 6. Use Land and Buildings for Community Benefit 7. Reduce Carbon Footprint
Metrics	
- Anchor Organisation implementation plan in place and implementation underway. - Complete ICS Green plan by March 26	

NHS Devon actions	Milestones			
	Q1	Q2	Q3	Q4
Implement anchor organisation strategy by March 26.	Finalise Anchor Blueprint and share with all partners Identify leads for each workstream area Revise ToR and Membership of Anchor Steering Group	Stakeholder engagement Map existing Anchor activity in NHS Finalise framework for measurement and evaluation.	Develop draft action plan	Finalise action plan and begin implementation
Complete ICS Green Plan which will set out aims, objectives and delivery plans for carbon reduction for the system and works in parallel with the ICS Estates Infrastructure Strategy.	Planning and initial set up: Establish governance structure, stakeholder engagement, baseline assessment.	Submit Green Plan.	Strategy development: Integration with estates strategy, resource allocation.	Implementation and monitoring: launch key initiatives, monitor framework. Review and adjustment Progress Review, adjust and improve, report & communicate, plan for next year



Develop a comprehensive ICB stakeholder map	Finalise and test stakeholder map	Operationalise and implement		
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Delivering our Statutory Duties

The ICB has a range of statutory duties set out in legislation, including the Health and Care Act 2022. These duties shape how we plan, commission, and deliver services to improve population health, reduce inequalities, and ensure high-quality, sustainable care.

The table below outlines how we will meet these legal responsibilities, ensuring alignment with our strategic and operational priorities. It sets out each statutory duty alongside the specific actions we will take to deliver them.

By embedding these duties into our planning and delivery processes, we will drive improvements in health outcomes, financial sustainability, and system-wide integration. To deliver on our specific duties, it will be essential to work in partnership with Local Authorities, providers, and communities to meet the needs of our population effectively.

NHS statutory duties	How we will meet our duties	ICB Duty Sections
Describe health services the ICB proposes to arrange to meet needs	Our Joint Forward Plan (Appendix A) broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an operational planning submission that provides more detail about the planned performance of services. This submission is currently being developed and is due to be submitted to NHS England on 27 March 2025.	14Z52, 14Z53, 14Z54
Duty to promote integration	The Joint Forward Plan (Appendix A) is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each section of our JFP describes how system partners will work together to deliver joined up services. As part of the national operational planning process, we are also required to submit Better Care Fund (BCF) plans which describe how we will work in an integrated way with partners at	14Z42

	'Place'. These plans will be approved by Health and Wellbeing Boards ahead of submission to NHS England in March 2025.	
Duty to have regard to wider effect of decisions	The Joint Forward Plan (Appendix A) is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood. The strategy provides a framework to support decision-making helping to ensure that decisions made in one part of the system can be viewed and understood in the broader context of population health improvement.	14Z43
Implementing any JLHWS	There are three Health and Wellbeing Boards in Devon, and we have worked closely with all three to ensure that their priorities are reflected in the Joint Forward Plan. Relevant objectives from the Joint Forward Plan, have in turn informed the development of this Annual Plan. All three Devon Health and Wellbeing Boards have reviewed our updated Joint Forward Plan (2025-30) and have confirmed that it aligns with the priorities in local JLHWSs.	14Z52, 14Z53, 14Z54
Financial duties	Refresh of system-wide Medium Term Financial plan that will set out how Devon will achieve financial balance over the JFP 5-year period. We will meet our financial duties through year-on-year delivery of agreed annual financial plan.	223M
Duty to develop a joint capital resource use plan	Development and submission of the joint capital resource plan (linked to operational planning requirements). Due to be submitted to NHS England in March.	14Z56
Duty to improve quality of services	Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality. In accordance with the National Quality Board (NQB) guidance have robust mechanisms in place to enable proactive improvement and risk management where quality and safety standards are not being met or are at risk. We have developed ways to effectively share intelligence and triangulate insights. and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system recognising responsibility sits in different teams across provider, ICBs and others.	14Z34
Duty to reduce inequalities	One of our systems aims is tackling inequalities in outcomes, experience and access' and two of our strategic goals in our Integrated Care Strategy focus on the top five risk factors and causes of death and disability. A third strategic goal explicitly states that we want 'everyone to have an equal opportunity to be healthy and well'. To achieve this, each section of our Joint Forward plan outlines how relevant workstreams will contribute to reduce inequalities, particularly in relation to	14Z35

	Core20PLUS5 (including Children) and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families. NHS Devon's newly established Population Health function will be a key enabler and will co-ordinate our cross-system work in this area.	
Duty to promote involvement of each patient	We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal in our Integrated Care Strategy: 'People in Devon will be support to stay well at home, through preventative, proactive and personalised care'. Specifically, the Primary and Community Care workstream in our Joint Forward Plan describes how we will use the comprehensive model of personalised care to deliver this ambition.	14Z37
Duty to involve the public	The NHS Devon Working with People and Communities Framework sets out our principles for involving local people. The communications and involvement enabling programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way.	14Z45
Duty to enable patient choice	NHS Devon supports patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which supports patient choice at the point of referral into secondary care.	14Z37
Duty to obtain appropriate advice	We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South west Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health.	14Z38
Duty to promote innovation	We work closely with Health Innovation South West and Peninsula Research and Innovation Partnership to ensure we are cognisant of innovation and best practice. The Research and Innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.	14Z39
Duty in respect of research	We work closely Health Innovation South West and Peninsula Research and Innovation Partnership to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation enabling programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.	14Z40
Duty to promote education and training	We work collaboratively with our academic institutions, NHS and social care providers to promote health and care as a career option, supporting the development of programmes and learners within practice. Our ambitious plans align with the transformation of services to provide a supply of skilled	14Z41

	staff, providing care at the right time, in the right place, with the right reporting framework and robust metrics.	
Duty as to regard to climate change etc	We have committed in our updated Joint Forward Plan to develop and deliver ICS Green Plan to reduce emissions, embed sustainability into healthcare delivery, and drive system-wide transformation (in response to NHSE Green Plan guidance, NHS Net Zero Travel and Transport Strategy, Net Zero Building Standard, and the Estates Net Zero Carbon Delivery Plan).	14Z44
Duty as to effectiveness, efficiency and economy	We ensure effectiveness efficiency an economy by prioritising evidence-based decision-making (e.g. Commissioning policy informed by clinical effectiveness) optimising resource allocation and reducing unwarranted variation. We work with partners to streamline pathways, improve productivity, and drive innovation ensuring, high-quality care is delivered sustainably will achieving in value for money for tax payers.	14Z33
Duty to promote the NHS Constitution	We ensure compliance with the NHS Constitution by embedding its principles in our commissioning decisions and the design of services, ensuring patient rights are upheld, and working with our providers to deliver high-quality, equitable care. We also promote staff wellbeing, engage regularly with the public to support service design and monitor performance to uphold NHS values.	14Z32
Addressing the particular needs of children and young people	Our Joint Forward Plan includes specific strategic goals on children and young people and the children and young people delivery programme outlines the wide programme of work. Specific work programmes ensure that the ICB duties are met for; • Special Education Needs and Disabilities (SEND) • Safeguarding • Children in Care	
Addressing the particular needs of victims of abuse	We are active members of the three Safety Partnerships, two Safeguarding Adult Boards and three Safeguarding Children Partnerships in Devon. We work together to improve recognition of and protection of victims of abuse, to understand the needs of victims and survivors so they feel safe and can recover, and to work with communities to prevent and tackle community safety issues. We undertake individual case reviews to identify good practice and areas for improvement, and we work with partners to embed learning into practice to improve care, safety, and patient experience. We work with our health providers to improve the recognition of and response to those affected by violence and abuse, whether they be patients or staff members, and to meet the health needs of those impacted by trauma.	

Annual Plan Delivery

Executive and Directors will lead the delivery of the Annual Plan, drawing on subject matter expertise and leadership from across the organisation. This matrix approach will ensure that cross-cutting themes and interdependencies are managed effectively.

To support this, the Programme Management Office (PMO) will oversee the internal process, ensuring progress is monitored and issues are escalated through agreed governance structures. The focus will be on delivering the 2025/26 Annual Plan objectives, using high-level delivery plans to track progress against agreed milestones and metrics.

The process will also provide intelligence to support the Board Assurance Framework, track performance improvements and identify risks that need to be managed via corporate and/or directorate-level risk registers.

To support this process, the PMO have developed streamlined, 'light touch' highlight reports, ensuring progress is monitored effectively. If highlight reports provide sufficient assurance, meetings may be removed where they are not required.

The outputs from planning and delivery process will be consolidated into a monthly performance and highlight report, submitted to the agreed Board Assurance Committees and Executive Committee before formal progress reporting to the NHS Board via the Chief Executive's Report.

For additional assurance, each 2025/26 Annual Plan objective has been allocated to the appropriate Board Assurance Committees (see pages 8-11). This will enable a more formal review of progress and key risks linked to each objective, improving delivery oversight and improving visibility of progress and barriers to delivery at Board level.

Board Assurance Committees may also conduct deeper dives into areas of concern and scrutinise detailed programme plans as needed. Where planning objectives span the remit of multiple committees, committees may work together to undertake more comprehensive deep dives.

Appendices

Appendix A: One Devon 5-Year Joint Forward Plan



Appendix A - One
Devon 5-Year Joint Fc

Appendix B: National Priorities and Success Measures for 2025-26

Priority	Success measure
Reduce the time people wait for elective care	Improve percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement.
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5%-point improvement.
	Reduce proportion of people waiting over 52 weeks for treatment to less than 1% of total waiting list by March 2026.
	Improve performance against the 28- day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)

Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the ‘Three year delivery plan’
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance



Appendix C: NOF 4 Requirements

NHS Oversight Framework Domain	NOF 4 Exit Criteria Theme	NOF 4 Exit Criteria
Local Strategic Priorities	Strategy	Delivery of Phase 2 of the Acute Services Sustainability Programme
		Develop and commence implementation of a plan to eliminate unwarranted duplication of specialist DGH services across Devon
Leadership and Capability	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
Quality of Care, Access, and Outcomes	Urgent and Emergency Care (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.
	Elective Care	Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement
Finance and Use of Resources	Finance	Develop and deliver a short-term financial plan (2024/25) that is signed off regionally and nationally
		Deliver reductions in the run rate for each consecutive quarter
		To agree a financial recovery trajectory with NHSE, which includes specific dates for the achievement of non-recurrent and recurrent balance with clear milestones, and the confidence from NHSE as to the deliverability of the plan. This deliverability will be demonstrated through the achievement of key (materially significant) milestones

NOF 4 Exit Criteria Theme	Exit Measure
Leadership	Review of the ICS strategy (developed by the ICS Board) and Joint Forward Plan (developed by the ICB) during 2024/25 and agree priorities and timelines for delivery
	Revised NOF4 system architecture to reflect learning from 2023/24 RSP process. This will need to include effective governance arrangements for making collective decisions which have financial implications across organisational boundaries including control of workforce, service investments, cost reductions and productivity improvements.
	Development and delivery of organisational and system improvement plans with clear trajectories aligned to the exit criteria and 2024/25 operational plan to include: ○ Named SROs for organisational and system programmes ○ Clear accountability and reporting arrangements
	Agree which services will be delivered as part of a system-wide 'shared-services' programme and ensure realistic but stretching delivery plans are developed and progressed.
	Review and adapt Devon Operating Model and Governance Architecture in response to ICB governance review and the restructure aligned to reduced management costs
	Develop, agree and deliver specific improvement plans to address quality and performance issues raised by regulators. This will include any CQC notices and requirements of MSSP .
Strategy	Phase 2 to be launched in May 2024. Maternity services to be brought into the Programme with workshops complete before end July
	Detailed modelling of the scenarios already developed for paediatric, medicine and surgical assessment services to be completed by September 2024 and Maternity by end November 2024
	Draft Case for Change developed and socialised with key stakeholders during the summer of 2024
	Final Case for Change agreed and signed off by Boards by November 2024
	Options appraisal to be undertaken in advance of public consultation process being activated (date TBC before end Q4 2024/25)
	Integrated solutions developed, agreed and in progress for a minimum 6 Fragile services
	Proposal for elimination of unwarranted duplication of 'specialised services' agreed, and implementation plans underway
	Public consultation process and timeline agreed with Region
	Improvements in line with agreed baseline and plan, over two quarters, in ambulance handover delays (>15 minutes & > 3 hours)

Urgent and Emergency Care (UEC)	Improvements in line with agreed baseline and plan, over two quarters, in ambulance response times for Category 2 incidents to 30 minutes on average
	Improvements in line with agreed baseline and plan, over two quarters, in 4 hour performance & 12-hour breaches
	Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories
	Achieve and sustain a reduction in number of patients who no longer meet the "criteria to reside in hospital"
	CQC confirmation of UHP compliance with Conditions on the trust's Licence
	Meet and maintain the exit criteria for national Tier 1 for UEC.
Elective Care	Elimination of waits over 104 weeks and 78 weeks, in line with agreed plan and operational planning guidance.
	Virtually eliminate waits over 65 weeks for elective care in line with agreed plan and operational planning guidance.
	Meet and maintain the exit criteria for national Tier 1 for Elective, by all trusts
Finance	Develop and deliver a financial plan for 2024/25 that is signed off regionally and nationally. This will include, but not limited to: • Confirmation of the exit underlying run rate from 2023/24 and an improvement in the actual recurrent run rate in the 2024/25 plan (Q1 24/25) • The 2024/25 plan shows an improvement in productivity compared to 2023/24 (Q1 24/25) as agreed with NHS England • A system-wide shared services programme is developed that has all appropriate back-office functions within scope and includes accompanying timelines and delivery plans • The system delivers the financial plan for 2024/25 recurrently for two successive quarters (Q4 24/25) • The system delivers improvements in productivity for two successive quarters compared to [baseline year to be determined] (Q4 24/25).
	To agree a financial recovery trajectory with NHSE, which includes specific dates for the achievement of non-recurrent and recurrent balance with clear milestones, and the confidence from NHSE as to the deliverability of the plan. This deliverability will be demonstrated through the achievement of key (materially significant) milestones
	Develop and agree a Capital Plan that is clearly aligned to System strategic priorities and supports long term financial sustainability.
	Develop and agree a workforce plan that is clearly aligned to System strategic priorities and supports long term financial sustainability.

NHS Devon Integrated Care Board

Approach to 2025/26 Board Assurance Framework

Date of meeting	Date report produced
27 March 2025	20 March 2025

Author(s)		Report approved by	
Name and title:	Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer	Name and title:	Steve Moore, Chief Executive Officer
Phone:	01392 675 116	Date:	20 March 2025
Email:	philippa.harding4@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 paper proposes a new approach for the Board Assurance Framework (BAF) for the 2025/26 financial year, aligning it to the NHS Devon 2025/26 Annual Plan, as well as proposing a Risk Appetite Statement.

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

Key recommendations and actions requested

APPROVE the proposed approach to articulation of the Board Assurance Framework in 2025/26

APPROVE the proposed approach to the articulation of the Risk Appetite Statement for 2025/26

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Impacts on all of these areas.
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	Risk management systems and processes do not in themselves present any quality or safety implications. They capture and report the risks relating to population health outcomes and patient experience in the One Devon Integrated Care System, in order to ensure that they are appropriately mitigated / controlled.
Health Inequalities	None
Workforce	None
Resources and Finance	Risk management systems and processes do not present in themselves any financial implications. They capture and report the strategic financial risks faced by NHS Devon in order to ensure that they are appropriately mitigated / controlled.
Legal	Sound control and assurance mechanisms, including risk management systems are an essential component of internal control processes. NHS organisations are required to sign an annual governance statement to provide reasonable assurance that they have been properly informed about the totality of their risks and can evidence that they have identified the organisational objectives and managed the principal risks to them. There is a mandatory annual internal audit review into aspects of risk management and the BAF each year.
Digital and Data	None
Engagement and Consultation	None

Approach to 2025/26 Board Assurance Framework

Introduction and Background

1. NHS Devon is required to prepare public statements to confirm that it has done its reasonable best to maintain a sound system of internal control to manage the risks to achieving its objectives. This is achieved by the Chief Executive providing a signed Annual Governance Statement, which covers the risk management and review processes within the organisation. The evidence to support this Statement is supported by the Board Assurance Framework, referred to hereafter as the BAF.
2. NHS Devon's BAF is based upon the identification of its strategic objectives (in essence, its strategic aims and goals), the principal risks to delivering them, the key controls to minimise these risks, with the key assurances of these controls identified. These are monitored by the NHS Devon Executive to resolve issues or concerns and to improve control mechanisms.

Board Assurance Framework in 2024/25

Greater alignment to NHS Oversight Framework

3. In light of the importance of exiting Segment 4 of the NHS Oversight Framework (NOF4), it was agreed at the NHS Devon Board meeting on 27 March 2024 that the BAF in 2024/25 should be aligned to the six themes set out in the NHS Oversight Framework:
 - Quality of care, access and outcomes
 - Preventing ill-health and reducing inequalities
 - Finance and use of resources
 - People
 - Leadership & capability
 - Local strategic priorities
4. The BAF risks have, therefore, been articulated in 2024/25 as follows:

Quality of care, access and outcomes

If NHS Devon does not work with system partners to deliver NHS service performance in line with national standards, then we will fail to deliver on one of our key statutory purposes (improve outcomes in population health and

healthcare), resulting in patients across the One Devon Health and Care System not receiving the services that they need.

Preventing ill-health and reducing inequalities

If NHS Devon is unable to embed a focus on population health management across all of its own activities and those of its partners, then we will fail to deliver on one of our key statutory purposes (tackle inequalities in outcomes, experience, and access), resulting in patients across the One Devon Health and Care System potentially continuing to suffer health inequalities.

Finance and use of resources

If NHS Devon does not work with system partners to deliver financial recovery plans, then we will fail to deliver on one of our key statutory purposes (enhance productivity and value for money), resulting in patients across the One Devon Health and Care System potentially not receiving the services that they need.

People

If NHS Devon does not work with system partners to grow and develop the NHS workforce, then we will fail to deliver the priorities set out in the NHS People Plan, resulting in patients across the One Devon Health and Care System not receiving the services that they need.

Leadership and capability

If NHS Devon does not sufficiently develop its own leadership capability and that within system partners (particularly clinical leadership), then we will fail to deliver transformational change in relation to service delivery, resulting in patients across the One Devon Health and Care System not receiving the services that they need.

Reflecting the strategic objectives set out in the 2025/26 Annual Plan

5. The Board agreed the 2024/25 NHS Devon Annual Plan at its meeting on 30 May 2024. The Annual Plan was designed to constitute a critical framework to meet both local and national healthcare objectives. The plan aligns with the One Devon Integrated Care Strategy and incorporates objectives from the NHS Long Term Plan, NHS England's operational planning guidance, and the NHS Oversight Framework. It is designed to ensure that all statutory responsibilities are met while maintaining essential 'business as usual' activities, including internal communications and staff health and wellbeing.
6. The 2024/25 Annual Plan initially consisted of 135 objectives, which were allocated according to Chief Officer portfolios. In light of the number of objectives, it was not possible to constitute the BAF in such a way that reflected the objectives set out in the Annual Plan. The 2025/26 Annual Plan consists of 17 overarching objectives, addressing the following areas:
 - Population Health and Prevention Focused Commissioning
 - Enhance Primary Care Outcomes
 - Strengthen Community-Based Care and Support

- Improve Services for Adults with Mental Health Disorders, Learning Disabilities, Autism, and Neurodiversity
 - Improve Services for Children and Young People
 - Maternity and Neonatal Improvements and Women's Health
 - Health Protection and Prevention of Infectious Diseases
 - Proactive, Preventative, Personalised Care at Home
 - Improve Quality and Safety
 - Strengthen Safeguarding Across the System
 - Clinical Service Change and Transformation
 - Support 'In-Hospital' Productivity Improvement
 - System Productivity and Efficiency
 - Shared Clinical and Non-Clinical Support Services
 - Digital Systems and Technology
 - Workforce Productivity and Transformation
 - Social and Economic Development
7. Further information about the detail of proposed 2025/26 Annual Plan overarching objectives can be found elsewhere on the agenda for this meeting.
8. It is proposed that, subject to the approval of the 2025/26 Annual Plan by the Board, the 2025/26 BAF should focus on providing assurance with regard to the risks to each of the 17 Annual Plan objectives. If the Board supports this approach work will be undertaken with each Board Assurance Committee in April and May to understand the risks associated with the overarching objectives which have been allocated to them.
9. **The Board is asked to APPROVE the proposed approach to articulation of the Board Assurance Framework in 2025/26**

Development of a Risk Appetite Statement

10. Risk appetite is defined as 'the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic objectives' and is key to achieving effective risk management. It represents a balance between the potential benefits of innovation and the threats that change, and improvement inevitably bring. It should be at the heart of the systems and processes in place to manage risk within NHS Devon, as well as how decisions are taken.
11. Alongside the proposed work on the BAF risks with the Board Assurance Committees, it is proposed that each Board Assurance Committee should be tasked with proposing a risk appetite for the BAF risks allocated to them. This will be presented to the Board in May for approval as the risk appetite statement for 2025/26.
12. It is proposed that the Corporate Governance Institute Framework already adopted by NHS Devon for the articulation of its risk appetite should continue to be used in 2025/26:

Avoid	Avoidance of risk and uncertainty is a key organisational objective
Minimal	(ALARP) (as little as reasonably possible). Preference for ultra-safe delivery options that have a low degree of inherent risk and only limited reward potential
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward and Value for Money (VfM)
Seek	Eager to be innovative and choose options offering potentially higher business rewards despite greater inherent risk
Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust

13. The agreed ‘risk appetite’, that is, the levels and types of risk that the Board is prepared to accept (and not accept) in pursuance of the strategic goals of NHS Devon, will be used to inform agendas for meetings of the Board and its Committees, as well as to ensure that the mitigations/controls being put in place for risks are appropriate.
14. **The Board is asked to APPROVE the proposed approach to the articulation of the Risk Appetite Statement for 2025/26.**

Recommendation

15. The Board is asked to:
- **APPROVE** the proposed approach to articulation of the Board Assurance Framework in 2025/26
 - **APPROVE** the proposed approach to the articulation of the Risk Appetite Statement for 2025/26.



NHS Devon Integrated Care Board

Review of the NHS Devon Corporate Governance Framework

Date of Meeting		Date Report Produced	
04 March 2025		24 February 2024	
Author(s)		Report Approved By	
Name and title:	Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer	Name and title:	Kevin Orford, Chair, NHS Devon
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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

This report provides the NHS Devon Integrated Care Board with information about the proposed amendments to the essential documents which form the NHS Devon corporate governance framework. It is proposed that these documents are reviewed on an annual basis from now on.

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

N/A

Review of the NHS Devon Corporate Governance Framework

Introduction and Background

1. Integrated Care Boards (ICBs) are required to have a set of essential documents which form their corporate governance framework.
2. This report provides information about the documents which form the NHS Devon Corporate Governance Framework and their proposed amendment to ensure that they are fit for 2025/26. The detailed documents are appended to the report.
3. Best practice indicates that an annual review should be undertaken of all of these documents to ensure they remain fit for purpose. This is the first annual review, which it is intended that NHS Devon will undertake at the end of each financial year. This will ensure that the organisation starts each financial year with the most appropriate corporate governance framework.

Approach

4. The Corporate Governance team has undertaken a desktop review to assess how the NHS Devon Corporate Governance Framework supports delivery of the CQC “well-led” Quality Statements and aligns to the NHS Oversight Framework.
5. This has focused on the NHS Devon Corporate Governance Framework; however, it should be noted that an informal review of the oversight and assurance mechanisms in place across the One Devon Integrated Care System has also taken place alongside this work.
6. The following key documents have been assessed as part of the NHS Devon Corporate Governance Review:
 - NHS Devon Constitution (Annex A)
 - Corporate Governance Handbook (Annex B)
 - Scheme of Reservation and Delegation (Annex C)
 - Standing Financial Instructions (Annex D)
 - Operational Scheme of Delegation
 - Key corporate governance policies (Annex E)

7. Work has also been undertaken to review the effectiveness of the key meetings within the NHS Devon Corporate Governance Framework:
 - NHS Devon Board Assurance Committees
 - One Devon Integrated Care Partnership
 - NHS Devon Executive
 - Sub-groups of the NHS Devon Executive
8. The effectiveness of these meetings was assessed in the following manner:
 - Meeting led by the Director of Governance to review effectiveness with Chair and Senior Responsible Officer for each Assurance Committee, together with the Chair of the NHS Devon Board.
 - Outcomes of review meetings to be presented to each Assurance Committee, together with any proposed amendments to Terms of Reference and Membership.
9. As a result of this work, a number of minor amendments are proposed to the terms of reference of each of the Board's Committees. These are highlighted in the terms of reference attached as Annexes F1-7.
10. Finally, progress against the Governance Improvement Plan approved by the NHS Devon Board in July 2024 has been reviewed and an initial draft plan for 2025/26 is proposed. These are attached as Annexes G1 and G2 respectively.

NHS Devon Constitution

11. All ICBs must have a constitution and, in developing these, have been required to use a model constitution that was provided by NHS England (NHSE) as a basis. This was designed to set out how all ICBs will function and take decisions in a concise and transparent way.
12. Since the initial establishment of ICBs, NHSE has varied the model constitution a number of times. The purpose of the review and resulting proposed amendments of the NHS Devon Constitution was to ensure that the Constitution reflected the model constitution as appropriately as possible. The proposed amendments are highlighted as tracked changes in the version of the Constitution that is attached as Annex A to this report.
13. The proposed amendments can be summarised as follows:
 - Amendments to bring the NHS Devon Constitution in line with the NHSE model constitution
 - Amendments to address drafting, spelling and formatting errors
 - Amendment to the procedure for proposal and agreement of variations to the Constitution
 - Amendment of regular participants and observers at Board meetings
 - Amendments to the appointments processes for partner and ordinary members who are not executive/non-executives
 - Clarification of Mental Health Member status

- Addition of Voluntary, Social and Community Enterprise (VCSE) Member
 - Amendment of the name and role of the Remuneration and ICB Internal Workforce Committee and the creation of a Non-Executive Remuneration Panel
 - Re-ordering of section related to arrangements for conflict of interest management and standards of business conduct
 - Amendment of principles for ensuring accountability and transparency
 - Addition of reference to NHS Provider Selection Regime
 - Amendments of arrangements for Public Involvement
14. The proposed amendments have been reviewed by our legal advisors, as well as having been subject to consultation with the following key stakeholders:
- Health and Wellbeing Board Chairs
 - Council leaders
 - MPs
 - Scrutiny chairs
 - VCSE Assembly
 - Healthwatch
 - Provider CEOs and chairs
15. No significant issues were raised by these stakeholders.
16. It is not within the gift of NHS Devon to amend its own Constitution. This requires the approval of NHS England (NHSE). **Therefore the Board is asked to APPROVE the submission of the proposed amendments to NHSE for final approval.**

Governance Handbook

17. All ICBs are required to have a “governance handbook”. The model constitution for all ICBs developed by NHSE states that this should bring together all the ICB’s governance documents, making it easy for interested people to navigate. The Governance Handbook should include:
- **The Scheme of Reservation and Delegation (“SoRD”)**
 - **Functions and Decision Map** – a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decision Map also includes decision making responsibilities that are delegated to the ICB (for example, from NHS England).
 - **Standing Financial Instructions**
 - **Terms of reference** for all committees and sub-committees of the Board that exercise ICB functions;
 - **Delegation arrangements** for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS Trust, NHS Foundation Trust, local authority, combined authority or any other body duly prescribed in secondary

legislation; or to a joint committee of the ICB and one or more of those organisations in accordance with section 65Z6 of the 2006 Act;

- **Terms of reference of any joint committee** of the ICB and another ICB, NHS England, an NHS Trust, NHS Foundation Trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or more of those organisations in accordance with section 65Z6 of the 2006 Act;
 - **The up-to-date list of eligible providers of primary medical services;**
 - **Key policy documents** – including the following, as amended, supplemented or updated from time to time by the Board of the ICB:
 - Standards of Business Conduct Policy
 - Conflicts of Interest Policy
 - Other documents as determined by the Chair or Chief Executive Officer for inclusion in the Governance Handbook from time to time.
18. The NHS Devon Governance Handbook (attached at Annex B) has been completely revised to include the information set out above. It has been re-developed with a view to providing an easy to navigate guide to the governance arrangements of the One Devon Integrated Care System.
19. As the Governance Handbook includes a greater level of detail than previously, it is anticipated that it will require updating more regularly, for example to reflect new appointments to Executive roles. Where these types of non-substantive amendment are required, it is proposed that authority to approve these should be delegated to the Chair of the Board.
20. **The Board is asked to APPROVE the revised Governance Handbook and agree to delegate authority to approve non-substantive amendments to the Chair of the Board.**

Scheme of Reservation and Delegation (SoRD)

21. All Boards need a Scheme of Reservation and Delegations (SoRD). The SoRD sets out those functions that are reserved to the Board of NHS Devon and those functions that have been delegated in accordance with the powers of an ICB and which must be agreed in accordance with and be consistent with the constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated. This is a detailed document which is attached at Annex C to this report. The SoRD was recently reviewed and presented to the NHS Devon Board for approval in July 2024. No amendments to the SoRD are proposed at the current time; therefore, **the Board is asked to APPROVE that no amendments should be made to the SoRD.**

Standing Financial Instructions (SFIs)

22. Standing Financial Instructions (SFIs) are a detailed document which include the delegated limits of financial authority set out in the SoRD. SFIs are designed to ensure regularity and propriety of financial transactions. They

define the purpose, responsibilities, legal framework and operating environment of NHS Devon. These are attached at Annex D to this report.

23. The SFIs were recently reviewed and presented to the NHS Devon Board for approval in July 2024. No amendments to the SFIs are proposed at the current time; therefore, **the Board is asked to APPROVE that no amendments should be made to the SFIs.**

Operational Scheme of Delegation (OSoD)

24. The NHS Devon Board has delegated authority to the NHS Devon Executive to approve an Operational Scheme of Delegation (OSoD). This has been reviewed and is due to be presented for approval at the meeting of the NHS Devon Executive on 01 April 2025, it is therefore not attached to this report.
25. **The Board is asked to NOTE that the Operational Scheme of Delegation has been reviewed and will be presented to the NHS Devon Executive for approval at its meeting on 01 April 2025.**

Key Policies

26. NHSE requires that all ICBs must adopt the following policies:
 - Standards of Business Conduct Policy
 - Conflicts of Interest Policy
27. The following additional policies have been identified as a core corporate governance policy requiring NHS Devon Board approval:
 - Policy for the Development and Management of Procedural Documents
 - Risk Management Policy
 - Receipt, Acceptance and Management of Petitions Policy
28. The Policy for Public Involvement and Engagement (known as the People and Communities Framework) is presented to the Board elsewhere on the agenda for this meeting.

Policy for the Development and Management of Procedural Documents

29. This policy (Annex E1) provides a definition of procedural documents (law/regulation, constitution, strategy, policy, procedure/protocol and supporting documents) and it sets out the template to be adopted for NHS Devon policies.
30. The policy sets out how new procedural documents should be developed and the approach to be taken to amending/reviewing them. It highlights requirements in relation to impact assessments and the development of implementation plans to support strategies and policies. It also sets out consultation requirements to be fulfilled in advance of seeking approval for strategies and policies.

31. The Corporate Governance team has reviewed the Policy following a year of practical application and proposes a number of minor amendments to build upon and clarify requirements around Equality Quality Impact Assessments (EQIAs). The appendices have also been updated to reflect amended processes to support the policy.

Standards of Business Conduct Policy

32. This policy (Annex E2), which should be read in conjunction with the Conflicts of Interest Policy, sets out the arrangements that will be made to ensure the highest standards of corporate behaviour and responsibility from NHS Devon Board members, staff and decision-making groups.
33. The policy indicates NHS Devon expectations in relation to declarable interests, charitable collections, political activities and personal conduct (including corporate responsibilities, use of social media, confidentiality, gambling, lending and borrowing, trading on official NHS premises, insolvency and arrest or conviction).
34. Minor amendments are proposed by the Corporate Governance team following the identification of best practice by NHS Devon's internal auditors during internal audit review work undertaken in 2024/25.

Conflicts of Interest Policy

35. This policy (Annex E3), which should be read in conjunction with the Standards of Business Conduct Policy, sets out how NHS Devon will manage conflicts of interest risks effectively. Much of its content is based upon the previous CCGs Conflicts of Interest Policy, which in turn had adopted the NHSE Model Conflicts of Interest Policy. The policy provides definitions of the different types of conflicts of interest which exist (financial, non-financial professional, non-financial personal, and indirect interests). It also highlights the roles and responsibilities of key individuals within NHS Devon with regard to the management of conflicts of interest.
36. The policy dictates the actions to be taken in identifying, declaring and reviewing interests. It also sets out how information about interests will be published or withheld. It sets out how interests should be managed within meetings. It also explains the type of interests that should be declared (loyalty, gifts, hospitality, meals and refreshments, travel and accommodation, outside employment, shareholdings, patents, donations, clinical private practice). Arrangements to be made in relation to sponsorship and joint working are also included in the policy, as well as procurement and contract monitoring.
37. Amendments are proposed following the identification of best practice by NHS Devon's internal auditors during internal audit review work undertaken in 2024/25 and revisions to NHSE guidance.

Risk Management Policy

38. NHS Devon is required (by statute and Department of Health and Social Care guidance) to systematically identify and control all significant strategic and operational risks. These arise across the organisation and include clinical and corporate services. This policy (Annex E4) aims to ensure that risk management is an integral part of NHS Devon's organisational culture.
39. Very minor amendments are proposed to ensure that titles and organisational structures are up-to-date in the policy. It should be noted that it is anticipated that the information contained within the appendices to the policy will be updated early in 2025/26, following the identification of best practice by NHS Devon's internal auditors during internal audit review work undertaken at the end of 2024/25. Proposed amendments to Appendix H (Risk Appetite) will be presented to the Board for approval at its meeting in public in May 2025. Appendix 1 (Risk Management Training Schedule) will be presented to the NHS Devon Executive for approval in June /July 2025.

Receipt, Acceptance and Management of Petitions Policy

40. The aim of this policy (Annex E5) is to outline how NHS Devon will handle any petitions received from the local community. It applies to the receipt, acceptance and management of all petitions received by NHS Devon, whether a hard copy or an e-petition. It does not apply to petitions received in response to a formal consultation on a proposal to change an existing service. These petitions will be managed instead through that formal consultation process.
41. Minor amendments are proposed following the operation of the policy in 2024/25.
42. **The Board is asked to APPROVE the proposed amendments to the following key corporate governance policies:**
 - **Policy for the Development and Management of Procedural Documents**
 - **Standards of Business Conduct Policy**
 - **Conflicts of Interest Policy**
 - **Risk Management Policy**
 - **Receipt, Acceptance and Management of Petitions Policy**

Committee Effectiveness and Terms of Reference

43. The following Board Assurance Committees have been formed to support the work of the Board:
 - Population Health Improvement Committee (PHIC)
 - Quality and Patient Experience Committee (QPEC)
 - Finance and Performance Committee (FPC)
 - People and Organisational Development Committee (PODC)

- Remuneration and ICB Internal Workforce Committee (RemCo) – constitutional requirement
 - Audit and Risk Committee (ARC) – constitutional requirement
44. Proposed minor amendments to the terms of reference of each Committee have been considered as part of a dedicated agenda item on individual Committees' effectiveness in 2024/25. These are attached as Annexes F1-6.
45. In addition to the Board Assurance Committees, the Board has also established the NHS Devon Executive, which in turn has established the NHS Devon Commissioning Group. The NHS Devon Executive has agreed to recommend a number of minor amendments to its terms of reference, which are attached as Annex F7.
46. NHS Devon, Devon County Council, Plymouth City Council and Torbay Council have jointly established the One Devon Integrated Care Partnership (ICP) as a Joint Committee in accordance with the constitutions of each statutory organisation. As the ICP has recently been refreshed and a new Chair appointed, it is anticipated that it will review and propose amendments to its terms of reference in 2025/26. This will be captured as an action in the 2025/26 Governance Improvement Plan.
47. **The Board is asked to APPROVE the proposed amendments to the terms of reference of the following Committees:**
- **Population Health Improvement Committee**
 - **Quality and Patient Experience Committee**
 - **Finance and Performance Committee**
 - **People and Organisational Development Committee**
 - **Remuneration and ICB Internal Workforce Committee**
 - **Audit and Risk Committee**
 - **NHS Devon Executive**
48. **The Board is asked to APPROVE the following membership for its Assurance Committees in 2025/26:**

Committee	Membership
NHS Devon Population Health Improvement Committee	• Independent Non-Executive Member (Chair): Lopa Patel • Independent Non-Executive Member (Vice Chair): Thandiwe Hara • Either NHS Devon Chair or Independent Non-Executive Member: Kevin Orford • Partner Member - Providers of Primary Medical Services: Frank O'Kelly • Partner Member – Director of Public Health: Lincoln Sargeant • Chief Medical Officer (Lead Executive): Peter Collins • Chief Operating Officer: John Finn (acting)

Committee	Membership
NHS Devon Quality and Patient Experience Committee	- Independent Non-Executive Member (Chair): Thandiwe Hara - Independent Non-Executive Member: Salma Ali - Either NHS Devon Chair or Independent Non-Executive Member: Kaye Bentley - Partner Member – Providers of Primary Medical Services: Frank O'Kelly - Chief Nursing Officer (Lead Executive): Penny Smith - Chief Medical Officer: Peter Collins
NHS Devon Finance and Performance Committee	- Independent Non-Executive Member (Chair): Kaye Bentley - Independent Non-Executive Member: Lopa Patel - Either NHS Devon Chair or Independent Non-Executive Member: vacant - Chief Finance Officer (Lead Executive): Kirsty Denwood (interim) - Chief Nursing Officer: Penny Smith - Chief Operating Officer: John Finn (acting)
NHS Devon People and Organisational Development Committee	- Independent Non-Executive Member (Chair): Salma Ali - Independent Non-Executive Member (Vice Chair): Thandiwe Hara - Independent Non-Executive Member: Lopa Patel - Partner Member - Providers of Primary Medical Services: Frank O'Kelly - Partner Member – NHS Trusts and NHS Foundation Trusts: Sam Higginson - Chief People Officer (Lead Executive): Piers Tetley - Chief Finance Officer: Kirsty Denwood (interim) - Co-opted member - a Chief People Officer from one of the NHS Trusts/Foundation Trusts within the One Devon Integrated Care System: Liz Perry (Devon Partnership NHS Trust)
NHS Devon Remuneration and Internal ICB Workforce Committee	- Independent Non-Executive Member (Chair): Kaye Bentley - Independent Non-Executive Member (Vice Chair): Lopa Patel - Independent Non-Executive Member: Salma Ali

Committee	Membership
	- Independent Non-Executive Member: Thandiwe Hara - NHS Devon Chair: Kevin Orford - Partner Member - Providers of Primary Medical Services: Frank O’Kelly - Co-opted Member – Chair of the ICP: Mary Aspinall
NHS Devon Audit and Risk Committee	- Independent Non-Executive Member (Chair): Graham Clarke - Independent Non-Executive Member: (Vice Chair) Kaye Bentley - Independent Non-Executive Member: Salma Ali

Governance Improvement Plan

49. At its meeting in July 2024, the NHS Devon Board approved a Governance Improvement Plan. An update on progress against the plan is included at Annex G1 to this report.
50. It was noted at the time of approval that a number of the proposed timeframes for actions were “stretch-targets”. This should be taken into account when considering the delivery of these.
51. Work has started on the development of a Governance Improvement Plan for 2025/26 (attached as Annex G2 to this report).
52. **The BOARD is asked to TAKE SATISFACTORY ASSURANCE from the progress made against the Governance Improvement Plan in 2024/25 and APPROVE the Governance Improvement Plan for 2025/26.**

Conclusion

53. The NHS Devon Integrated Care Board is asked to:
 - **APPROVE** that the proposed amendments to the following essential documents from the NHS Devon corporate governance framework:
 - NHS Devon Constitution (including Standing Orders) (Annex A)
 - Corporate Governance Handbook (Annex B)
 - Key Policies (Annex E)
 - **APPROVE** that no amendments should be made to the following essential documents from the NHS Devon corporate governance framework:
 - Scheme of Reservation and Delegation (Annex C)
 - Standing Financial Instructions (Annex D)

- **NOTE** that the Operational Scheme of Delegation has been reviewed and will be presented to the NHS Devon Executive for approval at its meeting on 01 April 2025.
- **APPROVE** the proposed amendments to the terms of reference of the Board's Committees and Committee membership in 2025/26 (Annex F)
- **TAKE SATISFACTORY ASSURANCE** from the progress made against the Governance Improvement Plan in 2024/25 and **APPROVE** the Governance Improvement Plan for 2025/26 (Annex G)

NHS Devon Integrated Care Board

Specialised Commissioning – delegation arrangements

Date of meeting		Date report produced	
27 March 2025		25 February 2025	
Author(s)		Report approved by	
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Phone:	01626 204864	Date:	25 February 2025
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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 purpose of this paper is to provide an update on the progress and delivery of the specialised services delegation programme, and to seek Board approval of the arrangements supporting the delegation of commissioning responsibilities to Integrated Care Boards (ICBs) with effect from 01 April 2025.



To support ICBs in agreeing to take on delegated responsibility for the commissioning of specialised services, a draft delegation pack has been prepared by NHS England (NHSE), which consists of the following material (all of which can be made available to Board members on request):

- Operational Arrangements document
- Legal and Compliance handover report
- Finance Standard Operating Procedure
- Quality Framework
- Risk Framework
- Joint Committee Terms of Reference
- Safe Delegation Checklist Plus
- Transition Plan (collated actions ongoing from SDC+ for both 1st of April and 1st July 2025)

ICBs are being asked to enter into specific agreements to support the delegation of this authority, in the form of the following documents available to Board members in the appendices to this report:

- Delegation Agreement
- Collaboration Agreement

The detailed documents to support the delegation proposal have been reviewed by the appropriate officers, as set out below. This review process has been followed to provide assurance to the NHS Devon Board that the appropriate oversight has been undertaken to support the Board's decision making in this matter.

ICB Collaboration Agreement Delegation Agreement	Phillipa Harding - Director of Governance and Interim Chief Communications and Corporate Affairs Officer
Specialised Commissioning Operational Arrangements	John Trevains - Director of Nursing and Quality Barabara Jones - Deputy Director of Contracting
Risk Management Framework Quality Framework	John Trevains - Director of Nursing and Quality
Standard Operating Procedure - Finance	Ben Chilcott - Deputy Director of Finance (Strategic)
Information Governance Documents	Lucy Long - Data Protection Officer

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

11 July 2023 NHS Devon Senior Executive Team (SET)

A paper outlining the ask of Delegation of Specialised Commissioning to ICBs Support of Pre-Delegation Assessment Framework (PDAF) from NHS Devon Board.

22 August 2023 NHS Devon Senior Executive Team (SET)

A paper outlining the ask was brought to SET on 22 August and the PDAF has been developed in collaboration with the Joint Specialised Commissioning Committee.

- 06 September 2023 NHS Devon Board**
Signing of Pre-Delegation Assessment Framework for 2024/25 Specialised services
- 16 July 2024 NHS Devon Executive Team**
Briefing for NHS Devon Execs on the High-Level Governance and ICB Collaboration Arrangements being discussed for the Delegated Specialised Services.
- 15 October 2024 NHS Devon Executive**
Reconfirm Intention to take Delegated Commissioning
- 31 October 2024 NHS Devon Board Development Session**
Briefing in relation to proposed 2025/26 delegation arrangements
- 04 March 2025 NHS Devon Executive**
Agree to seek Board approval of the delegation of commissioning responsibilities.

Key recommendations and actions requested

APPROVE the acceptance of delegated specialised commissioning responsibility from NHSE and the proposed arrangements to support this delegation.

Impact on NHS Devon Objectives	
Objective	Impact
Improve Population Health	Positive - Specialised Services form part of integrated care pathways serving the needs of Devon population. There is an opportunity to improve the management of care and consider areas for greater prevention and pathway redesign.
Improve Services and Reduce Unwarranted Variation	Positive – Delegation will provide opportunity to plan and commission improved and more integrated services for our patients. There is currently variation in access and outcomes of care specialised services delegation seeks to identify and address unequal outcomes.
Make More Efficient Use of Our Resources	Positive - Due to the high cost of specialised services there is significant opportunity to consider how services can be designed to maximise value.
Develop Our Culture and How We Operate	Positive – Collaborative working between ICB, national and regional leads, system partners and South West ICBs.



Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Improvement of access to services for Devon patients.
Health inequalities	Opportunity to make more informed local decisions ensuring the services better meet the needs of our population with a greater focus on reducing health inequalities.
Workforce	Maximising opportunities to ensure resilience within these specialised services.
Resources and finance	Principal Commissioner model which is a formal collaborative arrangement under which ICBs pool funds and operate jointly.
Legal	None identified
Digital and Data	Greater flexibility to explore service development and innovation at a local level which may not be feasible at a national level encouraging new and improved ways of delivering specialised services that improve outcomes for patients.
Involvement, Engagement and consultation	None identified

Specialised Commissioning – delegation arrangements

Introduction

1. As the NHS Devon Board is aware, in December 2023, NHS England's (NHSE) Board took a decision to delegate the authority to commission specialised services to three regions from April 2024. The delegation was agreed to be enacted in two waves and the South West Region was in the second wave.
2. In July 2024, the NHS Devon Executive agreed to support the proposed model for enacting the delegated commissioning authority (the Principal Commissioner Model). In this model, the Principal Commissioner Integrated Care Board (ICB) holds the entire delegated specialised budget on behalf of all partner ICBs, ringfenced from its own core budget. All specialised services contracts are held directly between the Principal Commissioner ICB, and specialised providers and all specialised financial transactions are recorded once in the Principal Commissioner ICB's ledger. NHS Devon also reconfirmed the continued intention to take on delegated responsibility for the 2025/26 Green Services Portfolio in April 2025.
3. In January 2025 NHS Devon signed the Accountability Agreement which is an agreement between the ICBs in the South West Region, the NHSE South West Regional Team and NHS Somerset ICB as host to the South West Collaborative Commissioning Hub (NHS SW CCH).
4. The Accountability Agreement is an inter-commissioner agreement to describe accountability and governance arrangements, roles and responsibilities between NHS Somerset ICB as Host ICB of the NHS SW CCH, the 7 ICBs in the South West Region and NHSE South West Regional Team.
5. The purpose of this paper is to provide an update on the progress and delivery of the specialised services delegation programme, and to support the Board's acceptance of the delegation of commissioning responsibilities, together with the proposed arrangements to support that delegation.

Background

6. Although commissioning **responsibility** for 70 services is being delegated to ICBs, commissioning **accountability** will continue to rest with NHSE. In this role, NHSE will continue to set consistent national standards, services specifications and clinical commissioning policies; develop metrics and quality dashboards to support improvement, oversight and assurance; and provide national clinical leadership, expert advice and support to ICBs through their Clinical Reference Group infrastructure.

7. Approximately 100 specialised services, including all highly specialised services, will not be delegated to ICBs and will continue to be the direct commissioning responsibility and accountability of NHSE.
8. A number of safeguards and assurances have been built into these changes.
 - NHSE retains statutory legal accountability for all services
 - NHSE will continue to set national policies and standards and will remain ultimately accountable for the commissioning of all prescribed specialised services.
 - A financial framework has been developed which ensures stability for providers and patients whilst at the same time enabling ICBs to work together to transform and integrate pathways of care.
9. Commissioning teams nationally and in regions will continue to support the commissioning and decision making around all services, ensuring consistency of expertise and experience.
10. Commissioning responsibility for health and justice, sexual assault and abuse service (SAAS) functions will remain with NHSE. National and regional NHS England teams are continuing to support regional approaches to health and justice commissioning in hub or ICB hosting arrangements
11. Commissioning healthcare for serving members of the Armed Forces and their families registered with defence medical services, veterans' mental health and prosthetic services will remain with NHSE and there is currently no intention to delegate these. The Health and Care Act 2022, the Armed Forces Covenant 2022 and the Armed Forces Act 2021 require public bodies, including the NHS, to pay due regard to the principles of the Armed Forces Covenant.

Benefits Delegation will bring for Devon population

12. Delegation of specialised services will support national ambitions by:
 - Supporting the evolution of the **NHS Operating Model** meaning NHS Devon will have more control around the planning, commissioning and provision of better and more integrated services and linked pathways of care for our patients.
 - Supporting the key aims of the government's forthcoming **NHS 10-Year Plan** and the outcomes of the **Darzi Report** to bring about a shift from sickness to prevention, and from hospital to community across whole and linked pathways of care for the Devon population
 - Strengthening NHS Devon's ability to act as a **strategic commissioner** and lead on population health. Link with providers of specialised services and increasingly reaching out and into neighbourhood health and care systems.
13. Delegating specialist services will offer many benefits for the Devon population, it will support a focus on population health management across whole

pathways of care, improving the quality of services, tackling health inequalities and ensuring best value.

- **Improved Local Decision-Making** NHS Devon has a deeper understanding of healthcare needs within our Integrated Care System, delegation will allow us to make more informed, localized decisions regarding specialist services. This can lead to tailored care models that address regional health priorities, improving access to specialist services for underserved populations.
- **Enhanced Coordination of Care** By integrating specialist services within the broader health and social care system, NHS Devon can ensure seamless care pathways. This will improve collaboration between our primary, secondary, and tertiary care providers, minimizing gaps in patient care and avoiding unnecessary delays or hospital admissions.
- **Increased Efficiency and Reduced Duplication** Opportunity to streamline services and reduce administrative overhead by managing specialist services alongside other healthcare provisions. This reduces duplication of services and resources, leading to cost savings and more efficient use of available funds.
- **Better Population Health Management** With responsibility for both general and specialist services, NHS Devon can take a more holistic approach to population health management. This will enable us to address complex conditions more effectively and proactively, using local data to predict healthcare needs and deliver preventative care in a more coordinated manner.
- **Greater Flexibility and Innovation** opportunity for Devon to pilot new models of specialist care that may not be feasible at a national level. This flexibility encourages innovation, and potential for Devon to test new approaches that improve outcomes for patients with rare or complex conditions.
- **Improved Patient Outcomes** Delegation allows for care to be more responsive and tailored to individual patient needs. Integrated systems also help reduce fragmented care and ensure patients receive timely access to specialist support, improving overall health outcomes, recovery rates, and patient satisfaction for our Devon population.
- **Closer Alignment with Social Care and Public Health** NHS Devon will work in partnership with our local authorities and other social care providers, facilitating a more comprehensive approach to specialist care. This close alignment means that care is delivered in a way that considers social determinants of health, supporting better long-term health outcomes, particularly for patients with complex, long-term conditions.
- **More Effective Resource Allocation** Opportunity to allocate resources more effectively, focusing on areas of greatest need. By managing both general and specialist services, potential to align funding to areas that demonstrate the highest impact on patient care, leading to better investment decisions for specialist care.
- **Reduced Centralized Burden** Delegating specialist services to ICBs helps to reduce the burden on centralized healthcare bodies. This decentralization allows national health organizations to focus on broader

strategic initiatives and policies, while ICBs address more detailed, region-specific healthcare challenges.

South West Joint Specialised Services Committee

14. In the South West Region joint working arrangements were established by the signing of a series of **Joint Working Agreements** between NHSE and each of the 7 South West ICBs.
15. NHSE and the 7 South-West ICBs (collectively “**the Partners**”) formed a statutory **Joint Committee** to collaboratively make decisions on the planning and delivery of the Joint Specialised Services, to improve health and care outcomes and reduce health inequalities.
16. The role of the Joint Committee is to provide strategic decision-making, leadership and oversight for the Joint Specialised Services and any associated activities. The Joint Committee will safely, effectively, efficiently and economically discharge the Joint Functions and deliver these Joint Specialised Services.
17. The Joint Committee is assigned as the decisionmaker under the Principal Commissioner’s Scheme of Reservation and Delegation. As a technicality this is achieved by dissolving the existing Joint Committee and reconstituting it, in the same form, as a subcommittee of the Principal Commissioners Board through a new Collaboration Agreement.
18. NHS England remains accountable to the Secretary of State for the commission of delegated specialised services notwithstanding that ICBs have been given the legal responsibility, powers and allocation to discharge these duties.
19. Under the South West Principal Commissioner Model, ICBs have further delegated this received responsibility. At all times, ICBs remain individually accountable to NHSE for ensuring that the delegated services are properly commissioned and managed by the Principal Commissioner which is in turn accountable to the individual ICBs in this respect.
20. Assurance is obtained:
 - **ANUALLY:** via an assessment of individual ICBs compliance with the terms of their Delegation Agreements, and the appropriateness and effectiveness of their onward delegated commissioning arrangements with the Principal Commissioner
 - **IN YEAR:** via standard reporting into the Joint Specialised Service Committee which provides ongoing assurance BOTH to ICB Boards that the services are being properly commissioned on their behalf AND to NHSE that services are being commissioned in line with NHSEs own accountabilities to the Secretary of State. NHSE has membership of the Joint Specialised

Services Committee for the purposes of obtaining visibility on the detailed operation of the commissioning arrangements.

Update on Delegation Planning

21. On 4 February 2025, NHSE wrote to the seven ICBs in the South West Region requesting Boards to confirm and sign the Specialised Commissioning Delegation Agreement and supporting documentation to take on Specialised Commissioning responsibility from 1 April 2025 by 28 March 2025.
22. To support ICB Boards a delegation pack was shared alongside the letter. This pack contains the due-diligence summary of key risks and issues, overview of the operational arrangements, quality and risk management frameworks, as well as the key legal documentation required to establish the Principal Commissioner arrangement, comprising of:
 - Delegation Agreement
 - ICB Collaboration Agreement
 - Specialised Commissioning Operational Arrangements
 - Transition and Legal Compliance Report
 - Finance Standard Operating Procedure
 - Quality Framework
 - Risk Management Framework
 - Joint Committee Terms of Reference
 - Safe Delegation Checklist Plus
 - Transition Plan (collated actions ongoing from SDC+ for both 1st of April and 1st July 2025)
23. All of the documents referenced above can be made available to Board members on request. The following documents are included in appendices to this report:
 - Delegation Agreement
 - ICB Collaboration Agreement
24. The Delegation Agreement (Appendix 1) establishes the delegation from NHSE to the seven ICBs, with each ICB required to sign a separate agreement. By this Agreement, NHSE will delegate the functions of commissioning certain specialised services (the “Delegated Functions”) to NHS Devon under section 65Z5 of the NHS Act. This Agreement also sets out the elements of commissioning those specialised services for which NHSE will continue to have responsibility (the “Reserved Functions”). Finally, the Agreement sets out the terms that apply to the exercise of the Delegated Functions by the NHS Devon. It also sets out each Party’s responsibilities and the measures required to ensure the effective and efficient exercise of the Delegated Functions and Reserved Functions.
25. The ICB Collaboration Agreement (Appendix 2) creates the role of the Principal Commissioner (NHS Somerset ICB), transfers the allocation to that single ICB

and creates the Joint Commissioning arrangement and Joint Committee through which all ICBs will participate in decision making on the served portfolio. Under the Delegation NHSE has delegated the Delegated Functions to each of the ICBs. NHSE has retained responsibility for the NHSE Reserved Functions and commissioning of the Retained Services. In order to exercise the Delegated Functions in the most efficient and effective manner, some of the Delegated Services are best commissioned collaboratively between multiple ICBs. This Agreement sets out the arrangements that will apply between the ICBs in relation to the collaborative commissioning of specialised services for the ICBs' Populations.

26. A list of finalised services suitable and ready for delegation is also attached (Appendix 3). The NHS Devon allocation for delegated services is £320.1m. Specialised commissioning has a funding formula and therefore a target and baseline. Devon is over target on specialised commissioning and core services, this will be a maximum of 0.5% and will be managed jointly across the region via the Joint Committee over a yet to be agreed strategic time period.
27. The Finance Standard Operating Procedure, Quality Framework and Risk Management Framework have been co-designed and approved by the seven ICBs. This is a formal collaborative arrangement under which ICBs can pool funds and operate jointly. Under this arrangement, only the Principal ICB's financial ledger is used to record financial entries for the entire South West delegated specialised services portfolio, and transactions are accounted for on a gross basis. This means all income from partnering ICBs is recorded on the ledger (i.e. allocations for the entire South West delegated specialised services portfolio) and all expenditure is recorded in full. Before any investment or procurement process begins, the NHS SW CCH Team will ensure that any financial restrictions imposed on the 7 partner ICBs are considered and followed. For example, ICBs may be subject to the Triple Lock arrangements.
28. As of July 2025, the majority of staff that support specialised services will transfer to NHS Somerset ICB, subject to individual consultations. There will be a small number of exceptions to this, but in the main the aim is people, and their current duties stay together. To support this, NHSE South West Regional Team have governance arrangement in place to ensure that the legally responsible organisations make their respective decisions.

Risks

29. As NHS Devon has followed the process to support delegation a number of risks had been identified which would require clear mitigation in order to provide assurance to the Board that the delegation is in the best interest of the Devon population.
 - **Financial risk in relation to delegation not known**
Mitigation - the specialised commissioning recurrent run rate is affordable. The current highest growth variable spec comm service (PET CT) will be nationally retained in 2025/26, reducing risk on the delegated portfolio. Additional risk arises from any expansion in the scope of variable services

or changes to overarching financial frameworks. Existing risk for Providers is already in their positions, and therefore the system risk position.

- **Risk some activity moved from block arrangements with the risk not fully understood**

Mitigation - we will not know this until planning guidance is released but both BMT and renal transplant has been suggested for consideration to move from block to variable. Our ongoing 2025/26 risk planning includes prudent assumptions around growth in these service areas which will be accommodated in the overall financial plan. Operational guidance has confirmed that BMT and Renal are not variable for 2025/26.

- **Mental health allocation risk mechanism not in place**

Mitigation - there are currently no proposals to implement a mental health allocation formula for 2025/26. ICBs will receive a standard growth rate for mental health services. Work to develop and test the mental health service allocation formula will continue in 2025/26 post-delegation.

- **Run rate for specialised commissioning not affordable?**

Mitigation – the specialised commissioning recurrent run rate is affordable as at 2024/25. South West specialised commissioning has historically delivered on its agreed financial plan and contributed positively to system positions.

- **Mental health standard will come in in due course and may need acute investment for spec comm**

Mitigation - specialised mental health is not currently subject to the Mental Health Investment Standard (MHIS). As part of operational planning, it has been confirmed that it will apply. We cannot quantify this risk until the mental health population-based allocation formula has been developed but can model for an additional reserve to mitigate this in 2025/26 planning.

- **Risk whether NHS Devon has capacity capability to take on specialised commissioning role**

Mitigation - the current specialised commissioning team which will sit with NHS Somerset ICB moving forward includes contracting, commissioning, business intelligence, admin, pharmacy, transformation, quality, finance and clinical leadership resource. Multidisciplinary sub-teams are in place and focus around geographic portfolios. Current resource and existing internal business structures will continue to deliver the specialise portfolio on behalf of ICBs, post delegation, linking with the Principal Commissioner ICB's financial processes. The proposed model is designed to minimise the additional burden on individual ICBs. NHS Devon anticipated further capacity would be required to take full advantage of the spec comm opportunity particular in relation to local reflection of contracts, repatriation of activity to Devon and the opportunity of population health management and has strengthened our operational team with appointment of a Delivery Commissioning Specialist Manager sitting under the Director of Commissioning and Delivery portfolio

Safe Delegation Checklist

30. A national Safe Delegation Checklist (SDC) has been adapted into a document for tracking progress against key actions required to complete delegation. There are 119 items on the checklist which are closed, with a further 36 items identified as post-delegation action for delivery through a subsequently agreed transition plan (part of the delegation pack).
31. As at 7 January 2025 there were 94 actions open, but a number of these will have since been closed. The vast majority of actions relate either to detailed financial arrangements which will be covered by the financial SOP or else are mobilisation actions that will be completed at delegation go-live. NHSE South West Regional Team do not consider that there is material risk in the currently open actions.
32. NHS Devon met with the NHSE South West Regional Team on Wednesday 12 February 2025 to review the delegation pack in detail and the SDC and we confirmed our assessment against the actions set out in the SDC, including the work that is in progress and that which is set out in the transition plan. Recognising that the work in the transition plan is not necessary for delegation process.
33. The delegation proposals have been reviewed and approved by the NHS Devon Executive who recommend Board approval.

Recommendation

34. The Board is asked to **APPROVE** the acceptance of delegated specialised commissioning responsibility from NHS England and the proposed arrangements to support this delegation.

NHS Devon Integrated Care Board

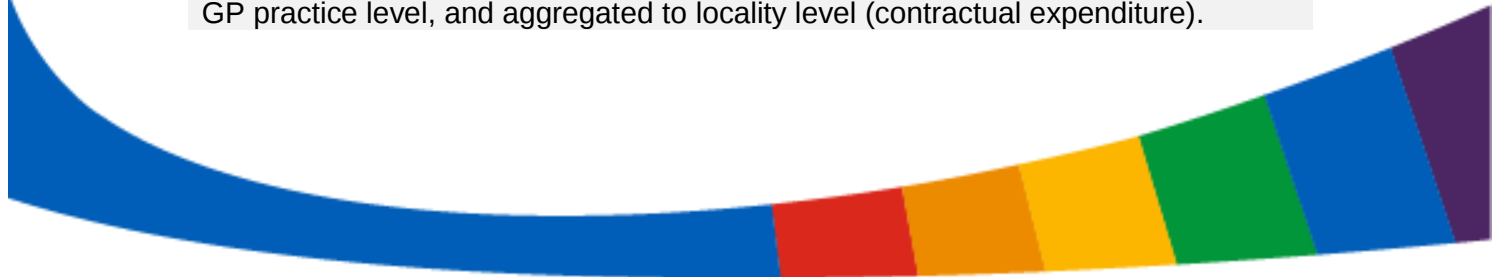
NHS Devon Finances - Equity

Date of meeting	Date report produced
27 March 2025	27 October 2024

Author(s)		Report approved by	
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Phone:	ben.chilcott@nhs.net	Date:	01 November 2024
Email:	07789 915365		

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

Executive summary
NHS Devon is committed to reducing health inequalities. A key element of this is to ensure resources are distributed in line with need. NHS Devon and previous commissioning organisations have regularly analysed the expenditure of system resources compared to need, and this paper provides the latest update to that analysis. The last time the equity position was calculated was for the 2023/24 plan. This paper updates the analysis to include the 2023/24 Outturn and the 2024/25 Plan. The identification of actual ICB expenditure by population is carried out based on the most granular level of detail available for every contract, wherever possible at GP practice level, and aggregated to locality level (contractual expenditure).



The identification of need uses the national formula to weight populations for fair shares. As this is also calculated at GP practice level, it maintains the granularity of demographics and does not average out factors of need. These demographic factors include age, sex, deprivation, and mortality among many others. (needs weighted population).

There are two measures of equity:

- **Relative equity** – a comparison of how the contractual expenditure for NHS Devon compares to the needs of the population. This is articulated at Locality level for this paper.
- **Consumption Equity** – how does the health resource consumption compare to what should be spent for a given population. Health resource consumption will include total spending and therefore includes provider deficits as well as NHS Devon contractual expenditure. The comparator is the fair (needs weighted) share of the total NHS expenditure.

For 2024/25 Devon is planning to consume a total of £167.6m above its 'fair share' of NHS resources. This means that the Southern and Western Localities are consuming materially more than their fair share of NHS resources, whilst Northern is much closer (and reflective of the remoteness weighting). Eastern Locality consumes less.

Locality	Northern £m	Eastern £m	Western £m	Southern £m	Total £m
Relative Equity					
24/5 Expenditure	449.2	895.8	904.8	807.3	3,057.1
Fair Share	445.3	958.1	894.4	759.4	3,057.1
(under)/over	3.9	-62.2	10.3	48.0	0.0
	0.9%	-6.5%	1.2%	6.3%	0.0%
Consumption Equity					
24/5 Consumption	452.4	901.1	957.8	854.3	3,165.6
Fair Share	436.7	939.5	877.1	744.7	2,998.0
(under)/over	15.7	-38.4	80.7	109.6	167.6
	3.6%	-4.1%	9.2%	14.7%	5.6%

NHS Devon's allocated funding will continue to be reduced to bring NHS Devon to its 'fair share' funding target in a process known as 'convergence' over the medium term, at the same time as our providers will reduce their spend to deliver break even positions.

The distribution of these resource and consumption reductions over this period takes the planned expenditure in each of the four localities much closer to their fair share of the NHS resources. This represents a significant improvement in the allocation of resources to reflect need.

Once deficits are recovered and convergence managed the shares of resource usage will be much closer to fair shares, with the two outlying localities being Eastern and Southern.

On that basis, the recommendation of this paper to the board is that no further specific adjustments to the distribution of resources is required until we understand the recovery plan for Southern. The system should continue to understand the distribution of resource in relation to need.

Locality	Northern £m	Eastern £m	Western £m	Southern £m	Total £m
Relative Equity					
MTFP Spend	442.5	883.6	886.2	786.2	2,998.5
Fair Share	436.7	939.7	877.3	744.8	2,998.5
(under)/over	5.8	-56.1	8.9	41.4	0.0
	1.3%	-6.0%	1.0%	5.6%	0.0%
Consumption Equity					
MTFP Consumption	442.5	883.6	886.2	786.2	2,998.5
Fair Share	436.7	939.7	877.3	744.8	2,998.5
(under)/over	5.8	-56.1	8.9	41.4	0.0
	1.3%	-6.0%	1.0%	5.6%	0.0%

Plymouth City Council Population

There has been some concern raised by Plymouth City Council about historic funding inequity for the city; the question being whether Plymouth is consuming its fair share of the NHS resources.

This has been driven by their long-held understanding that the Plymouth population was receiving £30m less than its fair share of the CCG resources. This understanding dates back to a piece of work the former CCG undertook to look at the needs-based equity of its contract expenditure at that time. Referred to in the paper as **Relative Equity**.

It was not looking at the level of health resource consumed by the population of Plymouth, which would need to look at total expenditure including deficits in the providers, and it was not comparing this to the fair share of the total NHS resource. This is referred to in the paper as **Consumption Equity**, and states whether a locality is consuming its fair share of NHS resources.

This paper sets out some of this history going back to 2013/14, recreating the previous (Relative Equity) analysis at locality level. This evidences the £30m relative funding difference for Western Locality as at 2014/15. It shows how this has moved over time, and currently shows that Plymouth receives £10.3m more of the Devon contract spend than other localities.

The paper goes on to analyse how total health resource consumption compares to the fair share of NHS resources, expressed at locality level. This consumption includes the provider deficits and has changed over time, as has the gap to fair share of total NHS resources. For 2024/25, this shows that the Devon system is

consuming £167.6m more than its fair share of the NHS resources, and for Plymouth this is £80.7m.

Locality	Northern £m	Eastern £m	Western £m	Southern £m	Total £m
Relative Equity					
24/5 Expenditure	449.2	895.8	904.8	807.3	3,057.1
Fair Share	445.3	958.1	894.4	759.4	3,057.1
(under)/over	3.9	-62.2	10.3	48.0	0.0
	0.9%	-6.5%	1.2%	6.3%	0.0%
Consumption Equity					
24/5 Consumption	452.4	901.1	957.8	854.3	3,165.6
Fair Share	436.7	939.5	877.1	744.7	2,998.0
(under)/over	15.7	-38.4	80.7	109.6	167.6
	3.6%	-4.1%	9.2%	14.7%	5.6%

Once deficits are recovered and convergence managed the shares of resource usage will be much closer to fair shares, and for the Western Locality, at 1.0% percent over funded.

Locality	Northern £m	Eastern £m	Western £m	Southern £m	Total £m
Relative Equity					
MTFP Spend	442.5	883.6	886.2	786.2	2,998.5
Fair Share	436.7	939.7	877.3	744.8	2,998.5
(under)/over	5.8	-56.1	8.9	41.4	0.0
	1.3%	-6.0%	1.0%	5.6%	0.0%
Consumption Equity					
MTFP Consumption	442.5	883.6	886.2	786.2	2,998.5
Fair Share	436.7	939.7	877.3	744.8	2,998.5
(under)/over	5.8	-56.1	8.9	41.4	0.0
	1.3%	-6.0%	1.0%	5.6%	0.0%

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

Reviewed by the NHS Devon Executive at its meeting on 05 November 2024.

Key recommendations and actions requested

AGREE that no specific adjustments to the distribution of resources based on this analysis are made until the recovery programme for Sothern Locality is understood and impact assessed.

AGREE that the equitable use of resource continues to be updated and monitored as part of its objective for the equitable improvement of access and reduction of health inequalities.

AGREE that as the system works through recovery and the provider deficits are eradicated, the focus should shift towards targeting strategic equity of provision by rebalancing health spend between acute, mental health, primary care and community services and that this should be reinforced through the introduction of a key priority for Locality Care Partnerships (LCPs) to reduce secondary care consumption by identifying better value services in prevention, population health and community/primary care services.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Ensuring fair use of resources across our population
Improve services and reduced unwarranted variation	Promote equal share of resources across localities in Devon
Make more efficient use of our resources	Target resources equitably across Devon
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	Ensuring fair use of resources across our population
Workforce	None
Resources and finance	Delivery of fair use of resources
Legal	None
Digital and Data	None
Involvement, Engagement and consultation	None

NHS Devon Finances - Equity

Brief history of equity analysis

1. NHS Devon and its predecessor organisations have considered the equity of funding arrangements since 2013/14. The nature and importance of this has evolved through the last 10 years as organisational form and the equity position changed.
2. In 2019, Devon CCG recognised that while all Local Care Partnerships (LCPs) are above their target spend a growing gap between the estimated spend and “fair share” allocation across the five LCPs has resulted in Northern and South Devon and Torbay LCPs’ allocations being further above their target. This is funded by reducing allocations to Western, Plymouth, and Eastern LCPs.
3. Devon CCG recognised this as a problem and took a decision to reduce variation from “fair share” to within +5.0% and -2.5% by 2023/24. This was not fully enacted.
4. Following this decision, £5m of additional investment into was agreed for the Plymouth and Western LCPs and no further changes were made over Covid.
5. The equity position has been reported to our respective boards during the last 10 years with the last updated provided 4 October 2023. The minutes from that Board meeting capture:

The Board agreed:

1. For 2023/24 and 2024/25, whilst Devon continues to be funded significantly above its ‘fair share’ level, the ICB commits to ensuring that each LCP will also be funded above its ‘fair share’ level as set out in the Operational Plan for 2023/24 and the Medium Term Financial Plan for 2024/25.
2. In managing the impact of allocation convergence to Devon ICB ‘fair share’ level funding, the steps set out in the paper will be followed to ensure that each LCP is funded within 1.8% of its ‘fair share’ level.
3. In year consideration of the equity impact of investment decisions should be considered as part of the Operational Planning process.
6. This paper provides board with an update to the equity position in Devon.

Resource allocation in Devon

7. The size and shape of the footprint for Devon varies significantly from rural to urban, deprived to affluent, young to old. The differing health and care needs

of these diverse populations are at the heart of how we distribute resources and measure the equity of funding across our system.

Weighting populations for need

8. NHS Devon uses the national formula for the weighting of population with need. This evidence-based formula has been developed over many years by an independent committee of experts in resource allocation (Advisory Committee for Resource Allocation ACRA). It forms an impartial objective formula to support decisions around allocations. The statistical formula, or 'model' (a complex set of formulas) is used by NHS England to allocate resources according to need.
9. The formula allows for the addition of needs factors to a given population, resulting in a needs-weighted population (weighted capitation). When used to allocate resources, it allows for fair distribution according to need (fair share), whether applied locally, system or England wide.

Factors included in the weighting formula

10. The allocations formula is built up from analysis of anonymised NHS data regarding demographics of individuals and their use of NHS health services. This person-based approach to calculating target shares helps ensure accuracy and takes account of local variation in health needs.
11. Data from records of GP practice patients are linked to treatment records, to calculate overall cost of care. Costs of health services for millions of real patients over a number of years are reviewed.
12. Statistical analysis identifies factors that can be used to predict future share of spending, for a given sex-age group in any GP practice in England (all data used are non-identifiable).
13. These predictions are then re-tested on further patient data where costs are already known, allowing the model to be refined, then retested. The measure of need derived from the person-based research is effectively the expected relative cost of specified healthcare services by age and sex in a GP practice
14. The weighting for need for populations takes into account local demographics such as age, poverty, disease and cost, and applied across different segments of the health formula. These include General and Acute, Maternity, Mental Health, Community, Prescribing, Remoteness, Market Forces, and Health Inequalities.
15. Any part of the model may be affected by local population demographics. For example, sex, age, morbidity (number and severity of physical and mental health conditions), rates of disability, excess deaths and deprivation, plus wider factors associated with health needs including housing status and unemployment.

16. For each distinct segment of the formula a health inequalities and unmet need adjustment is added.

Weighted Capitation and Fair Shares

17. This type of model has proved adaptable over many years and has been used effectively since the 1970s to distribute NHS resources between health care organisations. These models take information on a local population and advise what share of funding they should get.
18. Using this method, more resources are directed to areas estimated to have higher health needs, or where health inequalities can be reduced by investing in healthcare. For example, larger populations, more older people, worse health and higher levels of deprivation. Additional funds also support services delivered in high cost areas, due to the going rate of staff and buildings, or unavoidable costs – for example, due to remoteness.
19. The health system in Devon uses the weighting for the commissioning of services based on the needs of the population.
20. Firstly, when we need to allocate general health resources across the system, we use the formula to ensure we are distributing a fair share of resource across the healthcare system for the relevant population. For example, if we needed to distribute general Mental Health allocations, we would use the Mental Health part of the weighted capitation model as the basis for distribution.
21. Secondly to understand how the amount of money we spend in parts of Devon compared to their fair share, based on need and demographics, for that population. We compare this at Locality level, and where possible our localities map to Local Authority Districts. The impact of the weighting formula on the various populations for Devon is shown in Table 1. This is derived by calculating need at GP practice level and aggregating up to larger populations.
22. This can have some quite large impacts on the relative share of the Devon resource. Using very broad generalisations Exeter, with a more affluent younger population has less need, whilst Torbay with its older and deprived populations has higher levels of need.

Table 1: Needs Weighted Capitation

ICB / Place	GP Population	Weighted Population	Impact of Weighting
NHS Devon ICB	1,287,570	1,322,781	2.7%
Local Authority Districts			
East	135,282	143,389	6.0%
Exeter	161,281	138,937	-13.9%
Mid	98,177	95,623	-2.6%
North	112,301	118,143	5.2%
Plymouth	298,517	308,604	3.4%
South Hams	67,270	67,803	0.8%
Teignbridge	135,695	137,813	1.6%
Torbay	150,345	174,021	15.7%
Torridge	74,703	81,542	9.2%
West	53,998	56,907	5.4%
NHS Devon ICB	1,287,570	1,322,781	2.7%

ICB / Place	GP Population	Weighted Population	Impact of Weighting
NHS Devon ICB	1,287,570	1,322,781	2.7%
Locality			
Eastern Locality	430,886	414,188	-3.9%
Northern Locality	181,482	193,946	6.9%
Sth Devon & Torbay	304,972	331,988	8.9%
Western Locality	370,230	382,659	3.4%
NHS Devon ICB	1,287,570	1,322,781	2.7%
Devon LCP's			
Eastern	441,304	425,337	-3.6%
Northern	171,064	182,798	6.9%
Plymouth	298,517	308,604	3.4%
Sth Devon & Torbay	331,214	357,844	8.0%
Western	45,470	48,200	6.0%
NHS Devon ICB	1,287,570	1,322,781	2.7%

Fair Shares in Devon

23. Fair Shares is generally described as a percentage. It articulates how much of the whole should fairly be utilised according to need. All populations in England are weighted for need as described in the previous section, this changes the weighted population for Devon from 1,287,570 to 1,322,781. This results in an increase in Devon's relative share of England from 2.07% (unweighted) to 2.13% (weighted for need).

Table 2: Devon's Fair Share of England

Fair Shares	£m	of England	of Devon
NHS England Resources	105,377		
NHS Devon Target	2,243	2.13%	

24. When applied to Devon's populations at Locality level, this articulates need weighted fair shares at the percentages set out in Table 3 below.

Table 3: Locality's Fair Share of Devon

ICB / Place	GP Population	Weighted Population	Impact of Weighting	Unweighted Share	Need Weighted (Fair) Share
Locality					
Eastern Locality	430,886	414,188	-3.9%	33.5%	31.3%
Northern Locality	181,482	193,946	6.9%	14.1%	14.7%
Sth Devon & Torbay	304,972	331,988	8.9%	23.7%	25.1%
Western Locality	370,230	382,659	3.4%	28.8%	28.9%
NHS Devon ICB	1,287,570	1,322,781	2.7%	100.0%	100.0%

25. And could consequently articulate the Locality's Fair Share of NHS England as set out in Table 4.

Table 4: Locality's Fair Share of England

Fair Shares	£m	of England	of Devon
NHS England Resources	105,377		
NHS Devon Target	2,243	2.13%	
North	329	0.31%	14.7%
East	702	0.67%	31.3%
West	649	0.62%	28.9%
South	563	0.53%	25.1%

Equity in Devon

26. Equity is the comparison of spend to fair shares, and there are two measures of equity that are used locally. It is important to understand which measure is being used when describing either of these and this has led to some confusion in the past.
27. **Relative Equity:** How the expenditure within NHS Devon compares to relative need. This indicates whether NHS Devon is distributing its resources equitably. It has generally been articulated at Locality level
28. When comparing to the analysis for Plymouth (Western), this is the calculation that showed a relative inequity of £30m in 2014/15.
29. **Consumption Equity:** How the consumption of total health resource compares to a needs-weighted fair share of the NHS resource. Is a population consuming more or less than it should of the NHS resource. This consumption therefore includes the excess that the system receives above target (£87m for 24/5) as well as the extent to which providers overtrade or run deficits (£80.0m for 24/5), a total consumption of £167m in excess of its fair share of NHS resource.
30. This is the level of excess expenditure that our Medium-Term Financial Plan is targeting through recovery. The pace of recovery is rapid such that we should be spending at target by 2027/28. The scale of overtrading at system level is such that all Localities within it will also be overtrading.
31. When looking at how equity is calculated, both have changed.
32. It is important to understand that over this strategic period there have been changes to organisational footprints, mergers, targets, allocations, expenditure and need.

Current (2024/25) Equity in Devon

33. NHS Devon, for 2024/25, is allocated £87m more than its fair share of the NHS Resources. In addition to this, the NHS in Devon is spending a further £80m above this allocation. In total therefore, NHS Devon is currently consuming £167m more than its fair share of NHS resources. This is the comparator for **Consumption Equity**.
34. Our actual consumption is identified as the total health expenditure (in scope, i.e. excluding Specialised Commissioning) for the population. We measure this expenditure by GP practice usage of NHS Devon contracted services, plus the overspend for providers attributed by locality based on usage.

Table 5: Equity at Locality level for 2023/24 and 2024/25

Locality	Northern £m	Eastern £m	Western £m	Southern £m	Total £m
Relative Equity					
23/4 Expenditure	439.0	928.2	893.3	795.3	3,055.9
Fair Share	445.1	957.7	894.1	759.1	3,055.9
(under)/over	-6.1	-29.5	-0.7	36.2	0.0
	-1.4%	-3.1%	-0.1%	4.8%	0.0%
Consumption Equity					
23/4 Consumption	447.8	943.6	925.2	822.6	3,139.2
Fair Share	434.4	936.3	872.0	742.1	2,984.7
(under)/over	13.4	7.3	53.2	80.5	154.4
	3.1%	0.8%	6.1%	10.8%	5.2%
Locality	Northern £m	Eastern £m	Western £m	Southern £m	Total £m
Relative Equity					
24/5 Expenditure	449.2	895.8	904.8	807.3	3,057.1
Fair Share	445.3	958.1	894.4	759.4	3,057.1
(under)/over	3.9	-62.2	10.3	48.0	0.0
	0.9%	-6.5%	1.2%	6.3%	0.0%
Consumption Equity					
24/5 Consumption	452.4	901.1	957.8	854.3	3,165.6
Fair Share	436.7	939.5	877.1	744.7	2,998.0
(under)/over	15.7	-38.4	80.7	109.6	167.6
	3.6%	-4.1%	9.2%	14.7%	5.6%

35. The tolerances agreed by the previous CCG Board, which in turn were based on national tolerances for pace of change, and which take into account the confidence levels in the finite accuracy of the formula were set at 5% over and 2.5% under.

36. Table 5 shows that for 2024/25 the NHS Devon contractual commitments at plan are within the tolerances agreed by the previous CCG Board for Northern and Southern localities. The position for Eastern and Southern fall outside of the tolerances for Relative Equity.
37. For Consumption equity, all localities are over with the exception of Eastern. This due to the pace at which Royal Devon University Healthcare NHS Foundation Trust (RDUH) are recovering their financial position and eradicating their deficit, whilst the deficits for Torbay and South Devon NHS Foundation Trust (TSD) and University Hospitals Plymouth NHS Trust (UHP) are increasing.

Convergence and deficit repayment

38. It is important to note here that the system has a duty to reduce its consumption to the fair share of the national resource. This is currently driven by a process called convergence, which reduces the amount of funding to the system each year by up to £30m and which is delivered through additional savings and efficiencies.
39. In addition to this the system must repay deficits from the previous year. This adds further to the recovery, savings, and efficiencies burden locally. This reinforces the message that it is not acceptable for the system to spend more than its fair share, and that there are real terms impacts on current budgets as a result of doing so.
40. Over the medium term, as providers recover their financial positions to breakeven, and the system expenditure has reduced to our target level (fair shares consumption), these improvements will impact differentially at locality level. These changes are detailed in the Medium Term Financial Plan, the output of which informs the equity position once the system is at financial balance and consuming its fair share of England resources. This is summarised in Table 6, equity post convergence and recovery.

Table 6: Equity at Locality level after Convergence and Recovery

Locality	Northern £m	Eastern £m	Western £m	Southern £m	Total £m
Relative Equity					
MTFP Spend	442.5	883.6	886.2	786.2	2,998.5
Fair Share	436.7	939.7	877.3	744.8	2,998.5
(under)/over	5.8	-56.1	8.9	41.4	0.0
	1.3%	-6.0%	1.0%	5.6%	0.0%
Consumption Equity					
MTFP Consumption	442.5	883.6	886.2	786.2	2,998.5
Fair Share	436.7	939.7	877.3	744.8	2,998.5
(under)/over	5.8	-56.1	8.9	41.4	0.0
	1.3%	-6.0%	1.0%	5.6%	0.0%

41. Note at this stage both Relative and Consumption expenditure in total are equal, but there are still inequities at locality level. As with the 24/5 position Eastern remains under and Southern over, Northern and Western are close to target and with tolerance.

Evidence of historic inequity

42. There are broadly four moving parts in understanding how equity of expenditure for populations has moved over time. These are changes in target, expenditure, consumption, population, and weighting for need. The combination of all is what underpins movements in equity.

Expenditure changes

43. NHS Devon is able to access historical data from predecessor organisations and has drawn on this back to 2013/2014 in order to show how expenditure has moved over this period. For this analysis the information has been shown at Locality level rather than LCP. This was to avoid having to rework many years of historic data. Whilst not directly comparable to the analysis above, the LCP's and Locality are sufficiently similar to be able to draw sensible conclusions from the analysis. The movement in expenditure over time is set out in Table 7 below.

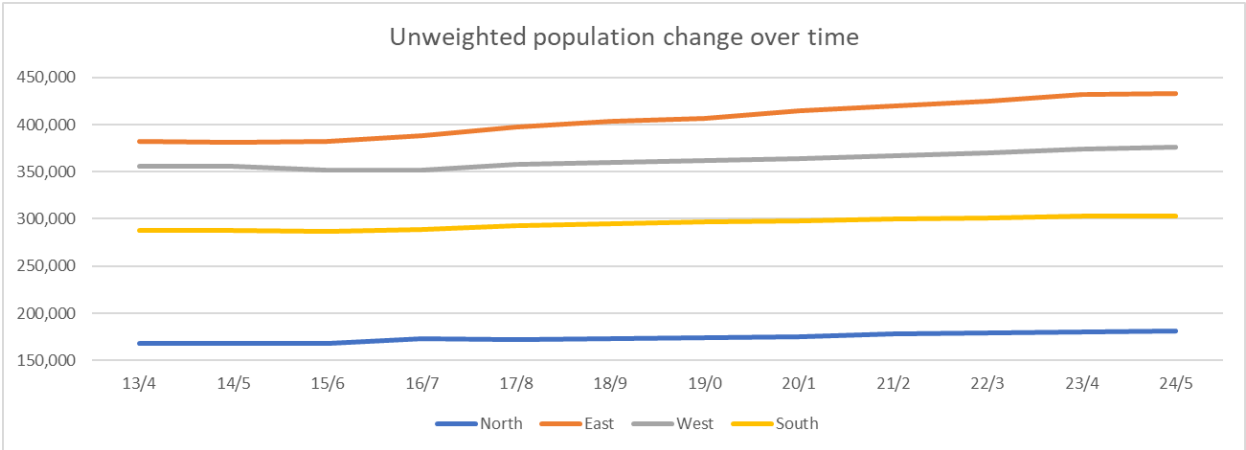
Table 7: Total Health expenditure (incl. provider deficits) over time by Locality

Expenditure by Locality	North £b	East £b	West £b	South £b	Total £b
13/4	212.8	461.9	410.8	373.1	1,458.7
14/5	211.7	465.0	405.2	371.8	1,453.7
15/6	239.7	486.0	439.5	400.5	1,565.7
16/7	246.6	501.1	453.5	408.0	1,609.1
17/8	257.6	514.0	471.3	421.2	1,664.2
18/9	258.6	517.1	471.3	428.7	1,675.7
19/0	258.1	516.3	470.0	423.6	1,668.0
20/1	349.6	697.7	649.8	523.0	2,220.1
21/2	390.0	765.3	756.3	647.6	2,559.3
22/3	393.2	788.8	752.1	659.1	2,593.2
23/4	438.4	928.9	893.3	795.3	3,055.9
24/5	448.5	896.5	904.8	807.3	3,057.1

Population growth

44. One of the biggest drivers of change in equity is population growth, both in terms of pure size, but also in terms of demographics. The population changes over time all show an increase, but the representation in Graph 1 below best set out the differential at Locality level.

Graph 1: Raw population growth over time by Locality



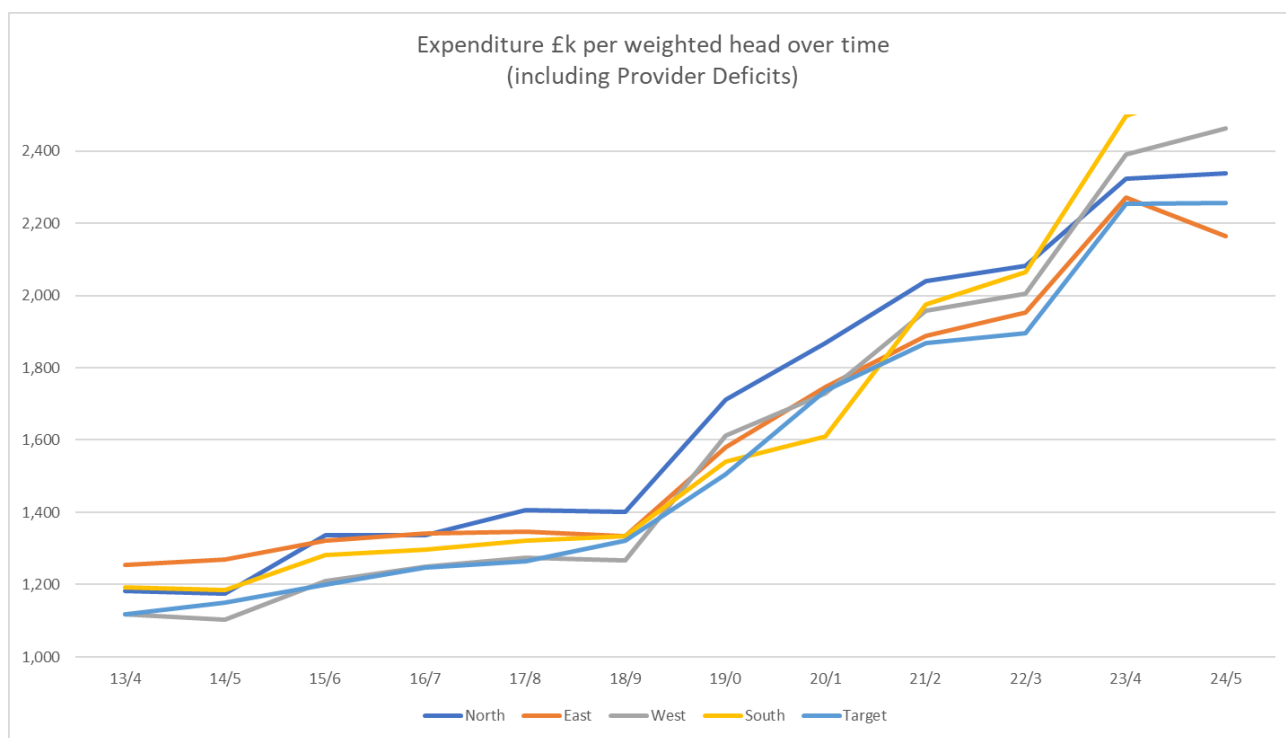
Weighting changes

45. Over the years, ACRA has recommended many changes to the weighting formula. NHS Devon does not maintain any history on the weightings or formulae over time, and they are no longer available on the website. However, on the basis that the changes are incremental improvements to the accuracy of the formula and weightings, the latest formula is the most appropriate to use. The indices used at Locality level are derived from the national model, which is articulated at GP Practice level, and aggregated to Localities. These are set out in Table 8.

Table 8: Indices for weighting populations for need

Indices of Need	North	East	West	South	Total
Indices of Need	1.069	0.961	1.034	1.089	1.027

46. So, for instance whilst the population is growing much faster in Exeter, in general this has a lower indices for needs, which then tempers to extent of the increase.
47. The combination of these three factors enables us to measure how the comparable spend on need weighted populations has changed over time, best presented as spend per weighted head. Graph 2 below shows how these compare and have changed over time.



48. This graph shows that in 2013/14 to 2018/19, the system was funded very close to target and the spend per weighted head was fairly close. No deficits have been included earlier than 2017/18.
49. Expenditure patterns have changed post pandemic, including changes to the funding regime, and this shows a trajectory where the ranking of Localities is almost completely reversed.

Western specific analysis

50. Given some of the history and messaging around funding for Plymouth (which forms the majority of the Western Locality), it is worth exploring in further depth the position for this Locality.

Relative Equity

51. From the analysis set out below in Table 9, it is clear where the figure of £30m underfunding was identified. In 2014/15 the share of the spend across the Western Locality was £30m less than its fair share of the system spend, as measured by Relative Equity. The table also shows the position now for Western Relative Equity to be £8.8m greater than its fair share of the NHS Devon contractual spend.
52. The Relative Equity position remained constant over the years to 2018/19 when the position started to shift with Relative Equity slowing and reversing. The contractual expenditure for NHS Devon is now greater than its fair share for the Western Locality. This shows a movement of resource towards the Western locality over time.

53. Latterly as the Eastern Providers are materially reducing their deficits, whilst also seeing relatively much greater population increases, the levels of relative inequity are now transposed, with Western Locality spending materially more than its fair share of current Devon spend.
54. In 2014/15, when the Relative Equity was at £30.0m, the Consumption Equity was also less than its fair share of the total NHS resource (the Consumption Equity). This equity position is more volatile as deficits change over time and is showing that the Western Locality's consumption Equity position is increasing and currently shows a spend of £80.7m more than its fair share of the NHS resources.
55. In addition to this, the Western Locality is spending £80.7 more than its fair share of the NHS resources.

Table 9: Equity Analysis for Western Locality

WEST Year	Spend £m	Deficit £m	Consumpti on Fair Share £m	NHS £m	Consumpti on Equity £m	Spend £m	Relative Fair Share £m	Relative Equity £m
13/4	410.8	12.5	423.3	410.3	13.1	410.8	426.8	-15.9
14/5	405.2	4.8	409.9	423.0	-13.1	405.2	435.0	-29.9
15/6	439.5	34.8	474.3	436.2	38.1	439.5	465.2	-25.7
16/7	453.5	38.3	491.7	453.2	38.5	453.5	472.9	-19.4
17/8	471.3	-3.5	467.8	467.4	0.4	471.3	491.1	-19.7
18/9	471.3	-26.7	444.6	491.5	-46.9	471.3	492.4	-21.2
19/0	571.3	31.8	603.1	563.7	39.4	571.3	579.6	-8.3
20/1	649.8	-0.2	649.5	652.8	-3.2	649.8	649.5	0.2
21/2	756.3	-13.4	742.9	708.5	34.4	756.3	748.8	7.5
22/3	752.1	15.5	767.6	726.3	41.3	752.1	758.7	-6.6
23/4	893.3	31.8	925.2	872.0	53.2	893.3	894.1	-0.7
24/5	904.8	53.0	957.8	877.1	80.7	904.8	894.4	10.3

Conclusion

56. From this analysis it is clear that the equitable spend of Health resource in Devon has changed over time. In 2013/14 the health system was contractually spending materially less in the Western Locality than other localities, and this continued over time until 2019/20. Subsequent to that period there has been a marked change in the balance of expenditure on need weighted populations with the West and North moving to Devon average, East being the lowest user and South being the highest.
57. Whilst the Western Locality's relative equity position was low until 2019/20, it has subsequently reversed and now is above its fair share.
58. The Western Locality's consumption though continues to be in excess of the fair share of the NHS resource, and over the last few years this has steadily increased.

Next steps

59. Remoteness adjustment – a technical adjustment to the Locality analysis has still to be worked through on this analysis. The impact will be to move more of the target share towards Northern.
60. Attribution of spend at practice level – the usage analysis has not been updated for a few years and for accuracy this should be updated. The usage of services by population does not change much over time and this is unlikely to have a material impact.
61. Local Authority District (LAD), LCP and Locality analysis – the analysis set out in this report should be made consistent so it can be compared at LAD, LCP and Locality.

Recommendations

62. The Board is asked to:
 - **AGREE** that no specific adjustments to the distribution of resources based on this analysis are made until the recovery programme for Sothern Locality is understood and impact assessed.
 - **AGREE** that the equitable use of resource continues to be updated and monitored as part of its objective for the equitable improvement of access and reduction of health inequalities.
 - **AGREE** that as the system works through recovery and the provider deficits are eradicated, the focus should shift towards targeting strategic equity of provision by rebalancing health spend between acute, mental health, primary care and community services and that this should be reinforced through the introduction of a key priority for Locality Care Partnerships (LCPs) to reduce secondary care consumption by identifying better value services in prevention, population health and community/primary care services.

Appendix 1

Weightings by LAD

Place / ICB	GP population	Weighted G&A pop	Weighted Community pop	Weighted Mental Health pop	Weighted Maternity pop	Weighted Prescribing pop	Weighted Health Inequalities pop	Overall Weighted pop
NHS Devon ICB	1,287,570	1,417,336	1,743,557	1,254,973	1,029,740	1,469,299	1,129,331	1,322,781
East Devon	135,282	159,559	214,211	116,583	94,557	166,169	89,207	143,389
Exeter	161,281	142,755	149,240	150,587	137,273	139,914	148,920	138,937
Mid Devon	98,177	104,094	125,983	80,655	80,828	110,714	71,239	95,623
North Devon	112,301	126,656	163,335	108,380	93,962	134,815	92,439	118,143
Plymouth	298,517	321,364	347,332	318,948	274,810	319,077	333,524	308,604
South Hams	67,270	75,946	98,571	57,443	38,758	81,547	42,368	67,803
Teignbridge	135,695	153,000	188,371	116,280	100,546	160,154	99,799	137,813
Torbay	150,345	183,494	253,541	180,946	114,224	194,474	155,706	174,021
Torridge	74,703	87,430	122,001	75,668	58,971	95,939	58,277	81,542
West Devon	53,998	63,038	80,970	49,482	35,811	66,495	37,852	56,907
	1,287,569	1,417,336	1,743,555	1,254,972	1,029,740	1,469,298	1,129,331	1,322,782

Place / ICB	G&A Index	Community Index	Mental Health Index	Maternity Index	Prescribing Index	Health Inequalities Index	Overall Core Index
NHS Devon ICB	1.10	1.35	0.98	0.80	1.14	0.88	1.03
East Devon	1.07	1.17	0.88	0.87	1.08	0.75	1.03
Exeter	0.80	0.68	0.96	1.06	0.76	1.05	0.84
Mid Devon	0.96	0.95	0.84	1.03	0.99	0.83	0.95
North Devon	1.03	1.07	0.99	1.05	1.05	0.94	1.02
Plymouth	0.98	0.86	1.10	1.15	0.94	1.27	1.01
South Hams	1.03	1.08	0.88	0.72	1.06	0.72	0.98
Teignbridge	1.02	1.03	0.88	0.93	1.03	0.84	0.99
Torbay	1.11	1.25	1.24	0.95	1.13	1.18	1.13
Torridge	1.06	1.21	1.04	0.99	1.13	0.89	1.06
West Devon	1.06	1.11	0.94	0.83	1.08	0.80	1.03

Note that the need indices for the places are relative to the ICB (where the ICBs need index = 1.00), while the need index for the ICB is relative to national need (where the national need index = 1.00).

This means that the need indices of the individual places cannot be compared to the need index of the ICB. For more information, see the user guide available from <https://www.england.nhs.uk/allocations/>.

NHS Devon Integrated Care Board

Quality Report

Date of meeting	Date report produced
27 March 2025	12 March 2025

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 following report describes a summary of key quality information, in the format of both quantitative and qualitative data. Sources range from NHS Devon data collection including patient experience; and direct from NHS Devon Nursing and Quality Directorate teams being embedded in partner meetings, groups, quality committees and other key forums.

The report is divided into sections but seeks to evidence the triangulation of quality information around key issues identified through quality governance process.

Section	Assurance	Trend from previous month
Overall assurance	Satisfactory– (areas of concern have additional focus and mitigating actions)	No change

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

Considered by the NHS Devon Executive at its meeting on 04 March 2025
 Considered by the Quality and Patient Experience Committee at its meeting on 13 March 2025.

Key recommendations and actions requested

NOTE the overall assurance level relating to the quality position of the ICS as satisfactory and support the position that adequate plans are in place to mitigate and improve quality risks.

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	Delivery of high quality services.
Health inequalities	Addresses health inequalities.
Workforce	Addresses impact on workforce.
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	Identifies areas of risk and also improvement required.
Engagement and consultation	Addresses experience and engagement.

Quality Report

Introduction and background

1. The following report (please see attached full quality report) provides a high-level summary of key quality information. Sources include data collected via NHS Devon reports and directly from NHS Devon Nursing and Quality Directorate teams attending and participating in system partner meetings, groups, quality committees and other forums.
2. The quality report seeks to systematically report evidence and triangulate quality information around key issues identified through quality governance processes in line with NHS England guidance, as described within NHS England's Quality Functions: Responsibilities of Providers, Integrated Care Boards (ICB's) and NHS England (2023). This guidance provides the framework for the quality operating model for delivering quality assurance as an ICB. Within this paper, in line with established healthcare quality principles, information is grouped across the areas of Safety, Patient Experience and Effectiveness/Outcomes.

Safety

Developments challenging assurance

3. **Area of ICB Quality focus: UEC and Elective Care:** Urgent and emergency care continues to be of ICB focus, with, at times, long waits in ambulances and within Emergency Departments (ED). Winter performance has been challenging, noting seasonal increase in demand and continues to be a priority area for additional support by NHS Devon. Improvements are noted in Elective care pathways. Recovery plans and action remain in place to mitigate and reduce associated risks

Developments improving assurance

4. **Patient Incident and Response Framework:** Good progress in primary care sign up to the new system. National/regional work is under away to further support this to improve Primary Care level patient safety reporting. Work is being progressed positively with Independent Sector providers to support adoption with new approach.
5. **Safeguarding:** This report provides additional information demonstrating positive work in safeguarding across Devon, inclusive of additional positive assurance information regarding safeguarding development in primary care.

Patient Experience

6. In summary, patient experience report themes arising from formal complaints to NHS Devon mostly report access issues to GP appointments and Dental care.

7. Positively, the NHS Devon recent recruitment to vacant posts within the team is demonstrating improvements in response times and this will further improve in coming months.
8. Regarding ongoing increases in Dental access related complaints, the NHS Devon quality team is working with commissioners and regional colleagues to better understand plans for improving access so patients can be better informed.
9. Development work is being progressed to report improved system partner data focused on patient experience at ICB level inclusive of Friends and Family Test performance and other measures. A development workshop for system partners is being planned for later this year.

Effectiveness/Outcomes

10. **Area of ICB Quality focus: Vaccinations – Improving Assurance:** Additional information is supplied in this month's report of improved evidence of levels vaccination coverage in Devon, noting ongoing improvement required.
11. **Area of ICB Quality focus: S117 Aftercare Arrangements - Improving Assurance:** work is progressing well to improve reporting and assurance of all S117 Aftercare arrangements in Devon. This is inclusive of delegated activity to provider Trusts and specific commissioning responsibilities delivered by NHS Devon.
12. **Developments improving assurance: Mortality:** All reporting providers in Devon are within expected ranges, with Torbay and South Devon NHS Foundation Trust (TSD) and Royal Devon University Healthcare NHS Foundation Trust (RDUH) both below the midpoint score of 100. University Hospitals Plymouth NHS Trust (UHP) has a higher Summary Hospital-level Mortality Indicator (SHMI) score but is within expected ranges. Work is well progressed at UHP to improve depth of coding quality and recent reports indicate that the SHMI score for the Trust will improve as coding quality develops. Additional assurance has been reported through Structured Judgement Review's and additional analysis has been shared on the positive impact that improved coding will have.

Section	Assurance	Trend from previous month
Overall assurance	Satisfactory – (areas of concern have additional focus and mitigating actions)	N/A

Recommendation

13. The Board is asked to **note** the overall assurance level relating to the quality position of the ICS as satisfactory and support the position that adequate plans are in place to mitigate and improve quality risks.



NHS Devon ICB Quality Report

March 2025

NHS Devon Public Board

Report completed 25/02/2025

Penny Smith, Chief Nursing Officer, NHS Devon ICB

Developed by:
The Nursing & Quality Directorate

Editors:
John Trevains, Director of Nursing & Quality
Sara Wright, Head of Quality Improvement



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

Contents

Slide	Subject
3	Executive Summary of Key Points
4	National & Regional Cascades
5	Primary Care
12	Planned Care
13	Urgent & Emergency Care
15	Mental Health
19	Children, Young People & SEND
23	Maternity
24	IPP & Section 117
26	Learning Disabilities, Autism & Neurodiversity
28	Patient Safety Events
32	Patient Experience
35	Infection, Prevention & Control
37	Vaccination Optimisation
40	Continuing Healthcare
44	Safeguarding
49	Mortality
51	Quality Improvement



Executive Summary of Key Points:

NHS Devon ICB utilises the following national frameworks when reporting quality functions:

Quality Accountability Framework: In July 2023 NHS England published Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England. This was updated in May 2024 with additional inclusions within the detail of each function. The guidance details key statutory duties, accountabilities and responsibilities that providers, Integrated Care Boards (ICBs) and NHS England hold for quality. NHS Devon ICB aligns quality reporting to its statutory functions, as described in this framework.

CQC Domains: The Care Quality Commission's (CQC) five key domains, or CQC 5 Standards, are the areas that CQC inspectors use to evaluate care services. The five domains are:

- Safe: Whether the service protects people from abuse and avoidable harm
- Effective: Whether the service is effective
- Caring: Whether the service is caring
- Responsive: Whether the service responds to people's needs
- Well-led: Whether the service is well-led

This edition of our Quality Report includes additional information and focus on quality matters in Primary Care and Vaccinations. Alongside regularly reported items across the quality domains of Safety, Experience and Outcomes, inclusive of the Chief Nursing Officers directorate portfolio such as Women's & Children's Services and Continuing Health Care. Access rates and issues are reported where this is a quality related outcome or risk regarding good standards of patient care.

Areas of note:

Urgent and Emergency Care (UEC): Urgent and emergency care continues to be of ICB focus, with long waits in ambulances and within Emergency Departments (ED). Winter performance has been challenging and continues to be a priority area of focus and additional support by the ICB.

Mortality: All reporting providers in Devon are within expected ranges with our Torbay (TSD) and Royal Devon (RDUH) Trust's both below the midpoint score of 100. University Hospitals Plymouth (UHP) has a higher SHMI score but is within expected ranges. Work is well progressed at UHP to improve depth of coding quality and recent reports indicate that the SHMI score for the Trust will improve as coding quality develops. Additional assurance has been reported through Structured Judgement Review's and additional analysis has been shared on the positive impact that improved coding will have.

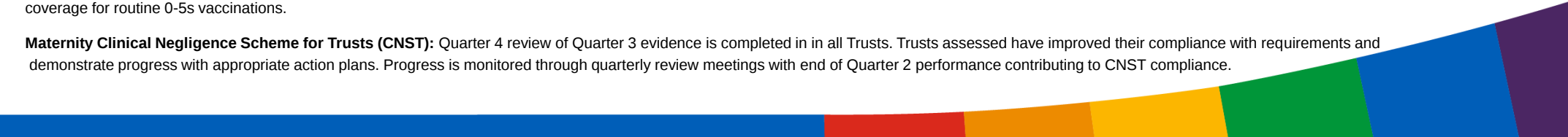
Pharmacy, Optometry and Dentistry (POD): In accordance with the Health and Care Act 2022. NHS England delegated the exercise of pharmaceutical services and local pharmaceutical services functions to Integrated Care Boards (ICBs) from the 1 April 2023. A hub model was established in the South West to support delivery of these delegated functions for POD, for the 7 ICBs in the region – the South West Collaborative Commissioning Hub (SW CCH), hosted by NHS Somerset ICB. Areas of risk include the ongoing sustainability of Community Pharmacy & risk of further pharmacy closures. Plans and initiatives are in place to mitigate these risks.

Mental Health : Additional data is reported this month in mental health. Focus on access and performance across a range of important domains through a quality perspective. Alongside national shared learning regarding the independent NHSE investigation into the care and treatment received by Valdo Calocane in Nottingham. NHS Devon has responded to the national intensive and assertive community treatment review which was prompted by this case.

IPP/ S177: There is on-going work within the ICB around Individual Patient Placements (IPP) and Section 117 governance and assurance, to ensure an improved position and oversight. A task and finish group is in place working on audit and internal review findings to improve performance and assurance.

Vaccination updates: Analysis of the Childhood Vaccination Cover Statistics COVER reports sees Devon with comparably good uptake levels. However, uptake falls below the World Health Organisation's target of 95% coverage for routine 0-5s vaccinations.

Maternity Clinical Negligence Scheme for Trusts (CNST): Quarter 4 review of Quarter 3 evidence is completed in all Trusts. Trusts assessed have improved their compliance with requirements and demonstrate progress with appropriate action plans. Progress is monitored through quarterly review meetings with end of Quarter 2 performance contributing to CNST compliance.



National & Regional Cascades & Key Guidance (since previous Quality Report Jan 25):

- **Transforming Elective Care (NHSE) Jan 2025:**

This plan sets out our proposals to reform elective care, return to the constitutional standard of 92% of patients receiving treatment within 18 weeks, and build a sustainable NHS that is fit for the future.

- **NHS operational planning and contracting guidance- 2025/26 priorities and operational planning guidance (NHSE) Jan 2025**

In line with the Government Mandate, the 2025/26 priorities and operational planning guidance sets out a focused, smaller number of national priorities for 2025/26 with an emphasis on improving access to timely care for patients, increasing productivity and living within allocated budgets, and driving reform. To support this, systems will have greater control and flexibility over how they use local funding to best meet the needs of their local population.

- **Investigation report- Safety Management: accountability across organisational boundaries**

This report is intended for healthcare organisations, policymakers and the public to help improve patient safety in relation to the management of patient safety risks across organisational boundaries. This has been explored through an understanding of the pathways of care for patients whose care involves engaging with providers in primary, secondary and community care and with integrated care systems (ICSs). This report makes reference to processes which exist within the health and care system relating to the management of safety.

[Safety management: accountability across organisational boundaries](#)

- **System pressures; Temporary Escalation Spaces (TES) and financial ++challenge – Letter from Royal College of Nursing Regional Deputy Director of Nursing Jan 2025:**

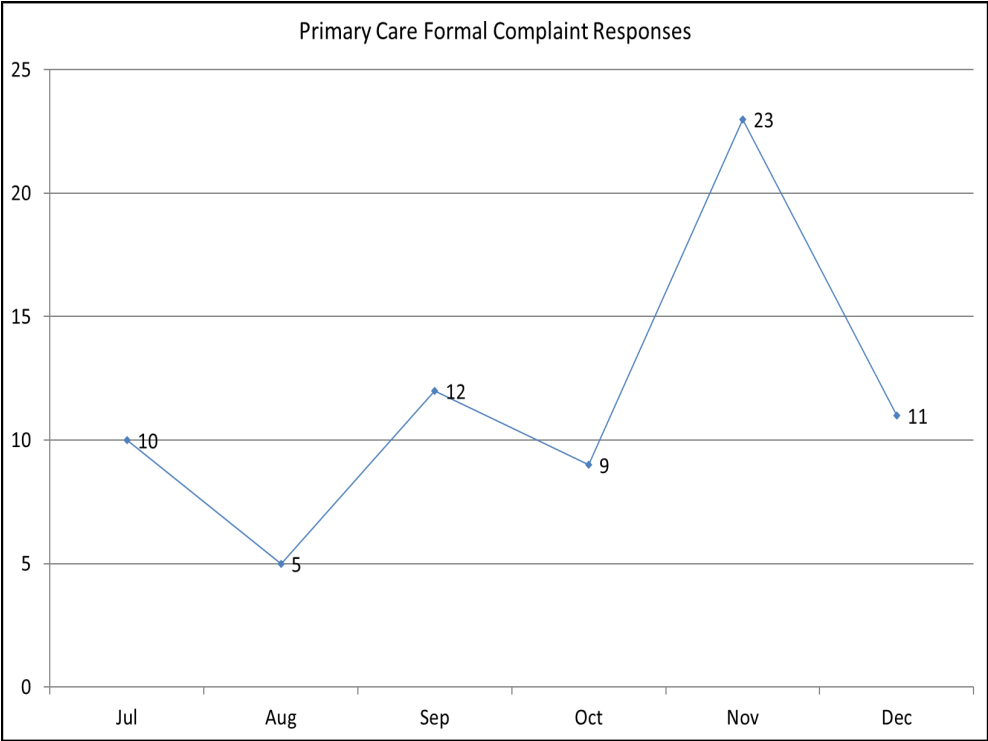
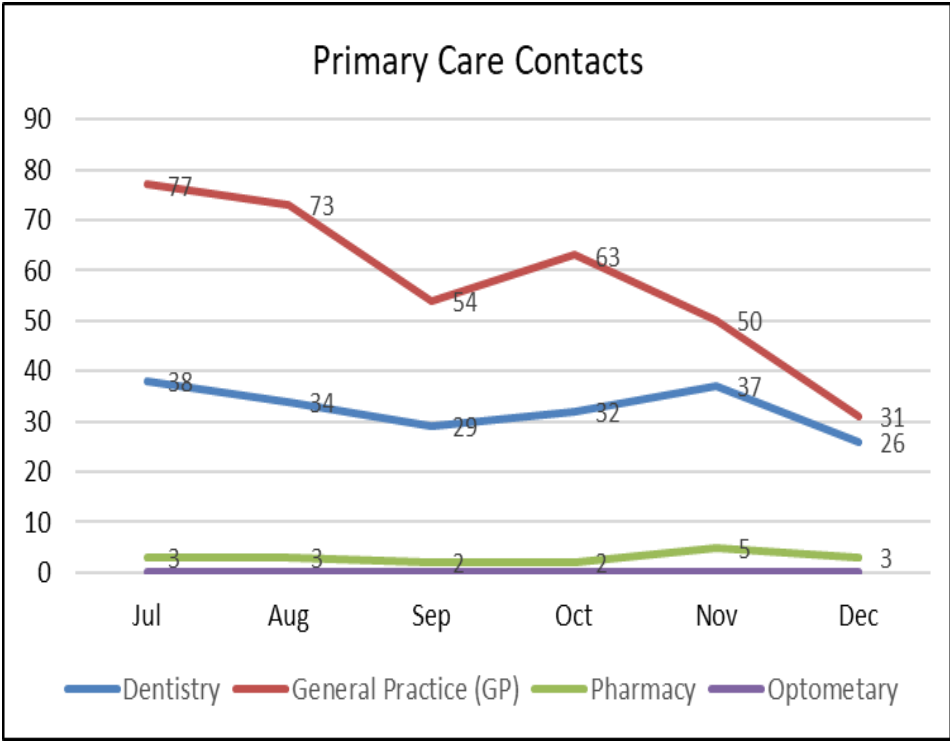
The letter is in the context of a challenging period for the NHS. The RCN is writing to Chief Nurses stating they are clear at the RCN, that many of the decisions CNOs make are corporate board responsibilities and should have the support the full executive team in making them. It also highlights the system pressures faced by the NHS responding to capacity and demand through recent publications and media statements, and links to a couple of examples:

[Publications | Royal College of Nursing](#)

[Out of area placements symptom of mental health system without enough beds or staff, says Royal College of Nursing | Royal College of Nursing](#)

Primary Care 1: Patient Experience

Patient Experience – Complaints and Concerns



Primary Care 2: Patient Experience continued

Please see data slide (s) above and Appendix 1: Primary Care Deep Dive.

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safe Effective Responsive Caring	Dental contacts continue to be the main Primary Care contacts for NHS Devon, main themes relate to dental access; - Dental access concerns and complaints are generically responded to providing details of the national work to improve England's oral healthcare. It does not resolve the current position that Devon patients cannot access an NHS Dentist in the area. - The ICB are noting particular contact relating to some of the most vulnerable patients including young patients with neuro-diversity conditions, especially accessing more specialist dental treatment. - General practice contacts remain even, mainly relating to appointments and prescribing with some particular issues identified below: - Contacts relating to a Plymouth Practice and changing their boundary, which impacted 600+ patients. Now resolved - Varying contacts relating to 'unhappy with service', but no particular practices reflected as a theme. - Prescribing issues particularly relating to delays and access to certain medications. - During quarter 3 there has been an increase in number of formal complaints received for review and sign off from the Primary Care Hub, linked to improved resources within the hub. - Very small numbers of pharmacy contacts in October/November which related to out-of-stock medicines and home prescriptions stopping. - Contact relating to the Special Allocation Scheme varies from long standing dissatisfaction of allocation to recent disputes of allocation to the scheme.	- Primary Care Commissioners are working through plans to improve dental access, including dental education for young people. - There are clear statements to provide patients contacting NHS Devon to explain the actions being taken to improve access. - Practice has now resolved, all patients will remain registered. - No action required, patient experience managing these contacts on a regular basis. This has been escalated through quality assurance meetings.

Primary Care 3: Patient Safety

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safe	Patient Safety Strategy: Primary Care Summary The patient safety strategy for Primary Care has 3 main aims: •Developing a supportive, learning environment and just culture in primary care, with sharing across the system so that the services can continually improve •Ensuring that the safety and wellbeing of patients and staff is central, and that our approach to managing safety is systematic and based on safety science and systems thinking •Involving patients in the identification and co-design of primary care patient safety ambitions, opportunities and improvements • Recognises the pressures in primary care, the implementation of the strategy is flexible, with General Practices (GPs) being the priority for implementation.	In March 2025, the Patient Safety Team will be providing a summary of the patient safety strategy to be included in the GP bulletin.
Safe Responsive	Learning from Patient Safety Events (LfPSE) • The Patient Safety Team have agreed to continue to prioritise supporting the GPs in registering and reporting patient safety incidents and concerns to the national Learn from Patient Safety Event (LfPSE). This will support GPs to improve their reporting culture enable them to learn from patient safety from outside their own Practices. • 63% (increase) of GPs have registered to LfPSE. The highest number of patient safety incidents are regarding: •Medications – specifically regarding the wrong type of medication being prescribed, followed by the wrong dosage of medications. •IG Breaches Chart 2 illustrates all types of reported incidents from GPs.	Supporting GPs to register onto LfPSE requires ICB resource. In addition, some GP are challenging this, as it is not a contractual requirement. Communication is shared with Primary Care Commissioning colleagues and engagement colleagues are supporting the communication.

Primary Care 4: Patient Safety Events

Chart 1: Reported incidents within Primary Care April to January 2025

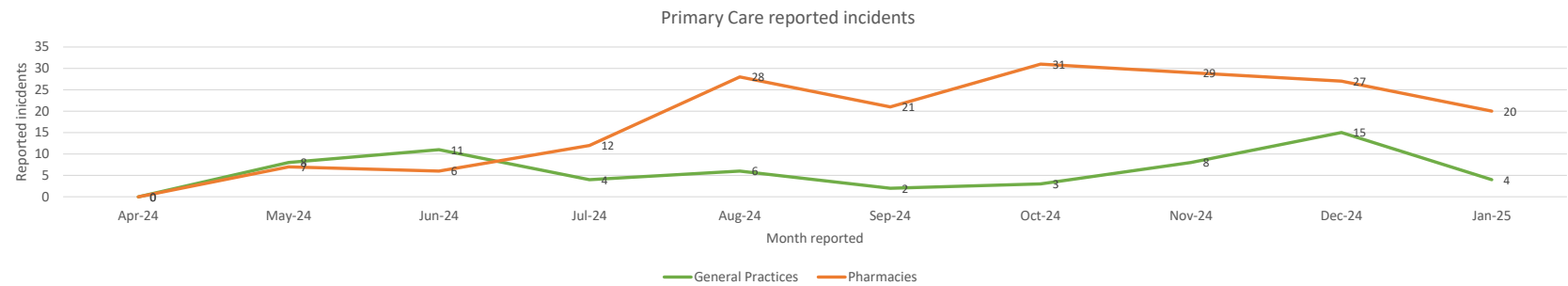
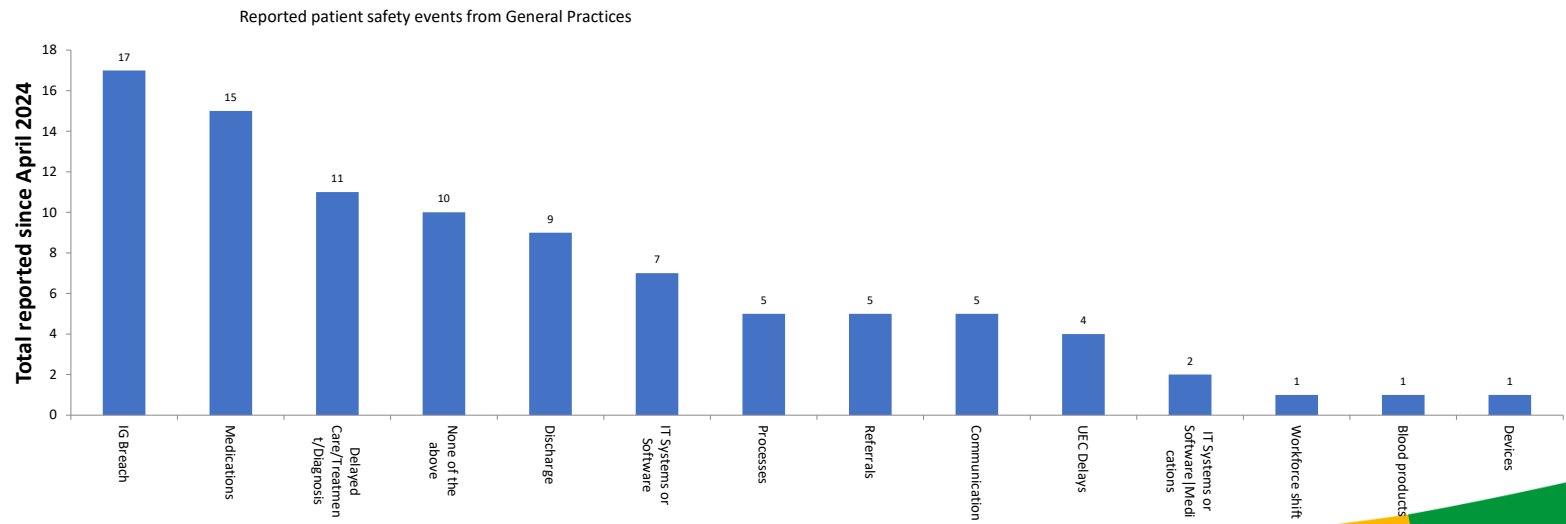


Chart 2: Reported incidents by General Practices April to January 2025, by type



63% of GPs registered on LIPSE

21% of GPs reported at least one event

6% of GPs are in the process of registering

Primary Care 5: Pharmacy

Delegated Commissioning & National Pharmacy Regulations

- In accordance with the Health and Care Act 2022, NHS England delegated the exercise of pharmaceutical services and local pharmaceutical services functions to Integrated Care Boards (ICBs) from the 1st April 2023. A hub model was established in the South West to support delivery of these delegated functions for POD, for the 7 ICBs in the region – the South West Collaborative Commissioning Hub (SW CCH), hosted by NHS Somerset ICB.
- In accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, each ICB had to establish a Pharmaceutical Services Regulations Committee (PSRC) to make decisions in relation to matters of market entry; this includes consolidations and changes to core hours. In Devon, this Committee is the South West Pharmaceutical Services Regulations Committee (SW PSRC), which is co-ordinated by SW CCH on behalf of the ICBs and includes attendees from each of the 7 ICBs and 2 lay members. Pharmacy is heavily regulated, and the national pharmaceutical regulations are laid down in law: [NHS England » Guidance on the NHS \(pharmaceutical and local pharmaceutical services\) \(amendment\) regulations 2023](#)
- Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each Health and Wellbeing Board to assess the need for pharmaceutical services in its area and to publish a statement of its assessment every 3 years; this is termed a 'pharmaceutical needs assessment' or PNA. A PNA must be used as the basis for determining market entry to a pharmaceutical list. In Devon we have 3 PNAs due to the 3 Local Authority areas; Devon, Torbay and Plymouth. These are all currently being revised / updated and are scheduled for publication later this year.

Local Plans

- A Community Pharmacy Strategy has been developed for Devon and is awaiting final approval – this will be used to form our ICB pharmacy workplan over the next 5 years.
- 4 priority resilience interventions agreed and in progress to improve resilience within the pharmacy network
- Strengthening of the Community Pharmacy PCN Integration Lead network, supported by newly appointed Engagement Lead – with a focus on maximising utilisation of the national clinical services

Primary Care 6: Dentistry

Delegated Commissioning & Dental Contract Regulations

- As with pharmacy, NHS England delegated the exercise of dental services and functions to Integrated Care Boards (ICBs) from the 1st April 2023.
- Patients are not registered with a dental practice in the same way as they are with a general practice, although some dental practices might see patients on a regular basis. Instead, dental practices are contracted to deliver activity and are obliged to only deliver a course of treatment to an individual, irrelevant of where they live, and not to deliver ongoing regular care. There is no geographical restriction on which practice a patient may attend, allowing patients the choice of where they would like to receive a course of treatment, if the practice is accepting new patients.
- NHS dental budgets are allocated to meet the needs of 50% of the population at any one time. This was based on historic levels of patient engagement with NHS dentistry.

Areas of concern

- Access to NHS dentistry (primarily routine dentistry)
- Dental workforce – lack of dentists in the South West; lack of dentists and other dental team professionals willing to take on NHS work.

Local Plans

- NHS Devon ICB have agreed and are in the process of rolling out an uplift to the minimum value of a Unit of Dental Activity or UDA for Devon contractors; the agreed figure is £32, which goes beyond the national minimum uplift implemented last year of £28.
- Mid-Year Review Process & rebasing of underperforming contracts to achievable levels – once funding released, Devon ICB will look to commission further activity (both routine and urgent)
- Dental Recruitment Incentive Scheme – this is a national scheme that each ICB funds from their allocated dental budget; currently in the process of collating applications for round 2 of this scheme. We have already awarded a range of dental practices the ability to offer this incentive payment or “golden hello” to fill 18 vacant posts across Devon. Two of which have now been successfully filled.
- The ICB POD Team supported by SW CCH dental team and ICB Comms colleagues have started to produce regular dental briefings for MPs, Scrutiny Committees, etc.



Primary Care 8: Optometry

Delegated Commissioning

- In accordance with the Health and Care Act 2022, NHS England delegated the exercise of dental services and dental services functions to Integrated Care Boards (ICBs) from the 1st April 2023. A hub model was established in the South West to support delivery of these delegated functions for the 7 ICBs in the region – the South West Collaborative Commissioning Hub (SW CCH), hosted by NHS Somerset ICB.

Areas of concern

- Referral pathways into secondary care

Local Plans

- Development of Post Cataract Surgery LES (Quarter 1 2025/26) – there is a small cohort of patients requiring an eye-test following cataract surgery that are not exempt from charges; this LES will look to ensure these patients receive an eye-test free of charge.

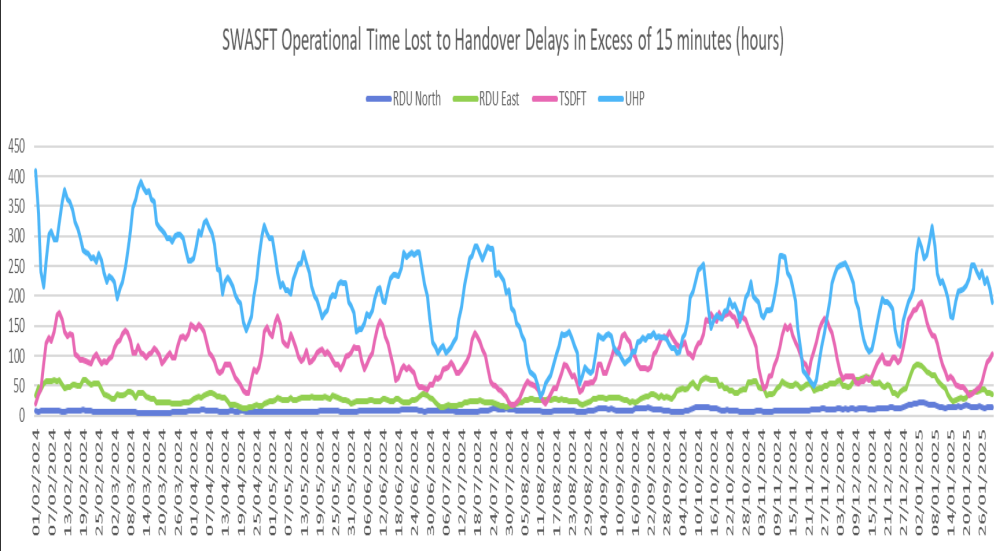
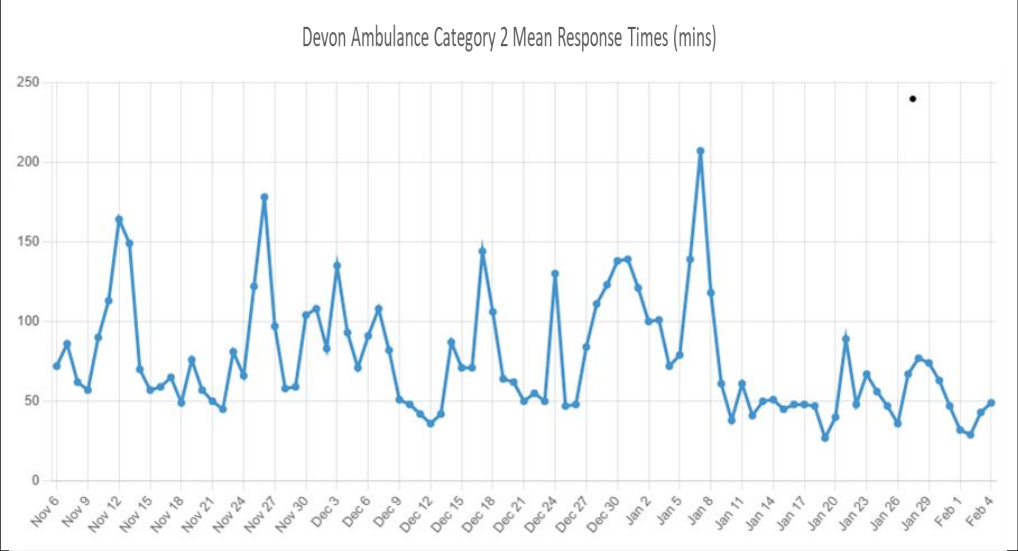
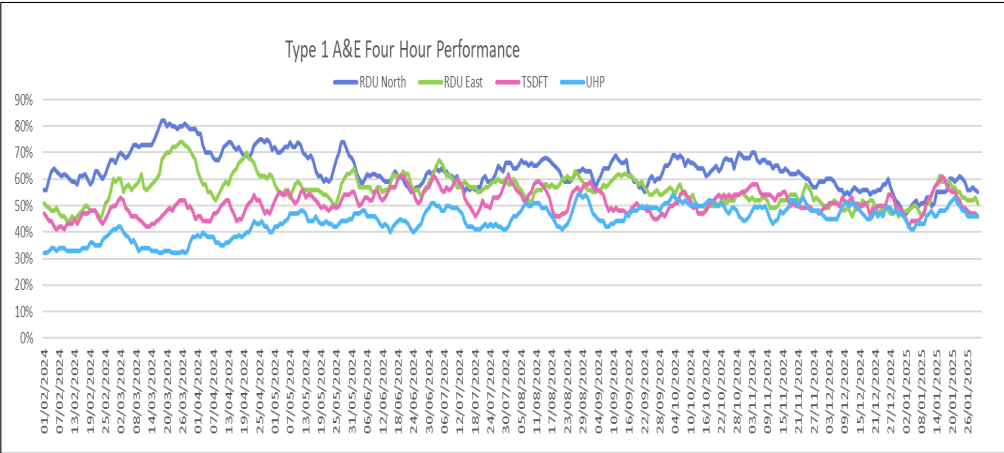
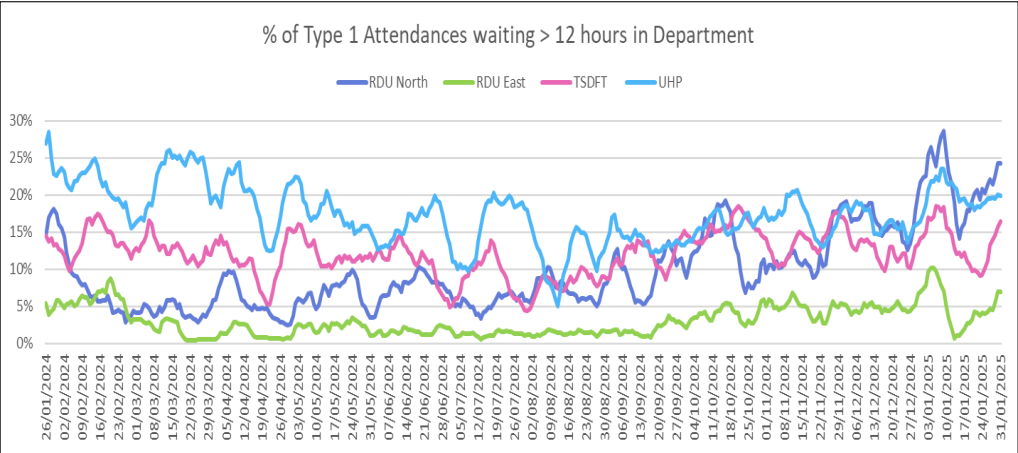


Planned Care: Update

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe Caring Responsive	18 Week Performance: - As part of operational planning for FY25/26 all systems will be expected to make a minimum improvement on 18 week performance of 5%, in an attempt to reach the baseline of 65%, with all providers required to increase their RTT performance to a minimum of 60% and performance on wait for first appointment to a minimum of 67%. - As a system, at the November 24 baseline, NHS Devon as a system was at around 64.8%. Diagnostics 6 Weeks Performance: - Although the system remains behind the national target of 95% of patients being seen for their diagnostic test within six weeks with a position 73.8% (November validated data) there is special cause variation indicating an improving trajectory. Robust diagnostic recover plans will be in place as part of the 25/26 operational planning round. As with the overall RTT performance, there is continued improvement against the 65ww position with ongoing special cause variation. 65 Week Performance: - Unvalidated position as of 12th February indicates that there will be an expected 477 patients within this cohort by the end of March, with further improvement expected. 78 Week Performance: 78WW performance again is improving with numbers of patients within this cohort now extremely low. Unvalidated position, as of 12th February showed only 12 patients predicted by the end of March, with both TSD and UHP working hard to clear this number entirely. Cancer Targets: Performance in Devon was 82.9% In December 2024, up from 80.8% in November, with all three Devon Trusts exceeding the 80% target. Breast, skin and CYP all performed above target across all Trusts (with TSD recovering from their skin performance issues in November); haematology, urology and NSS were particularly challenged. 62d performance in Devon continues to improve despite challenges in 28d and 31d, performance was 74.5% in December 2024, up from 73% in November. UHP saw a dip in performance at 67% with increased breaches in gynaecology, lung and urology (compared to the previous quarter although the Trust remains ahead of trajectory. RDUH reported the highest performance at 79%, with TSD at 78%. Colorectal and upper GI services remain challenged across all Trusts. Skin and Haematology both exceeded the 80% target. RDUH are still experiencing staging issues, recording and completeness are both challenges, particularly impacting on skin.



Urgent and Emergency Care 1: Data

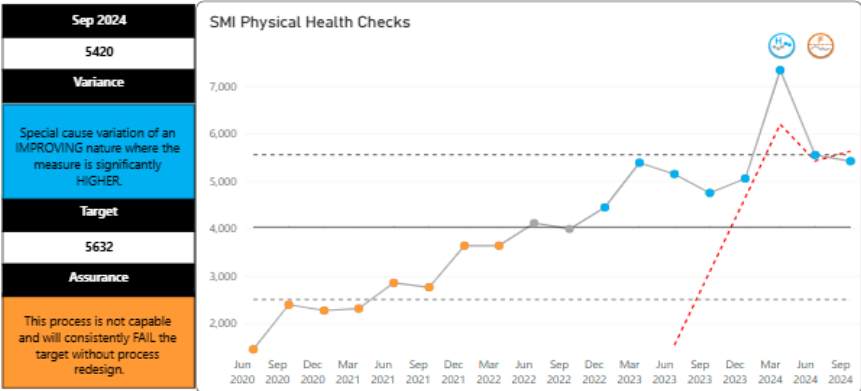


Urgent and Emergency Care 2: Continued

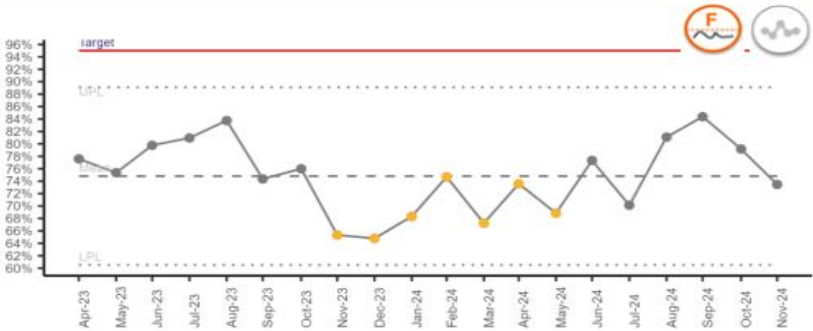
Please also see previous slide above

Domain	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety and Quality	Handover and category 2 response times remain of concern at present. Handover delays are more prevalent within the Plymouth and South localities. Ambulance repose times remain behind national averages.	NHS Dorset ICB is the lead commissioner for South West Ambulance Trust (SWAST) and liaise with the system on clinical risk, potential harm and outcomes. A SW999 Quality group has been reinstated for quality leads.
Safety & Patient Experience	To ensure that safety and quality are overseen including the Fundamentals of Care delivered consistently to patients experiencing long waits such as in the EDs for admission, and in ambulances awaiting handover, a Standard Operating Procedure (SOP) to ensure clinical and quality of care oversight is in place was presented to the Safety and Quality Committee January 2025.	Reporting and monitoring via the SW999 Quality group and buy SWAST

Mental Health 1. Data

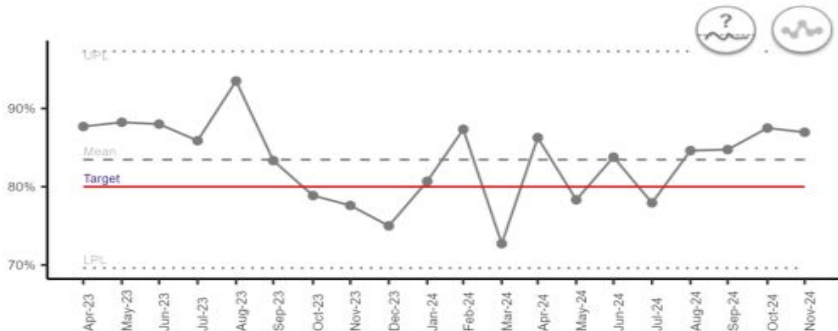


Inpatient discharges followed up within 48 hours



Information from DPT Board Report [513hpsiWN4](#) p82

Inpatient discharges followed up within 72 hours

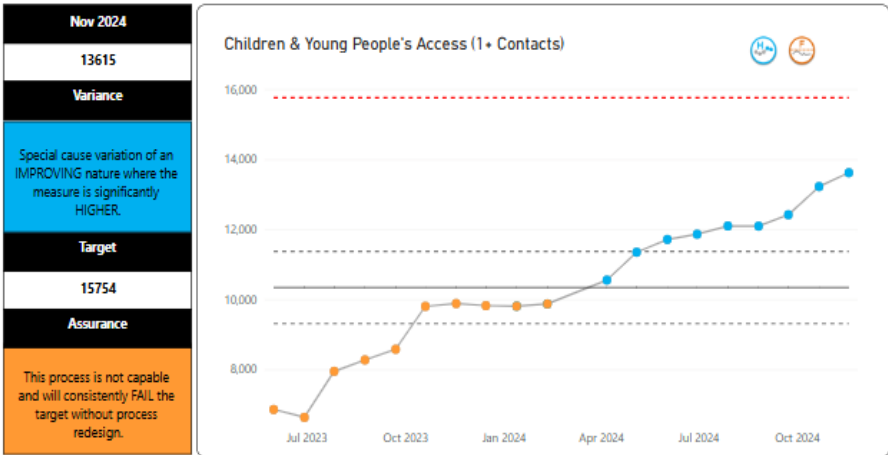
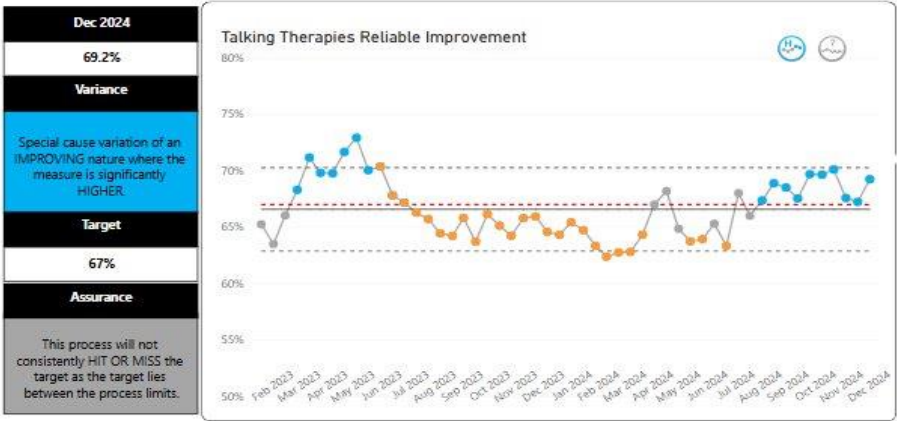


Information from DPT Board Report [513hpsiWN4](#) p82

Mental Health 2: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Effective Safe	Physical health monitoring: The current working group on the delivery of Physical Health Monitoring (PHM) for individuals with Severe Mental Illness (SMI) , which was focused on delivering in-year funding for increased provision of antipsychotic initiation and Physical Health Monitoring (PHM) by DPT and LWSW, is now formally closed.
Effective Safe	Suicide Prevention: - There is ambition to develop a one Devon suicide prevention plan, with each local authority public health team supporting this approach. To ensure success of the single plan, further work has been identified to strengthen the oversight and governance arrangements. LWSW: - Suicide prevention lead role has been created within the Mental Health Learning Disability and Neurodiversity directorate. LWSW are starting work on a Suicide prevention strategy. Suicide awareness and prevention training has been updated. Reducing the rate of serious self-harming behavior is a key priority of the Safety Team. There are a number of domestic homicide reviews (DHRs) where the victim has taken their own where there is evidence of coercing controlling behavior, physical and emotional abuse. DPT: - In order to achieve ongoing support to reduce the risk of suicide, DPT have established 48hour follow up as in internal standard in addition to the National 72 hour follow up. This is a key contributory intervention within the Safe from Suicide safety and quality programmer.
Safe	Mental Health Independent Investigations: - Working in partnership with NHSE, the ICB is developing an approach to undertake a quality assurance review across the Devon system focusing on the recommendations and action plans associated with Mental Health Homicide (MHH) investigations. National shared learning: - The independent investigation into the care and treatment received by Valdo Calocane in Nottingham, NHS England » Independent Mental Health Homicide Review into the tragedies in Nottingham . NHS Devon has responded to the National intensive and assertive community treatment review which was prompted by the Nottingham case.

Mental Health 3. Data



Narrative - Metric Definition & Context

Narrator: Total active inappropriate placements for adults at the end of each month Reported quarterly

NOTE: DPT data currently only available from April 2024

An OAP occurs when a patient with assessed acute mental health needs who requires non-specialised inpatient care (ICB commissioned) is admitted to a unit this



Mental Health 4: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe	Right Care Right Person: The Right Care, Right Person (RCRP) program, mandated by NHS England (NHSE) and the Home Office, is a national initiative to transform responses to mental health and welfare concerns. The program promotes the need for health led solutions, reducing unnecessary police involvement, and ensuring timely, compassionate care for individuals in mental health distress, those who are requiring welfare checks related to vulnerability and/or are in mental health crisis. NHS England has produced guidance informing ICB's of their role in Right Care Right Person PRN01145 Guidance on implementing the National Partnership Agreement - Right Care Right Person November 2024.pdf . Phase one and two have been implemented with the intention of completing phase 3 and 4 in 2025.
Effective	Community Mental Health Framework: - A post implementation review has been undertaken across Devon Partnership Trust (DPT), Livewell South West (LWSW) and the Devon Mental Health Alliance to understand the impact of the Community Mental Health Framework for people using services, this has included feedback from service users, carers and Voluntary, Community and Social Enterprise (VCSE) partners, fidelity reviews and data to show the impact on services. Summary of findings highlight that new services have been introduced to address previous gaps such as community rehabilitation, pathway for early eating disorder intervention and recovery practitioners through the VCSE alliance. - People accessing services have reported improvements, such as quicker access to psychological therapy and positive experiences with Mental Health Additional Roles Reimbursement Scheme (ARRS) roles, which are seen as quick and well-connected. - Key areas for further development include improving discharges and step-down processes to avoid abrupt transitions, enhancing communication between services, and improving integration across primary, secondary, and voluntary sector organizations.
Responsive Effective	Inappropriate out of area placements: Controls are in place to support effective management and oversight of local bed stock. Proof of concept proposed aligned to rehabilitation beds: this will increase capacity / flow from acute inpatient beds. Implementation of the workplan aligned to the mental health inpatient strategy has commenced.



Children and Young People 1: SEND pre-inspection

Quality and Performance

A SEND Inspection of Torbay ,now currently taking place (March update). It is unlikely that the inspection will result in an improved position for the Local Area.

Preparation for the inspection is advanced and includes highlighting the areas of good practice. Clear data is provided and information about current issues, and improvement activity. Mitigating activity, designed improve experience and keep children safe in the short-term, is being described through storyboards i.e. waiting well and improved Board assurance.

Local Authority Footprint	Date of Inspection	Regulatory Framework	Regulating organisation	Outcome	Key Themes
Torbay	15 November 2021	Local Area SEND Inspection (2016 framework)	CQC Ofsted	Written Statement of Action – 8 areas of action	Leadership Inclusion Access to care and early help EHCP Understanding neds and Joint commissioning
Plymouth	26 to 30 June 2023	Local Area SEND Inspection (2023 framework)	CQC Ofsted	There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently resulting in the need for a Priority Action Plan – 5 priority actions	Leadership Inclusion Access to care and early help EHCP Understanding need and sharing information Social care
Devon	10 December 2018	Local Area SEND Inspection (2016 framework)	CQC Ofsted	Written Statement of Action - 4 areas of weakness	Strategy Communication Quality and timeliness of EHCP Identification and support for autism
Devon	23 and 25 May 2022	Joint area SEND revisit in Devon	CQC Ofsted	Insufficient progress Accelerated progress plan Improvement Notice	As above

Children and Young People 2: SEND - Narrative/Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored For waiting list information, see Neurodiversity/Autism slides.
Safe Responsive Effective Responsive	SEND Standard Operating Procedures (SOP's) for health input into ECHPs, Tribunals and Annual Reviews: Assurance - The final version of the SEND SOP's for health input has been completed. The SOP will go through the ICB Board by the end of February 2025 for sign off. - SEND SOPs to be signed off through each local authorities SEND Improvement Boards by end of March 2025. - When in place, this will standardise the approach across all providers in the ICB and ensure timeliness and quality can be monitored.
Responsive	Co-production with the Parent Carer Forums: Assurance - The Children's Senior Leadership Team have met with the three local area Parent Carer Forums (PCFs) to work together to review our future work plan and embed co-production as a principle at all levels into the Women and Children's team. - Funding agreements are in place with each PCF to ensure that these services are jointly commissioned.
Responsive	Plymouth Family Wellness Day: Assurance - Plymouth local area partnership held a wellbeing event for children, young people and families called "My Mind, My Body, My Money; Family Wellness Day" this involved a marketplace area, free activities and a free pop-up café to support families and children. - The event was jointly funded and organised by ICB and Local Authority, supported by the Plymouth, Parent Carer Voice.
Safe Responsive Effective	Workforce Training: Assurance - Plymouth: Council of Disabled Children SEND Basic Awareness training launched as a partnership universal training offer. With over 716 people have completed the training so far from October to 14th January 2025. - This will be rolled out across the remaining providers across Devon. - CFHD: Monthly SEND and Quality Assurance training delivered by SEND Leads with support from DCO.
Responsive	Local Offer: Limited Assurance - Enhancements to the Local Offer Websites within each Local Area are progressing including production of video resources regarding EHCP/IHCP. - Plymouth: Delivered the 'Your Future' programme for young people with vulnerabilities to support transitions, with over 90% of young people have achieved positive outcomes. - The opportunity to communicate the health system offer through the Local Offer websites has not yet been fully realised. However, both CFHD and Livewell have redesigned and improved the information and support available to families from their websites and links are now in place.
Effective Responsive	Partnership in Neurodiversity for Schools (PINS) support offers to schools: Assurance - Delivery to take place before the end of March 2025. - Contracting processes are being confirmed and underspend proposals for funding to be allocated. - Web-based information is being developed on both One Devon and ICB websites.
Responsive Effective	Devon SEND Strategy: Assurance A new Devon SEND Strategy has been co-produced and developed across the local partnership. The strategy uses the four cornerstones approach of co-production to ensure we are listening and putting children, young people and their families at the centre of support and development . This now needs to be embedded within the local area.

Children and Young People 3: Care Experienced - Narrative/Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe Responsive Effective	Data - The data collection template continues to be developed in line with the CYP dashboard and in partnership with providers; this is now in the testing phase and will be implemented in April 2025. Initial Health Assessments (IHA): Limited Assurance - The data shows an improved trajectory – most improvement seen in Plymouth due to effective multiagency actions and strengthened oversight. Review Health Assessments (RHA): Limited Assurance - Slight improvement from last quarter, this is in the context of significant increase in activity. - Current capacity in the CIC nursing teams has been confirmed as insufficient to meet statutory targets. A business case has been submitted to the Devon Investment Group (DIG) for additional CIC nursing resource required to meet demand. Task and Finish groups have now met. All key priority areas, including statutory health assessments, have been identified and progressed.
Safe Responsive Effective	Immunisations: Limited Assurance - Immunisation data has now been made available to the ICB that allows for the immunisation status of vulnerable cohorts of children to be understood and monitored. - This information will be shared with QPEC once the data sharing agreement has been finalised. Access to Dental: Limited Assurance - Dental stabilisation appointments now available via 111. - Two trauma-aware dental clinics have been commissioned and in place. Feedback on the use of the clinics by the three LAs has been received. The feedback will influence further implementation of more flexible and accessible services for CIC and Care Leavers. This is being overseen by the strategic Oral Health Steering Group. Optical: Limited Assurance - This is not a statutory reporting measure, however, it is recognised as best practice to monitor. How this data is collected, reported and targets set will be developed over the next financial year. Emotional Health and Wellbeing: Limited Assurance - A series of meetings has begun reviewing the transition of CiC and care leavers as they move from CAHMS to AHMS. First stakeholder meeting was positive, and a workshop is being planned. - ICB wide procurement of emotional wellbeing services for all young people in the County has concluded and will result in deployment from April.
Safe Responsive Effective	Prescriptions: Assurance - Mobilisation plans are well established and launch events are taking place in March. - A clear process and guidance has been developed for who is entitled to a free prescription card. This has been designed to minimise any delay in the young people being able to access their prescriptions

Children and Young People 4: CYP Mental Health - Narrative/Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level?
Safe Responsive Effective	Access & Wait Times: Limited Assurance - Access rates for CYP's emotional wellbeing and mental health services (based on current best available data), is just below the expected minimum level (99%). - The accuracy of local and national data is now improving with variance between local and national data reducing month on month. - Of note: the estimated level of need significantly exceeds the national minimum expected level of access (table 1). Devon ICB will increase access in 2025/26 through: - Mobilisation of the CYP Emotional Wellbeing and Mental Health Procurement (01/03/25 - 30/06/25) and service commencement (01/07/25) - Training and operationalising two additional Mental Health Support Teams in Schools in 2025/26. Trajectories to reduce long waits of greater than 104 weeks are being agreed and will be submitted to NHS England as part of the Operating Plan for 2025/26. - Devon ICB maintains oversight of the national dashboard development and supports provider led involvement in addressing the anomalies identified	The potential for significant unmet need in CYPMH has been highlighted as part of investment prioritisation processes..
Safe Responsive Effective	CYPMH Community Based Crisis Response: Limited Assurance Nationally, there is an expectation that there will be a 24/7 community-based mental health crisis assessment and support offer available for children and young people. At present, Devon is not compliant with this expectation. Devon ICB has requested additional investment as part of 25/26 Operational Planning to support the expansion of the current offer from 13 hours to 24 hours/day, it is unlikely, given the contents of the recent Operational Planning Guidance, that this investment will be realised. The risk associated is being escalated to the CYP Joint Forward Plan Board. Initiative to reduce UEC activity from CYP with mental health crisis - CYPMH In-Reach Discharge Pilot Service: - Supports CYP in acute settings through a youth worker approach has shown significantly effective model of care, as demonstrated by below data: 33% reduction in ED attendances. 25% reduction in Category 2 Calls. 52% reduction in the number of ward admissions. 83% reduction in total length of stay.	The impact of non-investment has been identified in as part of investment prioritisation processes. This service was non-recurrently funded and is at risk of cessation.
Safe Responsive Effective	Eating Disorders: Limited Assurance - The National wait time target for CYP's access to eating disorders services is; 1 week for urgent needs, 4 weeks for routine needs. - The urgent access target shows consistent achievement of the standard. - Performance against the routine access standard is variable with data quality challenges remaining in one provider in relation to both local and national reporting. This matter has been escalated, rectification of this issue is progressing with the provider through Data Quality Improvement Plan. - The needs of CYP in Devon align with nationally and international trends of an increase in eating disorders and disordered eating. - The profile of different types of eating disorders has been changing rapidly in the last 5-10 years with increases in the prevalence of 'ARFID (Avoidant Restrictive Food intake Disorder, which often occurs with needs relating to neurodiversity) and the emergence of 'RISH' (Restricted Intake as a form of Self Harm). - Variation in practice within Devon regarding the use of nasogastric tube (NGT) feeding and NGT feeding under restraint has resulted in focussed work to agree the clinical guidelines to be used in inpatient settings. - Further work is being scoped locally and across the South West with the South West Provider Collaborative to respond to new eating disorders guidance and models of care.	

Maternity : Update

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safe	Saving Babies Lives Quarter 4 review of Quarter 3 evidence is completed in TSD & RDUH with UHP scheduled for completion by the end of February. Both trusts currently assessed have improved their compliance with requirements and continue to demonstrate sufficient progress with appropriate action plans. Progress is monitored through quarterly review meetings with end of quarter 2 performance contributing to CNST compliance.	Not at present
Effective	Perinatal Dashboard procurement Procurement of project time from the Commissioning Support Unit (CSU) to build a quality, safety & compliance dashboard. This dashboard will support monitoring of the compliance agenda and enhance access to key quality & safety metrics for the system. This is a key requirement of the Three Year Delivery Plan for Maternity & Neonates and the Perinatal Quality Surveillance Model Digital scoping Project underway by the CSU to scope feasibility and actions that would be required to enhance the perinatal digital offer in Devon in the following ways: Virtual self-referral Centralised triage line Perinatal training academy (to enable sharing of training between organisations either virtually or face to face, consideration of training passports) This also contributes to compliance with the Three Year Delivery Plan in regard to development of a digital maternity strategy for the system.	Not at present Not at present
Responsive Caring	Procurement of enhanced Maternity & Neonatal Voices Partnership (MNVP) The MNVP tender has been completed, and the successful organisation has been notified. The enhanced MNVP service will commence from the 1 st of April	Not at present- to be identified in discussion with provider week commencing 17/02/2025

IPP & Section 117 1: Explanation of ICB Functions

NHS Devon S117 arrangements

- Each Local Authority and NHS providers have different funding arrangements for various cohorts. Overall, there are five different processes.
- There are some situations where the Responsible Commissioner for Health and the Social Care Ordinary Residency do not match the arrangements. Some cases are split funded between the relevant Responsible Commissioner and Local Authority (Ordinary Residence)
- Cohorts
 - Over 65 Older People's Mental Health (OPMH)
 - Under 65 (Adults 18 – 65)
 - Learning Disability & Autism (18-65)
 - Acquired Brain Injury (ABI) / Korsakoff / Huntington's (18-65)
- Devon ICB are responsible for funding OPMH, LD&A, ABI / Korsakoff / Huntington's.
- The responsibility of s117 reviews and case management falls to either DPT or Livewell with the relevant Local Authority (Devon County Council, Plymouth City Council and Torbay Council).



IPP & S117 2: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Effective	- Audit report received- Management responses to recommendations arising from Limited Assurance reports require approval by the NHS Devon Executive. Previous reported quality assurance work has been added to a joint audit improvement action plan. - S117 increasing (due to an increase in those detained under the Mental Health Act (MHA) and made eligible)	The report and proposed responses to the recommendations was presented, together with an additional assurance paper, to the NHS Devon Executive meeting on 5 November 2024 and the Audit Committee in January 2025.
Effective	S117 reviews - . - Health and Social Care staff roles - Responsible Clinician - To observe Section 117 responsibilities and to make decisions about discharging people from Section 117. - Social Care Staff - To engage fully with Section 117 responsibilities in line with local and national guidance as set out in the Mental Health Code of Practice. - Named Mental Health Practitioner/Care/ Recovery Co-ordinator - To engage fully with Section 117 responsibilities in line with local and national guidance as set out in the Mental Health Code of Practice. - MHA Manager for The Trust - To support clinical staff and Locality MHA Managers with advice and raise concerns as necessary with senior managers within the Trust or Local Authority - To maintain the Section 117 register, prompt reviews across both health and social care. - To ensure the Section 117 register is available to partners as required. - Regional peer s117 group established to discuss review benchmarking and examples of best practice - S117 data cleansing and reconsolidation workstream set as a priority to IPP & s117 Senior officer / and commissioning support officer	Head of IPP & S117 meetings with Service Managers at DPT & Livewell to discuss outstanding s117 reviews to understand specific cohort numbers and data reporting.

Learning Disability, Autism and Neurodiversity (LDAN) 1: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe	LeDeR: •A Senior Reviewer started 17.02.2025 •LeDeR reviews are being actively progressed and signed off. •LeDeR Quality Improvement and Learning into Action meetings have restarted. •104 reviews are currently within the process.
Effective	Learning Disability and Autism Partnership meeting (including Health Inequalities, Preventions, and Improvement Group) (Bimonthly): Areas covered in Feb meeting
Safe	•LeDeR •Transforming Care •Annual Health Checks •Oliver McGowen training •Health Inequalities
Safe	Safe & Wellbeing Reviews : •Safe and wellbeing reviews evaluate the safety and general welfare of individuals receiving care or living away from their local area, with the goal of ensuring they receive adequate support. •Their welfare is monitored, and any arising concerns or risks due to being away from their usual support networks or environments are addressed.
Safe	Care & Treatment Reviews (CTR): •Care (Education) and Treatment Reviews (C(E)TRs) are part of NHS England's commitment to transforming services for people of all ages with a learning disability and autistic people. C(E)TRs are for people who have been admitted to a mental health hospital or for people who are at risk of admission. •They are undertaken by commissioners to ensure that people are only admitted to hospital when necessary and for the minimum amount of time possible. Care and Treatment Reviews (CTRs) are for adults and C(E)TRs are for children and young people.
Safe Caring	Inpatient Admissions: •Currently Devon ICB and CYP are within the target numbers and SWPC exceed the target. The inpatient cohort for Devon ICB patients has remained between 17 to 24 over the past 5 years with an average of 20. •Devon ICB have identified the cohort has change significantly since 2015 with most admissions now having dual diagnosis of a mental health disorder and Autism.

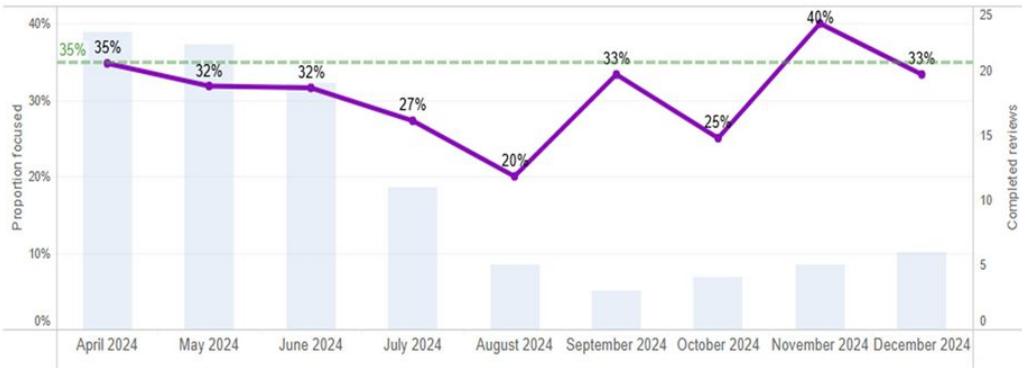
Learning Disabilities & Autism 2: Data (LeDeR)

Update on reviews completed/outstanding /sign-off.
Latest Process with Reviews for month ending
31/01/2025

Status	Total	Autism	Learning Disability	Change	Comments
Awaiting allocation	71	1	70	↓	Reviews now being undertaken by multiple Reviewers and Senior reviewer.
In progress	10	2	8	↓	
On Hold (pending external investigation)	14	0	14	↑	Pending external investigation ie Coroner
Pending Quality Review	9	2	7	↑↑	Initial (6), Focused (3)
Awaiting sign off / pending redaction	0	0	0	-	
TOTAL	104*	5	99	↑	*Three-month reporting average at 4 per month.

Current LeDeR KPI Performance

In June 23 NHSE changed the criteria of the Key Performance Indicator (KPI) from a static to an aggregated approach. Previously, the KPI was based on completing a review within a 6-month timeframe, meaning each review was expected to be finished within 6 months. However, with the new approach, the KPI now focuses on a **6-month aggregate**, looking at a rolling period.



33% of completed reviews were focused (6 month rolling period)
6 reviews completed
2 reviews completed that were focused

Patient Safety Events 1. Devon System Level Data

Chart 1: Top 25 reported incident onto LfPSE by clinical incident areas

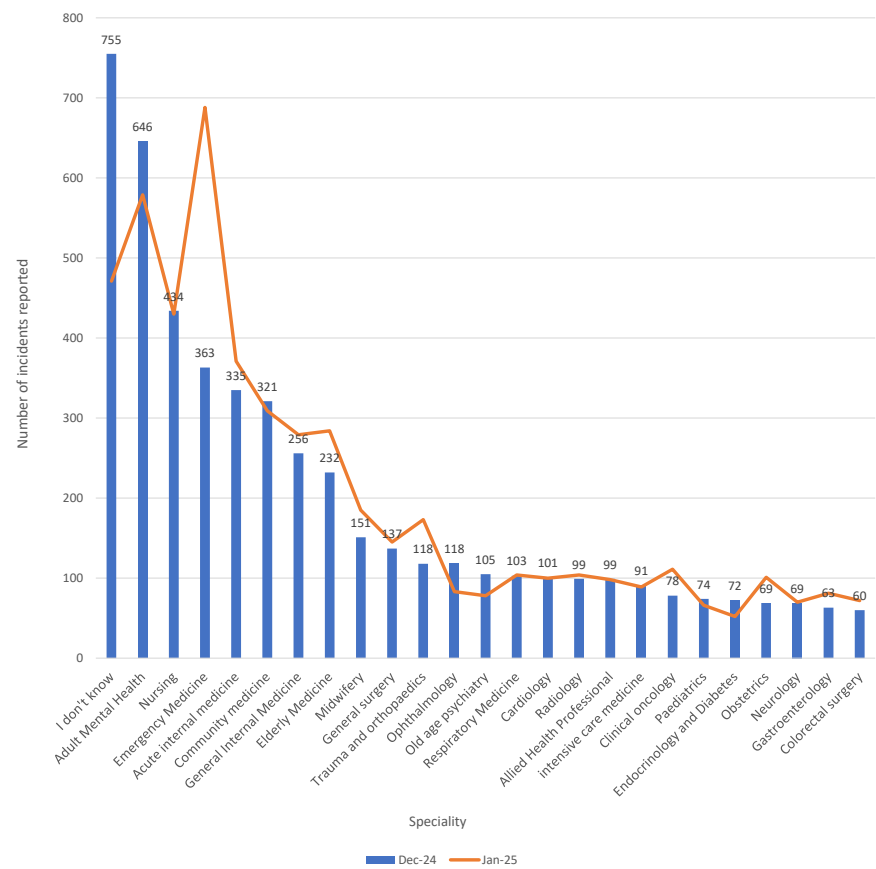
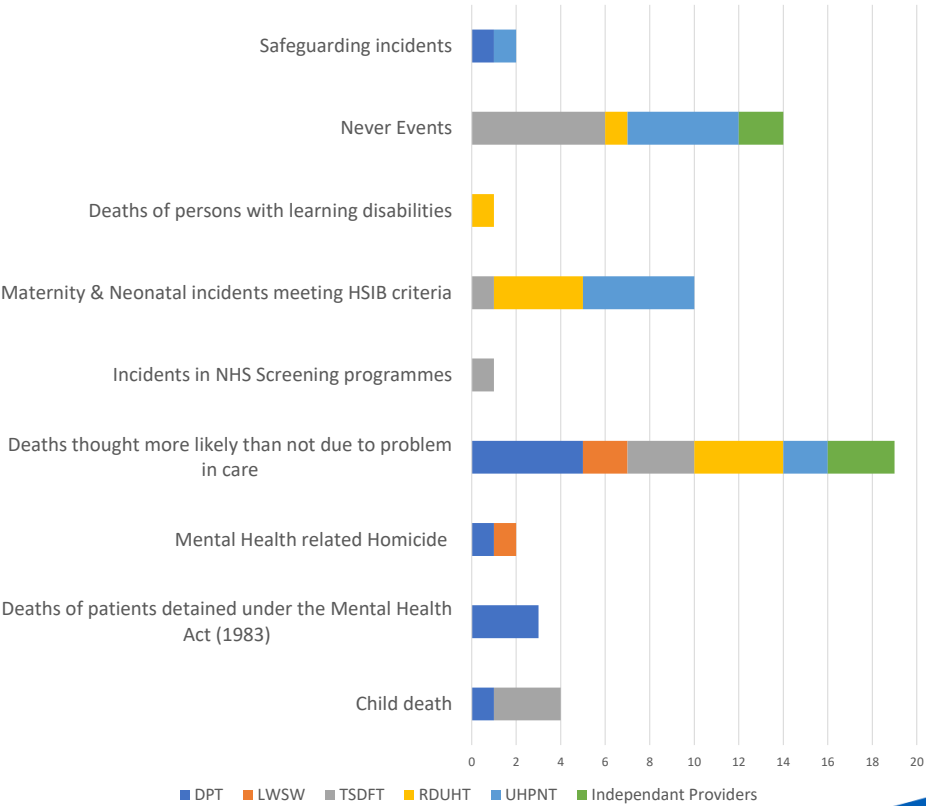


Chart 2: National priorities reported by Provider



Patient Safety Events 2. Data cont.

Chart 3: Open serious incident per month

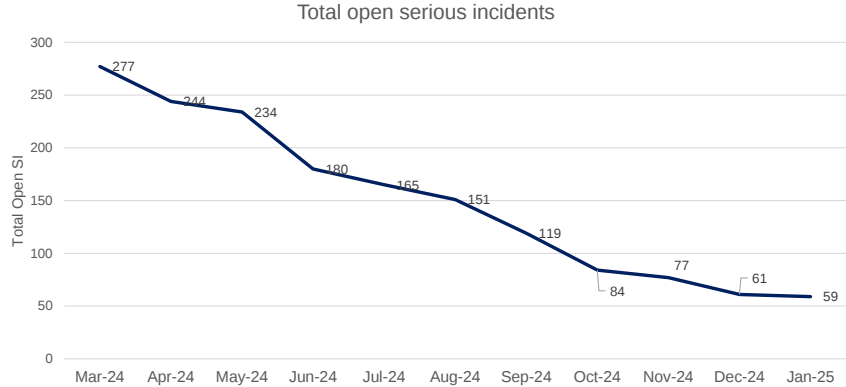


Chart 4: Reported mental health related homicides 2013 – to date

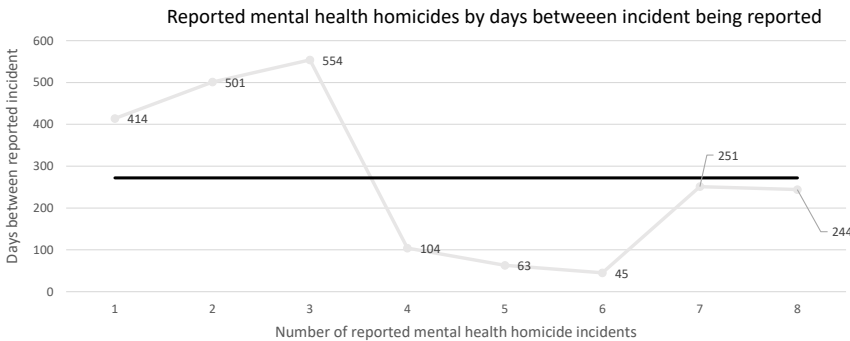


Chart 5: Reported never events April 2024 – January 2025

An increase in the number of days between reported never events indicates improvement.

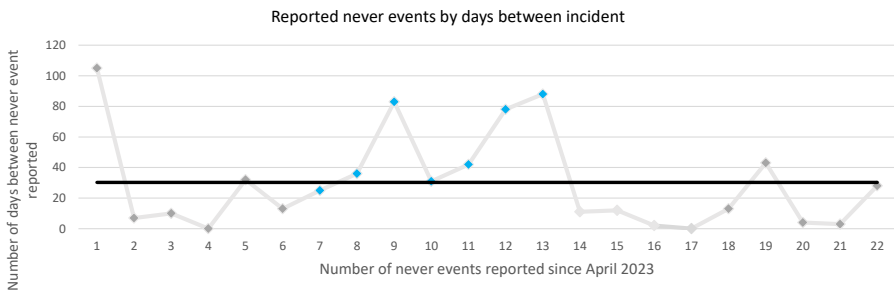
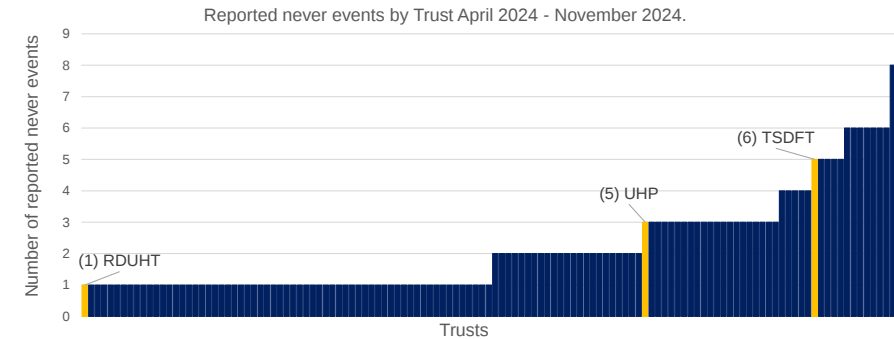


Chart 6: Never Events reported by Devon NHS Trusts compared to other providers nationally during April 2024 – November 2024



Patient Safety Events 3: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe	Serious Incidents (SI) - Currently, there are 59 open serious incidents with 4 investigation reports completed and submitted to the NHS Devon Patient Safety Team for review and approval for closure. This will reduce the number of open SIs further by the end of next month. - During November and December 2024 NHS Devon received, reviewed and closed 33 SI investigation reports, A further 16 SI investigation reports were reviewed by the Patient Safety Team, however further assurance is required before closure is supported. The Patient Safety Team are in regular contact with all Providers that have open SIs on the Strategic Executive Information System (StEIS) to ensure they are on track to complete their open SIs. - Chart 3 illustrates the number of closed SIs per month.
Safe Well-Led	National and Local Patient Safety Incident Investigations (PSII) - PSIRF enables Providers to establish their own local patient safety priorities by analysing historical themes and trends. These priorities are outlined in their PSIRF plan and policy, which must be approved by NHS Devon ICB. Alongside these local priorities, PSIRF also sets certain national priorities that all Providers must address through mandatory Patient Safety Incident Investigations (PSII). Some of these investigations will be conducted locally by the provider, while others will involve an independent PSII. During November and December, 3 national priorities were reported and 7 local. - Following discussions with the acute provider organisations, they are all now reporting consistency for the national priority relating to maternity and neonatal incidents. This is reflected within chart 2. - Torbay and South Devon NHS Foundation Trust (TSDFT) have confirmed that some of their local priorities are also national priorities, as such have been recorded against the national priority within NHS Devon. NHS Devon and TSDFT have connected to align the priorities, which will be visible within the next QPEC report. - Chart 2 illustrates the number of national priorities PSII reported since April 2024 to date (11 February 2025).
Safe	National Priority: Never events 1 never event was reported in November, regarding a wrong site surgery. No never events were reported during December 2024 and January 2025. - The outcome of the never event consultation has not yet been released. - TSDFT and UHP have been working together to enhance their learning and safety improvements in the theatre environment and presented their joint approach to the recent Regional Learning from Incidents Event (Retained Foreign Object, Wrong Lens Insertion and Wrong Site Surgery). - Chart 5 and 6 illustrates reported never events and national comparison.

Patient Safety Events 4: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safe	Learning from Patient Safety Events (LfPSE) Monthly patient safety data is available from all reporting organisations. New guidance has been released to support organisations to improve the quality of data being reported onto LfPSE, providing feedback to strengthen the accuracy and compliance of data fields. This guidance has been discussed within NHS Devon's system network for LfPSE users. The new ICB LfPSE dashboard will soon be released, which should enable trends and themes to be identified. Chart 1 illustrates the top clinical areas reported.	Reporting within main providers remains consistent.
Safe	Patient Safety Incident Response Framework (PSIRF) NHS Devon has received the Patient Safety Incident Response Framework final audit report, with an assurance opinion of satisfactory, with two recommendations. The main providers within NHS Devon are either finalising or have completed their revised year two Patient Safety Incident Response Plan (PSIRP). A refreshed summary of all local priorities will be compiled once all PSIRPs have been submitted. Independent Providers that have had their PSIRF policy approved by NHS Devon since the last report: • Step One Charity • Western Medical Services Limited • MSI Reproduction choices UK • Hannah Robinson Podiatry Ltd.	Contracting colleagues are updated monthly with received, reviewed and approved PSIRF policies from independent providers.
Safe Responsive Well-Led	Central Alerting System (CAS): A review of the ICB's process for managing patient safety alerts is complete, with the next step being to transfer the management of alerts onto Datix. Current outstanding safety alerts across the system: • NatPSA/2023/010/MHR - Medical beds, trolleys, bed rails (A new update will be released in March 2025) • NatPSA/2024/004/MHRA - Reducing risks for transfusion-associated circulatory overload (Acute Trusts) • NatPSA/2024/013/DHSC – Shortage of Pancreatic enzyme replacement therapy (PERT) • NatPSA/2024/002/NHSPS – Transition to NRFit connectors for intrathecal and epidural procedures, and delivery of regional blocks.	Outstanding safety alerts are monitored by the Patient Safety Team.

Patient Experience 1: Data

Table one: contact received in quarter 3

Formal complaints	12
Informal concerns	475
Ombudsman investigations	0
Primary care hub sign off	43

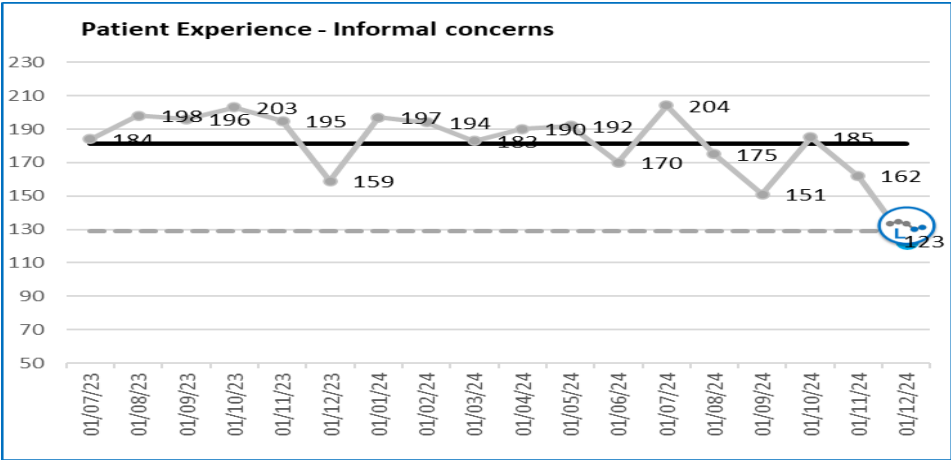
Table two: open and unallocated cases*
*as at 06/01/2025

Formal complaints	12
Informal concerns	56
Ombudsman investigations	7
Primary care hub sign off	11
Unallocated cases	0

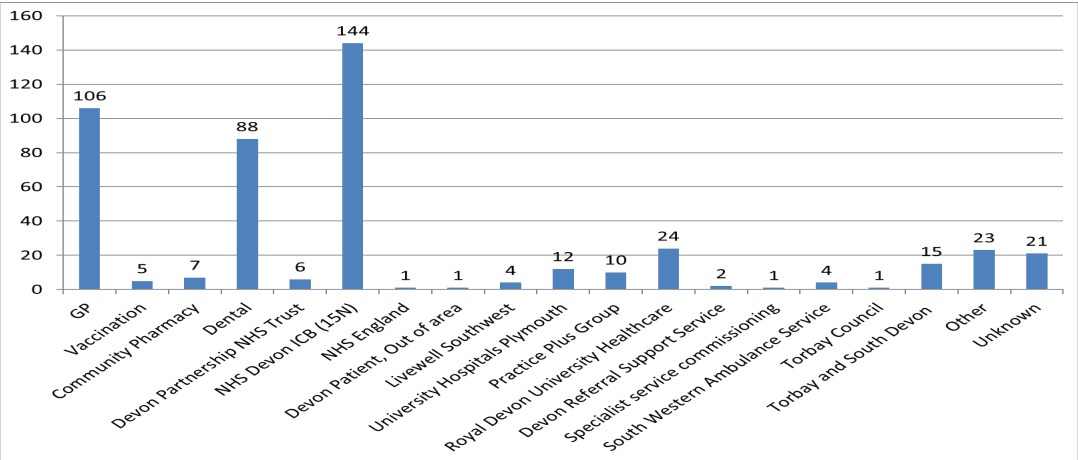
Table three: top themes of quarter 3

Theme	Number received	Main topic
Access to service	303	Themes relating to GP services but mainly dental availability
Process or procedure	67	Mixture of themes relating to GP prescribing, experience and pathways. Also, ADHD, Autism Right to Choose along with some CHC.
Quality of care	62	Behaviours, attitudes and lack of support across a number of disciplines.

Graph one: new contacts by month



Graph two: Quarter 3 contacts by provider



Patient Experience 2: Narrative/ Assurance Information

Please see data slide (s) above:

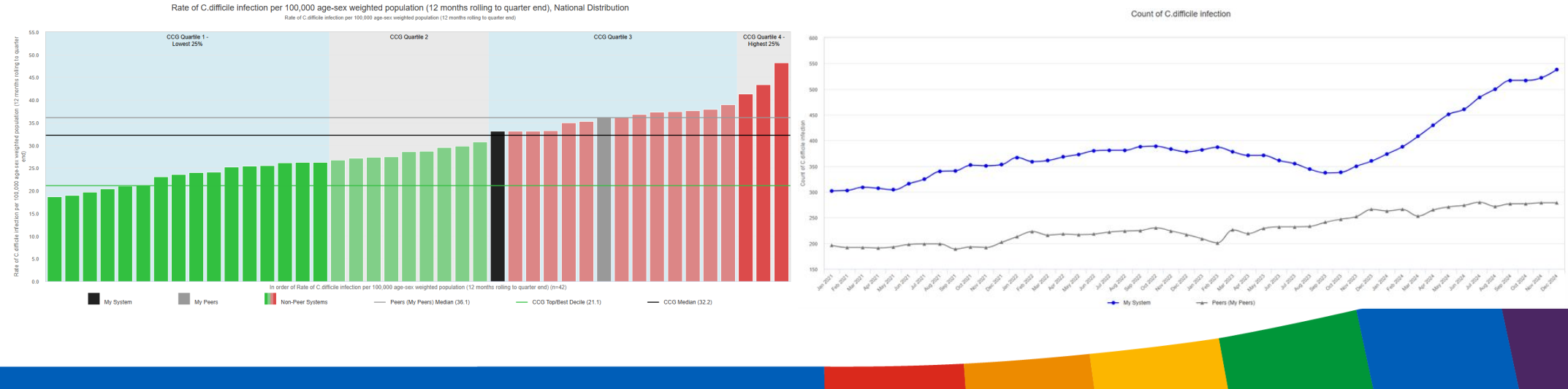
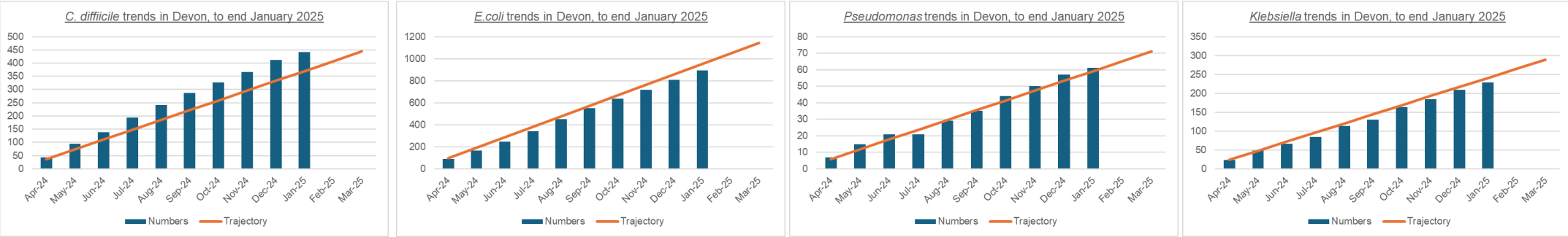
CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Responsive	General position - Improved position in terms of managing inbound contact through the patient experience team due to increased resource. - The oldest complaint is approaching 3 years old, significant work is being undertaken with learning disability leads to identify clear learning ready to respond to the family. - October contacts had increased following reduced numbers during the summer, however reduced slightly again in November and December with no thematic reason identified. However, anticipated increase in contact in January 25. - Activity throughout quarter 3 is illustrated in table 1 and 2 and graph 1 and 2.	- Continued improvement in improving the turnaround of concerns and complaints. - NHS Devon remains in contact with family on a regular basis. - Historical data suggest January and February will see an increase in contacts.
Responsive Caring	Main topics Dental - Dental access continues to be the main reason for contact. The team is continuing to respond to contacts with the same template response as previously agreed. Access is not improving and increased concerns relating to younger people oral health care is being highlighted Weight Loss Medication - Patients are making contact regarding the weight loss management pathways and medications available. - The top themes of quarter 3 are illustrated in table 3.	- Ongoing risk regarding NHS dental access which is frequently escalated and discussed with Primary Care Commissioners. - Position statements have been provided to support patients in how they can access services. Working group in place to improve the service, accessibility and access to weight loss medication.

Patient Experience 3: Narrative/ Assurance Information

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Responsive	Diabetes • Contacts regarding access to diabetes management devices across Devon following NICE guideline changes. Particular challenges in Torbay. Stroke Association • Devon patients and families are raising concerns regarding the decision to cease stroke rehabilitation support through the Stroke Association. Devon wide Postural tachycardia syndrome (PoTS) • Discussions around pathways for Devon patients continue due to the complex nature of this condition- at present there are a number of patients that were being treated by UHP that do not have a long term treatment pathway Activity and learning Special Allocation Scheme (SAS) • A new appeal panel is now in place for patients who are reviewed at 12 months or after. Supporting out of area patients • There is on going activity following a PHSO recommendation and the team is working with the mental health collaborative to consider how families with patients placed out of area can be supported to visit.
Responsive	System activity Devon Patient Experience Network - Two network meetings have taken place. - Guest speaker from PHSO to discuss more system development in the future. - December meeting identified shift in recommendations from the PHSO across the system suggesting an area of focus for the network in the next week. Other activity - UHP held their first Youth Council, 17 young people attended offering the voice of young people in Plymouth. - UHP in partnership with PCC and LWSW have developed an All Age Carers Strategy and agreed 7 key ambitions/commitments. - SWASFT's engagement team are completing a piece of work face2face with patients who are waiting in an ambulance to be transferred into hospital.

Infection Management 1: Data

Health care associated infection trends in Devon against national thresholds, April 2024- January 2025



Infection Management 2: Assurance Information

Please see data slide (s) above:

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored
Safe Effective Well-Led	Primary care education: - The ICB IPC team and community infection management service are contributing to regional work on infection control education in primary care. Health Protection Delivery Group: - Devon ICB is leading this county wide group with public health colleagues to address commissioning gaps in services regarding pan Devon TB and high consequence infectious disease response services. C. difficile: - There has been a consistent rise in <i>C. difficile</i> over the last 12 months, both within Devon and regionally. Despite local, regional and national interest and investigation,
Safe Effective Well-Led	Tuberculosis (TB) - The Devon system has seen an increased number of tuberculosis cases, causing a system impact. A business case for investment in new nursing staff has now been completed and implementation discussions are ongoing. - Latent tuberculosis (LTBI) screening in appropriate populations with pre-existing health funding has now had financial approval, and the particulars are being worked out with the trusts involved. FFP3 mask training in primary care - A project to provide “train the tester” mask fit test training for primary care settings, providing 60 spaces for primary care network (PCN) staff, is likely to be commissioned before April 2025. This will provide the training and tools for those staff to fit test train others within the PCN, improving community resilience. High Consequence Infectious Disease (HCID) response - The Devon system is working to commission a community HCID swabbing service, - An interim Devon protocol has been developed, with input from major stakeholders, and is in place until a commissioned service starts.

Vaccination Optimisation 1 – Lifetime Vaccinations

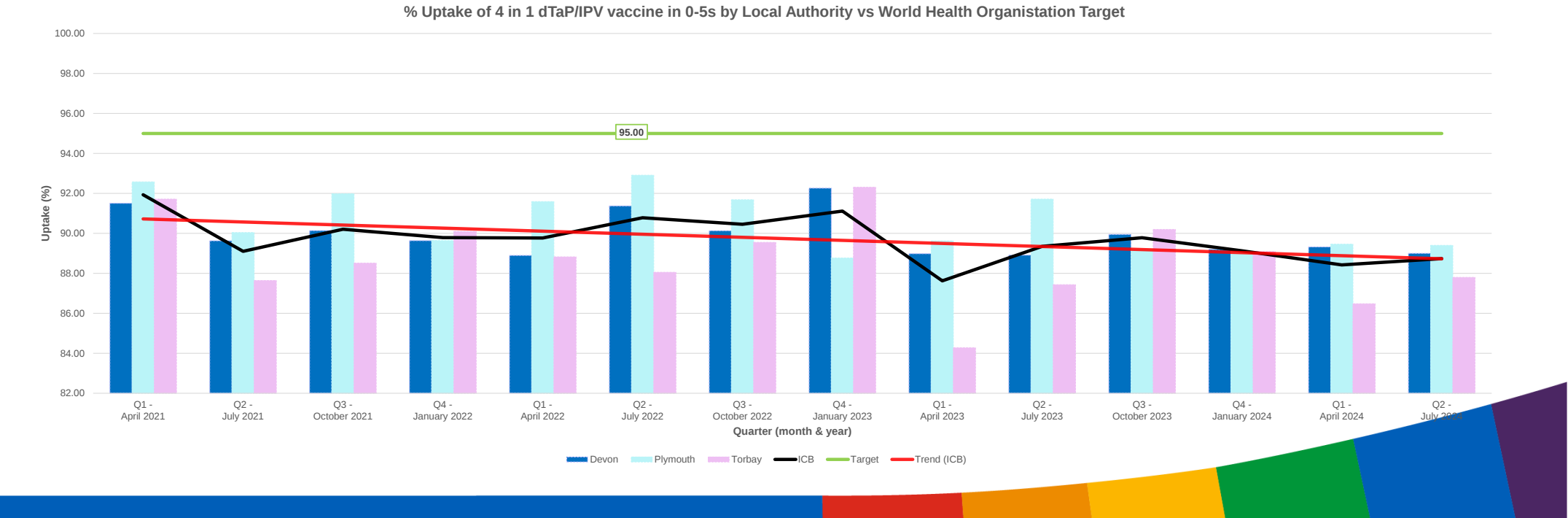
- Analysis of the Childhood Vaccination Cover Statistics COVER reports sees Devon with comparably good uptake levels. However, uptake falls below the World Health Organisation's target of 95% coverage for routine 0-5s vaccinations.
- The table below demonstrates the annual uptake % data per childhood vaccine across the 2022-2023 and 2023-2024 reporting years, per local authority and as an average for the ICB footprint, comparative to the South-West and National uptake %. Entries marked green are hitting the 95% World Health Organisation target, whereas those in orange sit between 90-94.99%. Red entries fall below 90% and are a cause for concern. In each sample year, Devon has consistently performed above the South-West and National uptake levels across all childhood vaccines.
- However, uptake for the Rotavirus, PCV booster, MenB booster, MMR2 and 4 in 1 vaccines has consistently fallen below 95% across all local authorities.

	Vaccine Type	Date												
		Quarter	Annual Average 2022-2023					Annual Average 2023-2024						
		Local Authority	Devon	Plymouth	Torbay	ICB	SW	National	Devon	Plymouth	Torbay	ICB	SW	National
		Cohort size	1,621	686	276	2,583	52,994	710,606	1,512	653	258	2,423	49,934	681,961
0-5 year olds	Primary	6 in 1	95.94	96.35	94.56	95.62	94.40	92.20	95.02	96.21	93.57	94.93	94.00	91.60
		PCV	96.79	97.56	95.32	96.56	95.50	93.90	95.90	97.40	95.04	96.11	95.30	93.50
		Rotavirus	93.07	93.89	91.65	92.87	91.40	89.20	93.04	93.84	91.63	92.84	91.40	88.90
		MenB	95.65	95.93	94.09	95.23	93.70	91.40	94.87	95.68	92.80	94.45	93.30	91.00
		Cohort size	1,621	664	272	2,557	52,529	702,336	1,665	700	284	2,649	54,250	726,395
	Booster 12 months	6 in 1	96.57	96.92	94.49	95.99	95.20	93.10	96.15	95.80	94.17	95.37	94.80	92.90
		PCV booster	94.61	94.72	92.11	93.81	92.50	89.10	94.12	94.20	90.73	93.02	92.00	88.70
		HibMenC	94.54	95.13	92.20	93.96	92.40	89.20	93.90	94.66	91.11	93.22	92.10	89.10
		MMR1	94.73	95.03	92.29	94.01	92.80	89.80	94.30	94.23	91.07	93.20	92.50	89.40
		MenB booster	93.94	93.85	90.74	92.84	91.70	88.20	93.55	93.66	89.75	92.32	91.30	87.80
		Cohort size	1,895	753	342	2,989	60,323	794,417	1,865	763	332	2,960	59,248	781,492
	Pre-school	6 in 1	96.17	97.80	96.38	96.79	95.60	93.60	95.60	96.96	94.65	95.74	95.20	93.10
		MMR1	95.64	97.19	95.16	95.99	94.80	92.90	95.25	96.48	94.19	95.31	94.40	92.30
		MMR2	92.40	92.40	90.22	91.67	90.00	85.20	90.85	91.24	89.31	90.47	89.00	84.50
		4in1	90.66	91.24	89.68	90.53	88.70	84.20	89.26	89.91	87.75	88.97	87.70	83.60
		HibMenC	94.88	96.23	94.36	95.15	93.50	90.90	93.87	95.10	92.79	93.92	92.80	90.10



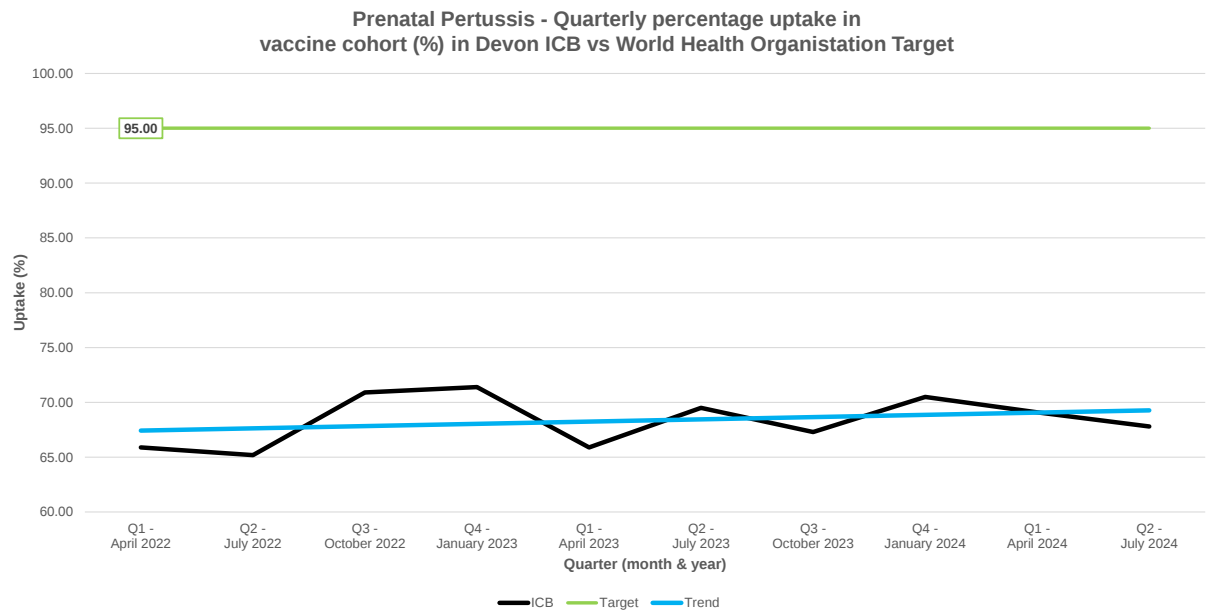
Vaccination Optimisation 2 – Lifetime Vaccinations

- The 4 in 1 vaccine has consistently the lowest uptake across Devon. This reflects Regional and National trends. For the 2023-2024 reporting year, 4 in 1 uptake in Devon was 88.97% compared to 87.70% in the South-West and 83.60% nationally.
- The graph below compiles the uptake data for the 4 in 1 vaccine in 0-5s per quarter since reporting began in April 2021. The table documents uptake per local authority and the average across the ICB, which demonstrates a downward trend. All data falls below the World Health Organisation target of 95% coverage.
- Torbay Local Authority has the smallest cohort size but on average has the lowest uptake annually.
- Work is being done to increase uptake. Over 80 GP practices are cleansing 0-5s vaccination records, and the Vaccination Outreach team are developing their provision of education offers and resources to increase vaccine awareness and improve vaccine confidence. Vaccine champions are also being recruited to gain insight to 0-5s vaccination barriers. The UK Health Service Agency is also reviewing the timing of some pre-school vaccinations.

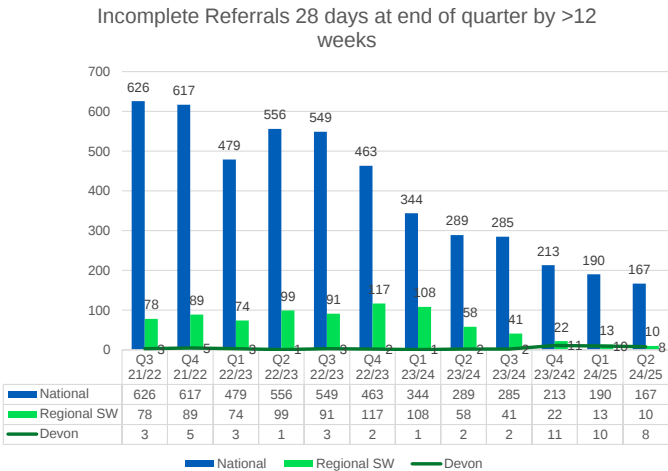
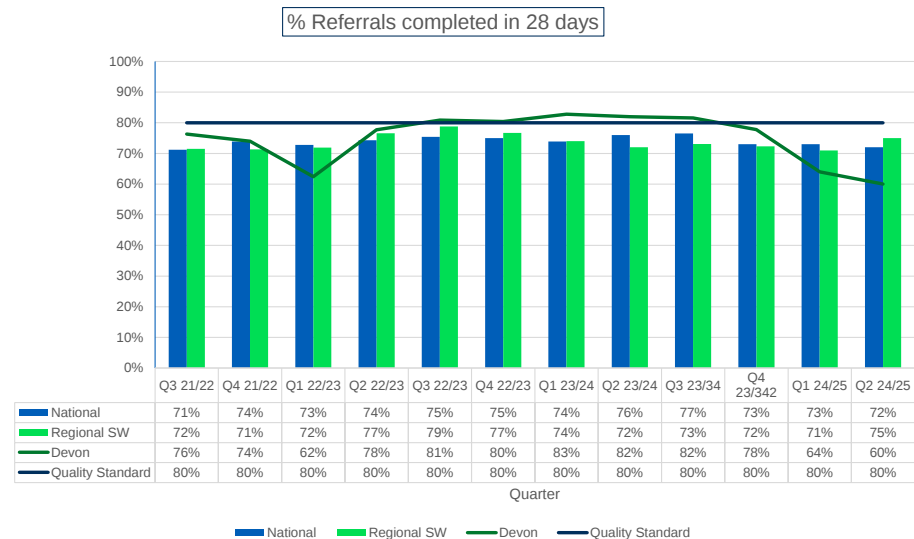


Vaccination Optimisation 3 – Maternity Vaccinations

- During maternity, pregnant women are offered the Pertussis vaccine from 18 weeks, the Flu vaccine during the Autumn-Winter campaign and the Respiratory Syncytial Virus (RSV) vaccine, which has only been offered from 28 weeks since September 2024. Therefore, data on RSV uptake is currently limited for analysis of trends. Pertussis uptake remains an area of concern for Devon as per the data below.
- The graph below compiles the average uptake data for the Prenatal Pertussis vaccine across all GP practices in Devon, received by pregnant women. Whilst sitting below the 95% World Health Organisation target, Prenatal Pertussis uptake in Devon has demonstrated an upward trend across the April 2022 – July 2024 reporting period.
- In Devon, the annual average Pertussis vaccine uptake in the 2023/2024 financial year was 68.30%. Comparatively, the national average was 58.6%, which fell from 60.7% in 2022/2023, 64.7% in 2021/2022 and 67.8% in 2020/2021. Whilst Devon ICB is performing above the national average and is displaying an upward trend in uptake, concerning the South-West region demonstrated the largest decline over the last financial year, at 11.9% decline compared to 2022/2023.



Continuing Health Care (CHC) 1: Key Quality Metrics – NHSE Bench Marking Data



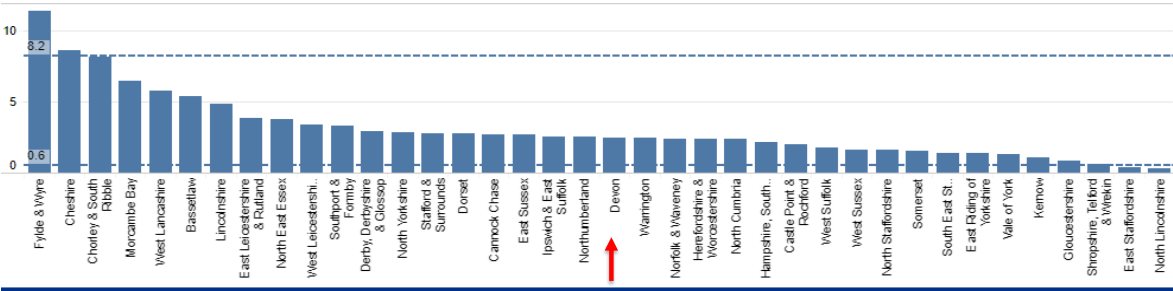
64% of Assessments completed within 28 days for Q2 2024/25

7 Assessments incomplete over 12 weeks for Q2 2024/25
18 Assessments incomplete over 28 days for Q2 2024/25

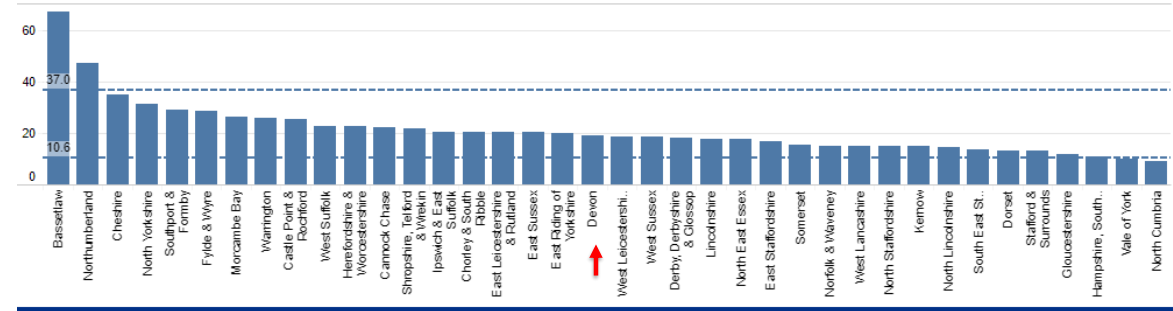
28 days KPI
Regional Average 75%
National Average 72%
NHS Devon ICB 64 % An improvement ,
however KPI not met.

Projections	Q1	Q2	Q3	Q4
Percentage of assessments completed within 28 days	>60% - 64.9%	>65% - 69.9%	>70% - 74.9%	>80%
Number of incomplete assessments over 12 weeks	10 to 14	10 to 14	5 to 9	1 to 4

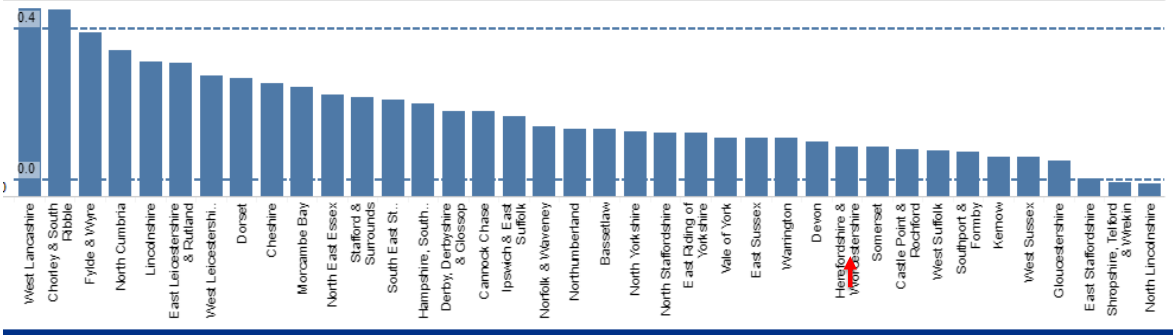
CHC 2: Assessment Activity Data – NHS Bench marking data



Number assessed as eligible for Standard CHC (per 50k)



Number of new referrals for Standard CHC (per 50k)



Standard CHC assessment conversion rate

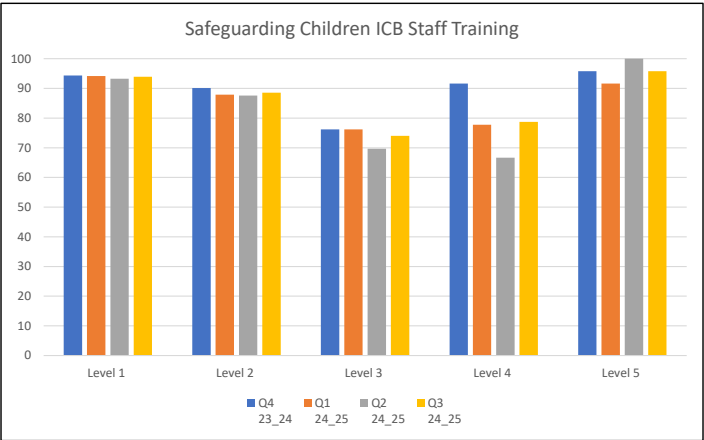
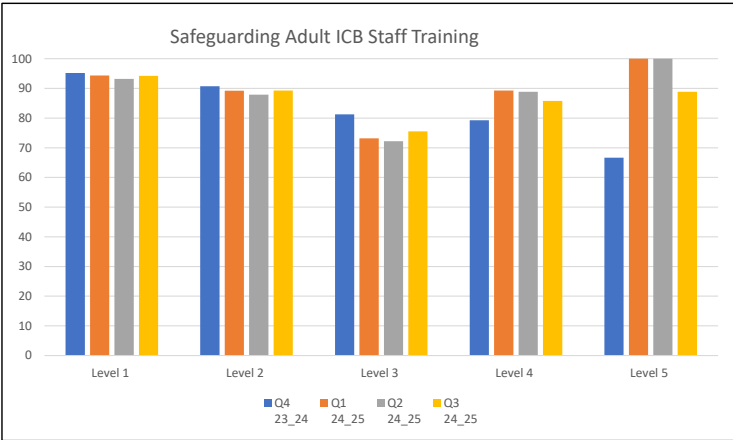
CHC 3: Update Narrative/ Assurance Information

Please see data slide (s) above:

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safe Effective	Key Performance Indicator (KPI) – 80 % Assessments completed within 28 day: The CHC national Framework, determines that a 80% assessments are to be completed within 28 days. For 2024/25 the ICB is subject to a performance improvement plan – as the service just missed meeting its KPIs at the end of Q4 2023/24. The KPI for Q1 was met. KPI and projection was not met. Target Q2 was between 65% and 69.9%- achieved 60% Target Q3 was between 70% - 74.9%- achieved 64% Mitigations are that recruitment is underway for clinical assessors, and that the outsourcing contract has been temporarily increased to cope with demand. It will continue to be monitored during Q4. NB: The CHC National Framework is a complex piece of legislation and requires training,. The onboarding and induction of new staff also has a significant lead in time.	- It was agreed to move the quarterly Assurance Q2 NHSE meetings to monthly. - The current performance was discussed, as part of the NHS E Q3 assurance meeting. - It was noted that there had been an overall performance improvement , however, the target KPI was not met. - NHS Devon ICB advised that the performance for Q4 which while likely to improve, it would unlikely meet the meet 80 % target KPI. - Despite not meeting this KPI target, the corporate risks relating to CHC, have been adjusted from 20 down to 16 for October 24. This is due to improved clinical capacity. - Concerns remain with the Western CHC hub- the team have limited clinical capacity due to vacancies. Mitigations are in place. Recruitment and onboarding is taking place.
Safe Effective	KPI – in complete assessments over 12 weeks: Q2 target met. Target to have less than 9 incomplete assessments over 12 weeks. Q3 achieved out of 18 assessments over 28 days – 7 were incomplete over 12 weeks.	- This KPI will continue to be monitored throughout Q4 as the target reduces again in Q4. - Challenges remain with workforce capacity and outcomes agreed with the ICBs partner organisations. - It is likely that the KPI for KPI for Q4 will not be met – this has been signalled.
Safe Effective	Assessment activity: The assessment activity is comparisons with other ICBs. The ICB is benchmarked within the middle grouping compared to other organisations nationally- for spend. Conversion rates to CHC eligibility sit at 16 %, again this is not an outlier. Referral rates are currently middle when benchmarked.	NHSE present these slides to the ICB and are assured on the activity for NHS Devon.

Safeguarding 1: ICB Training

ICB Staff Safeguarding Training:

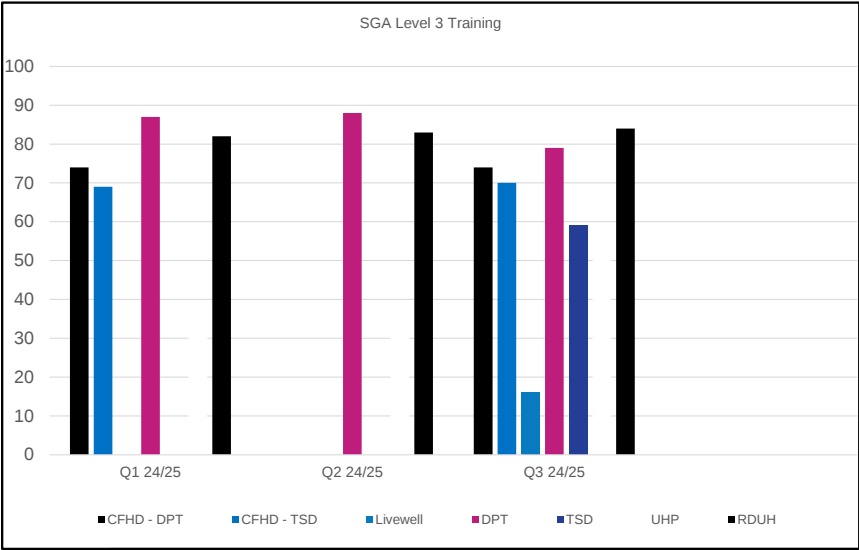


ICB Training:

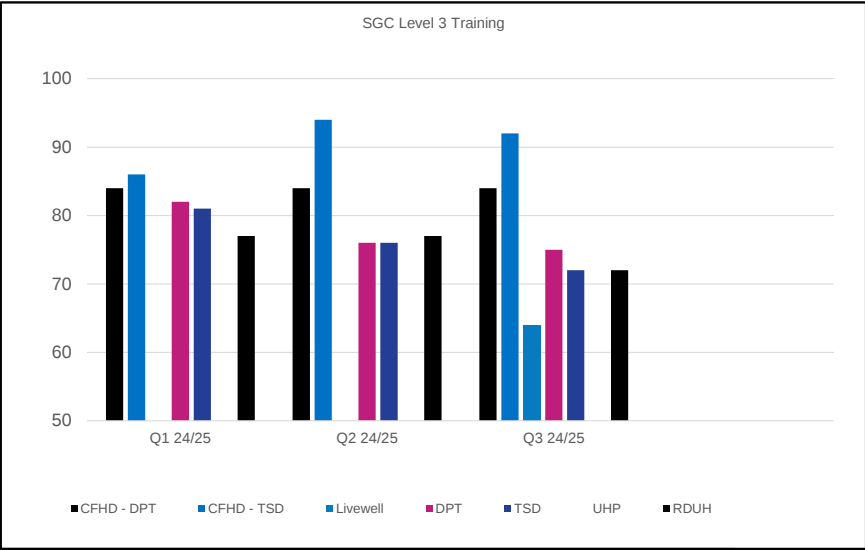
- There has been a slight reduction in compliance for level 3 (L3) safeguarding adult and children training due to an increase in new staff and inappropriate allocation of levels on ESR. The Safeguarding Team are working with individual staff members, line managers and HR to rectify this. This relates to a small number of staff (10 and 9 respectively). All staff with L3 requirement receive levels 1 & 2 training during induction and have access to support from the safeguarding team, thus reducing the risk.
- A review of Mental Capacity Act (MCA) training is underway and will be included in reporting once the training programme is running later in 2025.

Safeguarding 2: Provider Training

Provider Training Safeguarding Adults



Provider Training Safeguarding Children

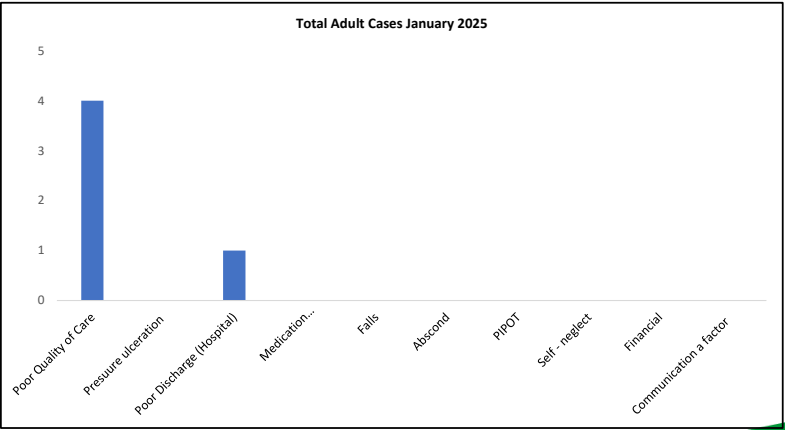
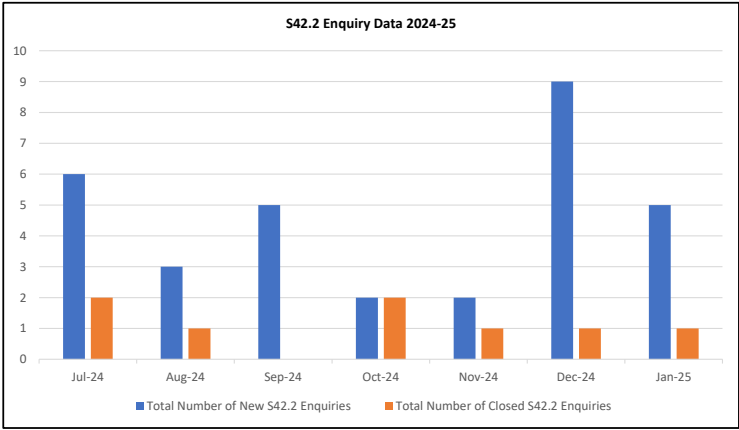
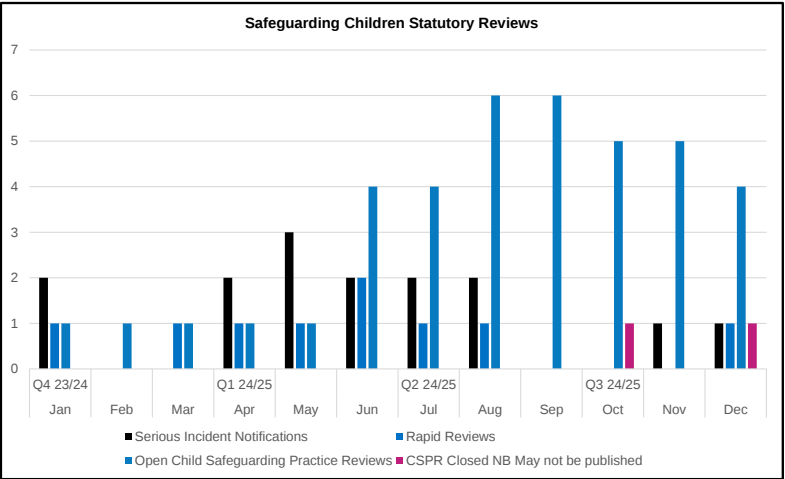
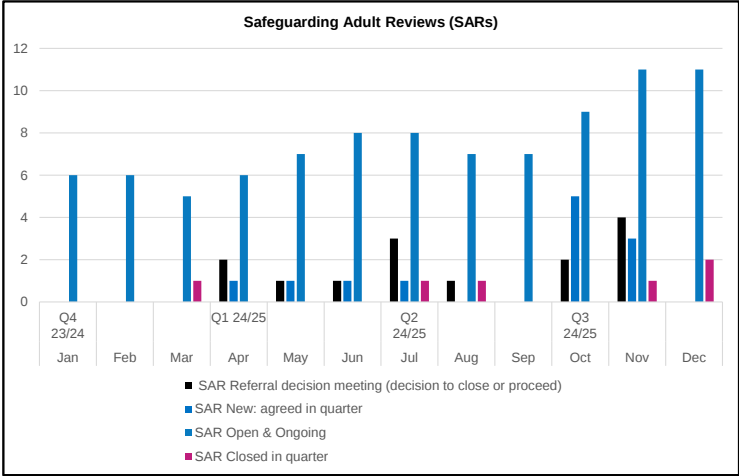


Provider Training:

- All clinical staff receive Level 1 and 2 training and therefore have a basic level of safeguarding training and access to supervision from their safeguarding teams. Compliance requirements for Level 3 training is a minimum of 85%. Providers not compliant with Level 3 training report that this is due to the availability of places and capacity to attend due to clinical demands. There have been improvements in safeguarding adult training compliance in Q3 24/25.
- Each provider has a plan to address training compliance, and this is reported at each of the safeguarding committees, attended by the Designated Nurses.
- From Q3 24/25 there is now an established reporting processes for TSD and UHP training compliance.



Safeguarding 3: Statutory Reviews



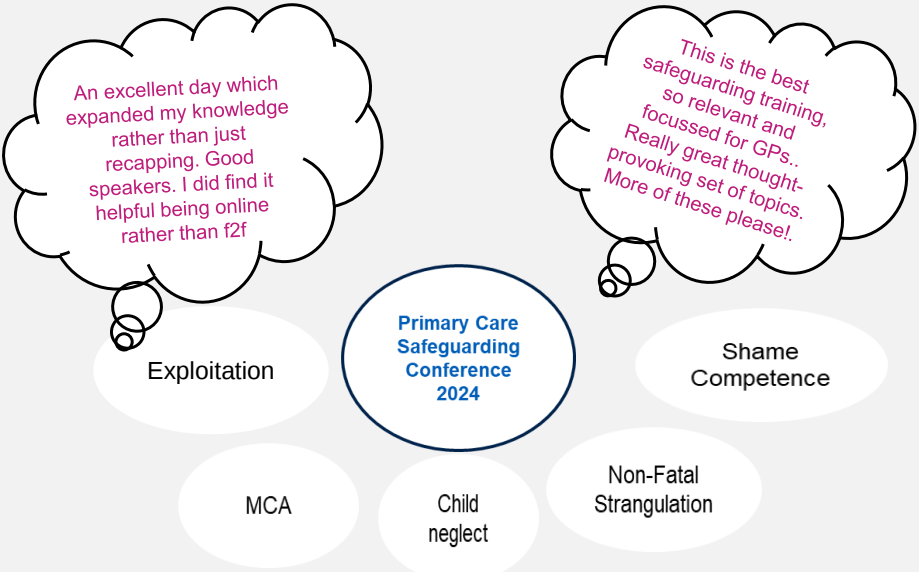
Safeguarding 4: Primary Care Safeguarding Team

Safeguarding Assurance Work

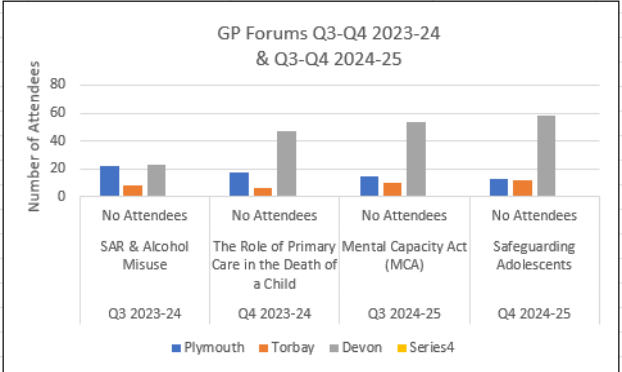
A safeguarding assurance tool has been developed for practices to self-assess their safeguarding arrangements against a rag rated tool. This enables the practice to identify any gaps in their safeguarding processes. Support and resources are provided by the ICB. Whilst this tool is not compulsory to complete, we do ask for returns to enable us to capture this compliance.

Primary Care Safeguarding Conference

The Primary Care Safeguarding Team recently hosted a Primary Care Safeguarding Conference, attracting over 275 attendees from across Devon and Cornwall. The event featured both local and national speakers who addressed a variety of important topics. Below, is an overview of the topics discussed, along with feedback from attendees.

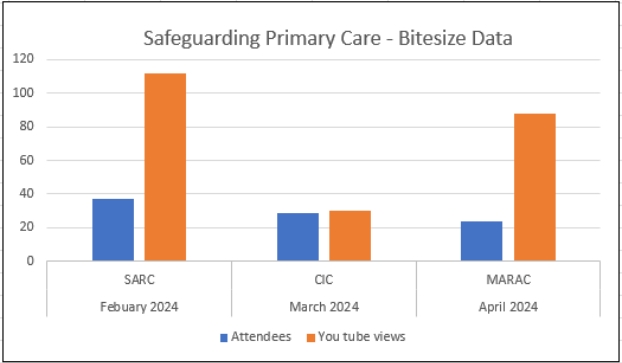


Safeguarding 5: Primary Care Safeguarding Team



GP Safeguarding Forums

- The GP safeguarding forums are held quarterly for safeguarding leads in practices. These forums enhance knowledge and support the additional CPD hours required for this role. These sessions provide a speaker on a specific safeguarding topic, safeguarding updates and peer/ group supervision .



The Bitesize sessions

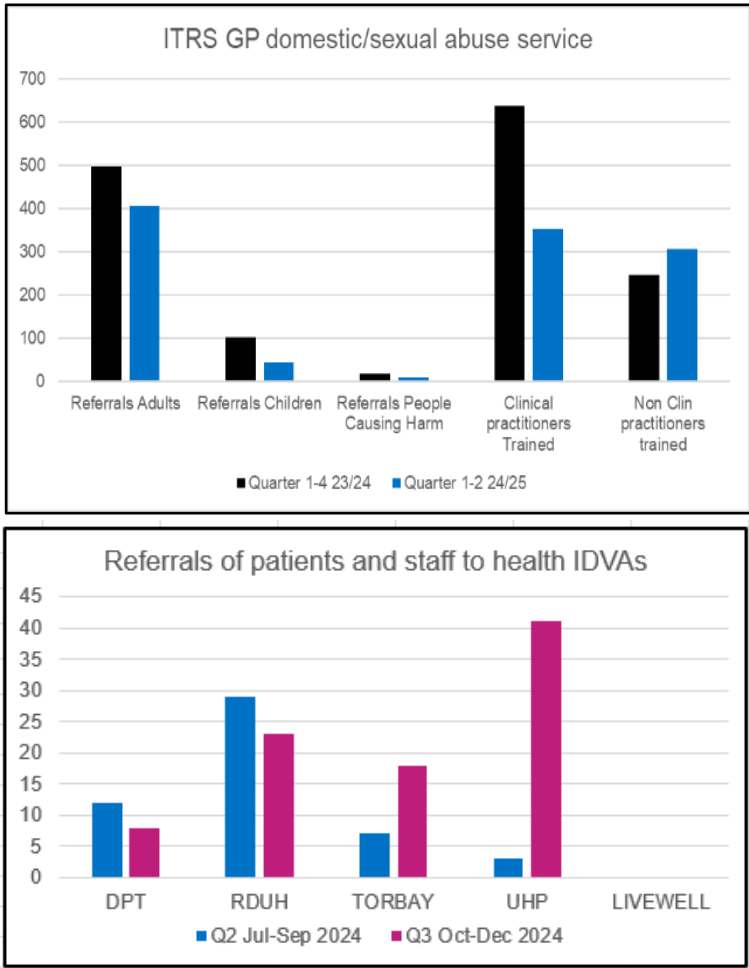
- These are held monthly for the first 4 months of the year by the Named GP. A brief topic is delivered on a variety of safeguarding matters, with an opportunity for Q&A. These sessions are open to all practice clinical staff.



ICON is a programme designed to prevent abusive head trauma by provide information to parents/carers about infant crying, how to cope and reduce stress through a series of brief 'touchpoint' interventions by professionals. [Home - ICON Cope.](#)

- The Primary Care Safeguarding Team have delivered 5 sessions of the ICON programme to Primary Care staff across NHS Devon and Cornwall.
- The team are now progressing an evaluation to measure the impact of this training.

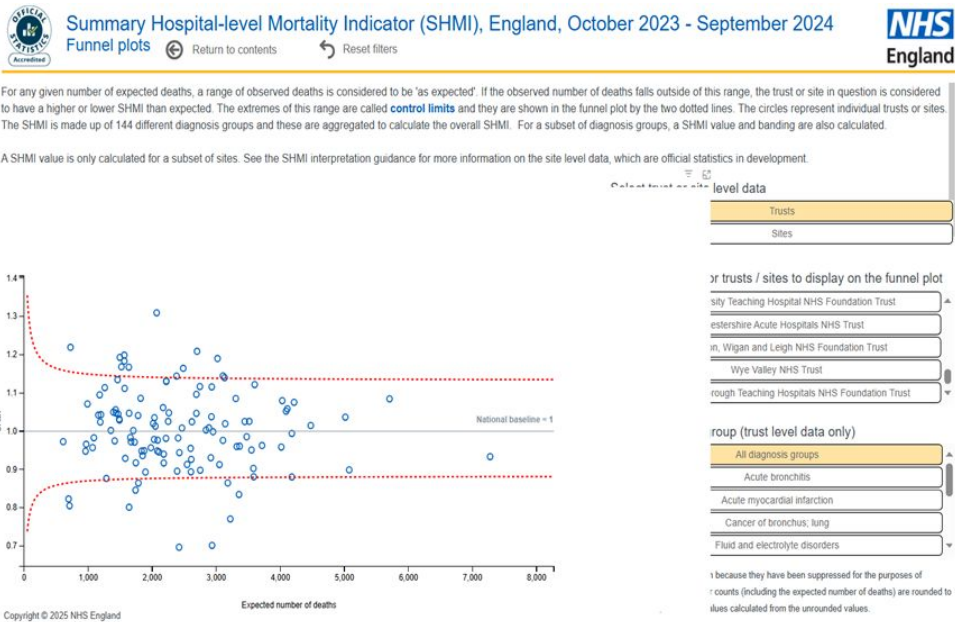
Safeguarding 6: Domestic Abuse and Sexual Violence (DASV)



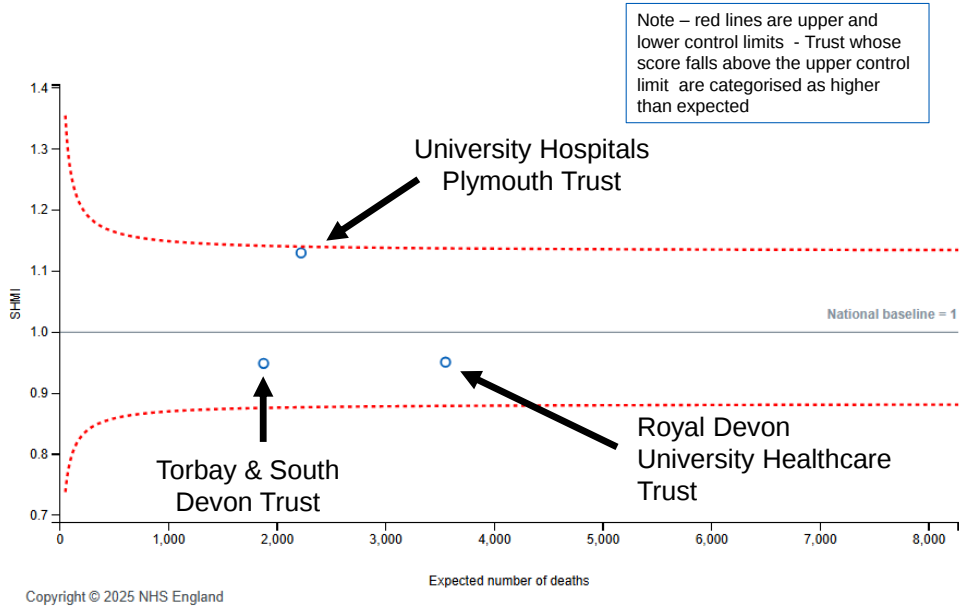
- Interpersonal Trauma Response Service provide General Practices with training on identifying domestic and sexual abuse and provides a specific support service for patients.
 - 886 Primary Care clinicians and non-clinicians trained in 23/24.
 - 663 Primary Care clinicians and non-clinicians trained in Q1 & Q2 24/25
 - 96.4% of all new referrals are triaged within 48 hours
-
- Health Independent Domestic Violence Advisors (IDVAs) are based in Trusts to support training, increase identification and improve the initial response to disclosures of DASV.
 - Health IDVAs have increased identification exponentially. Torbay domestic abuse service recorded an average of 16 referrals **per year** from all health services in the years prior to the health IDVA being in post.
 - Plymouth domestic abuse services recorded an average of 23 referrals per year from all health services in Plymouth in the years prior to the health IDVA being in post.

Mortality 1: Devon Summary Hospital-level Mortality Indicator (SHMI) latest available data

SHMI National Comparison, October 2023 to September 2024: Whole of England



SHMI National Comparison, October 2023 to September 2024: Devon Trust's



Source: [Summary Hospital-level Mortality Indicator \(SHMI\) - Deaths associated with hospitalisation, England, October 2023 - September 2024 - NHS England Digital](#)

Mortality 2. Assurance Information:

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation at a Trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days of discharge. The SHMI is not a measure of quality of care. A higher than expected number of deaths should not immediately be interpreted as indicating poor performance and instead should be viewed as a 'smoke alarm' which requires further investigation. Similarly, an 'as expected' or 'lower than expected' SHMI should not immediately be interpreted as indicating satisfactory or good performance. A SHMI score of 100 represents expected deaths balancing with observed deaths overall. To help users of the data understand the SHMI, Trusts have been categorised into bandings indicating whether a trust's SHMI is 'higher than expected', 'as expected' or 'lower than expected'. For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the trust in question is considered to have a higher or lower SHMI than expected. All reporting providers in Devon are within expected ranges with T&SD and RDU both below the mid point score of 100. University Hospitals Plymouth (UHP) has a SHMI score above 100 but is within expected ranges. Work is underway at UHP to improve depth of coding quality and recent reports indicate that the SHMI score for the Trust will improve as coding quality develops. Additional assurance has been reported through the use of Structured judgement Review's. ICB led work is seeking to develop reporting to include impact health inequalities, to inform improvement work.	Extensive work is on-going with UHP to drive understanding, improvement in coding and practice. Actions shared include deep dives and cross referencing with Medical Examiner data when coding is considered the main reason for SHMI ratings. UHP report on findings through their Trust Morbidity and Mortality Group which the ICB attends, as well as the System wide group, which NHSE attends. The group reports directly to the Regional Group, attended by the ICB CMO. Data is examined by partners monthly at the Devon Morbidity and Mortality Group, allowing them to also consider the health inequalities aspect of the workstream.

ICB Quality Improvement 1. Narrative/ Assurance Information:

CQC: Safe Effective Caring Responsive Well-Led	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safe Effective Responsive Well-Led	Workplan: The Quality Improvement (QI) Hub formally launched in January 2025. With a renewed focus on QI, the team are progressing a workplan that includes: • ICB and wider ICS QI capability and Training Needs Analysis • QI training & development • QI ICB Intranet Page • QI Resources • QI Community of Practice (CoP) Training: • 3 of the QI team and the ICB Patient Safety Specialist have now completed their Quality Service Improvement & Redesign (QSIR) training, with the remaining 2 QI Hub team members completing in Q1 and Q2. • 3 of the QI Hub team are undertaking the QSIR Associate Training in Q4, in order to deliver QI training. • Staff from across the ICB will be undertaking QSIR training during 2025, to embed QI methodology within the ICB and across the ICS.	There is a cost for QI training that will require organisational support to proceed.



NHS Devon Integrated Care Board

Torbay Joint Targeted Area Inspection (JTAI) Closure

Date of meeting	Date report produced
27 March 2025	05 February 2025

Author(s)		Report approved by	
Name and title:	Michele Thornberry Deputy Director of Safeguarding and Patient Safety	Name and title:	John Trevains Director of Nursing and Quality
Phone:		Date:	05 February 2025
Email:	m.thornberry@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 closure report provides an update on the progress taken to address the recommendations of the Torbay Joint Targeted Area Inspection (JTAI) that took place in November 2023. As principal authority, NHS Devon, working with partners, produced a detailed written statement of proposed action that was submitted to inspectors and the action plan has been progressed with partner agencies. There has been good



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

progress, and all actions are complete except one that is on track within the expected timescale.

As outlined in the letter from the inspectors, the implementation of the action plan sits with the Torbay Safeguarding Children Partnership (TSCP). This function has been undertaken by the Quality Assurance Group who, with the support of the Independent Scrutineer has set up a focussed group to continue the work of gaining assurance of the impact of the actions. Any issues will be escalated to the TSCP Executive. Oversight and scrutiny of the JTAI action plan will also be undertaken by the Torbay Oversight and Scrutiny Committee and the TSCP Executives, who will hold an exceptional meeting to provide time for this function.

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

Reviewed by the NHS Devon Executive at its meeting on 04 March 2025.
Reviewed by the NHS Devon Quality and Patient Experience Committee at its meeting on 13 March 2025.

Key recommendations and actions requested

TAKE SATISFACTORY ASSURANCE from the progress of the Torbay Joint Targeted Area Inspection action plan and the future governance and monitoring arrangements through the Torbay Safeguarding Children Partnership.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Reduce impact of abuse and neglect
Improve services and reduced unwarranted variation	Ensure patient safety when receiving NHS services.
Make more efficient use of our resources	Ensure concerns are identified early and support is received.
Develop our culture and how we operate	Improve working environment to create a safe culture

Outline the implications of matters covered in this report for the following areas (if none, please state)

Area	
Quality of services	Safeguarding of patients will be improved and the TSCP quality assurance functions will be strengthened.
Health inequalities	The needs of and risk to vulnerable children will be recognised and responded to.

Workforce	The Devon workforce will be equipped to safeguard children.
Resources and finance	N/A
Legal	Meet statutory requirements.
Digital and Data	Data will be used to inform needs analysis and measure the impact of strategic approaches to areas of concern
Engagement and consultation	Children and their families/carers in Torbay will be given every opportunity to influence and contribute to the development and delivery of TSCP strategic priorities and services.



Torbay Joint Targeted Area Inspection (JTAI) Closure

Background

1. In November 2023, a JTAI of Torbay 'front door' services was undertaken by the Care Quality Commission (CQC), the Office for Standards in Education, Children's Services and Skills (Ofsted) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). Inspectors evaluated the ability of agencies to identify and respond to initial need and risk, agency contributions to multiagency responses, the impact of managers and leaders on practice and the effectiveness of Torbay Safeguarding Children's Partnership (TSCP) to monitor and evaluate the work of partners.
2. The inspectors found many good areas of practice including that the TSCP Executive Group functions effectively, agencies work well together and thresholds for interventions are understood. The inspectors found that most children receive the right support at the right time. However, priority actions were identified for Torbay and South Devon NHS Foundation Trust (TSDFT) relating to leaders' oversight and assurance of safeguarding practice, and that the variable quality of scrutiny and supervision of staff led to the inconsistent identification of and response to safeguarding risk in children, particularly for those with unexplained injuries. Other areas for improvement were identified related to the consistency with which professional curiosity and challenge are applied for children living with chronic domestic abuse or neglect and unexplained injuries, TSCP performance data, and the Partnership approach to children with poor emotional and mental health.
3. NHS Devon was asked to be the principal authority and lead the creation of an action plan to address the areas for improvement. Following extensive discussion and with the support of partner agencies, the written statement of proposed action was submitted to the inspectors on the 7 May 2024. Positive remedial work had already been completed or was being progressed.
4. A written response from the lead JTAI inspector was received on 18 July 2024, noting that the inspectorate deemed the NHS Devon written statement of actions as an accurate appraisal of the inspection's findings. The response stated that the inspectorate would use the action plan to inform the lines of enquiry of their next joint or single agency inspection of the local agencies.

Summary of Actions Progressed

5. An NHS Devon assessment and assurance visit to TSDFT was undertaken in April 2024. The Trust were able to evidence the work they had commenced to address the findings of the inspection, and the impact this was having on staff practice and children and families experience. During the visit it was evident that there is a collaboration from floor to board to ensure that staff are competent and

confident in their practice. There is clear senior leadership oversight with a robust governance structure in place to allow formal reporting and escalation with ICB presence at the Integrated Safeguarding & Inclusion Group.

6. The supervision model within TSDFT has improved with training delivered to supervisors and a review of the supervision policy completed.
7. The action plan provides assurance of the high impact actions undertaken that have improved the response by clinical staff to safeguard children. The work undertaken has also improved the recognition and response to adults at risk of abuse.
8. Key development areas within the plan have been the TSCP data dashboard and embedding the voice of children and young people into the work of the Partnership.
9. There has been good progress, and all actions are complete except one that is on track within the expected timescale. As outlined in the letter from the inspectors, the implementation of the action plan sits with the Torbay Safeguarding Children Partnership (TSCP). This function has been undertaken by the Quality Assurance Group (QAG) who, with the support of the Independent Scrutineer has set up a focussed group to continue the work of gaining assurance of the impact of the actions. Any issues will be escalated to the TSCP Executive.
10. Health provider and NHS Devon safeguarding teams are active members of the QAG. The chair of QAG was changed following the JTAI to ensure a level of independent scrutiny.

Next Steps

11. A progress report was due to be taken to TSCP Executive on 10 February 2025, however this did not occur due to QAG chair availability. A report to TSCP Executives will be provided and an exceptional meeting will be held to enable time for oversight and scrutiny of the progress. Oversight will also be provided by Torbay Oversight and Scrutiny Committee.
12. Following the report being taken to the TSCP Executive, NHS Devon will close our action as principal authority and handover to TSCP to gaining assurance of the impact of the actions. Ongoing reporting of embedded actions will be reported through the safeguarding report to the Quality and Patient Experience Committee.

Recommendation

13. The Board is asked to **TAKE SATISFACTORY ASSURANCE** from the progress of the Torbay Joint Targeted Area Inspection action plan and the future governance and monitoring arrangements through the Torbay Safeguarding Children Partnership.

NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

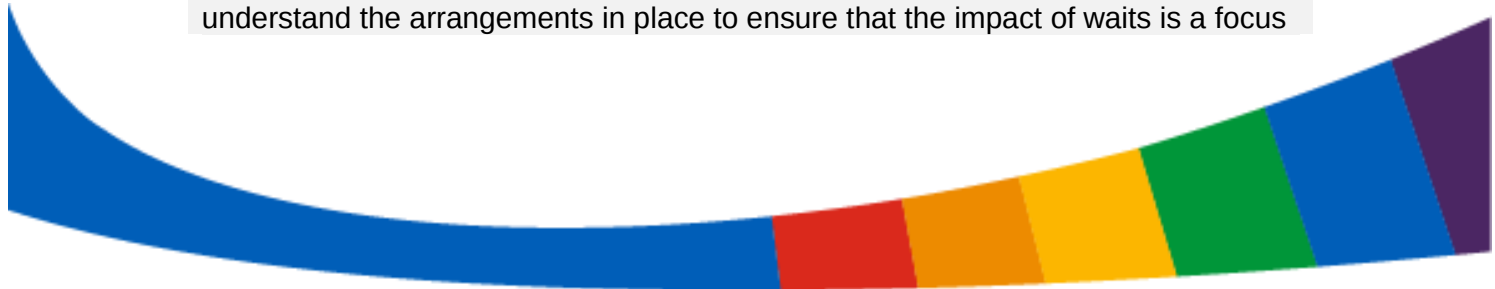
Date of meeting	Date of committee covered in this report
27 March 2025	13 March 2025

Chair	
Name and title:	Thandiwe Hara, Independent Non-Executive Member

Board Assurance Framework (BAF) updates or escalation
The Committee took assurance from the current content of the BAF.

Risk register review updates/escalation
None

Deep Dives
Planned Care The Committee undertook a deep dive into the current position for elective care across the One Devon Integrated Care System, with a particular focus on actions in place to drive improvement. The increase in the number of people now included on waiting lists across Devon remains of concern to the Committee and the impact that these waits are having, especially on children and young people, where the pace of recovery has been slow. A follow up paper has been requested to enable the Committee to understand the arrangements in place to ensure that the impact of waits is a focus



for the locality meetings across the system. In addition, the issue will be raised through the System Quality Group.

The Committee also considered the issue of patient choice and how potential health inequalities as a result of this are being monitored. Again, this issue will be considered by the System Quality Group.

The Committee **took satisfactory assurance** that NHS Devon and the wider One Devon Integrated Care System is working towards driving improved performance to ensure improved patient safety and experience.

Reports received, discussed, and noted

The **Quality Report** was received by the Committee. Consideration focused upon data, with it being noted that there had been considerable improvement in the Initial Health Assessment data from University Hospitals Plymouth NHS Trust and that learning from their work would be shared across the One Devon Integrated Care System. The Committee was concerned however as to the apparently high Summary Hospital level Mortality Indicator (SHMI) figures and supported further investigation by the Mortality and Morbidity Group to ascertain the reason for this and whether this is due in part to coding issues.

In terms of the Quality Report itself, future reports will include qualitative patient outcome information in addition to quantitative, being with Learning from Patient Safety Events. It will also include clarification regarding the total number of those awaiting Autism Spectrum Disorder diagnosis.

In view of the changes in portfolios of Executive Directors in respect of Section 117 review, a combined handover report will be presented to the April meeting of the Committee to provide assurance around this area of work.

The **System Quality Group (SQG) Report** provided the Committee with the outputs from the meeting held on 28 January 2025. The Committee was pleased to learn that the widening of membership of the SQG to include Local Authority representation had resulted in positive and more rounded discussions taking place. It was also pleasing to learn that the quality dashboard would be evolving to include locality data. The Committee **took satisfactory assurance** that NHS Devon was fulfilling the mandate to lead and facilitate system level quality assurance and improvement.

When considering the **NHS Devon Annual Plan Delivery Assurance** report, the Committee was disappointed to note that the objectives in respect of Autism Neurodiversity waiting and Safeguarding 360° would not be met during 2024/25, assurance was taken that this would be incorporated into the 2025/26 Annual Plan to maintain focus.

The Committee took assurance that NHS Devon was suitably engaged with **Regulatory Issues** and were pleased to note that Clare House in Tiverton had been awarded a second outstanding CQC rating.

The Committee received and noted the **Clinical Effectiveness Annual Reports** from the Clinical Policy Recommendation Committee, Clinical Policy Engagement and Consultation Panel and the NICE Planning Advisory Group. It was noted that there may have been occasion where clinical effectiveness parameters had been breached in respect of external prescribing for primary care and that any risks associated with this were being assessed.

Satisfactory assurance was taken from the **Torbay Joint Targeted Area Inspection (JTAI) Closure Report** with it being noted that all actions resulting from the inspection were now complete, with the exception of one, which remained on track to be completed within the expected timescale and that the future governance and monitoring of progress would be undertaken through the Torbay Safeguarding Children Partnership.

In addition to noting the progress that had been made in the **Development of the NHS Devon Annual Plan 2025/26** the Committee confirmed its support for taking on formal assurance responsibility for the objectives in respect of improving outcomes in population health and healthcare and of tackling inequalities in outcomes, experience and access.

In undertaking its annual **Committee Effectiveness Review 2024/25** the Committee raised its concerns as to the size and quality of the reports presented to it, with cover sheets not being utilised effectively as a means of highlighting the key issues for consideration and was pleased to note that there would be a focus upon report developing and writing across the organisation.

The Committee noted the work that was being undertaken in development a **Forward Plan** for the Committee which aligned with its terms of reference. It is anticipated that this Plan will be received by the Committee at its next meeting.

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

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.



NHS Devon Integrated Care Board

NHS Devon (ICB) Finance Report Month 10

Date of Meeting	Date Report Produced
27 March 2025	24 February 2025

Author(s)		Report Approved By	
Name and title:	Kevin Wheller Deputy Director of Finance	Name and title:	Kirsty Denwood Interim Chief Finance Officer
Phone:	07825 027569	Date:	24 February 2025
Email:	kevin.wheller@nhs.net		

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's (Integrated Care Board (ICB)) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of NHS Devon for the year ending 31 March 2025.

This report details the NHS Devon financial position as at 31 January 2025, setting out the year to date and forecast financial position. Overall, NHS Devon is reporting a year-to-date (YTD) and forecast outturn (FOT) surplus of £35.8m and £46.1m respectively.

The assurance ratings in this report are based on an assessment of the key issues and risks identified and are as follows:

Section	Assurance	Trend from previous month
Overall assurance	Satisfactory	No change
Financial performance	Satisfactory	No change
Savings and efficiencies	Satisfactory	No change
Financial risks	Limited	Deterioration

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

NHS Devon Executive considered this report at its meeting on 04 March 2025. The Finance and Performance Committee considered this report at its meeting on 13 March 2025.

Key recommendations and actions requested

TAKE SATISFACTORY ASSURANCE from the information provided with regard to the NHS Devon financial position as at the period ended 31 January 2025.

Impact on NHS Devon Objectives

Objective	Impact
Improve Population Health	All
Improve Services and Reduce 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 10

Executive Summary

- 1. The presentation of NHS Devon’s Finance Report seeks to provide the necessary assurance to the Board on the financial position of the year to date (YTD) 31 January 2025 and the year ending 31 March 2025.
- 2. NHS Devon’s funding envelope includes allocations for Primary Medical Care Services, Elective Recovery, Ambulance capacity funding and Discharge funding as well as funding for Service Development.
- 3. The One Devon Integrated Care System (ICS) submitted an original deficit plan of £85.4m and an expectation that £207.9m of efficiency savings are needed to meet that plan. Within the plan NHS Devon’s financial position was an underspend of £23.0m with a requirement to deliver £74.7m of efficiency savings (£31.8m net of system provided embedded efficiency).
- 4. After the initial plan was submitted, NHS England (NHSE) required the ICS to revise its plan to a deficit of £80.0m. Consequently, the ICS efficiency savings target increased from £207.9m to £213.3m. NHS Devon’s required underspend rose from £23.0m to £28.4m, resulting in a total efficiency savings requirement of £80.1m (£37.3m net of system-provided embedded efficiency).
- 5. At Month 6, NHSE has provided the ICS with £80.0m in non-recurrent deficit support, with the expectation that the ICS will achieve financial balance by the end of the year. The deficit support will be repayable in subsequent years.
- 6. At Month 8, the forecast outturn (FOT) deficit for Torbay and South Devon NHS Foundation Trust (TSD) increased by £15.0m, while University Hospitals Plymouth NHS Trust (UHP) saw a rise of £5.5m. However, Royal Devon University Healthcare NHS Foundation Trust (RDUH) and the ICB offset these increases with FOT surplus improvements of £2.8m and £17.7m, respectively, enabling the ICS to maintain an overall balanced position.

Financial Position

- 7. The following detailed report reflects the budget set compared with the actual commitments against that budget for the period to 31 January 2025 and the year ending 31 March 2025.

As at 31 January 2025	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Total Net Expenditure	2,592,609	2,580,542	12,068	3,102,058	3,084,348	17,710
Resource Allocation	2,616,292	2,616,292	0	3,130,477	3,130,477	0
Total Commissioned Services	23,682	35,750	12,068	28,419	46,129	17,710

8. Overall, NHS Devon is reporting a YTD and FOT planned surplus of £35.8m and £46.1m respectively.
9. Due to the £80.0m in non-recurrent deficit support from NHSE, the NHS Devon position sits within an overall FOT balanced system position.
10. As of Month 10, projected overspends include £0.6m in Acute Services, £2.5m in Mental Health, £1.0m Community Health and £1.2m in Continuing Healthcare, offset by underspends of £2.3m in Primary Care, £0.4m in Delegated Optometry, £2.1m in Other Programme Services and £2.3m in Running Costs.
11. Service line variances are detailed in the Detailed Financial Performance section and appendix 3.

Savings Plan

12. NHS Devon's updated 2024/25 plan includes a saving requirement of £80.1m.
13. NHS Devon is reporting YTD savings of £73.4m, which is £12.1m ahead of plan, and FOT savings of £97.8m, reflecting additional savings of £17.7m. These variances are attributable to balance sheet flexibilities, reserves, projected in year underspends and slippage on investments.
14. Details are disclosed in the Savings and Efficiencies section.

Risks

15. At Month 10, the risks are estimated at £19.9m and relate to escalating winter demand pressures, growth in Continuing Healthcare costs and an overspend in the Better Care Fund (BCF) with Devon County Council. These risks have been partially mitigated by post-plan non-recurrent flexibility of £2.9m leaving unmitigated risks totalling £17m.
16. A reminder of these risks is set out in the Risks section of the report.

Detailed Financial Performance

17. The YTD and FOT by main service heading as at 31 January 2025 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	1,302,363	1,302,462	(99)	1,515,767	1,516,323	(556)
Mental Health	278,246	280,456	(2,210)	334,007	336,550	(2,543)
Community Health	297,992	298,566	(574)	358,292	359,249	(958)
Continuing Care	140,233	141,144	(910)	168,684	169,866	(1,182)
Primary Care	236,080	234,131	1,948	282,998	280,722	2,276
Delegated Primary Care	212,502	212,502	0	250,286	250,285	0
Delegated Dental	63,168	63,113	56	77,998	77,998	0
Delegated Pharmacy	25,397	24,559	838	30,179	30,179	0
Delegated Optometry	10,481	10,143	338	12,578	12,146	432
Other Programme Services	29,265	27,997	1,267	35,508	33,374	2,134
Total Commissioned Services	2,595,726	2,595,072	654	3,066,295	3,066,693	(397)
Running Costs	17,933	15,675	2,258	21,520	19,174	2,346
Net Expenditure	2,613,659	2,610,747	2,912	3,087,815	3,085,866	1,949
Reserves/Contingencies	(21,050)	(30,206)	9,156	14,243	(1,518)	15,761
Total Net Expenditure	2,592,609	2,580,542	12,068	3,102,058	3,084,348	17,710
Resource Allocation	2,616,292	2,616,292	0	3,130,477	3,130,477	0
Total Commissioned Services	23,682	35,750	12,068	28,419	46,129	17,710

18. Further detail of the budgets, actual spend and variances making up the main service areas above is provided in appendix 3.

Acute Services

19. 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 Service NHS Foundation Trust, contracts for patient transport and contracts for acute procedures undertaken in the independent sector and by other non-NHS providers.
20. NHS Devon and system providers have agreed a set of block contract payments that also include top-up payments and growth funding allocations. NHS Devon's budget under these financial arrangements has been set to match the payments.
21. At Month 10, there is a FOT overspend of £0.6m due to a shortfall of approximately £2.9m in predicted Elective Recovery Funding compared to the plan. This overspend is partially offset by underspends in Non-Contracted Acute activity (£1.3m), Patient Transport (£0.5m), and Any Qualified Provider (AQP) costs (£0.3m).

Mental Health Services

22. 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.

23. In 2024/25 NHS Devon is planning to invest an additional £13.1m (4.46%) in Mental Health services based on the Mental Health Investment Standard target. In addition to this NHS Devon has received £25.0m of Service Development Fund (SDF) Transformation funding for Mental Health and Learning Disability & Autism Services.
24. At Month 10, there is a £2.5m FOT overspend, primarily driven by increased costs in Right to Choose ADHD / ASD assessments (£2.1m), s117 Learning Disability and Mental Health (£0.6m), and Individual Patient Placements (£0.6m). This is partially offset by a £0.8m underspend in Other Mental Health areas.
25. There is a growing number of providers in the Right to Choose ADHD / ASD assessment pathway, with many of them now providing services under the NHS Devon Right to Choose ADHD / ASD assessment contract, which is providing more control and understanding of costs. However, these arrangements are not managing the level of referrals which is impacting on the overall increase in spend.
26. Plans are being developed to seek to address the backlog of children's assessments through a procured service which will help reduce the growing right to choose activity. In addition to this we have recently appointed a Woman's and Children's Transformation Director to focus, amongst other things, on improvements in children's services.
27. Mitigating actions in relation to the placements position are covered in the continuing healthcare section of the report.

Community Health Services

28. 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.
29. 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.
30. At Month 10, the primary overspend of £1.0m is attributed to Individual Patient Placements, with £0.3m relating to Physical Disability Placements and £0.6m to Acquired Brain Injury patients.

Continuing Healthcare

31. 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).
32. The placements budget represents a particular risk to the NHS Devon financial position that requires robust financial management. The key risks relate to local authority disputes to the external provider review programme and breaches from the continuation of 4-week Hospital Discharge Programme.
33. 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; and
 - Responsible commissioner cases.
34. The Month 10 forecast is £1.2m over budget, an increase of £0.4m compared to last month. The current overspend is a result of greater than budgeted standard CHC and FNC clients for large periods of the year, unplanned high-cost clients and omission of pay award budget but off-set, in part, by an underspend in interim funding.
35. The following actions are being progressed to address the overspending position within continuing healthcare and placements:
 - Resetting the membership and purpose of the control centre to include provider colleagues and focus on discharge;
 - Increasing the case mix of assessments completed through the existing external contractor;
 - Recruitment to vacancies and Phase 2 structure led by the Deputy Director of Nursing with dedicated HR support;
 - Temporary external resource to strengthen the team which started this month; and
 - Engagement of Channel 3 (digital partner) to scope the work needed to address costs of care and eligibility as well as reductions in support costs from external partners.

Other Programme

36. 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.
37. At Month 10, a forecasted underspend of £2.1m is anticipated, comprising a £0.2m overspend in Audiology offset by underspends across various services, including NHS 111 and Medical and Nursing Team recharges.

Primary Care Services

38. 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.

Prescribing

39. Expenditure data for the first eight months of 2024/25 was available at the time of reporting and the national forecast now gives a position that is £1.5m lower than our prescribing budget, from what was breakeven last month.
40. However, there are multiple factors influencing our prescribing expenditure which makes forecasting more difficult than usual. This includes national price changes to Direct Oral Anticoagulant (DOAC) drugs, national changes to Category M, the phasing of flu vaccinations and uncertainty surrounding the usage of drugs that are coming off patent.
41. We estimate that these moving parts largely net off one another and we caution against reliance on the national forecasting methodology which has led to our continued use of a breakeven forecast, although fluctuation in the latter stages of the year is still possible.

Delegated GP Commissioning

42. As at Month 10 we are reporting a YTD and FOT breakeven position across delegated primary medical care.

Other Primary Care

43. Other Primary Care services include contracts for Enhanced GP Services, Out of Hours GP services, Home Oxygen services and provision for GP IT costs.
44. As at Month 10, FOT reports indicate underspends within Out of Hours GP services of £0.1m, Home Oxygen services of £0.5m and Other Primary Care of £1.7m.

Delegated Pharmacy, Ophthalmic & Dental

45. At Month 10 we are reporting a YTD and FOT breakeven position against the delegated Pharmacy and Dental services. Ophthalmic is now forecast to underspend by £0.4m which we are now showing as a result of actual charges being less than our allocations.

Running Costs

46. The pay and associated costs for NHS Devon are categorised into programme and administrative 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, placements and other programme costs.

47. Each year NHS Devon 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.
48. NHS Devon's annual allocation is £21.5m, including £1.9m for pension costs. As of month 10, NHS Devon is forecasting a £2.3m underspend, primarily driven by the organisational restructure and delays in recruiting to the new structure.

Resource Allocation

49. Revenue resources contained within our financial plans and financial systems are set out below:

Allocation Description	Year to date
	ICB
2024/25 Recurrent core allocation	2,337,140
2024/25 Additional discharge allocation	10,641
2024/25 Additional physical and virtual bed capacity funding	41,869
2024/25 Allocation baseline reset (limited public health expenditure)	859
2024/25 Ambulance capacity funding	7,545
Pay Award - Cost increases on initial allocations	6,743
Learning disability and autism FTA	(917)
Running Costs Allowance	19,461
Delegated Primary Medical Care Services	236,680
Delegated Dental/Optomotry/Pharmacy	122,144
M3 - 7 Recurrent Allocations	66,333
M8 Recurrent Allocations	(1,690)
M10 Recurrent Allocations	954
Recurrent Allocation	2,847,762
SDF Cancer	12,813
SDF Maternity	2,129
SDF LD and Autism	2,916
SDF CYP	710
SDF Mental Health	20,762
SDF Prevention and Long Term Conditions	1,808
SDF Primary Care	3,005
SDF Community Services	1,745
Other SDF	1,924
Elective Recovery Funding	45,437
Adult Long COVID	1,362
Charge exempt overseas visitor and UK cross border adjustment	(672)
COVID-19 Testing	1,801
Pay Award	800
Repayment of prior year deficit	(11,686)
Delegated ERF	1,808
Delegated Primary Care Allocation	(142)
Delegated Primary Care Allocation - RDUHFT contract	(1,103)
Pay Award - Cost increase on Secondary Dental plans	67
Pay Award - Cost increase on Secondary Dental ERF	8
M3 - 7 Non Recurrent Allocations	115,520
M8 Non Recurrent Allocations	36,599
M9 Non Recurrent Allocations	16,333
M10 Non Recurrent Allocations	28,771
Non-Recurrent Allocation	282,715
Total Allocation	3,130,477

50. The key allocation received in month 10 was £20.1m of non-recurrent Elective Care Funding.

Budget Reserves

51. To support NHS Devon in achieving its financial plan, budget reserves are maintained for both anticipated and unforeseen costs. These reserves currently include contingency funds, undistributed allocations, as well as expected non-recurrent allocations.
52. The reserve position at Month 10 is as follows:

Reserve Description	Forecast		
	Budget £000	Committed £000	Variance Favourable/ (Adverse) £000
System Reserves	23,559	19,877	3,682
Service Development Funding	3,441	3,441	0
Investment Reserves	(7,300)	(24,291)	16,991
Allocation Reserves	(5,458)	(546)	(4,912)
Total	14,243	(1,518)	15,761

53. System reserves relate mainly to undistributed funds from the system plan, the majority of which will be distributed in year.
54. Service development funds are those allocations yet to be delegated to budgets but that have expected commitments.
55. Investment reserves include recurrent budgets at plan that relate to NHS Devon commitments and efficiency savings (negative reserve) that have yet to be delegated to budgets as well as a contingency. The forecast reflects the additional balance sheet flexibilities mentioned earlier in the report.
56. The allocation reserve includes in year allocations received that have yet to be delegated to budgets as well as a provision (negative reserve) for allocations confirmed and distributed at the planning that have yet to be received. The forecast recognises a shortfall in planning expectations.

Conclusion

57. Based on the above reported position and detailed analysis, the assurance on the reported financial performance is considered **satisfactory**.

Savings and Efficiencies

58. Delivery of the planned surplus of £28.4m requires savings of £80.1m. The table below provides a summary of the month 9 YTD and FOT position against the £80.1m target. The target represents a 2.8% saving against NHS Devon's overall resource. If the embedded system provider efficiencies are excluded the remaining savings £37.3m target is 4% of the NHS Devon influenceable budget.
59. Balance sheet flexibilities have enabled the identification of additional £12.0m YTD savings and additional £17.7m in FOT savings, supporting the system's re-forecast and maintaining a balanced system position.

Scheme	Plan Status	Risk RAG Status	Recurrent / Non Recurrent	Year to date			Forecast			Plan
				Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable / (Adverse) £000	Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable/ (Adverse) £000	Total
Acute - System provider embedded efficiency	Fully Developed		R	26,310	26,310	0	31,571	31,571	0	31,571
Community - System provider embedded efficiency	Fully Developed		R	5,810	5,810	0	6,970	6,970	0	6,970
Mental Health - System provider embedded efficiency	Fully Developed		R	3,590	3,590	0	4,308	4,308	0	4,308
				35,710	35,710	0	42,849	42,849	0	42,849
Non-System provider embedded efficiency	Fully Developed		R	830	830	0	1,000	1,000	0	1,000
Prescribing - medicines management	Fully Developed		R	1,927	1,927	0	2,732	2,732	0	2,732
- secondary care interface	Plans In Progress		R	395	395	0	560	560	0	560
- specific schemes	Fully Developed		R	541	541	0	768	768	0	768
Continuing healthcare	Plans In Progress		R	2,130	2,183	53	3,000	3,000	0	3,000
Learning disabilities and autism placements	Fully Developed		R	2,750	2,750	0	4,750	4,750	0	4,750
Commissioning	Plans In Progress		R	1,668	1,668	0	2,500	2,500	0	2,500
Digital	Fully Developed		R	668	668	0	1,000	1,000	0	1,000
Hold back growth	Fully Developed		R	3,190	3,190	0	3,829	3,829	0	3,829
Running cost reductions	Fully Developed		R	2,784	2,784	0	4,177	4,177	0	4,177
In year allocations review	Plans In Progress		N/R	1,450	1,450	0	2,000	2,000	0	2,000
Primary care underspend	Fully Developed		N/R	332	332	0	500	500	0	500
Primary Care	Fully Developed		N/R	3,332	3,332	0	5,000	5,000	0	0
System risk share	Fully Developed		N/R	3,608	3,608	0	5,412	5,412	0	0
Balance sheet flexibility, slippage, underspends and reserves	Fully Developed		N/R	0	12,015	12,015	0	17,710	17,710	0
Unidentified	Unidentified		N/R	0	0	0	0	0	0	10,412
Total				61,315	73,383	12,068	80,077	97,787	17,710	80,077

60. The green RAG status denotes plans that are fully developed, or in progress where there is a low risk to delivery. The amber RAG status reflects plans, whether fully developed, in progress or opportunities that have been identified where there is a medium risk to delivery. The red RAG status has been given to those schemes where an opportunity has yet to be identified to the level that plans can be worked up and therefore represents a high risk.

61. The majority of the achievement so far is due to savings already delivered in contracts at tariff.

62. Prescribing savings plans concentrate on the following schemes:

- Addressing Low Priority Prescribing: This includes medications with significant safety concerns, lack of robust evidence of clinical effectiveness, or those that are clinically effective but deemed a low priority for NHS funding.
- Improving Uptake of Clinically and Cost-Effective Medicines: Promoting the use of the most clinically effective and cost-efficient medications.
- Using Best Value Biologic Medicines: Adhering to NHS England commissioning recommendations to use biologic medicines that offer the best value.
- Appropriate Prescribing and Supply of Blood Glucose and Ketone Meters, and Testing Strips: Ensuring the correct prescribing and supply of these essential items.
- Identifying Patients with Atrial Fibrillation: Using best value direct-acting oral anticoagulants for patients with atrial fibrillation.

63. Continuing healthcare savings plans include the schemes below:

- Continued grip and control of front-end assessment threshold and reviews which will reduce client numbers.
- Ensure clients receiving 1:1 / 2:1 packages are regularly reviewed to determine if care is still appropriate.
- Assess short-term stay hospital discharge clients in a timely manner to determine their long-term funding stream (KPI for CHC Assessment 28 days).
- Review of s117 clients in a timely manner reducing unnecessary costs.

64. The main risks to delivery of the NHS Devon savings programme were:

- The learning disabilities and autism placements scheme was linked to a system programme reviewing high costs placements. This programme has since amended its focus on more longer-term strategic opportunities.
- The opportunity to deliver £5m savings in primary care mentioned above was originally targeted at Dental slippage after funding the dental transformation programme.

65. Further work has been completed on reviewing budgets and spend to mitigate the above risks to the extent that we are now confident they can be managed in year.

66. Based on the analysis above, the assurance level for the full delivery of the NHS Devon efficiency plan is **satisfactory**.

Risks

67. The assessment of financial risk (and mitigations) at month 10 and for the year ended 31 March 2025, is as follows.

Headline	Description	M9 £000	M10 £000	Movement £000	Risk at Revised Plan £000
Prescribing	Risk of additional cost where no cheaper stock is obtainable (NCSO) - Price concessions	0	0	0	2,333
Placements	Inflation/Growth risk on Continuing Healthcare costs	1,000	1,000	0	1,314
Contract Risk	Risk in relation to variability on inter-system API contracts	0	0	0	1,035
Better Care Fund	Risk in relation to DCC BCF overspend	1,905	1,905	0	0
Learning Disabilities and Autism	Risk to delivery of the £4.8m savings target	0	0	0	3,563
SWAST	Impact of ongoing negotiations with other ICB partners relating to handover delay cost share	0	0	0	1,000
Inflation Risk	Contract inflationary pressures as a result of the 0.2% tariff reduction	0	0	0	1,532
System Risk Share	Net system risk at plan	0	0	0	0
Primary Care	Delivery of stretch efficiency target	0	0	0	0
Drugs and Devices	Risk of additional volume/price changes in acute drugs and devices above contract baseline	0	0	0	780
Efficiency Risk	Unidentified savings	0	0	0	10,412
Winter Demand Pressures	Risk of additional costs associated with increased Emergency Department Demand, Flu and pressure on beds.	0	17,000	17,000	0
Total Risk		2,905	19,905	17,000	21,969
Prescribing	Prescribing pricing and Cat. M assumptions	0	0	0	2,000
Inter-system capacity	Potential for repatriation	0	0	0	1,000
Allocation Review	Hold back further non recurrent allocations above savings target	0	0	0	1,200
System Risk Share	Agreement to share system risk with providers	0	0	0	3,445
Primary Care	Identification of non-recurrent opportunities	0	0	0	0
Reserves	Post plan non-recurrent flexibility	2,905	2,905	0	0
CIP Stretch Opportunities	Identification of non-recurrent opportunities	0	0	0	0
Total Mitigation		2,905	2,905	0	7,645
Net Risk		0	17,000	17,000	14,324

68. The revised NHS Devon plan identified risks of £22.0m, with mitigations totalling £7.6m resulting in a net risk of £14.3m of the mitigations had yet to be identified.
69. At Month 10, the risks are estimated at £19.9m and relate to escalating winter demand pressures, growth in Continuing Healthcare costs and an overspend in the Better Care Fund (BCF) with Devon County Council. These risks have been partially mitigated by post-plan non-recurrent flexibility of £2.9m leaving unmitigated risks totalling £17m.
70. The escalating winter demand pressures relate to the potential system cost of demand pressures, impact of flu and the general pressure on beds that creates.

The risk reflects a recognition that it is unlikely there will be national funding to support these pressures this year.

71. The following controls, actions and assurances are in place to manage this risk:

- In conjunction with Devon County Council an options paper is being prepared that seeks to mitigate the current projected BCF overspend. This work to produce the options paper has resulted in a reduction of the risk.
- A business case is being prepared by the Nursing directorate to address the recommendations of the Channel 3 review into continuing care as well as the current lack of internal resource. Whilst this is ongoing other work on the delivery of the efficiencies has allowed us to reduce the overall risk in placements.
- Identification of PDC benefit as a result of NHSE bridging the system deficit.
- System Recovery Plan (which is encapsulated in the 2024/25 operational and financial plans) in place. This is a dynamic plan that continually assesses progress against system-wide savings, identification of new schemes and performance against key finance and performance trajectories.
- Implementation of tighter restrictions in relation to new investment that requires Devon Investment Approval with investment over £10k needing to be agreed through the investment process.
- Implementation of a budget holder manual which has been rolled out to Executive Budget Holders and Budget Managers to be followed up through formal budget delegation and holding budget holders / managers to account through monthly meetings.

72. Based on the revised levels of overall risk and extent of the unmitigated risk it is proposed the assurance that the NHS Devon risks can be managed is considered **Limited**.

Other Financial Information

Statement of Financial Position

73. The statement of financial position (SoFP) provides a snapshot of NHS Devon'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 NHS Devon's assets and liabilities (what NHS Devon owns and is owed), and the bottom part (total taxpayers' equity) which shows how NHS Devon has been financed.

74. NHS Devon's position at 31 January 2025 is shown in appendix 1.
Capital

75. NHSE have approved NHS Devon's capital schemes totalling £2.15m. Schemes include £0.30m for primary care capital grants, £1.74m GP IT and just over £0.1m for the ICB IT needs.

Better Payment Practice Code

76. The Better Payment Practice Code requires NHS Devon to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.
77. NHS Devon's current performance against the target of 95% is detailed below:

Better Payment Practice Code	M10	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.84	99.71
NHS Creditors - % of bills paid within target	99.53	100.00

Cash

78. There are several key cash performance targets that ICBs are measured against; these are set out in appendix 2.

Assurance and Recommendations

79. Based on the assessment of the key issues and risks identified the overall level of assurance NHS Devon will achieve its planned forecast outturn is as follows:

Section	Assurance	Trend from previous month
Overall assurance	Satisfactory	No change
Financial performance	Satisfactory	No change
Savings and efficiencies	Satisfactory	No change
Financial risks	Limited	Deterioration

80. The Board is asked to **take satisfactory assurance** from the information provided with regard to the NHS Devon financial position as at the period ended 31 January 2025.

Appendix 1: Statement of Financial Position

Statement of Financial Position	M10
Property Plant & Equipment	5,178
Intangible Assets	0
Non Current Assest	5,178
Inventories	1,903
Trade & Other Receivables - NHS	(82)
Trade & Other Receivables - Non NHS	31,214
Cash & Cash Equivalents	6,718
Current Assets	39,753
Total Assests	44,931
Trade & Other Payables - NHS	(3,675)
Trade & Other Payables - Non NHS	(101,262)
Other Liabilities	(5,449)
Borrowings / Cash in Transit	(9,673)
Provisions	(2,076)
Current Liabilities	(122,134)
Total Assets Employed	(77,203)
General Fund	(77,203)
Total Taxpayers Equity	(77,203)

Appendix 2: Cash

There are several key cash performance targets that NHS Devon is measured against:

Measure	Month 10
ICBs must operate within their Cash Drawdown Requirement <i>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 £3,101m for Devon ICB for the year ended 31st March 2025.</i>	86.6% of the Cash Drawdown Requirement has been utilised as at month 10 where 83.3% would be expected based on a straight-line trajectory. The additional drawdown used is partly due to payments made in 2024/25 that relate to 2023/24 where allocations were received too late for drawdown in 2023/24. Additionally, payments made in 2024/25 include allocations that the ICB has not yet received, such as for the ERF.
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 NHSE and Shared Business Services.
The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown.	NHS Devon 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.

**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 31 January 2025 and 31 March 2025.

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
NHS Royal Devon & Exeter Foundation Trust	536,233	536,233	0	619,753	619,753	0
NHS University Hospitals Plymouth NHS Trust	336,434	336,435	(0)	390,348	390,348	(0)
NHS Torbay and South Devon NHS Foundation	267,130	267,130	0	313,308	313,308	0
NHS South Western Ambulance Trust	71,929	71,929	(0)	86,315	86,315	0
NHS Taunton and Somerset	9,601	9,525	76	11,521	11,445	76
Independent Sector	36,336	37,841	(1,505)	42,749	45,668	(2,919)
Low Volume Activity	9,307	9,307	0	9,307	9,307	0
Non Contract Activity	2,548	1,533	1,016	3,118	1,840	1,278
AQP	1,759	1,516	242	2,110	1,840	270
Referrals Management	1,743	1,742	0	2,091	2,049	42
Patient Transport	10,501	9,996	505	12,601	12,060	540
Other Acute Services	18,842	19,275	(433)	22,545	22,389	156
Acute	1,302,363	1,302,462	(99)	1,515,767	1,516,323	(556)
Devon Partnership NHS Trust	166,260	166,259	0	199,512	199,512	0
Livewell MH Services	7,048	7,048	(0)	8,457	8,457	0
University Hospitals Plymouth MH	42,089	42,089	0	50,506	50,507	(0)
Children and Families Health Devon	18,733	18,733	(0)	22,479	22,479	0
Individual Patient Placements	11,324	11,822	(498)	13,606	14,204	(598)
Section 117	24,856	25,413	(557)	29,928	30,534	(606)
ADHD	1,285	3,030	(1,746)	1,541	3,636	(2,095)
MH Low Volume Activity and NCA	730	726	4	871	871	(0)
Other Mental Health	5,922	5,337	585	7,107	6,351	755
Mental Health	278,246	280,456	(2,210)	334,007	336,550	(2,543)
Livewell Southwest	590	590	0	708	707	1
Royal Devon and Exeter Community	85,872	85,872	0	103,047	103,047	0
Torbay and South Devon FT	61,751	61,751	(0)	74,102	74,102	0
University Hospitals Plymouth Community	53,587	53,587	0	64,305	64,305	0
Children and Families Health Devon	12,117	12,117	(0)	14,540	14,540	(0)
Individual Patient Placements	2,132	2,896	(764)	2,577	3,493	(917)
SWAST Tiverton MIU	1,359	1,358	1	1,630	1,629	1
MIU Contracts	318	315	3	382	379	2
Hospices	7,861	7,862	(0)	9,434	9,434	0
Better Care Fund Plymouth CC	7,153	7,153	0	8,584	8,584	0
Better Care Fund Devon CC	34,587	34,587	0	42,251	42,251	0
Better Care Fund Torbay	3,410	3,410	(0)	4,092	4,092	0
Demand and capacity	4,790	4,720	71	5,681	5,599	82
Prevention	2,717	2,629	88	3,261	3,103	158
Other Community Services	19,746	19,719	27	23,700	23,985	(285)
Community Health	297,992	298,566	(574)	358,292	359,249	(958)
Continuing Healthcare	124,556	125,242	(686)	149,831	150,744	(913)
Funded Nursing Care	15,677	15,901	(225)	18,852	19,122	(269)
Continuing Care	140,233	141,144	(910)	168,684	169,866	(1,182)

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Prescribing	200,210	200,210	0	240,379	240,378	1
Enhanced Services	10,013	10,013	(0)	12,015	12,015	0
Delegated Commissioning - Co Commissioning	212,502	212,502	0	250,286	250,285	0
Delegated Commissioning - Optometry	10,481	10,143	338	12,578	12,146	432
Delegated Commissioning - Pharmacy	25,397	24,559	838	30,179	30,179	0
Delegated Commissioning - Dental	63,168	63,113	56	77,998	77,998	0
GP Out Of Hours	8,247	8,137	110	9,896	9,764	132
GP IT	4,526	4,469	57	5,432	5,352	80
Other Primary Care	13,084	11,302	1,781	15,277	13,213	2,063
Primary Care	547,628	544,448	3,180	654,038	651,330	2,708
NHS 111	8,324	8,209	115	10,353	10,227	126
Chime Audiology	3,693	3,825	(132)	4,432	4,594	(162)
All Other Commissioned Services	17,247	15,964	1,284	20,723	18,553	2,170
Other Programme	29,265	27,997	1,267	35,508	33,374	2,134
Total Commissioned Services	2,595,726	2,595,072	654	3,066,295	3,066,693	(397)
Pay	13,945	10,639	3,306	16,734	13,021	3,714
Non Pay	4,020	5,067	(1,047)	4,824	6,189	(1,365)
Income	(32)	(31)	(1)	(39)	(36)	(3)
Running Costs	17,933	15,675	2,258	21,520	19,174	2,346
Net Expenditure	2,613,659	2,610,747	2,912	3,087,815	3,085,866	1,949
System Reserves	0	0	0	23,559	19,877	3,682
SDF Reserves	0	0	0	3,441	3,441	0
Investment Reserves	(18,384)	(5,240)	(13,143)	(7,300)	(24,291)	16,991
Non Recurrent ICB Reserves	(2,667)	(24,966)	22,299	(5,458)	(546)	(4,912)
Total Net Expenditure	2,592,609	2,580,542	12,068	3,102,058	3,084,348	17,710
Resource Allocation	1,843,473	1,843,473	0	3,049,510	3,049,510	0
Total Surplus	(749,137)	(737,069)	12,068	(52,548)	(34,838)	17,710

NHS Devon Integrated Care Board

One Devon (ICS) Finance Report Month 10

Date of Meeting		Date Report Produced	
27 March 2025		20 February 2025	
Author(s)		Report Approved By	
Name and title:	Lisa Heard Head of Finance - System	Name and title:	Kirsty Denwood Interim Chief Finance Officer
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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 on the financial position and risk relating to the ICS financial plan for the year ending 31 March 2025. The report details the ICS financial position for the period ended 31 January 2025 against the finance plan submitted for the financial year 2024/25 on 12 June 2024. NHS Devon carried out monthly financial assurance reviews with all Trusts.



The assurance ratings in this report are based on the outcomes of the review meetings and are as follows:

Section	Assurance	Trend from previous month
Overall assurance	Satisfactory	No change
Financial performance	Satisfactory	No change
Savings and efficiencies	Limited	No change
Financial risks	Limited	Deterioration
Workforce	Satisfactory	No change

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

NHS Devon Executive reviewed this report at its meeting on 04 March 2025.
The Finance and Performance Committee reviewed this report at its meeting on 13 March 2025.

Key recommendations and actions requested

AGREE the overall assurance level relating to the financial position of the One Devon Integrated Care System of **satisfactory** and that adequate plans are in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

Impact on NHS Devon Objectives

Objective	Impact
Improve population health	
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	Financial Recovery
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

One Devon (ICS) Finance Report

Month 10

Executive Summary

1. The One Devon Integrated Care System's (ICS) Finance Report seeks to provide the necessary assurance on the financial position of the year to date (YTD) 31 January 2025 and forecast out turn (FOT) for the year ended 31 March 2025.
2. As part of the 2024/25 planning round, the One Devon ICS initially submitted a deficit plan of £85.4m. This position was revised to a deficit plan of £80.0m, against which finances have been monitored since Month 2, with the £5.4m improvement being managed through a system risk share. In Month 6 the receipt of £80m non-recurrent deficit funding, phased in the second half of the year, has enabled the ICS to forecast delivery of a balanced outturn for 2024/25.
3. As at Month 10, the One Devon ICS is reporting a year to date £6m deficit against a planned deficit of £6m. The forecast for the year end is breakeven at system level.
4. The ICS is reporting £167.7m efficiency achievement in the first 10 months of the year. This is £12.3m above plan. The forecast is to achieve £216.6m against a plan of £213.3m.
5. At the planning stage, risks of £88m were identified of which £17m were mitigated, resulting in a net risk of £71m. Gross risks at month 10 have reduced to £47.5m, driven in majority by risks relating to the efficiencies programme and ERF resulting in a net risk of £24.5m, however, this is a deterioration in the net position of £14.4m on Month 9 due to recognised winter pressures.
6. The Board can take **satisfactory assurance** that the plan to date is delivering.

Financial Position

7. In Month 6, the receipt of £80m non-recurrent deficit funding phased in the second half of the year enabled the ICS to forecast delivery of a balanced outturn for 2024/25.
8. At Month 7, an assessment of the remaining unmitigated risk was undertaken for each organisation to determine the likelihood of that risk crystallising during 2024/25 and the level of support that can be provided across the system. The table below shows the revised year end forecast following the Month 7 risk review. The net deterioration across the Trusts has been managed by increasing the NHS Devon surplus. This will be delivered through utilisation of

remaining reserves, slippage and balance sheet flexibility and is therefore all non-recurrent in nature.

9. As at Month 10, the ICS is reporting a year to date £6m deficit against a planned deficit of £6m. The forecast for the year end is to breakeven at system level. The year to date and forecast position as at 31 January 2025 is as follows:

Organisation	Year to date			Forecast		
	Plan surplus / (deficit) £000	Actual surplus / (deficit) £000	Variance favourable / (adverse) £000	Plan for the year surplus / (deficit) £000	Forecast surplus / (deficit) £000	Variance favourable / (adverse) £000
Devon ICB	23,682	35,750	12,068	28,419	46,129	17,710
Devon Partnership NHS Trust	3,048	3,049	1	3,591	3,591	0
Royal Devon University NHS FT	(4,741)	(3,024)	1,717	(2,790)	0	2,790
Torbay and South Devon NHS FT	(13,097)	(23,182)	(10,085)	(13,624)	(28,624)	(15,000)
University Hospitals Plymouth NHST	(14,888)	(18,587)	(3,699)	(15,596)	(21,096)	(5,500)
Total	(5,996)	(5,994)	2	(0)	0	0

10. Using the NHSE extrapolation formula, the year to date spend predicts a £16.3m deficit at year end (M9 £38.3m). This run-rate forecast is however bought back to a balanced position once non-recurrent allocations and efficiencies to be delivered in Months 11 and 12 are taken into account, the main adjustment being ERF income and efficiencies.

Efficiencies

11. The ICS is reporting £167.7m efficiency achievement in the first 10 months of the year. This is £12.3m above plan. The forecast is to achieve £216.6m against a plan of £213.3m.
12. The NHS Devon position year to date is overperforming due to the non-recurrent impact of balance sheet, slippage and reserves flexibility which have been used to ensure the system delivers the planned outturn. The University Hospitals Plymouth NHS Trust (UHP) over performance year to date is related to early achievement of non recurrent savings.

Organisation	Year to date			Forecast		
	Plan CIP delivery £000	Actual CIP delivery £000	Variance fav / (adv) £000	Plan for the year	Forecast £000	Variance fav / (adv) £000
Devon ICB	25,605	37,673	12,068	37,228	54,938	17,710
Devon Partnership NHS Trust	12,963	12,928	(35)	15,739	15,722	(17)
Royal Devon University NHS FT	48,790	48,511	(279)	63,610	63,610	0
Torbay and South Devon NHS FT	27,821	23,261	(4,560)	39,900	25,773	(14,127)
University Hospitals Plymouth NHS Trust	40,215	45,370	5,155	56,801	56,605	(196)
Total	155,394	167,743	12,349	213,278	216,648	3,370

13. The 2024/25 plan states that 70% of savings are to be recurrent, however achievement of this is now forecast at 56% for the year. At Month 10, 55% of year to date efficiency was recurrent (54% M9), against a plan of 72%. The reduction in recurrent efficiency delivery overall is as a result of the Month 8 re-

forecast whereby NHS Devon has forecast to deliver additional non recurrent CIP through balance sheet and reserves flexibility to ensure the overall system plan of breakeven is delivered.

14. At Month 10, there is a shortfall in recurrent savings of £19.5m, which has been offset by delivery of non-recurrent savings. Providers expect year end forecast of £28.7m of recurrent efficiencies underachievement to be offset in the majority by non-recurrent savings by the year-end.

	Year to date			Forecast		
	Plan CIP delivery £000	Actual CIP delivery £000	Variance benefit / (adverse) £000	Plan for the year £000	Forecast £000	Variance benefit / (adverse) £000
Recurrent efficiencies	111,332	91,871	(19,461)	150,076	121,334	(28,742)
Non-recurrent efficiencies	44,062	75,872	31,810	63,202	95,316	32,114
Total	155,394	167,743	12,349	213,278	216,650	3,372
Recurrent %	71.6%	54.8%		70.4%	56.0%	
Non-recurrent %	28.4%	45.2%		29.6%	44.0%	

15. None of the efficiencies target remains unidentified. 93% of schemes, by forecast value, are rated as fully developed (90% M9) and high-risk schemes have reduced to 3%.
16. Risks to the delivery of the system CIP plan are:
- The profile of savings is strongly skewed to the second half of the year, with 23% of the savings forecast (£48.9m) to be delivered in Months 11 and 12.
 - Recurrent efficiencies has not been delivered fully to plan as at Month 10. The shortfall is offset by the non-recurrent savings achievement, which has been recognised earlier in the year than planned.
17. Based on the above there is **limited assurance** around delivering the full efficiency requirement particularly in relation to levels of recurrent delivery.
18. Proposed mitigations:
- NHS Devon's Chief Finance Officer holds monthly Financial Assurance Reviews with all providers where the recurrent vs non-recurrent delivery risk is discussed.
 - Trusts have achieved a reduction in unidentified efficiencies to zero by the end of Month 4 and this has been followed by reviewing the progress of scheme maturity monthly.
 - Trusts have worked on de-risking efficiency plans so that less than 20% of the efficiency plan was high risk by end of Month 5 and have reduced this further to 3% at the end of Month 10.

Financial Risks

19. At the planning stage, risks of £88m were identified of which £17m were mitigated, resulting in a net risk of £71m. Gross risks at month 10 have reduced to £47.5m, driven in majority by risks relating to the efficiencies programme and ERF resulting in a net risk of £24.5m, which is a deterioration in the net position of £14.4m on Month 9. NHS Devon's increased unmitigated risk relates to escalating winter demand pressures and the potential system cost of demand pressures, impact of flu and the general pressure on beds that creates. The risk reflects a recognition that it is unlikely there will be national funding to support these pressures this year.
20. There is currently **limited assurance** regarding management of the financial risks identified by the system, in the main due to winter pressures, however it is recognised that the risk has reduced significantly from the original plan.

	DPT £000	RDUH £000	TSD £000	UHP £000	ICB £000	System £000
Total risks	-1,777	-6,100	-3,469	-16,260	-19,905	-47,511
Total mitigations	1,777	4,100	3,469	10,760	2,905	23,011
Unmitigated risk per PFR	0	-2,000	0	-5,500	-17,000	-24,500

21. NHS Devon has a risk on the corporate risk register relating to 'Delivery of the System Control Total for 2024/25' with a residual risk score of 16 (4 Likelihood x 4 Impact).
22. The following controls and assurances are in place to manage this risk:
- Establishment of Programme Management Office (PMO) and review and escalation processes for variance from agreed trajectory.
 - One Devon Integrated Care System monthly finance report for escalation to Finance and Planning Board (FPB), and Senior Leadership Group (SLG).
 - System Recovery Plan (which is encapsulated in the 2024/25 operational and financial plans) in place. This is a dynamic plan that continually assesses progress against system-wide savings, identification of new schemes and performance against key finance and performance trajectories.
 - System Vacancy Control Panel in place to prevent an increase in workforce growth and to support a reduction in running costs.
 - Triple Lock Sign-Off Process in place for all revenue investments above £100k, with sign-off required by the organisation, system and NHS England (NHSE) regional team.
 - Cost Improvement Programmes (CIPs) in place that contain cost reduction strategies that aim to identify and implement measures to achieve cost savings and efficiency improvements while maintaining or enhancing the quality of healthcare services provided to patients.
 - Monthly Finance and Performance Assurance packs developed with monthly meetings with all providers.

- System wide implementation of finance playbook.
- Run Rate analysis developed locally to inform risk profile.

Workforce, Including Agency

23. The ICS is reporting a 2% (£28m) adverse expenditure against plan on workforce expenditure at month 10, an increase in the variance of £7.4m on Month 9.
24. The growth in variance reflects the revised forecast position for Torbay and South Devon NHS Foundation Trust (TSD) and UHP, with in-month adverse variance of £2.5m and £2.0m respectively to the end of the year. Royal Devon University Healthcare NHS Foundation Trust (RDUH) reported a £2.1m overspend in month 10, much of which is offset by further income.
25. Of the total cumulative variance, additional income to offset pay costs above the plan of £10.3m has been recognised, resulting in an unfunded variance of £17.7m. The forecast indicates a £38.2m adverse expenditure, which is offset in part by additional funding receipts such as externally funded posts and packages of care which were not in place at planning stage.
26. The reported WTE is 528 above plan which is an increase of 455 WTE from Month 9 to 10. This is a combination of the impact of a delay in reporting of elements of the temporary workforce in RDUH in Month 9, recruitment of 100 additional nursing staff at RDUH and increased bank usage at UHP and TSD.

Class	Year to date (excl capitalised)			Full Year (excl capitalised)			WTE current month		
	Plan £000	Actual £000	Variance fav/(adv) £000	Full Year Plan £000	Forecast £000	Variance fav/(adv) £000	Plan wte	Actual wte (per PWR)	Variance fav/(adv)
Substantive	1,461,957	1,477,696	-15,739	1,745,587	1,768,991	-23,404	32,341	32,207	134
Bank	66,492	78,145	-11,653	77,462	92,195	-14,733	981	1,515	-534
Agency	31,800	32,461	-661	37,484	37,515	-31	399	527	-128
	1,560,249	1,588,302	-28,053	1,860,533	1,898,701	-38,168	33,721	34,249	-528

27. Trusts reported an overspent position of £0.7m against plan on agency costs at Month 10 (M9 £0.4m adverse). The forecast indicates delivery of the plan at year end (M9 £0.2m favourable).

Organisation	Agency expenditure: year to date			Forecast		
	Plan £000	Actual £000	Variance favourable / (adverse) £000	Plan for the year £000	Forecast £000	Variance favourable / (adverse) £000
Devon Partnership NHS Trust	7,380	9,110	(1,730)	8,506	10,710	(2,204)
Royal Devon University NHS FT	15,479	11,553	3,926	18,530	13,549	4,981
Torbay and South Devon NHS FT	4,890	8,227	(3,337)	5,657	9,219	(3,562)
University Hospitals Plymouth NHST	4,051	3,571	480	4,791	4,037	754
Total	31,800	32,461	(661)	37,484	37,515	(31)

28. NHSE set a system level agency cap of £51.1m (2.9% of total pay) in 2024/25. The system has planned to restrict agency costs at a lower figure of £37.5m (2.1% of pay costs). The forecast position indicates that this lower target will be delivered.

29. Further mitigations are in place through the Workforce Delivery Group (WDG) which is focused on 5 priority areas that will drive down both workforce numbers and costs. The priority areas are:
- Temporary staffing (medical and non-medical) - To improve service and workforce resource planning, such that the requirement for temporary staffing is understood, in advance, and managed. Overall shift from agency to bank to substantive.
 - Workforce Transformation - To develop a co-ordinated approach to addressing workforce needs for the present and future. To design a standardised approach to planning the workforce resource, to get the best out of a limited resource.
 - Rostering - To gain the maximum benefit from planning staff resources through rostering tools.
 - Medical Productivity - Aim to create a system wide approach to improving the administration and management of the job-planning process. Focus on “non-standard” job plan expectations, but with the understanding that this will be a long-term shift.
 - Workforce Controls - Continuation of standard good practice that has evolved in recent years, pushing down on non-standard approaches to recruiting and challenging the need for all new staff. The RSP team have concluded a workforce control audit which will be reviewed by providers to agree further actions required.
30. The Board can take satisfactory assurance that the workforce controls and priority areas will deliver the workforce cost and WTE reductions.

Capital

System Capital (CDEL)

Trust	CDEL excl IFRS16			IFRS16		
	YTD plan £000	YTD actual £000	YTD var fav/(adv)	YTD plan £000	YTD actual £000	YTD var fav/(adv)
DPT	4,288	1,575	2,713	1,955	975	980
RDUH	20,008	13,751	6,257	2,620	6,061	-3,441
TSD	13,485	10,001	3,484	4,609	240	4,369
UHP	27,522	19,036	8,486	18,605	8,750	9,855
Total	65,303	44,363	20,940	27,789	16,026	11,763

31. Year to date, providers have spent £32.7m below plan in relation to combined core and IFRS 16 system capital expenditure, this is in part due to delays whilst plans were reprioritised due to capital allocations of less than plan. This has meant the expenditure profiles have been right shifted with more expenditure weighted in the last months of the year. NHSE do not accept plan profile changes and the system continues to report against original plan profiles for consistency with central reporting. Providers remain confident that CDEL will be fully utilised by year end.

32. Additionally, focus has been on reducing IFRS16 schemes as the allocation set was at £32m below plan. A national contingency application for additional funding to bridge the residual allocation gap was submitted to NHS England and in Month 10, an additional £12.4m of funding was allocated to the system for IFRS 16.
33. In relation to core CDEL, allocations and forecasts have been increased during Month 10 at RDUH to fund specific schemes primarily relating to Nightingale theatres and laundry infrastructure.

Trust	CDEL excl IFRS16				IFRS16			
	FY allocation £000	FY plan £000	Forecast £000	Variance fav/(adv)	FY allocation £000	FY plan £000	Forecast £000	Variance fav/(adv)
DPT	6,865	6,979	6,865	114	1,501	3,354	3,208	146
RDUH	41,927	31,324	45,086	-13,762	4,503	19,204	6,163	13,041
TSD	15,101	15,371	15,102	269	2,102	6,700	3,970	2,730
UHP	31,270	31,690	31,270	420	24,261	22,706	25,000	-2,294
Total	95,163	85,364	98,323	-12,959	32,367	51,964	38,341	13,623

34. Devon providers have a total increased allocation of £127.5m for system capital in 2024/25, which includes £95.1m core system CDEL and £32.4m system IFRS 16 allocations. Against this allocation the system is forecasting a year end position of £136.7m, which at £9.1m is a reduction of £13m on Month 9 allocation overspend.
35. Providers are reporting that capital limitations are impacting operational delivery. A review of operational and clinical risks across the system around the limitations in capital over the MTFP period has been commissioned and the first draft has been reviewed. Additional analysis has been requested and a final report was shared alongside recommendations to the System Leadership Group in December 2024.

Productivity

36. The ICS has seen significant productivity improvements year to date compared to the first 8 months of 2023/24, with an improvement of 8% (M7 7.8%).
37. This is primarily driven by higher activity growth despite the negative impacts of industrial action earlier in the year. This improvement is the best in the southwest and significantly above the national improvement figure of 2.4%.

Organisation	M1-8 compared to 23/24		
	Inflated adjusted expenditure growth	Cost weighted activity growth	Implied productivity growth
Royal Devon University NHSFT	1.5%	13.2%	11.5%
Torbay and South Devon NHSFT	6.0%	4.9%	4.3%
University Hospitals Plymouth NHST	6.6%	13.0%	6.0%
Devon	3.0%	11.3%	8.0%
National	3.6%	6.1%	2.4%

Assurance and Recommendations

38. Based on the discussions held with ICS organisations and review of the financial and workforce reports from each organisation it is recommended that the overall level of assurance that the ICS will achieve the planned forecast outturn for 2024/25 as at Month 10 is as follows:

Section	Assurance	Trend from previous month
Overall assurance	Satisfactory	No change
Financial performance	Satisfactory	No change
Savings and efficiencies	Limited	No change
Financial risks	Limited	Deterioration
Workforce	Satisfactory	No change

39. The Board is asked to **AGREE** the overall assurance level relating to the financial position of the One Devon Integrated Care System of **satisfactory assurance** and that adequate plans are in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.



NHS Devon Integrated Care Board

Committee Chair's Report – Finance and Performance Committee

Date of Meeting	Date of Committee Covered in this Report
27 March 2025	12 February 2025

Chair	
Name and Title:	Martin Sykes, Independent Non-Executive Member for Finance and Performance Committee.

BAF Updates or Escalation
The Committee received a report informing it of the current position of the BAF Risks for which it had been identified as responsible for overseeing. • In consideration of the report, Committee members challenged the non-movement of residual risk scores during 2024/25 but was assured that that Executives had actively considering this and that they considered that the scores reflected the changing context in which the organisation was operating. • The Committee noted that the BAF for 2025/26 would be more clearly aligned to NHS Devon's strategic objectives articulated within its Annual Plan, as opposed to continuing to be aligned to the NHS Oversight Framework (NOF) themes. The Committee TOOK ASSURANCE from the current content of the BAF.

Risk Register Review Updates / Escalation
None



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Assurance Updates

Progress Report on the Requirements of the NHS Oversight Framework – Segment 4

The Committee **agreed** the assurance ratings relating to progress of the One Devon Integrated Care System against each of the NOF4 exit domains - limited for UEC, satisfactory for all others and **took satisfactory assurance** that adequate plans were in place to mitigate the risks relating to the delivery NOF4 exit identified in Locality Planning and Delivery Meetings, and System Leadership Group.

NHS Devon Annual Plan – Delivery Assurance

The Committee **agreed** the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives; and **noted** the proposed amendments to the NHS Devon 2024/25 Annual Plan.

Monthly Reporting

NHS Devon (ICB) Finance Report M09

The Committee **agreed** the overall assurance level relating to the financial position of NHS Devon of **satisfactory assurance** and that adequate plans were in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

One Devon (ICS) Finance Report M09

In discussion of the report, the Finance and Performance Committee noted the importance of recurrent rather than non-recurrent CIPs to deliver an improved financial position for the One Devon ICS. The Committee acknowledged the need to understand how the One Devon ICS had arrived at its current position, with a view to ensuring that lessons were learned for the development of financial plans for 2025/26.

The Committee **agreed** the overall assurance level relating to the financial position of the One Devon ICS of **satisfactory assurance** and agreed that adequate plans were in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

Other Business

Revision to ICS 2024/25 Financial Position – Board Action Update

The Committee received an oral update on the indicative approach to be taken with regard to the potential reforecast of the One Devon ICS financial position for M10. This was being proposed in order to support system partners with winter pressures.

The Committee **noted** the update provided in respect of the potential revision to the 2024/25 ICS financial position.

NHS Devon 2025/26 Annual Plan

The Committee **noted** the oral update provided on the development of the 2025/26 Annual Plan, including the Operational Plan.

One Devon Finance Shared Service Business Case

The Committee considered the draft One Devon Finance Shared Service Business Case. It **agreed** to recommend to the Board that a single financial and procurement system should be implemented through a Digital Partnership with NHS Shared Business Services. It **agreed** to recommend to the Board that whilst the principle of a One Devon Finance Shared Service should be supported, more information was needed to fully understand what was proposed.

Committee Effectiveness Review 2024/25

The Committee **noted** the content of the report which detailed the outcomes of a self-assessment of its own performance against its annual programme of business, membership and Terms of Reference.

Closing Business

Forward Plan

The Committee **noted** the draft workplan for March 2025 and **noted** that the workplan for 2025/26 would be presented at its next meeting.

Committee Decisions

None

Escalation to the Board – For Information

- Whilst the principle of a One Devon Finance Shared Service was supported by the Finance and Performance Committee, more information was needed to fully understand what was being proposed.
- The importance of recurrent rather than non-recurrent CIPs to deliver an improved financial position for the One Devon ICS.
- The need for the Finance and Performance Committee to consider the detailed financial plan for 2025/26 in addition to the Board Development Session on 27 February 2025.

Escalation to the Board – For Action

None

Recommendations for the Board
The Finance and Performance Committee recommends that the NHS Devon Board approves implementation of a single financial and procurement system through a Digital Partnership with NHS Shared Business Services.
Recommendations for Other Committees
None
Terms of Reference or Other Committee Effectiveness Issues
None

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.



NHS Devon Integrated Care Board

Committee Chair's Report – Finance and Performance Committee

Date of Meeting	Date of Committee Covered in this Report
27 March 2025	12 March 2025

Chair	
Name and Title:	Martin Sykes, Independent Non-Executive Member for Finance and Performance Committee.

BAF Updates or Escalation
The Committee received a report informing them of the current position of the BAF Risks for which it had been identified as responsible for overseeing. In consideration of the report, the Committee noted that the position remained static which was an issue but reflective of the emphasis that NHS Devon had to give to so many other things at this point in the financial year. The Committee noted that the BAF for 2025/26 would be more clearly aligned to NHS Devon’s strategic objectives articulated within its Annual Plan and that a report would be presented to the NHS Devon Board at the end of March 2025 outlining the proposed approach for this. The Committee TOOK ASSURANCE from the current content of the BAF.

Risk Register Review Updates / Escalation
None



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Assurance Updates

Progress Report on the Requirements of the NHS Oversight Framework – Segment 4

In discussion of the paper, the Committee raised concerns about the underlying financial position and how this might impact the system's exit from NOF4 and moving forward into next year. In addition, it also acknowledged that the underlying run rate and Whole Time Equivalents (WTEs) were still risks in the finances. There is also still a risk around Urgent and Emergency Care (UEC).

The Committee briefly discussed the new Improvement and Assessment Framework that was likely to be replacing the NOF at the start of 2025/26 or shortly thereafter.

The Committee **agreed** the assurance ratings relating to achievement of each of the NOF4 exit criteria by the One Devon Integrated Care System of **limited for UEC, satisfactory for all others** but caveated this with the fact that it was concerned about the underlying financial position and how that might affect our exit from NOF4 and moving forward into next year.

The Committee **took satisfactory assurance** that adequate plans were in place to mitigate the risks relating to the delivery NOF4 exit identified in Locality Planning and Delivery Meetings and System Leadership Group but acknowledged that the underlying run rate and WTEs were still risks in the finances and that there was still a risk around UEC.

NHS Devon Annual Plan – Delivery Assurance

The Committee **agreed** the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives; and **noted** the proposed amendments to the NHS Devon 2024/25 Annual Plan.

Monthly Reporting

NHS Devon (ICB) Finance Report M10

The Committee **took assurance** from the information provided with regard to the NHS Devon financial position as at the period ended 31 January 2025.

One Devon (ICS) Finance Report M10

In discussion of the report, the Finance and Performance Committee noted the importance of recurrent rather than non-recurrent CIPs to deliver an improved financial position for the One Devon ICS. The Committee acknowledged the need to understand how the One Devon ICS had arrived at its current position, with a view to ensuring that lessons were learned for the development of financial plans for 2025/26. Concerns were raised in respect of workforce controls and on the drift that was seen on WTEs.

A discussion took place in relation to changes to the way in which productivity would be calculated and reported in the new financial year and as a result of this, the Committee agreed to do some further work in early 2025/26 to understand the productivity measure and what it was measuring.

The Committee **agreed** the overall assurance level relating to the financial position of the One Devon Integrated Care System of **satisfactory** and that adequate plans are in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

Other Business

Revision to ICS 2024/25 Financial Position

The Committee **took assurance** from the proposed approach to changing the forecast position and **noted** that the update would be made in Month 11 reporting, subject to the approval of the NHS Devon Chair and the Chief Executive Officer. A final decision was expected to be made during week commencing 17 March 2025.

Financial Plan 2025/26: Assurance Requirements

The Committee had started discussions on the assurance that it and the NHS Devon Board would need in 2025/26 regarding financial plans; these included the need to understand the underlying position and to identify and take appropriate action(s) during the year, the need to be forward looking in terms of the underlying financial position, the need for triangulation between activity, workforce and finance, the need to understand the pace of change at which decisions would need to be made, robustness of CIP programmes, the need for a rolling programme of CIPs and the need for demand management.

Development of the NHS Devon Annual Plan 2025/26

In discussion of the NHS Devon Annual Plan 2025/25, the Committee recognised that there was a real opportunity to work more closely with the Quality and Patient Experience Committee in order to gain assurance on delivery of priorities that had a finance and performance focus. One suggestion was to hold some joint meetings during the year.

The Committee **noted** progress and next steps in relation to the development of the 2025/26 NHS Devon Annual Plan.

Closing Business

Forward Plan

The Committee **approved** its workplan for the 2025/26 financial year, recognising that it would be amended during the year to incorporate new items as appropriate.

Committee Decisions

The Finance and Performance Committee took the following decision(s):

- Approved the 2025/26 Finance and Performance Workplan.

Escalation to the Board – For Information

- Concerns around the underlying financial position and how that might affect the system's exit from NOF4 and moving into 2025/26.
- The underlying run rate and WTEs were still risks in the finances and there was still a risk around UEC.
- Concerns in respect of workforce controls and drift on WTEs.
- Discussions had started in respect of the assurance that the Finance and Performance Committee and the NHS Devon Board would need in respect of the 2025/26 financial plan.

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

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.

NHS Devon Integrated Care Board

Board Assurance Framework

Date of Meeting		Date Report Produced	
27 March 2025		27 February 2025	
Author(s)		Report Approved By	
Name and title:	Victoria Williams Senior Governance & Assurance Specialist, NHS Devon	Name and title:	Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer, NHS Devon
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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
This paper provides the NHS Devon Integrated Care Board with an update on the high-level strategic risks that might impact on the achievement of NHS Devon’s strategic objectives in the current financial year.

Committees that have previously discussed / agreed the report, and outcomes of that discussion
The NHS Devon Executive reviewed the report at its meeting on 04 March 2025. The Population Health Improvement Committee, the Finance and Performance Committee and the Quality and Patient Experience Committee reviewed extracts of this report at their meetings on 12 and 13 March 2025 respectively.



Key recommendations and actions requested

APPROVE the latest iteration of the 2024/25 BAF risks to achieving the strategic objectives of NHS Devon.

Impact on NHS Devon Objectives

Objective	Impact
Improve Population Health	Impacts on all of these areas.
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	Risk management systems and processes do not in themselves present any quality or safety implications. They capture and report the risks relating to population health outcomes and patient experience in the One Devon Integrated Care System, in order to ensure that they are appropriately mitigated / controlled.
Health Inequalities	None
Workforce	None
Resources and Finance	Risk management systems and processes do not present in themselves any financial implications. They capture and report the strategic financial risks faced by NHS Devon in order to ensure that they are appropriately mitigated / controlled.
Legal	Sound control and assurance mechanisms, including risk management systems are an essential component of internal control processes. NHS organisations are required to sign an annual governance statement to provide reasonable assurance that they have been properly informed about the totality of their risks and can evidence that they have identified the organisational objectives and managed the principal risks to them. There is a mandatory annual internal audit review into aspects of risk management and the BAF each year.

Digital and Data	None
Engagement and Consultation	This is an internal control process, and no patient engagement has taken place with respect to it.



Board Assurance Framework

Introduction and Background

1. NHS Devon is required to prepare public statements to confirm that it has done its reasonable best to maintain a sound system of internal control to manage the risks to achieving its objectives. This is achieved by the Chief Executive providing a signed Annual Governance Statement, which covers the risk management and review processes within the organisation. The evidence to support this Statement is supported by the Board Assurance Framework, referred to hereafter as the BAF.
2. NHS Devon's BAF is based upon the identification of its strategic objectives (in essence, its strategic aims and goals), the principal risks to delivering them, the key controls to minimise these risks, with the key assurances of these controls identified. These are monitored by the NHS Devon Executive to resolve issues or concerns and to improve control mechanisms and overseen by Board Committees.

BAF Approach for 2024/25

Greater alignment to NHS Oversight Framework

3. At its meeting on 26 March 2024, the Board agreed a new approach to the BAF for the 2024/25 financial year, closely aligning it to the six themes as set out in the NHS Oversight Framework:
 - Quality of Care, Access and Outcomes;
 - Preventing Ill-health and Reducing Inequalities;
 - Finance and Use of Resources;
 - People;
 - Leadership and Capability; and
 - Local Strategic Priorities.
4. In addition, the Board also agreed the following BAF risks, covering five out of the six themes set out in the NHS Oversight Framework:

Quality of Care, Access and Outcomes

If NHS Devon does not work with system partners to deliver NHS service performance for '*All Age*' services in line with national standards and quality requirements, **then** we will fail to deliver on one of our key statutory purposes

(improve outcomes in population health and healthcare), **resulting in** patients across the One Devon Integrated Care System not receiving the services that they need.

Preventing Ill-health and Reducing Inequalities

If NHS Devon is unable to embed a focus on population health management across all of its *‘All Age’ services* and activities and those of its partners, **then** we will fail to deliver on of our key statutory purposes (tackle inequalities in outcomes, experience, and access), **resulting in** patients across the One Devon Integrated Care System potentially continuing to suffer health inequalities.

Finance and Use of Resources

If NHS Devon does not work with system partners to deliver financial recovery plans, **then** we will fail to deliver on one of our key statutory purposes (enhance productivity and value for money), **resulting in** patients across the One Devon Integrated Care System potentially not receiving the services that they need.

People

If NHS Devon does not work with system partners to ensure an appropriate NHS workforce, **then** we will not be appropriately resourced to deliver safe and effective services, **resulting in** patients across the One Devon Integrated Care System not receiving the services that they need.

Leadership and Capability

If NHS Devon does not sufficiently develop its own leadership capability and that within system partners (particularly clinical leadership), **then** we will fail to deliver transformational change in relation to service delivery, **resulting in** patients across the One Devon Integrated Care System not receiving the services that they need.

Local Strategic Priorities

No BAF risk has yet been identified in relation to this theme. This will be kept under review during the 2024/25 financial year and a BAF risk added if and when it is deemed appropriate.

Key Headings within the BAF

5. The following table summarises the key headings within the 2024/25 BAF:

Main BAF Headings	Explanation of BAF Headings
NHS Oversight Framework Themes	The NHS Oversight Framework consists of 6 themes: Quality of Care, Access and Outcomes; Preventing Ill-health and Reducing Health Inequalities; Finance and Use of Resources; People; Leadership and Capability; and Local Strategic Priorities.
Principal Risks	The key risks that NHS Devon perceives to achieving its strategic objectives / priorities.
Risk Appetite and Risk Tolerance	The amount and type of risk that NHS Devon is prepared to pursue, retain or take in pursuit of its strategic aims / objectives / priorities.



Main BAF Headings	Explanation of BAF Headings
Inherent Risk Score	The rating assigned to a risk before any mitigations / controls are applied. The likelihood and impact of the risk if it were to be left untreated.
Current Residual Risk Score	The rating assigned to a risk before any mitigations / controls are applied. The likelihood and impact of the risk taking into account the mitigations / controls applied to it.
Current Key Controls	The controls or systems in place that help to prevent the risk from materialising.
Current Key Control Gaps	Where controls or systems are not in place.
Current Assurances	Sources of information (usually documented) which provide evidence that the identified controls are in place and operating effectively.
Current Assurance Gaps	Where there is insufficient evidence that controls are in place and operating effectively.
Mitigating Actions	Actions identified to address the control gaps and assurance gaps.

6. In addition to the above, NHS Devon's BAF also assigns risks to Board Committees to ensure oversight of Executives' management of each of the identified risks.

Risk Appetite Statement for 2024/25

7. Risk appetite is defined as 'the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic objectives' and is key to achieving effective risk management. It represents a balance between the potential benefits of innovation and the threats that change, and improvement inevitably bring. It should be at the heart of the systems and processes in place to manage risk within NHS Devon, as well as how decisions are taken.
8. Following agreement by the NHS Devon Board of the BAF risks for the 2024/25 financial year, it was asked to articulate its risk appetite in relation to each of the four statutory purposes of ICBs, using the following Corporate Governance Institute Framework:

Avoid	Avoidance of risk and uncertainty is a key organisational objective
Minimal	(ALARP) (as little as reasonably possible). Preference for ultra-safe delivery options that have a low degree of inherent risk and only limited reward potential
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward and Value for Money (VfM)
Seek	Eager to be innovative and choose options offering potentially higher business rewards despite greater inherent risk
Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust

9. The agreed risk appetite, that is, the levels and types of risk that the Board is prepared to accept (and not accept) in pursuance of the strategic goals of NHS Devon, will be used to inform the agendas for meetings of the Board and its Committees in 2024/25, as well as to ensure that the mitigations controls being put in place for risks are appropriate.
10. The Board was asked to set specific limits for the levels of risk that NHS Devon is able to tolerate in the pursuit of its strategic aims and objectives.
11. Set out below is the risk appetite statement that was agreed by the Board for the 2024/25 financial year:

NHS Oversight Framework Theme	Risk Appetite	Tolerance Level for Residual Risk
Quality of Care, Access and Outcomes	AVOID	8-12
Preventing Ill-health and Reducing Inequalities	AVOID	8-12
Finance and Use of Resources	OPEN	15
People	SEEK	20-25
Leadership & Capability	SEEK	20-25
Local Strategic Priorities	OPEN	15

12. Each NHS Oversight Framework theme has been allocated to a Board Assurance Committee, which will then receive information about the most significant risks aligned to that statutory purpose.
13. Following the first iteration of the BAF in April 2024, it has become clear that as well as being responsible for providing the Board with assurance with regard to the Finance and Use of Resources and the People BAF risks, the Finance and Performance Committee also needs to have oversight of the actions in relation to the Quality of Care, Access and Outcomes BAF risk. As from June 2024, reports to this Committee also include details in relation to this BAF risk.
14. As discussed at the Board meeting on 30 May 2024, the Risk Appetite Statement should be guiding views as to the actions that are, or are not taken by the Board. Discussions around risk appetite and tolerance will be developed alongside the content of the BAF during the 2024/25 financial year.

Current Risk Position

15. Updates by Chief Officers / Director Leads for individual BAF risks at this latest iteration, have been via High Light Report submissions . The details for each risk are attached at **Annex A** and the scoring methodology at **Annex B** of this report.
16. The table below provides a high-level summary of the current risk position for the 5 strategic risks for the current financial year:



Committee Abbreviations		Key - Movement in Risk Scores		
ExCo	Executive	↑	↔	↓
QPEC	Quality and Patient Experience Committee	Increased	No Change	Decreased
FPC	Finance and Performance Committee			
PHIC	Population Health Improvement Committee			
ODC	Organisational Development Committee			

			Historical and Current Risk Scores									
NHS Oversight Framework Theme – Risk Entry	Board Committee	Inherent Risk Score	April 2024 Residual Risk Score	June 2024 Residual Risk Score	August 2024 Residual Risk Score	October 2024 Residual Risk Score	December 2024 Residual Risk Score	January 2025 Residual Risk Score	Risk Movement (Residual Risk Score)	Risk Appetite	Target / Tolerance Level (Residual Risk Score)	Last Reviewed
1. Quality of Care, Access and Outcomes	QPEC & FPC	25	12	12	12	12	12	12	↔	AVOID	8 - 12	Feb-25
2. Preventing Ill-health and Reducing Health Inequalities	PHIC	25	12	16	16	16	16	16	↔	AVOID	8 - 12	Feb-25
3. Finance and Use of Resources	FPC	20	12	12	12	12	12	12	↔	OPEN	15	Feb-25
4. People	PODC & FPC	20	12	12	12	12	12	12	↔	SEEK	20 - 25	Feb-25
5. Leadership and Capability	EXCO	20	16	12	12	12	12	12	↔	SEEK	20 - 25	Feb-25

Heat Map Showing Current Risk Scores

17. The heatmap provides a comprehensive view of the likelihood and impact of NHS Devon's strategic risks. It shows that of the five BAF risks, four are within or below the agreed target / tolerance level in terms of their residual risk score. One risk has a residual risk rating in excess of the target / tolerance level.

Board Assurance Framework Heatmap – Status as at February 2025:

NHS Oversight Framework Theme - Risk Entry	Chief Officer	Assigned Board Committee	Risk Appetite	1-3	4-6	8	9	10	12	15	16	20	25
1. Quality of Care, Access and Outcomes	CNO	QPEC & FPC	AVOID										
2. Preventing Ill-health and Reducing Health Inequalities	CMO	PHIC	AVOID										
3. Finance and Use of Resources	CFO	FPC	OPEN										
4. People	CPO	PODC & FPC	SEEK										
5. Leadership and Capability	CCA & CO	EXCO	SEEK										

Chief Officer Abbreviations:	
CNO	Chief Nursing Officer
CMO	Chief Medical Officer
CFO	Chief Finance Officer
CPO	Chief People Officer
CCA&CO	Chief Corporate Affairs & Communications Officer

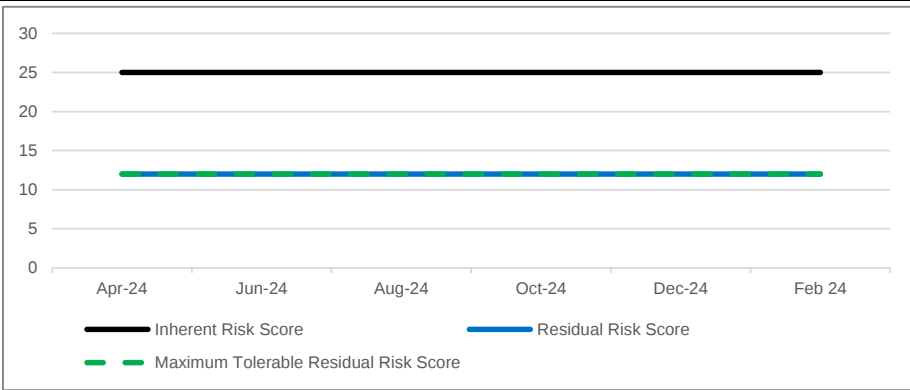
Key – Risk Score Symbols and Shapes	
	Tolerance Level – Residual Risk
	Current Residual Risk Score

Conclusion

18. The Board is asked to **APPROVE** the latest iteration of the 2024/25 BAF risks to achieving the strategic objectives of NHS Devon.



Annex A

NHS Oversight Framework Theme		Chief Officer		Assigned Board Committee		Review Date	
1. Quality of Care, Access and Outcomes		Penny Smith - Chief Nursing Officer		Quality & Patient Experience Committee; and Finance & Performance Committee		February 2025	
Principal Risk							
IF NHS Devon does not work with system partners to deliver NHS service performance for 'All Age' services in line with national standards and quality requirements, THEN we will fail to deliver on one of our key statutory purposes (improve outcomes in population health and healthcare), RESULTING IN patients across the One Devon Integrated Care System not receiving the services that they need.							
Risk Appetite		AVOID	Risk Tolerance		8 - 12		
Risk Scoring	Likelihood	Impact	Total	Movement			
Inherent Risk Score	5	5	25	-			
Current Residual Risk Score	3	4	12	↔			
Rationale for Amendment to Residual Risk Score:							
N/A							
							
Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)			In Place?	Current Key Control Gaps			
1.	Quality Strategy in place articulating current and future ambitions for delivering high quality healthcare aligned to national standards, in line with the needs of the Devon population.		Not in Place	CG1	Quality Strategy needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.		
2.	Quality Management System (QMS) in place to support delivery of high quality healthcare.		Partially	CG2	QMS – monitoring systems need refinement to include improved visibility of system risks where NHS Devon oversight is required.		
3.	2024/25 Annual Plan priorities agreed and delivery plan in place to ensure achievement of these.		Partially	CG3	2024/25 Annual Plan priorities agreed by the Board at its meeting on 30 May 2024; final iteration approved by the Board on 25 July 2024. Ongoing development / changes to be approved by the Board throughout 2024/25.		
4.	NHSE Quality and Accountability Framework implementation.		Fully				

Annex A

5.	Equality and Quality Impact Assessment (EQIA) framework in place to help inform commissioning decision-making processes, business cases, projects and other business plans.	Fully			
6.	Mental Health Strategy in place to ensure delivery of high quality, safe, effective and well commissioned Mental Health Services. This is supported by a Delivery Plan.	Partially		CG6	Mental Health Strategy and Delivery Plan needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.
7.	Dementia Strategy in place to ensure high quality, safe and effective delivery of Dementia Services. This is supported by a Delivery Plan.	Partially		CG7	Dementia Strategy and Delivery Plan needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.
8.	Eating Disorders and Disordered Eating Strategy in place to ensure high quality, safe and effective delivery of Eating Disorders and Disordered Eating Services. This is supported by a Delivery Plan.	Partially		CG8	Eating Disorders and Disordered Eating Strategy and Delivery Plan needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.
9.	LD & Neurodiversity Services Strategy in place to ensure high quality, safe and effective delivery of LD & Neurodiversity Services. This is supported by a Delivery Plan.	Partially		CG9	LD & Neurodiversity Services Strategy and Delivery Plan needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.
10.	Sustainable Acute Hospital Service Delivery Strategy - The system has a clear strategy for sustainable acute hospital service delivery in the long-term.	Partially		CG10	Sustainable Acute Hospital Service Delivery Strategy – NHS Devon needs to ensure that the system has a clear strategy for sustainable hospital service delivery in the long-term.
11.	Fulfilling Operational Plan Requirements, NOF4 and National Standards as set by NHSE.	Partially		CG11	Operational Plan Requirements, NOF4 and National Standards – Trajectories need to be put in place as not currently addressing Operational Plan requirements and complying with national standards.
12.	Urgent and Emergency Care (UEC) Strategy and Policy has been fully and appropriately implemented.	Partially		CG12	Urgent and Emergency Care (UEC) Strategy and Policy needs to be fully and appropriately implemented.
13.	GIRFT is an enabler to delivery of the Elective Care and UEC strategies.	Partially		CG13	GIRFT – Implementation of the GIRFT programme / recommendations to reduce unwarranted variations in services and practices to bring about higher-quality care in hospitals, at lower cost.
14.	Specialised Commissioning – There is a clearly defined and agreed approach in place for the formal delegation of specialised commissioning functions from NHSE to NHS Devon.	Partially		CG14	Specialised Commissioning – Clarification is needed about the approach to formal delegation of specialised commissioning functions from NHSE to NHS Devon.
15.	Levelling Up Services Across Devon – There are consistent service level provided across the One Devon ICS.	Partially		CG15	Levelling Up Services Across Devon - Certain services require amendment to ensure that a consistent service level is provided across the One Devon ICS.
16.	Fulfilling statutory obligations under Working Together Safeguarding Children (2023) and the Care Act (2014) .	Partially		CG16	Working Together Safeguarding Children (2023) and the Care Act (2014) – need to ensure full implementation of the Joint Targeted Area Inspection Plan (JTAI).

Annex A

17.	Fully functional CHC Function in place to deliver NHS Devon's statutory responsibilities in relation to this service, to deliver value and improve efficiency.	Partially		CG17	CHC Function – Organisational change, Phase 2.2 (CHC) requires completion, including the need to recruit to key business critical posts. Digital business case requires discussion at DIG.
18.	There is a clear strategy and plan in place for the system to enable successful delivery and exit from the national Maternity Safety Improvement Programme .	Partially		CG18	Maternity Safety Improvement Programme – action plan needs to be fully implemented in order to enable successful delivery and exit from the programme.
19.	Fulfilling Special Educational Needs and Disabilities (SEND) and Wider National Requirements .	Partially		CG19	(SEND) and Wider National Requirements - Trajectories need to be put in place as not currently addressing SEND requirements and complying with national standards.
20.	Effective commissioning of Child and Adolescent Mental Health Services (CAMHS) is in place across the One Devon system.	Partially		CG20	CAMHS – There is potentially a lack of effective commissioned intermediate care across the One Devon system to meet the need of children and young people (under 18).
Current Assurances (how do we know that the controls in place are working effectively?)				Current Assurance Gaps	
1.	System Quality Group (SQG) in place focused on enabling quality improvement across the One Devon Integrated Care System.				
2.	Quality & Patient Experience Committee (QPEC) in place providing oversight and assurance to the NHS Devon Integrated Care Board that it is delivering its functions in a way that secures continuous improvement in the quality of services.			AG2	QPEC forward plan needs to be informed by 2024/25 Annual Plan priorities once approved.
3.	Quality Report is received by the NHS Devon Executive, QPEC and the NHS Devon Board at agreed intervals throughout the year.				
4.	Provider Quality Committees are in place and attended by representatives of NHS Devon, ensuring that providers have appropriate assurance and oversight mechanisms with regard to quality.				
5.	National and NOF4 Reporting Requirements ensure that all partners within the One Devon Integrated Care System provide assurance about quality metrics to appropriate national bodies.				
6.	System planning and delivery assurance structures are clear and in place to ensure oversight of key risks and issues.				
Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)		Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')
CG1: Quality Strategy needs to be developed.		CNO	Start of Q1 2025/26	Not Yet Due	N/A
CG2: Quality Management System Improvement Process Implementation (<i>Annual Plan Ref. CNO 001</i>)		John Trevains	End Q4 2024/25	Fully Assured	N/A

Annex A

CG3: 2024/25 Annual Plan to be approved by the Board (Annual Plan Ref. DECO 001)	Sam Wadham-Sharpe	Start Q2 2024/25 / Ongoing	Fully Assured	N/A
CG6: Perinatal Mental Health (Annual Plan Ref. CMO 002)	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: Transformed Models of Community Mental Services (Annual Plan Ref. CMO 003)	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: Adults and Older Adults with Severe Mental Illness and Support with Health and Social Care Needs (Annual Plan Ref. CMO 004)	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: Mental Health Crisis and access to necessary help without the need to visit A&E (Annual Plan Ref. CMO 005)	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: High Quality, Safe, Effective and Well Led Commissioned Mental Health Services (Annual Plan Ref. CMO 013)	CMO	End Q4 2024/25	Fully Assured	N/A
CG7: More timely Dementia Diagnosis (Annual Plan Ref. CMO 008)	CMO	End Q4 2024/25	Partially Assured	Partial assurance but improving and well versed. As of December 2024 the estimated diagnosis rate is 58.8%, the national average is 65.6%. This is an improvement from December 2023 position which was 57.7%. January 2025 position not yet available.
CG7: Development of a Devon Health and Social Care Dementia Strategy (Annual Plan Ref. CMO 009)	CMO	End Q4 2024/25	Fully Assured	N/A
CG8: Develop alternative Community Physical Health Monitoring Services for eating disorder patients (Annual Plan Ref. CMO 011) NB: Previously aligned to BAF Risk 2 (Preventing Ill-health and Reducing Inequalities)	CMO	End Q2 2024/25	Fully Assured	N/A
CG9: Reliance on Mental Health Inpatient Care (LDA) (Annual Plan Ref. CMO 017) NB: Moved from BAF Risk 2 (Preventing Ill-health and Reducing Inequalities)	CMO	Ongoing (Previously End Q3 2024/25)	Partially Assured	Over target, counting currency changed, now including ASC on Acute MH wards. We have reduced numbers this reporting period.
CG9: Test and implement improvements in Autism Diagnostic Assessment Pathways (Annual Plan Ref. CMO 018) NB: Moved from BAF Risk 2 (Preventing Ill-health and Reducing Inequalities)	CMO	Ongoing (Previously End Q3 2024/25)	Fully Assured	N/A
CG9: Develop Governance and Due Diligence with Contracting for the ADHD Patient Choice Pathway (Annual Plan Ref. CMO 023)	CMO	End Q4 2024/25	Fully Assured	N/A
CG9: ADHD Pathway and Models of Care (Annual Plan Ref. CMO 024)	CMO	End Q4 2024/25	Fully Assured	N/A
CG9: Oliver McGowen Mandatory Training (OMMT) (Annual Plan Ref. CMO 025)	CMO	End Q4 2024/25	Fully Assured	N/A

Annex A

CG10: Stabilisation of Fragile Acute Services (Annual Plan Ref. CMO 042)	CMO	Start Q1 2025/26 (Previously End Q3 2024/25)	Fully Assured	N/A
CG11: Hospital Admissions (Adults and Older Adults) Mental Health (Annual Plan Ref. CMO 001)	CMO	End Q4 2024/25	Fully Assured	
CG11: Clinical Pharmacy Services Expansion (Annual Plan Ref. COO 001)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Improve Access to Primary Care Facilities to enhance patient experience (Annual Plan Ref. DCEO 009)	DCEO	Ongoing	Fully Assured	N/A
CG11: Plan for Recovery and Reform of NHS Dentistry (Annual Plan Ref. COO 002)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Integrated Approach to Care and Support (Annual Plan Ref. COO 003)	Deputy COO	-	Partially Assured	This objective will remain partially assured for the remainder of the 2024/25 financial year.
CG11: Implement Personalised Care across integrated teams (Annual Plan Ref. COO 004)	Deputy COO	-	Partially Assured	This objective will remain partially assured for the remainder of the 2024/25. Work is happening across Devon, for example, EoL and Frailty in place as part of the wider plan and Dementia sits within the mental health workstream with a primary care element.
CG11: Expand and invoke the Independent Prescribing Programme (IP) (Annual Plan Ref. COO 005)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Improve the sustainability of General Practice Sustainability (Annual Plan Ref. COO 006)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: A&E Response Times (Annual Plan Ref. COO 009)	Deputy COO	End Q4 2024/25	Partially Assured	Off track and partially assured . Unlikely to be met and will remain partially assured for the remainder of the 2024/25 financial year. A&E performance remains volatile and despite seeing marginal improvements overall, this has proven difficult to sustain.
CG11: Category 2 Ambulance Response Times (Annual Plan Ref. COO 010)	Deputy COO	End Q4 2024/25	Partially Assured	Off track and partially assured . Unlikely to be met and will remain partial for the remainder of the 2024/25 financial year.
CG11: Eliminate Elective Care Waits >65 weeks (Annual Plan Ref. COO 021)	Deputy COO	End Q4 2024/25	Partially Assured	Mitigations in place. Partially assured as we are slightly behind the initial plan but on a downward trend. All actions at an ICB level are in place; remaining recovery actions sit with providers.
CG11: Delivery or exceed System Specific Activity Targets (Annual Plan Ref. COO 022)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Outpatient Attendances (Annual Plan Ref. COO 023)	Deputy COO	End Q4 2024/25	Partially Assured	Off track but the position is recoverable. System – 40.2% as at January 2025.
CG11: Improve Patient Experience of Choice at Point of Referral (Annual Plan Ref. COO 024)	Deputy COO	End Q4 2024/25	Fully Assured	N/A

Annex A

CG11: Improve performance against 62 Day Cancer Treatment Standard (<i>Annual Plan Ref. COO 025</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Increase Cancer Diagnosis % (<i>Annual Plan Ref. COO 026</i>)	Deputy COO	No Fixed Milestones Set	Fully Assured	N/A
CG11: Increase Diagnostic Tests % (<i>Annual Plan Ref. COO 027</i>)	Deputy COO	End Q4 2024/25	Partially Assured	November 2024 position is: System (73.8%), RDUH (69.4%), TSD (66.8%) and UHP (86.5%). Refreshed data has been delayed due to SUS availability.
CG11: Improve Patient and List Management (<i>Annual Plan Ref. COO 028</i>)	Deputy COO	Ongoing (Monitor and Mitigate Against Any Deviation from Plan)	Partially Assured	Off track but improving. Significant improvements in validation volumes at TSDFT and RDUH. NHS Devon now at 75% of 12ww validated (against a target of 90%).
CG11: Appropriateness of Referrals to Secondary Care (<i>Annual Plan Ref. COO 031</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Increase Diagnostic Capacity (<i>Annual Plan Ref. COO 033</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Complete Contract Reviews (<i>Annual Plan Ref. COO 034</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Reduce Children and Young People Long Waits (<i>Annual Plan Ref. CNO 007</i>)	CNO	End Q4 2024/25	Fully Assured	N/A
CG12: Standardise UTC Provision Across Devon (<i>Annual Plan Ref. COO 011</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Establishment and Delivery of a Care Coordination Hub (<i>Annual Plan Ref. COO 012</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Standardise Same Day Emergency Care (SDEC) across One Devon (<i>Annual Plan Ref. COO 013</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Consistent delivery of Virtual Wards across Devon (<i>Annual Plan Ref. COO 014</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Implementation of Acute Frailty Services across the 4 acute trusts (<i>Annual Plan Ref. COO 015</i>)	Deputy COO	End Q4 2024/25	Partially Assured	Rapid assessment of progress against service specifications have identified gaps. Working with COO and team to agree what can and cannot be achieved.
CG12: Standardise Urgent Community Response (UCR) operations (<i>Annual Plan Ref. COO 016</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Establish consistent proactive clinical care in Care Homes (<i>Annual Plan Ref. COO 017</i>)	Deputy COO	End Q4 2024/25	Partially Assured	Rapid assessment of progress against service specifications have identified gaps. Working with COO and team to agree what can and cannot be achieved.
CG12: Reduce Acute Bed Occupancy and Length of Stay (<i>Annual Plan Ref. COO 018</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Children and Young People Inclusion in UEC Recovery Plans (<i>Annual Plan Ref. COO 019</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A

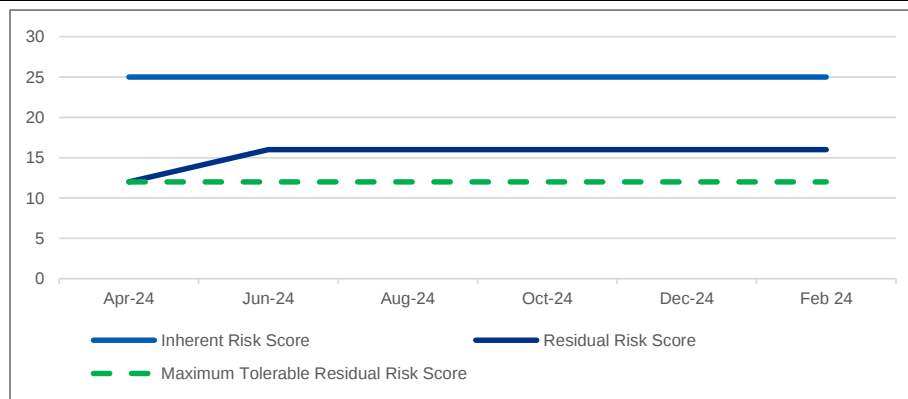
Annex A

CG12: Expand and develop High Intensity User (HIU) Services (<i>Annual Plan Ref. CMO 032</i>)	CMO	End Q4 2024/25	Limited Assurance	This will need to form part of the ongoing conversations about service provision for 2025/26.
CG13: Theatre Utilisation using GIRFT (<i>Annual Plan Ref. COO 030</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG14: Specialised Commissioning (<i>Annual Plan Ref. COO 035</i>)	Deputy COO	Not Stated	Fully Assured	N/A
CG15: Review of Neurology Headache Clinics (<i>Annual Plan Ref. COO 032</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG16: Safeguarding Improvement – Working Together Safeguard Children (2023) and The Care Act (2014) (<i>Annual Plan Ref. CNO 002</i>)	CNO	End Q4 2024/25	Partially Assured	"360" degree survey to be shared with ICB safeguarding partners . Feedback analysed and report for QPEC. Learning from feedback to inform 2025/26 plan. All other elements are on track.
CG17: Review and enhance the Continuing Health Care (CHC) Function (<i>Annual Plan Ref. CNO 003</i>)	CNO	End Q4 2024/25	Fully Assured	N/A
CG18: System collaboration and implementation of Maternity, Neonatal and Women's Health (3 Year Delivery Plan) (<i>Annual Plan Ref. CNO 004</i>)	CNO	End Q4 2024/25	Fully Assured	N/A
CG18: System collaboration and implementation of 10 Year National Women's Health Strategy (<i>Annual Plan Ref. CNO 005</i>)	CNO	End Q4 2024/25	Fully Assured	N/A
CG19: Implementation of Neurodiversity Offer for Children and Families (<i>Annual Plan Ref. CNO 008</i>)	CNO	End Q4 2024/25	Fully Assured	N/A
CG19: Improve outcomes for Children and Young People with Long Term Conditions (<i>Annual Plan Ref. CNO 009</i>)	CNO	End Q4 2024/25	Fully Assured	N/A
CG19: Prioritise the Special Education Needs and Disabilities (SEND) of children and young families across the Devon ICS (<i>Annual Plan Ref. CNO 010</i>)	CNO	End Q4 2024/25	Partially Assured	Objective will need to continue be delivered in 2025/26. Local offer videos are currently on hold due to capacity within the ICB but due to be completed by end March 2025. Details of sub actions and reasons are largely due to re prioritisation and capacity.
CG19: Support Children and Young People Community Services Recovery (<i>Annual Plan Ref. CNO 011</i>)	CNO	-	Partially Assured	This objective has been noted as delayed due to issues with funding of the advice line. This will not be completed within 2024/25 and so will continue into 2025/26.
CG20: Children and Young People's Timely, Co-ordinated Access to NHS Funded Mental Health Support, and Treatment (<i>Annual Plan Ref. CMO 010</i>)	CMO	End Q4 2024/25	Fully Assured	N/A
AG2: QPEC forward plan to be informed by 2024/25 Annual Plan.	CCCAO	End Q2 2024/25	Partially Assured	-

Annex A

NHS Oversight Framework Theme		Chief Officer	Assigned Board Committee		Review Date
2. Preventing Ill-Health and Reducing Inequalities		Chief Medical Officer	Population Health Improvement Committee		February 2025
Principal Risk					
IF NHS Devon is unable to embed a focus on population health management across all of its 'All Age' services and activities and those of its partners, THEN we will fail to deliver on our key statutory purposes (improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, and help the NHS support broader social and economic development) RESULTING IN patients across the One Devon Integrated Care System potentially continuing to suffer health inequalities.					
Risk Appetite	AVOID	Risk Tolerance	8 - 12		
Risk Scoring	Likelihood	Impact	Total	Movement	
Inherent Risk Score	5	5	25	-	
Current Residual Risk Score	4	4	16	↔	
Rationale for Amendment to Residual Risk Score:					
N/A					
Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)			In Place?	Current Key Control Gaps	
1.	Population Health Objectives are set out within the Joint Forward Plan (JFP).		Fully		
2.	Funding for Population Health agreed at a level that enables a full programme of work to be established.		Not in Place	CG1	Funding for Population Health agreed but at a significantly reduced level (£3.7m from national Health Inequalities budget has been put in bottom line).
3.	Population Health Programme of Work agreed and in place in line with available funding.		Not in Place	CG2	Population Health Programme of Work – 2024/25 Annual Plan priorities have been agreed in principle, but the reduction in funding means that they are not fully resourced.
4.	Quality and Equality Impact Assessments (QEIAs) in place to help inform commissioning decision-making processes, business cases, projects and other business plans.		Partially	CG3	Quality and Equality Impact Assessments (QEIAs) may not be fully effective and / or being monitored.

Month	Inherent Risk Score	Residual Risk Score	Maximum Tolerable Residual Risk Score
Apr-24	25	12	12
Jun-24	25	16	12
Aug-24	25	16	12
Oct-24	25	16	12
Dec-24	25	16	12
Feb-24	25	16	12



Annex A

	(Links to NHS Oversight Theme 1: Quality of Care, Access and Outcomes)				
5.	Clear One Devon PHM Dataset to which all Primary Care and Voluntary Community and Social Enterprise Sector (VCSE) are signed up to.	Partially		CG4	Clear One Devon PHM Dataset - Access to data for PHM limited. Not all of Primary Care and the Voluntary Community and Social Enterprise Sector (VCSE) are signed up to this.
6.	Health Inequalities Actions are incorporated into all key service strategies.	Partially		CG6	Health Inequalities Actions are not incorporated into all key service strategies.
7.	Evidence Based Interventions.	Partially		CG7	Evidence Based Interventions – Need to ensure that our intervention are evidence based.
8.	Infection Control action plan fully implemented to improve infection prevention and control.	Partially		CG8	Infection Control action plan needs to be fully implemented to improve infection prevention and control.
9.	Agreed plan in place and being successfully delivered in order to tackle health inequalities experienced by care experience Children & Young People.	Partially		CG9	Children & Young People Plan to be implemented and successfully delivered in order to tackle health inequalities of experienced by care CYP.
Current Assurances (how do we know that the controls in place are working effectively?)			Current Assurance Gaps		
1.	System Governance and Assurance Structures are focused on Population Health.			AG1	System Governance and Assurance Structures are not fully informed by Population Health perspectives.
2.	One Devon Population Health Steering Group in place which is comprised of system partners. This group provides assurance that work is on-going within the system in relation to Population Health.				
3.	Population Health Improvement (Board Assurance) Committee in place to provide assurance to the Board that NHS Devon is fulfilling its role to improve outcomes in population health and healthcare and to tackle inequalities in outcomes, experience and access. Provides oversight and challenge.				
4.	NHS Devon Annual Report demonstrates how it has discharged its functions in the previous financial year. NHS England (NHSE) Core20PLUS5 relates specifically to those duties in relation to health inequalities.				
Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)		Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')
CG1 Funding for Population Health to be explored with the Finance team.		CMO	TBC	TBC	-
CG2 Population Health Programme of Work - Capacity to deliver the agreed Population Health programme of work to be considered through Phase 2 of the organisational change programme.		CMO	TBC	TBC	-

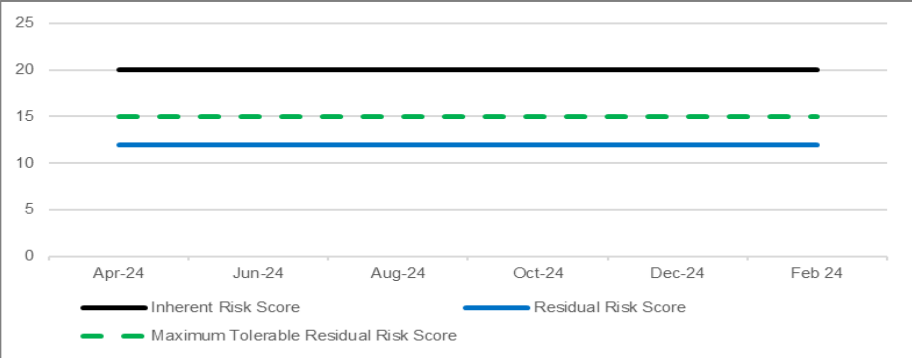
Annex A

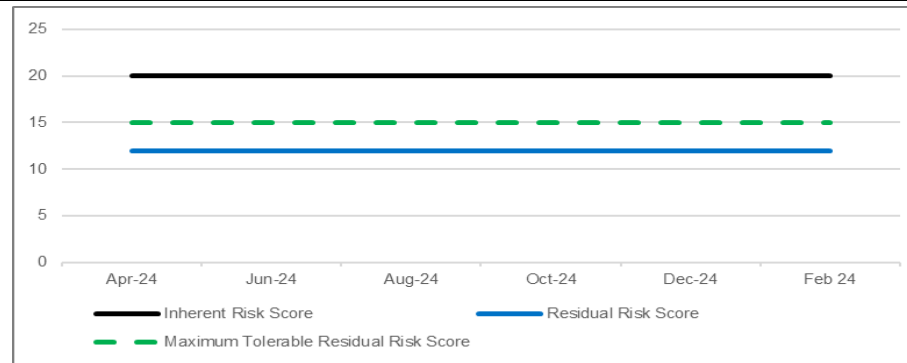
CG3: Develop and implement a Population Health Charter (<i>Annual Plan Ref. CMO 029</i>)	CMO	End Q4 2024/25	Fully Assured	N/A
CG4 One Devon Dataset to be improved with access to Primary Care and VCSE data.	Kelvin Grabham	End Q4 2024/25	Partially Assured	Primary care data from both SystmOne and Emis practices is now being received into the One Devon Dataset (SystmOne data has been available for around 2 years, Emis from 2025). Although there are no regular VCSE data flows into ODD these are handled on a case-by-case basis depending on the data requirements of individual ODD Use Requests, which are considered monthly by the ODD Use Request Board. Where specific VCSE datasets are required there is a mechanism for linking these to the other data held in ODD. However, whilst the BI action has been completed, not all practices have signed up to sharing their data with ODD. Currently around 70% of practices share data but further engagement work is required to increase this number.
CG6: Mental Health Annual Physical Health Checks (<i>Annual Plan Ref. CMO 007</i>)	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: Learning Disability and Autism (LDA) Annual Health Checks (<i>Annual Plan Ref. CMO 016</i>)	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: Reduce over-medications through the STOMP and STAMP programmes (<i>Annual Plan Ref. CMO 020</i>)	CMO	Ongoing (Previously End Q3 2024/25)	Fully Assured	N/A
CG6: LeDeR Programme Implementation (<i>Annual Plan Ref. CMO 021</i>)	CMO	End Q4 2024/25 (Previously End Q3 2024/25)	Partially Assured	More scrutiny being undertaken and reviewers now in place so reviews will be undertaken. LeDeR lead commences in post in February 2025.
CG6: Support delivery and use of the LDA Reasonable Adjustment Digital Flag (<i>Annual Plan Ref. CMO 022</i>)	CMO	Ongoing (Previously End Q3 2024/25)	Partially Assured	Partially assured with mitigations in place. Clear plan for the programme being developed and supported by the Business Intelligence team.
CG6: Support LCPs and Provider Collaboratives with Population Health and Evidence Based Resources (<i>Annual Plan Ref. CMO 027</i>)	CMO	Q4 2024/25 (Previously End Q3 2024/25)	Fully Assured	N/A
CG6: Implement the National Inclusion Health Framework (<i>Annual Plan Ref. CMO 028</i>)	CMO	End Q4 2024/25	Partially Assured	Limited progress in 2024/25 but staff now appointed to take forward in 2025/26.
CG7: Continue to contribute to the Peninsula Research and Innovation Programme (PRIP) (<i>Annual Plan Ref. CMO 038</i>)	CMO	End Q4 2024/25	Fully Assured	N/A

Annex A

CG7: Implement deliverables in the Peninsula Research and Innovation Strategy (PRIS) (<i>Annual Plan Ref. CMO 039</i>)	CMO	End Q4 2024/25	Fully Assured	N/A
CG7: Support the development of the Research Engagement Network (REN) (<i>Annual Plan Ref. CMO 040</i>)	CMO	End Q4 2024/25	Fully Assured	N/A
CG8: Infection Management System (<i>Annual Plan Ref. CNO 013</i>)	CNO	End Q4 2024/25	Fully Assured	N/A
CG9: Address significantly poorer outcomes for care experienced Children & Young People (<i>Annual Plan Ref. CNO 012</i>)	CNO	End Q4 2024/25	Fully Assured	N/A
AG1 System Governance and Assurance Structures to be reviewed once established to determine the most appropriate method of ensuring that they are appropriately informed by Population Health perspectives.	CCCAO	End Q4 2024/25	Fully Assured	Systems reviewed in December 2024 and amended structures and terms of reference agreed by the SLG in January 2025.

Annex A

NHS Oversight Framework Theme		Chief Officer		Assigned Board Committee		Review Date	
3. Finance and Use of Resources		Kirsty Denwood – Acting Chief Finance Officer		Finance and Performance Committee		February 2025	
Principal Risk							
IF NHS Devon does not work effectively with system partners to deliver financial recovery plans, THEN we will fail to deliver on one of our key statutory purposes (enhance productivity and value for money), RESULTING IN patients across the One Devon Integrated Care System potentially not receiving the services that they need.							
Risk Appetite		OPEN	Risk Tolerance		15		
Risk Scoring		Likelihood	Impact	Total	Movement		
Inherent Risk Score		5	4	20	-		
Current Residual Risk Score		4	3	12	↔		
Rationale for Amendment to Residual Risk Score:							
N/A							
							
Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)				In Place?		Current Key Control Gaps	
1.		Financial Plans in place that underpin the Operating Plan for 2024/25.			Fully		
2.		Medium-Term Financial Plan in place setting out the scope and scale of challenge to deliver financial balance during the strategic medium-term. MTFP developed locally and understood and owned by all system partners.			Fully		
3.		System Recovery Plan (which is encapsulated in the 2024/25 operational and financial plans) in place. This is a dynamic plan that continually assesses progress against system-wide savings, identification of new schemes and performance against key finance and performance trajectories.			Fully		



Annex A

4.	Devon Investment Group (DIG) in place and responsible for ensuring the adoption and application of best practice governance and decision-making for investments by NHS Devon.	Fully		
5.	Triple Lock Sign-Off Process in place for all revenue investments above £100k, with sign-off required by the organisation, system and NHS England (NHSE) regional team.	Fully		
6.	System Vacancy Control Panel (VCP) in place to prevent an increase in workforce growth and to support a reduction in running costs.	Partially		
7.	Cost Improvement Programmes (CIPs) in place that contains cost reduction strategies that aim to identify and implement measures to achieve cost savings and efficiency improvements while maintaining or enhancing the quality of healthcare services provided to patients. (<i>Annual Plan Ref. CMO 036, DECO 008, CFO 005 & CFO 010</i>)	Fully		
8.	ICB Programme Management Office (PMO) established.	Partially	CG4	ICB PMO needs to be adequately resourced.
9.	Information Systems and System Processes facilitate decisions with respect to the most effective use of resources.	Partially	CG5	Information Systems and System Processes need improvement to facilitate decisions with respect to the most effective use of resources.
10.	Infrastructure Strategy enables most effective use of resources.	Partially	CG6	Infrastructure Strategy - Further work required to ensure Infrastructure Strategy enables most effective use of resources.
11.	Systems Medicines Strategy is an enabler to deliver financial savings.	Partially	CG7	Systems Medicines Strategy – Further work required to ensure Systems Medicines Strategy enables delivery of financial savings.
12.	Infrastructure Innovations enable delivery of financial savings.	Partially	CG8	Infrastructure Innovations – Further work required to ensure infrastructure innovations enable delivery of financial savings.
13.	Service Resilience is aligned to fragile services.	Partially	CG9	Service Resilience needs to be aligned to fragile services.
14.	Fulfilling Operational Plan Requirements, NOF4 and National Standards as set by NHSE.	Partially	CG10	Operational Plan Requirements, NOF4 and National Standards – Trajectories need to be put in place as not currently addressing Operational Plan requirements and complying with National Standards.
15.	30% Running Cost Reduction – Fulfilling the 30% reduction in running costs as set by NHSE.	Partially	CG11	30% Running Cost Reduction – Organisational Change Programme to be completed in order to enable the 30% reduction in running costs to be realised.
Current Assurances (how do we know that the controls in place are working effectively?)			Current Assurance Gaps	
1.	Weekly Chief Finance Officer (CFO) meetings take place in relation to system working arrangements. Issues for resolution are discussed and proposals agreed as appropriate.		AG1	More closely aligned reporting to system financial plans is needed.

Annex A

2.	Fortnightly reporting to the Finance and Planning Board (FPB). Matters that cannot be resolved here are escalated to the System Recovery Board (SRB).		AG2	Assurance needed that system level CIPs are being delivered in provider financial plans.	
3.	NHS Devon Finance and Performance Committee (FPC) receives system finance reports; these flag issues for escalation to the Board.				
4.	Additional mandated support is provided by NHS England (NHSE).				
Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)		Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')
CG1: Progress Shared Service Arrangements <i>(Annual Plan Ref. CFO 009)</i>		Acting CFO	End Q4 2024/25	Fully Assured	N/A
CG1: Produce Long Term Financial Plan <i>(Annual Plan Ref. CFO 012)</i>		Acting CFO	End Q4 2024/25 (Previously End Q3 2024/25)	Fully Assured	N/A
CG1: Efficiencies and Consistency in Business Processes <i>(Annual Plan Ref. CPO 002)</i>		CPO	End Q4 2024/25	Partially Assured	The position is off-track but recoverable. Employee portal is to 'go live' 01 April 2025. The programme is an enabler of system transformation in 2025/26 and therefore has low impact on delivery of the ICB 2024/25 Annual Plan.
CG1: Implement One Devon Workforce Strategy <i>(Annual Plan Ref. CPO 003)</i>		CPO	End Q4 2024/25	Fully Assured	N/A
CG4: Resourcing of ICB PMO to be considered through Phase 2 of the organisational change programme		Libby Ryan-Davies	Start Q2 2024/25	TBC	-
CG5: Strategic Client Function for Business Intelligence (BI) <i>(Annual Plan Ref. DCEO 004)</i>		DCEO	Discharged Reactively Through 2024/25	Fully Assured	N/A
CG5: Support implementation of Devon and Cornwall Care Record (DCCR) <i>(Annual Plan Ref. CFO 003)</i>		Acting CFO	Ongoing (Previously End Q4 2024/25)	Partially Assured	The core NHS organisations are on target for connection by the end of March 2025. Care homes and social care will be connected by the end of March 2029.
CG5: Rationalise Data Centres <i>(Annual Plan Ref. CFO 004)</i>		Acting CFO	End Q4 2024/25	Fully Assured	N/A
CG6: Estates – deliver collaboration between provider service departments <i>(Annual Plan Ref. DCEO 006)</i>		DCEO	End Q4 2024/25	On Hold	-

Annex A

CG6: Implement Estates Strategy (<i>Annual Plan Ref. DCEO 007</i>)	DCEO	End Q4 2024/25	Fully Assured	N/A
CG7: Delivery of 16 National Medicines Optimisation Opportunities (<i>Annual Plan Ref. CMO 033</i>)	CMO	End Q4 2024/25	Fully Assured	N/A
CG7: Develop Integrated Medicines Optimisation Committee (IMOC) (<i>Annual Plan Ref. CMO 037</i>)	CMO	End Q4 2024/25	Fully Assured	N/A
CG8: Develop Peninsula Aseptic Hub (PAH) (<i>Annual Plan Ref. CMO 034</i>)	CMO	End Q4 2024/25	Partially Assured	All actions have been satisfactorily answered but waiting for regional approval prior to national review.
CG9: Develop Peninsula Radiopharmacy Strategy (PRS) (<i>Annual Plan Ref. CMO 035</i>)	CMO	End Q4 2024/25	Partially Assured	Updated PenRAD board and the appraisal process has been extended.
(Control 13) CG9: Acute Services Transformation (<i>Annual Plan Ref. CMO 043</i>)	CMO	End Q4 2024/25	Partially Assured	Clinical scenarios are currently being modelled to describe the implications for activity, travel, workforce, finance, and estates - to be completed by April 2025. Evaluation criteria to be developed for appraisal of scenarios by April 2025.
CG10: Develop Community Pharmacy (<i>Annual Plan Ref. COO 008</i>)	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG10: Improving management and productivity of System Workforce Resources (<i>Annual Plan Ref. CPO 001</i>) <i>NB: Moved from BAF Risk 4 (People)</i>	CPO	End Q4 2024/25	Partially Assured	All supporting workstreams are on track, however, there is an overspend on the Operating Plan. A review of dashboard and finance has identified areas for focus in Quarter 4 to reduce overspend.
CG11: 30% Running Cost Reduction (<i>Annual Plan Ref. CPO 004 & CFO 011</i>)	CPO	End Q4 2024/25	Fully Assured	N/A
AG1: Closer Aligned Reporting to System Financial Plans	Acting CFO	Start Q3 2024/25	TBC	
AG2: Assurance on Delivery of System Level CIPs Reporting of progress of CIP workstreams to FPB to provide assurance that system CIPs are being identified and delivered in accordance with submitted provider annual financial plans.	Libby Ryan-Davies	On-going Through 2024/25	TBC	

Annex A

NHS Oversight Framework Theme		Chief Officer		Assigned Board Committee		Review Date	
4. People		Piers Tetley – Chief People Officer		People and Organisational Development Committee Finance and Performance Committee		February 2025	
Principal Risk							
IF NHS Devon does not work with system partners to ensure an appropriate NHS workforce, THEN we will not be appropriately resourced to deliver safe and effective services, RESULTING IN patients across the One Devon Integrated Care System not receiving the services that they need.							
Risk Appetite		SEEK	Risk Tolerance		20 - 25		
Risk Scoring		Likelihood	Impact	Total	Movement		
Inherent Risk Score		5	4	20	-		
Current Residual Risk Score		3	4	12	↔		
Rationale for Amendment to Residual Risk Score:							
N/A							
							
Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)				In Place?		Current Key Control Gaps	
1. Workforce Recovery Programme - Robust and deliverable workforce recovery programme approved and in place. Workforce controls (including those covering temporary and agency staff, rostering for clinical staff) are part of this.				Partially			
2. System Workforce Strategy designed, approved and in place.				Fully			
3. 5 Year Workforce Numerical Plan outlining the size and skill mix of the NHS provider workforce required to meet population demand.				Partially		CG2 5 Year Workforce Numerical Plan not yet agreed by System Partners.	
4. Workforce Programmes in place to support wider service transformation. These focus on specific services / areas of greatest concern e.g. Urgent & Emergency				Fully			

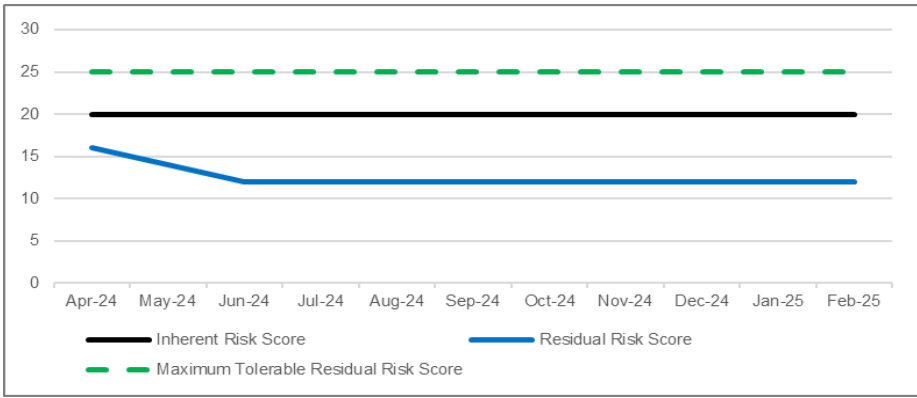
Annex A

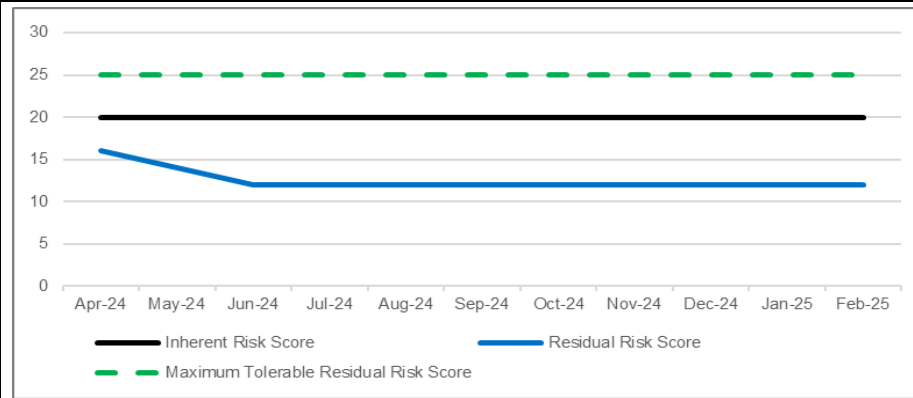
	Care (UEC) improvement and Peninsula Acute Sustainability Programme (PASP) etc.				
5.	NHS Devon's Ability to Lead System Partners – NHS Devon has the required workforce and skill sets in place to lead the work of system partners in ensuring an appropriate NHS workforce to deliver safe and effective services across Devon.	Partially	CG3	NHS Devon's ability to lead system partners – Phase 2 of the NHS Devon organisational change process yet to be completed.	
6.	NHS Roles and Careers are shaped to reflect the future needs and priorities in the NHS Long Term Plan (LTP).	Partially	CG4	NHS Roles and Careers need to be shaped to reflect LTP requirements e.g. providing placements and apprenticeship opportunities in order to expand the clinical workforce, providing education and training opportunities, improving staff retention and attendance etc.	
Current Assurances (how do we know that the controls in place are working effectively?)			Current Assurance Gaps		
1.	Governance Architecture – Appropriate governance architecture in place to manage delivery of this workstream.				
2.	System Workforce Dashboard in place and monitored on a monthly basis. The dashboard includes data relating to staff turnover, staff sickness absence rates etc.				
3.	Workforce Delivery Group (WDG) in place, with membership comprising of Chief People Officers (CPOs) and Chief Finance Officers (CFO) from across the Devon system. Considers matters such as plans for efficient use of workforce (e.g. job planning, staff rostering etc.) and work programmes in support of system transformation (e.g. UEC improvements and PASP), reporting to SRB on the latter.				
4.	National People Plan – A People Plan specifically for the Devon system has been established.				
Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)		Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')
CG2: 5 Year Workforce Numerical Plan – Skill mix reviews to be completed to inform development of the programme		Mark Sowden	End Q4 2024/25 (Previously End Q3 2024/25)	Partially Assured	Workforce case for change completed and being presented to CPO this month prior to wider stakeholder sharing. 5 year workforce plan delivery carried over to 2025/26 annual plan deliverables. Workforce plan to be informed by TDP and wider workforce transformation program.
CG3: NHS Devon's ability to lead system partners – Phase 2 of the NHS Devon organisational change process to be completed		Steve Moore	End Q4 2024/25	Fully Assured	N/A

Annex A

CG4: Staff Retention and Attendance <i>(Annual Plan Ref. CPO 006)</i>	CPO	End Q4 2024/25	Fully Assured	N/A
CG4: Sufficient Clinical Placements and Apprenticeship Pathways <i>(Annual Plan Ref. CPO 007)</i>	CPO	End Q4 2024/25	Fully Assured	N/A
CG4: Increase Advanced Practice Posts <i>(Annual Plan Ref. CPO 008)</i>	CPO	End Q4 2024/25	Fully Assured	N/A
CG4: Increase Placement Capacity <i>(Annual Plan Ref. CPO 009)</i>	CPO	End Q4 2024/25	Partially Assurance	Partially assured and off track with mitigating actions in place. Unable to provide benchmark means full assurance cannot be given. Requires further detailed analysis to formulate a delivery plan across the system.

Annex A

NHS Oversight Framework Theme		Chief Officer		Assigned Board Committee		Review Date	
5. Leadership and Capability		Philippa Harding, Interim Chief Communications & Corporate Affairs Officer		NHS Devon Executive		February 2025	
Principal Risk							
IF NHS Devon does not sufficiently develop its own leadership capability and that within system partners (particularly clinical leadership), THEN we will fail to deliver transformational change in relation to service delivery, RESULTING IN patients across the One Devon Integrated Care System not receiving the services that they need.							
Risk Appetite		SEEK	Risk Tolerance		20 - 25		
Risk Scoring		Likelihood	Impact	Total	Movement		
Inherent Risk Score		4	5	20	-		
Current Residual Risk Score		3	4	12	↔		
Rationale for Amendment to Residual Risk Score:							
N/A							
							
Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)				In Place?		Current Key Control Gaps	
1.		Clear Leadership Structure within NHS Devon with a coherent vision for the organisation.		Partially		CG1 NHS Devon Organisational Change Programme – Phase 1 of the Organisational Change Programme has now been completed. However, there are a number of interim arrangements in place for Chief Officer roles and a number of vacancies amongst key Senior Leadership Team (SLT) roles. Phase 2 of the Organisational Change Programme is due to complete by the end of the 2024 calendar year.	
2.		NHS Devon Leadership to System Partners – There is a clear vision for how NHS Devon will provide leadership to its system partners.		Partially		CG2 Compact and Articulation of Shared Vision for the System – a Compact needs to be developed and agreed to provide formal articulation of the shared vision of system partners and an explicit set of reciprocal behaviours to deliver this.	
3.		NHS Devon’s Ability to Lead System Partners – NHS Devon has the required workforce and skill sets		Partially		CG3 NHS Devon’s ability to lead System partners – Phase 2 of the NHS Devon organisational change process yet to be completed.	



Annex A

	in place to lead the work of system partners in ensuring an appropriate NHS workforce to deliver safe and effective services across Devon.			
4.	Annual Plan for 2024/25 developed and approved by the NHS Devon Board. This is an enabling function that will ensure the delivery of NHS Devon priorities. (Annual Plan Ref. DECO 001)	Fully		
5.	ICB Governance Improvement Plan in place and approved, ensuring governance structures are robust, up-to-date, and responsive to evolving organisational needs. (Annual Plan Ref. CCO 001)	Fully		
6.	System Planning, Delivery and Assurance Structures for the 2024/25 governance approach within the ICB now implemented. (Annual Plan Ref. CCO 002)	Fully		
7.	NHS Devon Programme of Organisational Development Activities – There is a clear programme of organisational development activities in place for NHS Devon.	Fully		
8.	System Programme of Organisational Development Activities – There is a clear programme of organisational development activities for the system.	Partially	CG5	System Organisation Development Action Plan – This needs to be developed for the system and signed off via the appropriate governance routes.
9.	Patient and Public Engagement insights inform the work of NHS Devon and its Board.	Partially	CG6	Patient and Public Engagement insights work programme to be confirmed
10.	Equality, Diversity and Inclusion considerations are embedded throughout the work of NHS Devon.	Partially	CG7	Equality, Diversity and Inclusion priorities to be identified, agreed and embedded.
11.	Clinical and Professional Leadership Framework in place and operating effectively.	Partially	CG8	One Devon Clinical and Care Professional Leadership Framework to be developed
12.	Annual Planning approach for 2025/26 and beyond to be agreed and implemented.	Partially	CG9	Rolling Annual Planning cycle to be developed and supported by System Delivery Governance PMO approach.
Current Assurances (how do we know that the controls in place are working effectively?)			Current Assurance Gaps	
1.	NHS Devon Organisation Change Oversight Group provides assurance on the organisational change process from a technical and procedural perspective and also touches on the wider determinants.			
2.	NHS Devon Governance Structure – Clear governance structure in place to provide robust assurance on the measures being taken to improve and develop leadership capability in NHS Devon.			

Annex A

3.	System Planning and Delivery Assurance Structures are clear and in place to ensure oversight of key risks and issues.				
4.	NHS Oversight Framework (NOF) – Ongoing work with NHSE regional colleagues to ensure that NHS Devon has the appropriate senior capacity and capability to deliver the priorities set out in NHS planning guidance, the overall aims of the NHS Long Term Plan (LTP), and the NHS People Plan, as well as the shared local ambitions and priorities of the One Devon Integrated Care System.				
Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)		Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured' / 'limited assurance')
CG1: Organisation Change Programme and developing the workforce (<i>Annual Plan Ref. CPO 005</i>)		CPO	End Q4 2024/25	Fully Assured	N/A
CG2: Create a Compact and Articulation of Shared Vision for the System (<i>Annual Plan Ref. CCO 003</i>)		CCCAO	End Q4 2024/25 (Previously End Q2)	Fully Assured	N/A
CG5: Development of System Organisation Development Action Plan (<i>Annual Plan Ref. CCO 004</i>)		Katy Kerley	End Q4 2024/25 (Previously End Q3)	Fully Assured	N/A
CG6: Establishment of One Devon Involvement Platform (<i>Annual Plan Ref. CCO 005</i>)		Nicola Bonas	End Q4 2024/25 (Previously End Q3)	Fully Assured	N/A
CG6: Integrate Healthwatch into NHS Devon ICB Governance (<i>Annual Plan Ref. CCO 006</i>)		Nicola Bonas	End Q4 2024/25 (Previously End Q3)	Fully Assured	N/A
CG7: Agree on Shared Equality, Diversity and Inclusion (EDI) Priorities (<i>Annual Plan Ref. CCO 007 & CCO 008</i>)		CCCAO	End Q4 2024/25 (Previously End Q3)	Partially Assured	CCO 007 Off track. Resource acquired to support meeting arrangements. CCO 008 – Fully assured.
CG8: Development of One Devon Clinical and Care Professional Leadership Framework (<i>Annual Plan Ref. CMO 041</i>)		CMO	End Q4 2024/25	Fully Assured	N/A
CG9: Development of Rolling Annual Planning Cycle (<i>Annual Plan Ref. DCEO 002</i>)		DCEO	Q4 2024/25 (‘Process Live’)	Fully Assured	N/A

Annex A

CG9: Development of System Delivery Governance PMO Approach (Annual Plan Ref. DCEO 003)	DCEO	End Q4 2024/25	Fully Assured	N/A
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Annex B

Assessing and Scoring Risks:

Current risks are scored using a combined assessment of both the likelihood and impact of the risk materialising, as summarised in the matrix below. Further information on the definition of the likelihood and impact categories can be found in NHS Devon’s Risk Management Policy.

The inherent risk score is the rating assigned to a risk before any mitigations / controls are applied; the current risk score is the rating assigned to a risk that takes account of the mitigations / controls applied to it.

Risk Scoring Approach = Impact / Consequence x Likelihood (I x L)						
		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Impact / Consequence	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	2	4	6	8	10
	1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned as follows:

Colour	Risk Score Range	Risk Grading
	1 to 6	Low Risk
	8 to 10	Moderate Risk
	12	High Risk
	15 to 25	Extreme Risk

BAF Controls and Mitigating Action Status - Colour Keys:



Annex B

Control - In Place?	Assurance Levels	
Not in Place (No Control)	Limited Assurance	• A significant delay in schedule • Metrics are falling below acceptable thresholds
Partially (Control in Place <i>BUT</i> Concerns Over Effectiveness of Control)	Partially Assured	• Some delay in schedule • Metrics that are borderline or trending negatively
Fully (Control In Place)	Fully Assured	• Project is on schedule • Metrics that meet or exceed expectations

Risk Appetite:

Risk appetite is defined as “the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic aims and objectives” and is key to achieving effective risk management.

Good Governance Institutes Framework Definitions:

Risk Appetite	Risk Appetite Level Description
Avoid	The avoidance and uncertainty is a key organisational objective
Minimal	(ALARP - As Little As Reasonably Possible) - The preference for ultra-safe delivery options that have a low degree of inherent risk and only for a limited reward potential
Cautious	The preference for safe delivery options that have a low degree of inherent risk and may only have a limited potential for reward
Open	Willing to consider all potential delivery options and chose while also providing an acceptable level of reward and Value for Money (VfM)
Seek	Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk
Mature	Confident in setting higher levels of risk appetite because controls, forward scanning and responsiveness systems are robust

Annex B

NHS Devon’s Risk Appetite Statement (Board Approved: 26 March 2024):

NHS Devon’s Risk Appetite Statement documents the delegation of risk taking from the Board to senior management. It specifies the overall risk levels that the Board is willing to accept whilst operating in full compliance with regulatory and legal requirements:

NHS Oversight Framework Theme	Risk Appetite	Tolerance Level for Residual Risk
Quality of Care, Access and Outcomes	AVOID	8 to 12
Preventing Ill-health and Reducing Inequalities	AVOID	8 to 12
Finance and Use of Resources	OPEN	15
People	SEEK	20 to 25
Leadership and Capability	SEEK	20 to 25
Local Strategic Priorities	OPEN	15



NHS Devon Integrated Care Board

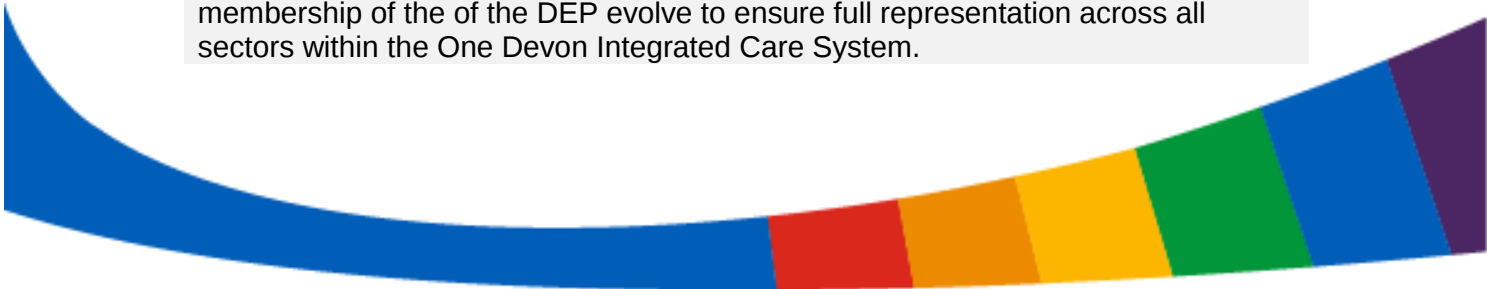
One Devon Integrated Care Partnership - Chair's Report

Date of meeting	Date of committee covered in this report
27 March 2025	11 March 2025

Chair	
Name:	Councillor Mary Aspinall, Chair of Plymouth Health and Wellbeing Board

Overview of the meeting
This meeting continued the work of the Integrated Care Partnership (ICP) to identify and articulate its longer-term ambition, through its consideration of the forward planning work being undertaken across the system, together with newly developed People and Communities Framework which will support the ICP's engagement with stakeholders across Devon.

Items considered
People and Communities Framework The NHS Devon Communications and Engagement Team attended the meeting to present an overview of the Framework that has been developed for the One Devon Integrated Care System, in particular, the establishment of the Devon Engagement Partnership (DEP). The Framework and the engagement that has recently been undertaken in respect of the NHS 10 Year Plan was welcomed by the ICP which would like to see the membership of the of the DEP evolve to ensure full representation across all sectors within the One Devon Integrated Care System.



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

Decisions made
5 Year Joint Forward Plan The ICP considered progress that has been made in respect of the Joint Forward Plan (JFP) during 2024/25 together with the process being undertaken to refresh the 2025-2030 JFP. The ICP was pleased to learn of the positive collaboration across all sectors of the One Devon Integrated Care System to produce the refreshed JFP and welcomed the proposed changes within it. A collective focus will be required to deliver the JFP’s ambitions. The ICP endorsed the updated Joint Forward Plan (2025-30) and confirmed its alignment with the priorities set out in the One Devon Integrated Care Strategy.
Recommendations made
None
Future work programme
The ICP will be holding a development session to agree the way it will operate and commence the development of its operational plan to deliver its responsibilities in delivering the Joint Forward Plan.

Board meeting of the Integrated Care Board (ICB)

Agenda item: ICB chief executive update

Date of meeting: 20 March 2025

Meeting section: Public session (part 1)

For: Assurance

Author: Kate Shields, chief executive

1. Executive summary

The chief executive's update is a regular feature of each board meeting. The report focuses on highlighting emerging issues and significant developments that are not otherwise covered on the board agenda. It helps ensure members are aware of key areas of work happening within the Cornwall and Isles of Scilly integrated care system (ICS). A verbal update on other key areas may also be given.

2. Recommendations

The ICB Board is asked to receive the updates and enquire further, as necessary.

- Announcement about ICB changes
- 2025/25 planning submission
- New Hospital programme announcement
- Research and innovation
- Net zero update

3. Main report

3.1 Announcement about ICB changes

I have written my report at the same time that changes are being announced across the NHS.

Over the last few months, both NHS England and DHSC have been discussing closer working and ending duplication. Work is now underway on radically reforming the size and functions of the centre to best support the frontline to deliver for patients, and drive the Government's reform priorities

NHS Cornwall and Isles of Scilly Integrated Care Board

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As part of the need to make best possible use of taxpayers' money to support frontline services, NHS England has informed us the size of ICBs will also be radically reduced by around 50% in line with changes to the centre, to be enacted by the third quarter of 2025/26.

This is an unexpected development, and we are supporting our staff, who have only recently come through a redesign that reduced staffing by 30%.

The implications for us, as one of the smallest ICBs, needs to be carefully worked through, once further detail is available. However, it is clear that this now represents a radical change in how the NHS operates.

I would like to put on record my appreciation for our staff at the ICB at this stage. Our organisation is full of hard-working staff, who constantly go above and beyond, and we will do all we can to support them at what we know is a very unsettling time.

We will of course continue to keep you updated as plans develop, and I may be able to further update when we meet.

In the context of our discussions today, it will be important that we do not become so distracted by these changes and the consequent requirements that we lose our focus on the transformation we are planning, as described in this report. How we do that will need to be worked through as further guidance is made available.

3.2 2025/26 planning submission

Integrated care systems across the country are currently focused on delivering operating plans for 2025/26 for submission to NHSE on 27 March 2025.

It is important to reflect the context within which the plan is being developed:

- The current planning round is the most challenging the NHS has experienced
- Difficult decisions are needed to balance operational priorities with the funding available, while continuing to lay the foundations for reform.
- The parameters that all systems are working in are challenging and the expectations nationally are high.
- We need to respond to the challenges posed by the Darzi review, as reiterated in the planning guidance.

Once finalised, the operating plan will be presented to our public meeting, but I am keen that we set out publicly the planning requirements we are currently working through, reflect on our state of readiness, and highlight where we have challenges to address. I am also taking this opportunity to reiterate our strategic intentions for next year, so we remain true to our intent to reduce harm and improve outcomes for our population.

The planning guidance

The guidance is fundamentally different from previous years:

- We are being asked to deliver a shorter list of national priorities focused on planned care, urgent care, primary care, mental health, quality and safety, addressing inequalities and shifting towards prevention, underpinned by 18 objectives and metrics, as described in this update.
- ICBs and trusts are being asked to work together to drive reform to deliver the priorities and, working with the local authority, set the foundations of a neighbourhood health model.
- There is a focus on maximising productivity to live within our means with productivity and efficiency opportunities packs provided by NHS England, including in relation to our workforce.
- There is an increased focus on making the shift from analogue to digital.
- NHS England have provided best practice checklists of realisable improvement opportunities.
- It includes a Board Assurance Framework, which is a requirement of our NHS trusts' boards as well as the ICB board (to be received by the Board in March).
- It includes national principles boards are asked to consider when making local prioritisation decisions.

How we are approaching this locally

Locally we have been planning for 2025/26 for some time, and we are pleased that these plans are in line with national expectations. In particular, our strategic focus in 2024/25 on developing out of hospital care that will bring care closer to people's homes and alleviate pressure on acute services whilst improving outcomes for people has placed us in a good position to both deliver on our commitments for local people and deliver the national priorities, as set out below.

As we move into 2025/26, we are changing the way we do things and shifting the way we provide health and care closer to our people and communities. We are doing this to improve access, reduce delays, improve performance, and deliver high standards of patient care whilst also delivering financial stability.

With the benefit of our integrated, system-wide perspective, we can see that so many of the challenges – from ambulance queues to overspends – derive from us providing care which is sometimes unsuitable and often in the wrong place at the wrong time for the people we serve. We need to do more to provide the health and care services our public really need.

Our priorities

Community care instead of hospital	For people living with frailty For people at end of life
• Primary care identify people at risk of a hospital admission for support by community -based services • Optimising use of the community infrastructure for urgent care we put in place in 2024/25. • Enhanced community-based care and support for people to stay at home at end of life	
Shorter length of stay in hospital	For people who are clinically ready for discharge
• No one is put at risk of deconditioning from spending too long in a hospital bed • Hospital beds are freed up for those who need them urgently or are on long planned care waiting lists	
Integrated neighbourhood teams	For adults and children with long -term or complex conditions and/or vulnerabilities, including those with mental health issues
• Bring together practitioners to collaborate from across primary care, social care, community health services, and the community and voluntary sector and provide proactive, personalised care • Also including secondary care clinicians to review cases alongside community teams and provide expert guidance	

What is driving these changes?

Every day our frontline health and care teams across Cornwall and the Isles of Scilly work together tirelessly to support patients to receive the right care, in the right place and at the right time. However, our operational pressures make this difficult to achieve – it becomes harder to deliver high quality, safe care and productivity analysis indicates we have become more inefficient.

Our traditional structures and pathways take people away from home and their loved ones and into hospital settings. This is entirely appropriate for people with the most acute needs and those requiring the expertise of the clinicians that work there or the facilities that can only be provided there. However, too many people get caught waiting too long – waiting for an ambulance, waiting in an ambulance to be seen in the Emergency Department, waiting to be admitted, waiting for surgery and waiting to be discharged. We know that currently too many patients who are transferred to our community hospitals, often following delays, arrive with avoidable, hospital acquired physiological harm, and this means that some may never regain their independence. And a small number of patients with mental health problems need to go out of county for their care because we have no acute beds available. Evidence tells us this is not in the best interests of their patients or families. We also know that many patients, particularly those with frailty and at the end of their lives, could be better supported and treated in other settings.

Collectively, we have to do better, and things have to change so we can provide better care and outcomes for all our patients. And to restore the pride and morale of those caring for our patients, who we know are frustrated by the operational pressures they face and the quality of care they can reliably provide. Underpinning all of this therefore is the requirement to improve safety.

This will require changing the way we do things to deliver the investment needed for the transformation we want to make. This includes how we spend our money,

moving funds from our acute hospitals to enable more community investment, and in the way our workforce operates, including more use of digital and AI services to enable greater workforce efficiencies and allow our clinicians to focus their time on caring where it matters.

Building on Strong Foundations

Our health and community teams across the county have been working innovatively for years on prevention and on ways of caring for patients nearer to where they live. But to have real impact this shift needs to go deeper, wider and quicker. The time for this is now. We are therefore investing in our community facing services to transform the way in which we deliver health and care services closer to home to truly make a difference. We are doing this ahead of what we know will be coming in the NHS 10-year plan later in the year, and there are many areas where there is national interest in the work we are doing locally.

Over the last 18 months, we have put in place a range of community and home-based services to provide more urgent and elective care for people in their local communities that help keep avoidable demand away from our acute hospitals at UHP and RCHT. We have:

- Established primary care hubs to improve access to primary care and release GPs to provide more proactive care to patients with long term conditions and frailty.
- Put in place some of the foundations for integrated neighbourhood care such as community development workers and the use of Brave AI in general practice to enable a population health approach.
- Established and embedded community infrastructure including establishing Same Day Emergency Care and Community Assessment and Treatment units at Bodmin, Redruth and Penzance Hospitals, opening an Urgent Care Centre at West Cornwall Hospital, increasing the usage and scope of virtual wards, developing an innovative x-ray car to reduce avoidable admissions and opening an Elective Surgical Hub to provide 5,000 additional day cases each year at St Austell.
- Run a pilot service to better serve people with acute mental health needs and reduce out of area placements.
- Developed a new integrated model of care that better supports our island communities on the Isles of Scilly, with the residential, domiciliary and respite care services coming together with the hospital facilities, supported by the latest digital technology to better link to services on the mainland.
- Developed the evidence base to underpin our community facing work, supported by a range of delivery partners including Dr Ian Sturgess (an internationally acclaimed geriatrician working with our frontline teams), KPMG, Macmillan and the National Association of Primary Care.

Investing where it matters to improve care

This is not about undermining the critical role that acute hospitals play in our local health system. Indeed, there are some important developments taking place in our acute trusts, including the roll out of the eCare programme, the biggest digital transformation every undertaken in Cornwall, and the preparatory work for a new Women and Children's Hospital, providing a centre of excellence in Cornwall.

However, unlike in previous years, the focus of our operating plan is more significantly focused on what goes on outside the walls of our hospitals. We are investing in those services that will make the most impact in right sizing our system to alleviate pressure on our inpatient acute and mental health services, as well as improve outcomes for people. This investment in our community services is something our engagement with over 12,000 patients over the last 18 months tells us is high on their list of priorities. We will be:

- Delivering more proactive out of hospital care to those people living with frailty, and significantly reducing presentations to ED.
- Reforming our discharge to assess arrangements so that patients have a greater chance of returning home and maintaining their independence following a hospital stay.
- Delivering community based 24/7 end of life care, to support those who are dying and their loved ones to be supported and cared for in their own homes, where that is our choice, rather than be admitted to hospital in their final days unless the patient would benefit from the expertise and facilities of hospital facilities. Local people tell us that is important to them.
- Establishing our first phase of integrated neighbourhood teams (INTs), covering a third of our population in 2025/26 and providing joined up primary, community and social care to support and treat people in their own homes, as well as provide a far greater range of outpatient services in community settings. In particular, INTs will coordinate care and support for people with complex needs, reverse or halt the progression of disease, avoid unnecessary escalation of care and take a more preventative approach to enable people to stay well.

What does this mean?

Over the next few months, this means a greater proportion of our workforce will moving to care for people in local community settings and have the privilege of caring for people in their own homes or local communities where it is easier to take a holistic view of their needs and wishes, as part of a multi-disciplinary, integrated team.

It means ambulance delays will continue to reduce, and more people will receive timely emergency care in our hospitals.

It means those who work in our hospital settings will see a significant reduction in the time they spend working under significant operational pressures. It means that surgeons will be able to treat their patients more quickly. It means an end to patients being cared for as outliers on the wrong wards, and a significant reduction in patients

delayed for discharges when they are medically fit to leave the hospital. It also means we can start to further reduce our spend on agency and temporary staff as we no longer need our escalation spaces. All of these things will have a massive impact on the safety of care and the experience of both patients and staff.

We will start to see more outpatient and non-bedded services moving into community settings, reducing the footfall in our busy hospitals. There are a range of clinics that we know can be provided for most patients without the need for specialist hospital facilities. As we discharge people to have their needs assessed at home, more of our non-specialist therapy services will be required in people's homes as part of an effective rehabilitation approach. We will see local GPs looking to bring some services into their integrated neighbourhood teams, for example specialist nurses providing care to those with respiratory and cardiovascular conditions and those living with diabetes.

This will of course mean some movement of staff and over time a reduction in the staffing numbers we need as the operational pressures reduce and we right size our services and provide more proactive and preventative care in local communities.

Where staff are being considered to work in more local settings, or staffing requirements change, this will be as a consequence of delivering care in a different way that better suits the needs of local people and by freeing up the hospital by treating more people in other settings and reducing avoidable hospital admissions. This will allow our most specialist health facilities and staff to focus on the things only they can do.

We have the opportunity to deliver real change and impact for our population in 2025/26, something I know we have wanted to do for some time. Now is the time to turn our intent into action.

Further detail on how we will deliver this in the context of the national operating round is set out in Appendix 1.

3.3 New Hospital Programme Announcement

We were delighted to have funding confirmed for the new Women and Children's Hospital at Royal Cornwall Hospital and for the new Emergency Care Building at Derriford Hospital, following letters of agreement from the New Hospital Programme (NHP) and Department of Health and Social Care (DHSC).

In Cornwall, the new Women and Children's Hospital programme represents the biggest ever single investment in the NHS in Cornwall. It will bring together the majority of women and children's services provided by RCHT into one building to deliver the best possible experience for patients and carers. A new dedicated building will improve the safety and quality of care, with rooms large enough to accommodate modern medical equipment, and with an environment which will support healthcare professionals in working together effectively to deliver optimum care.

The RCHT programme delivery team is now working at pace to develop the Full Business Case for approval in advance of construction of the main build, which the Government has indicatively scheduled between 2027 and 2030; with the first patient date in 2031.

Some of the enabling work schemes, which must be completed before the start of the main construction phase, have started or been delivered in the last 12 months.

Digital innovation and technology development is an essential part of the Women and Children's Hospital Programme, and for the delivery of all new hospital buildings. To support this, the Silent Hospital project ran from April to November 2024, trialling the silencing of patient call bells on the postnatal ward and delivering those alerts quietly and directly to staff-held mobile phones. The project was supported by commercial partners who provided the technology for free in exchange for a full evaluation report. The trial proved to be successful in substantially reducing noise levels, and in providing a calmer, more therapeutic environment for patients and staff. Data collected from the trial evidenced a reduction in the average length of stay of 0.5 days per patient. Based on this initial success, the project has been successful in attracting development funding from the New Hospital Programme to extend the study for a further 12 months.

In Devon, the University Hospitals Plymouth NHS Trust's new Emergency Care Building at Derriford Hospital can now proceed at pace. The new state-of-the-art facility will replace the Trust's current Emergency Department by creating space to care in a modern healthcare environment that the community has long required.

Plans for an improved Emergency Care Building for the south west peninsula's major trauma centre have been in the pipeline for several years with a huge amount of hard work and dedication from everyone involved, as well as strong support from the local community, including cross party support from local MPs. The building will span four floors and provide a step change in terms of clinical accommodation including Same Day Emergency Care, state of the art theatres and access to a full range of modern imaging techniques that allow diagnosis and treatment to be carried out whilst guided by modern imaging techniques. This is critical to the Trust's role as the Major Trauma Centre, for neurosurgery and the treatment of stroke.

Contractors are already working on the demolition of existing areas to make way for the new building. Construction is expected to commence in earnest in early Summer 2025 with an anticipated completion date of Autumn 2028 for the new Building, and Summer 2029 for the Children's Emergency Department that follows.

3.4 Research and Innovation

ICBs have the statutory duty to facilitate and promote research, the evidence obtained from research, and the need to promote innovation to support service transformation and improve outcomes.

As highlighted by the vignettes at our January board meeting, we are building our research and innovation profile across all parts of our system, as illustrated below.

a) Peninsula research and innovation partnership

As one of the 8 founding members of the [peninsula research and innovation partnership \(PRIP\)](#), CIOS ICB continues to collaborate with partners across Somerset, Devon and Cornwall and Isles of Scilly, to improve the conditions for research and innovation. As we enter year 2 of the PRIP, the aim is to align PRIP partners' work and outputs in support of the ICBs' operating plans and refreshed joint forward plans and focus the PRIP on specific areas requiring collaboration – these will likely be around areas such as workforce, digital and data, economic development as well as supporting the development of integrated neighbourhood teams.

b) Health Innovation South West

[Health Innovation South West \(HISW\)](#) plays a key role in the PRIP, both in facilitating the partnership, and their core function to identify, adopt and spread innovation as part of the national [health innovation network](#). As CIOS ICB beds in its new operating structure, we are aligning strategically and operationally with HISW to ensure our programmes of care team are connected to the leads in HISW, to ensure opportunities for innovative practice, drugs and medical technologies are built into our transformation programmes.

c) The National Institute of Health and Care Research Applied Research Collaboration (PenARC) for the South West Peninsula

This year also sees [PenARC](#) submit their bid against the [NIHR Applied Research Collaboration competition](#) - ARCs have been established to identify and delivery applied health and care research that responds to, and meets, the needs of local populations and local health and care systems, CIOS ICB has support PenARC to develop their bid for the next 5 years from April 2026. CIOS ICB's links with PenARC have been greatly strengthened with the ICB lead for research and innovation part of the bid development team, working with the ARC leadership team to align their work with that of CIOS and the wider PRIP partnership.

d) Cornwall One Research Team

Locally, research leaders across the CIOS integrated care system come together under the banner of **CORe – Cornwall One Research Team**. The CORe team is an inclusive, self-organising group involving the NHS, public health, voluntary sector, [south west clinical school](#), local universities, and the [regional research delivery network](#). For 2025 to 2026, CORe members are creating a system-wide strategic development plan to foster ongoing collaboration to improve the research system across Cornwall and the Isles of Scilly.

e) Research programmes

From the above partnership, notable developments from both the PRIP and CORe members, include:

- the successful [commercial research delivery centre bid](#), led by RCHT and supported by CORe partners (£3.5m).

- successful mobilisation of the [health determinants research collaboration](#) led by the public health team (£5m).
- an emerging partnership between the ICB, HISW and a pharma company, to optimise the identification and management of patients at risk of heart failure or chronic kidney disease.
- The ongoing award of NHS England funding (£230k) to date for our research engagement network (REN), which aims to increase diversity in research participation through the development of research engagement networks with communities who are often underserved by research, and by ensuring diversity in research is considered by integrated care systems.
- Mobilisation of the NHS England and NHS Charities together [volunteering for health programme](#), led by Volunteer Cornwall, a three-year programme that will accelerate change in systems, help to break down barriers, test new volunteering models and develop guidance and best practice for all systems.
- Mobilisation of the [Back to Health programme](#), a research and evaluation programme led by the charity Helpforce in partnership with CIOS ICB, Cornwall Voluntary Sector Forum, Volunteer Cornwall, Royal Cornwall Hospitals NHS Trust and Cornwall Partnership NHS Foundation Trust.
- CIOS ICB has also greatly strengthened its links with both the Universities of Plymouth and Exeter and have recently supported or collaborated in the submission of 8 research grants led by university professors and now linked into our programmes of care and provider teams. Updates on individual research grants will be provided pending award.

3.5 Net Zero Update

Appendix 2 provides an update on the progress made since the paper came to our October board meeting on the sustainability work taking place across the ICB. Since then, in early February 2025, new green plan statutory guidance was issued by NHSE to support systems and trusts to refresh their green plans for the next 3-year cycles, with Board approvals secured by 31 July 2025.

The aims of the refresh are:

- prioritising interventions that support world-leading patient care and population health, and reduce inequalities, while tackling climate change and broader sustainability issues.
- supporting NHS organisations to plan and make considered investments while increasing efficiencies and delivering value for taxpayers.
- ensuring every NHS organisation supports the ambition to reach net zero carbon emissions, reflecting learning from delivery to date.

The update gives assurance that work is underway to ensure the refresh is delivered in line with the national expectations and timescales.

- Be advised of the timeframe for delivery of the refreshed 'Green Plan' to align against release of the new guidance (July 2025).
- Be assured that work is underway and will align to the requirements from NHS England guidance released in February 2025.

Appendix 1

Update on 2025/26 planning

National priorities

There are fewer national priorities with the following objectives for improvement which we will be measured against:

National priority	National improvement objective
Planned care Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every Trust expected to deliver a minimum 5% improvement.
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026 (against the November 2024 baseline) with every trust expected to deliver a 5% improvement and all providers required to increase their RTT performance to a minimum of 60% and performance on wait for first appointment to a minimum of 67%.
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026.
	Systems improve performance against the cancer 62 day standard to 75% by March 2026.
	Systems improve performance against the 28 day faster diagnosis for cancer to 80% by March 2026.
Urgent care Improve A&E waiting times and ambulance response times, compared to 2024/25	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2024/26 compared to 2024/25.
	Category 2 ambulance response times should average no more than 30 minutes across 2025/26.
Primary care Improve patients' access to general practice and to urgent dental care	Improve patient experience of general practice access as measured by the ONS Health Insights Survey.
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more (our proportion to be confirmed by end of February).

National priority	National improvement objective
Mental health Improve patient flow through mental health crisis and acute pathways and improve access to children and young people's mental health services	Reduce average length of stay in adult acute beds
	Increase the number of children and young people accessing services to achieve the national ambition for 345,000 additional children and young people aged 0 to 25 compared to 2019.
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction.
Finances Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26.
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending.
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix).
Quality and Safety Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the 'Three year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people.
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance.

Areas of challenge

Finances

The national requirement is that all Integrated Care System (ICS) plans must be affordable. There are a number of cost pressures as we move into 2025/26, and an underlying position which requires us to deliver significantly greater efficiencies than in previous years. The work to deliver a balanced plan is progressing, and we are committed to achieving this ahead of the 27 March, but we do not under-estimate the challenges this brings, balancing financial efficiencies with the need to deliver on our operational requirements and deliver safe care.

Workforce transformation

Workforce transformation is a critical part of our plans for 2025/26 to move services, and risk, out of institutionalised care into the community and people's homes and at the same time reduce our cost base. Plans are being worked up to ensure we can deliver what is required in a way which also supports delivery of our agreed priorities.

Operational position

At this stage we are fairly confident we can deliver all of the national targets for performance improvement. Indeed, in some areas we are already well ahead of the national requirements, particularly in relation to elective care. However, until we have completed triangulation across workforce, finance and activity the Board cannot be fully assured.

Conversations are continuing with regard to the ambulance targets, with commissioning of those services led on our behalf by Dorset ICB.

Our starting point locally

The work we have driven to date puts us in a strong starting position:

- A strong track record of delivering financially balanced plans.
- Strong RTT and cancer performance, when benchmarked against our peers and nationally.
- Establishing primary care hubs to improve access to primary care and release GPs to provide more proactive care to patients with long term conditions and frailty to reduce avoidable admissions
- Creating a dental pilot at Lostwithiel on which we can now build to target NHS dental capacity on children and the most vulnerable patients
- Putting in place some of the foundations for integrated neighbourhood care such as community development workers and the use of Brave AI in general practice to enable a population health approach
- Investing in our voluntary and community sectors, recognising the trust they hold in local communities, and their agility and ability to reach those patients that need our care the most, and committing to hold this investment to the same level in 2025/26 as a priority, whilst reviewing all VCSE contracts to ensure a consistent approach to efficiency and productivity with a review of outcomes of care and value for money so that resources are deployed with maximum impact. This will be part of our stated strategy to utilise the VCSE as a key partner.
- Establishing and embedding community infrastructure that will reduce demand into our acute hospitals, improve outcomes for local people and deliver national priorities. These include establishing Same Day Emergency Care and Community Assessment and Treatment units at Bodmin, Redruth and Penzance Hospitals, opening an Urgent Care Centre at West Cornwall Hospital, increasing the usage and scope of virtual wards, developing an innovative x-ray car to reduce avoidable admissions and opening an Elective Surgical Hub to provide 5,000 additional day cases each year. Whilst we are already starting to see the benefits of these schemes in terms of reducing presentations to ED, we will see full year impacts of these schemes in 2025/26, which will facilitate delivery of both urgent and emergency care and elective care improvements for our local population

- We are already seeing the benefits of a pilot service to better serve people with acute mental health needs and reduce out of area placements which will lead to further development of bedded and non-bedded mental health reablement in 2025/26, providing an alternative to hospital admission, presentation at ED, and urgent placements, reducing length of stay in mental health inpatient wards and improving outcomes for people.
- The use of delivery partners for each of our system reform schemes: Frailty (Dr Ian Sturgess and KPMG), Discharge to Assess (Dr Ian Sturgess), End of Life (Macmillan) and Integrated Neighbourhood Teams (the National Association of Primary Care) to provide external support and scrutiny, and to test that our evidence base and assumptions are robust, reasonable and deliverable. In addition Channel 3 are the assurance partner for the eCare programme, the biggest digital transformation every undertaken in Cornwall, and have also undertake reviews of other aspects of our digital transformation programme to ensure best practice.
- Development of our system reform schemes for delivery in 2025/26 that will alleviate pressure on acute services as well as improve outcomes for people:
 - Deliver more proactive out of hospital care to those living with frailty
 - Reform our discharge to assess arrangements
 - Deliver community based 24/7 end of life care, to support those who are dying and their loved ones to be supported and cared for in their own homes, where that is our choice
 - Establish our first phase of integrated neighbourhood teams, with investment recognised as a priority for the system for 25/26 to enable the establishment of effective neighbourhood expertise and capacity that further supports the reduction in the operational pressure currently experienced within our core services.

Alongside these positive developments we move into next year with the following challenges:

- Less of our CIP delivered this year recurrently than was planned/needed, making the challenge more difficult in 2025/26
- Ongoing significant productivity opportunities to be realised, for which we know the size and richness of our workforce is a considerable issue.
- Too many people entering our urgent and emergency care system, leading to people waiting too long to be treated and poor patient flow, exacerbated by delayed discharges impacting on patient flow and leading to too many patients with significant hospital acquired physiological harm.
- Too many patients waiting too long for their elective care.
- A small but important number of people still receiving out of area treatments that evidence tells us is not in the best interests of their patients or families.
- People waiting too long for neurodiversity assessments
- Increasing need for mental health support for children

Framework for delivering the national priorities

NHS England is asking us to deliver the priorities within the following framework:

Driving reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future

For 2025/26 NHS England is asking ICBs and providers to focus on

- a) **Developing neighbourhood service models that will reduce demand**, with an immediate focus on preventing long and costly hospital admissions and improving timely access to urgent and emergency care care.

Our strategy of enhancing our delivery of out of hospital urgent care and developing integrated neighbourhood teams is very much in keeping with the national requirements. Load-bearing Integrated Neighbourhood Teams covering one-third of the local population will be established as the first of a 3 year roll out scheme, covering a third of the population each year, and adopting a test and learn approach. £6m investment is being made available to support the INTs in 2025/26. Key operational requirements include committing to:

- *Being signed up to implementing and using **Brave AI***
- *Developing a **proactive frailty model** working with and (sub-contracting where necessary) with community partners including the voluntary sector to increase the number of personalised care plans produced following a holistic person-centred assessment and making these available to system*
- *Developing a model to proactively identify people who are approaching **end of life** working with and (sub-contracting where necessary) with community partners including the voluntary sector to increase the number of personalised care and support plans, including advanced care plans and Treatment Escalation Plans produced following a holistic person-centred assessment.*
- *Working in partnership with the wider system to proactively support people to safely return to their preferred place of residence, **reducing their length of stay in hospital***
- *Demonstrating strategy for reducing **outpatient appointments**, identifying at least **one additional outpatient specialty** for referral reduction*
- *Developing a strategy to **optimise patient management within a community MSK pathway**, aiming to reduce secondary orthopaedic referrals.*
- *5 integrated neighbourhood teams have been shortlisted and a readiness review is being undertaken of each one*
- *By 1 April an agreed plan for the first quarter will be agreed with each team, they will have a steering group in place, know their population, know what they need to achieve in relation to the other reform programmes, and be exploring outpatient transformation with secondary care.*

b) Making full use of digital tools to drive the shift from analogue to digital

In addition to continuing to improve digital maturity, systems are asked to prioritise actions that support the delivery of our priorities to improve patient outcomes or have been shown to reduce costs or release staff time to deliver patient care

We are advancing our digital transformation, aligned with national priorities such as frontline digitisation, cyber security and the federated data platform. The e-care programme is the most significant digital transformation in 2025/26, providing a new electronic patient record and prescription services that will improve patient safety, efficiency and collaboration.

c) Addressing inequalities and shifting towards prevention

ICBs and provider trusts are expected to work together to reduce inequalities in line with the Core20PLUS5 approach and ensure plans reflect the needs of all age groups, including children and young people.

Maintaining a collective focus on the overall quality and safety of our services

With a particular focus on improving challenged and fragile services, examples given are maternity and neonatal care, delivering the key actions of 'Three year delivery plan' and continue to address variation in access, experience and outcomes.

Maternity and neonatal care services locally perform well, aided by SDF funding over recent years.

Locally our biggest priorities are decongesting our urgent and emergency care services to improve outcomes for those with the greatest needs and reducing our rate of delayed discharges to significantly reduce hospital acquired physiological harm. Our system reform schemes for 2025/26 directly address these issues. We use the national quality and safety in care framework indicators to monitor services through contractual and governance processes.

Living within the budget allocated, reducing waste and improving productivity

ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system partners. This will require prioritisation of resources to deliver evidence-based interventions. To deliver the goals set out above and live within budget, providers will need to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity before taking account of any new local pressures or dealing with non-recurrent savings from 2024/25. ICBs and providers must demonstrate as their starting point that all productivity and

efficiency opportunities have been exhausted. As part of reducing unwarranted variation and exhausting all possible realistic in-year productivity and efficiency opportunities, ICBs and providers must:

- Reduce spend on temporary staffing and support functions
- Improve procurement, contract management and prescribing
- Drive improvements in operational and clinical productivity.

This sets us a significant cost improvement challenge whilst continuing to improve performance against the national priorities. It will require prioritisation of resources directed to evidence based interventions. NHSE have been clear that the onus is on systems to address the opportunities benchmarking demonstrates there are for improving productivity and efficiencies as the first place to go for financial savings.

A number of services are also being considered for recommissioning to better meet patient needs, predominantly moving services that do not require the expertise or facilities of an acute hospital into community settings. This work will also be expected to generate a saving.

In preparing financial plans we have made the following key assumptions:

- a) All organisations are committed to delivering a breakeven position for the system with the understanding that the current CIP programme across the system needs to be developed to be risk assessed as medium / low.
- b) **Cost Pressures** - Organisations are not funded for cost pressures including excess inflation. These are to be managed by each organisation as further risk and mitigation measures in addition to CIP requirements.
- c) **24/25 Exit run rate** – when an organisation's exit expenditure run rate exceeds the 24/25 plan, for reasons such as not delivering on the recurrent CIP target in 24/5, this must be managed by the organisation the cost relates to.
- d) Incentive funds and all support enabled by NHSE remains uncommitted at this point except for the £6m commitment on INTs i.e. all income benefits at this point except the £6m requirement are not factored into this position and should not be utilised in advance of ensuring the best possible reduction in costs and improvement in productivity recurrently, organisation by organisation
- e) Endorse the allocation of the same quantum of spend to the voluntary and community sector in 2025/26 as in 2024/25 as a minimum, whilst ensuring a consistent approach to efficiency and productivity to ensure funding deployed to maximum impact (outcomes of care and value for money).
- f) Given the fiduciary responsibility of each board/director that the ICB requires each NHS organisation locally to manage its business to have enough cash to each be a "going concern" for 2025/26

Local prioritisation and planning

Systems must develop plans that are affordable within the allocations set, exhausting all the opportunities to improve productivity and tackle waste and take decisions on how to prioritise resources to best meet the health needs of their local population. Plans should reflect the needs of all age groups and explicitly children and young people.

Under the oversight of the Integrated Care Partnership we have established jointly with Cornwall Council three steering groups to ensure the needs of all age groups are met, reflecting this commitment in our Integrated Care Strategy: Start Well steering group for children and young people, Live Well for the 25-64 age group, and Age Well for our older age groups.

To help with local prioritisation, NHS England is increasing the freedoms systems have to allocate their resources by releasing the ringfencing of most funding that limits system flexibility, including Service Development Funding (SDF).

To support working towards parity of esteem between physical and mental health, ICBs are required to meet the Mental Health Investment Standard (MHIS) and mental health SDF, meaning that mental health spend must grow at least in line with base growth.

Systems will need to take difficult decisions about how to prioritise their resources. All organisations must review their existing governance and reporting frameworks to proactively manage quality, and mitigate, manage and escalate risks and concerns. ICBs and providers must work together to:

- put in place a robust clinically led process to support local prioritisation decisions, taking account of the 6 key principles for delivering quality care set out in 'A Shared Commitment to Quality', which can be found [here](#).
- produce impact assessments and test all changes with boards as well as consider what changes require involvement, whether by consultation or otherwise, with the public, patients, staff groups and local authorities

Provider and ICB boards must embed a robust quality and equality impact assessment (QEIA) process as part of financial and operational decision-making (including cost improvement plans).

In addition to considering matters required by applicable legal duties, NHS England has supplied a set of national principles to be considered when making local prioritisation decisions:

- safeguard the quality and safety of services, paying particular attention to challenged and fragile services
- protect access to essential services, prioritising urgent and emergency care, and those patients with the greatest clinical need
- wherever possible take actions that are consistent with narrowing existing health inequalities including inequalities in access
- take account of the medium-term quality, financial and population health impacts alongside in-year impacts

Our system Clinical and Professional Advisory Group, part of our strengthened system governance, will have the role of considering our priorities, using the national principles and guided by EQIAs that are currently being completed. It will consider proposals developed from the commissioning intentions, and any other relevant schemes impacting on service delivery.

Board assurance framework

Each board must ensure that the planning process includes a robust board led check and challenge process for their organisation. All Boards will be required to sign off the full plan submission to NHS England. This must include a summary of the plan as shared with the board as part of plan sign off, including key assumptions, trade-offs, an assessment of deliverability and a completed set of board assurance statements.

In summary

This update provides the Board with a position statement about the progress we have made in operational planning for 2025/26, the sound foundations on which we are building and the areas of challenge we need to address together to get to a balanced and compliant plan that delivers on safety and performance by the time the Board next meets. The most significant of these are delivering a financial plan that factors in workforce efficiencies and continues to deliver on our agreed priorities to better serve our local communities. That is our most pressing focus between now and the 27 March.

Appendix 2

Net Zero Update

The following is an update on the progress against the key recommendations from the Update on Sustainability/Climate Resilience and Next Steps presented to the Board last October.

Immediate action (before March 2025)**Review progress on carbon reduction and ecological impact reduction related activity across our system.**

- A review of the current system Green Plan is underway mapping all the existing 156 actions and any quantifiable progress that has been made against these to form a baseline level for the new Net Zero Strategic plan and associated delivery framework.

Ensure the ICB staff in all parts of the organisation are fully appraised of the importance of action to reduce emissions, improve ecological impact and associated health improvement.

- A briefing has been undertaken to the senior leadership team at the ICB on the overarching Net Zero goal and the work towards health creation models. ICB Executive leads and members of the senior leadership team were requested to disseminate the goals within their teams and support the request that this is a whole system goal that all staff must consider and align to within day-to-day roles.
- Carbon reduction is being hardwired into our business planning template and work is underway to ensure this is included in our ICB templates too.

Sign off commissioning intentions for channel shift towards community, digital and preventive health services in 2025/26 to build momentum towards a health creation model that also reduces carbon emissions. This includes an assessment of carbon intensity of digital shift to ensure overall carbon benefit.

- Commissioning intentions for channel shift have been signed off by the ICB Board, which includes NHS providers. Significant work is underway to mobilise priority schemes for delivery in 2025/26, building on the community infrastructure developments already funded and in place in 2024/25.
- The strategy and planning team are also including this as a key component of our joint forward plan refresh, with net zero and channel shift the two new objectives being added to the JFP. To support this, the strategy and planning team are now a core member of the climate collaboration meeting and are a key member of the planning team for the refresh of the Green plan.
- In October 2024, the Joint Health and Wellbeing Board included an update on Climate and Health to which we contributed.

- NHS England have confirmed there is an expectation that improving digital services will facilitate overall significant reductions in carbon emissions for a number of reasons, mainly relating to: reduced paper consumption and waste, improved efficiency and resource allocation, reduced travel and transportation, enhanced data analysis and predictive modelling capability and reduced energy consumption. The NHS Long Term Plan emphasizes the importance of digital technology in delivering more efficient and sustainable care, setting out ambitions for expanding virtual consultations, improving digital access for patients, and implementing electronic health records across the NHS. [The Greening Government ICT and digital services strategy 2020-2025](#) policy outlines the direction of travel. Two national digital transformation priorities which will facilitate reductions in carbon emissions are implementation of a single electronic care record and development of enhanced functionality via the NHS App. Telecare/medicine and a move to more efficient cloud-based services will also be instrumental in delivering carbon reductions.

Accelerate engagement with and training on health creation models as a means of using Net Zero action to deliver co-benefits in relation to health creation, system demand, staff wellbeing and financial sustainability.

- In2025/26, we are expanding on the excellent work in general practice to ensure we offer support for staff on implementing sustainable practices and engage with patients on environmentally conscious choices.
- Volunteer Cornwall's primary care resilience team, grant funded by the ICB, will extend their reach in 2025/26, ensuring all of primary care including pharmacy, optometry and dentistry are aligned with the new Net Zero plan, are optimising health creation models, linking this good practice into secondary care, maintaining key workstreams and expanding in areas where significant efficiencies can be achieved e.g. in energy, medicines management and digital care with the co-benefits of carbon reduction.
- The Primary Care Climate Resilience team have won another award since the initial paper being Carbon Positive Winner at the Cornwall Sustainability Awards. They demonstrated against the categories below through their CEP Energy Audits, Green Impact for Health Toolkit submissions, Active Travel projects and the String of Green Pearls project.
 - Reducing carbon emissions from households, businesses, or organisations
 - Promoting sustainable choices and behaviour change
 - Reducing emissions from transportation including people and goods
 - Creating new opportunities for renewable energy
 - Supporting climate resilient communities and spaces
 - Promoting the removal of carbon from the atmosphere through nature-based solutions
 - Going beyond carbon net zero and carbon neutral to becoming carbon positive.

Develop outline Net Zero Delivery Framework to support existing activity and inform wider Green Plan rewrite, with relevant assurance frameworks in place

- This work has commenced with a review of the current Green Plan metrics (which currently contains 156 actions across the system) and consideration of key performance indicators for the New Net Zero strategic plan which are SMART.
- The review will aim to identify revenue and capital required against funding requirements, its noted that this work does not align well with the planning cycle therefore funding will require ringfencing ahead of the detail required to support Net Zero delivery, further detail of split of current funding is contained in the ICB specific Appendix 1

Agree to production of system-wide staff survey to generate a baseline of current impact of climate vulnerability and engagement.

- This work has not yet commenced, however the ICB communications team are engaged and included as a core member of the climate collaboration meeting.

Formalising the climate collaboration group chaired by ICB Sustainability Lead, to enable focused collaboration between ICB, NHS Trusts, primary care, and linking into the Cornwall Climate Commission for further collaboration workstreams.

- This group is in place including terms of reference.
- It should be noted that there are capacity issues within all our key organisations, Net Zero leads are staff who have primary roles, apart from the work delivered in primary care and CFT there are no dedicated sole leads.
- Given the new coordinating requirements being placed on ICBs, we have diverted some of our net zero spend to support recruitment of a Net Zero Lead. They will manage the Net Zero pathways at system level, ensure we deliver our statutory requirements, work to align to health creation models and commissioning intentions and deliver effective identification of efficiencies that can be realised at system level. This role will be key in ensuring the new Net Zero delivery framework KPI's are achieved year on year to meet the 2030 goal.

Mid-term action (to begin by March 2025)

Redevelop the system Green Plan informed by Net Zero Framework to reflect learning to date, expected updated guidance from NHS England to be published later in 2024 to enable trusts and systems to refresh their Green Plans to the national timetable once this is confirmed by NHS England.

- The national guidance was delayed and not published until 4th February 2025, with a requirement for green plans to be approved by trusts and the ICB by 31st July 2025. There is a significant work to be undertaken to ensure the refreshed Green Plan and accompanying Net Zero Delivery Framework reflect

the shift in commissioning intentions and that we do not lose any of the excellent ambition and goals in the current plan. It will need year on year KPIs to ensure the 2030 goal is delivered. The complexity of this workstream against the resources available needs to be acknowledged.

Ongoing (March 2025 onwards)

Act and review on research currently available, work towards best practice and ensure system wide integration at all dimensions.

- This is embedded in the work taking place, and for the ICB facilitated through the programme of work delivered through the primary care resilience team.

NHS Devon Integrated Care Board

Committee Chair’s Report - Audit and Risk Committee

Date of Meeting		Dates of Committee Covered in this Report
27 March 2025		03 March 2025
Chair		
Name and Title:	Graham Clarke, Chair and Non-Executive Member for Audit and Risk	
BAF Updates or Escalation		
A high-level summary of the Board Assurance Framework (BAF), as approved by the NHS Devon Board at its meeting on 30 January 2025, was received.		
Risk Register Review Updates / Escalation		
The Committee took satisfactory assurance from the information that it had received in relation to the systems and processes in place in relation to the management of the Corporate Risk Register and noted further planned developments.		
Integrated Quality, Performance and Finance Report		
None		



Reports Received, Discussed, and Noted

Annual Committee Effectiveness Review

The Committee received details on the outcome of the Annual Committee Effectiveness Review. Discussions took place in relation to the proposal to remove the Co-opted Member from the Audit and Risk Committee Terms of Reference and it was suggested that the value of Co-opted Members should be considered in full at the Board Development Session due to take place in April 2025.

In relation to its Terms of Reference, the Committee noted that these included a responsibility relating to 'co-ordination and management of communications on governance, risk management and internal control with stakeholders internally and externally'. The Committee was unclear as to how it could fulfil this specific duty given that it was relevant to all of NHS Devon's activities. It was suggested that this was more of an executive / management role as opposed to an Audit and Risk Committee role.

Review of the NHS Devon Corporate Governance Framework

The Committee received a report with information in relation to proposed amendments to the documents which form the NHS Devon Corporate Governance Framework. The Committee recognised the need to ensure that the Governance Handbook should reflect the proposal that NHS Devon should take on delegated responsibility for specialised commissioning from NHSE.

Internal Audit Progress Update Report

The Committee received an update on the provision of internal audit services. Six final reports had been issued since the last update to the Committee in January 2025, one of which was a Devon System Audit CNST Maternity Standards Review. The Committee was assured that good progress is being made in terms of completion of the Internal Audit Plan for 2024/25. There are 7 reviews remaining, the majority of which are already underway and had always been planned for completion during Quarter 4 of the 2024/25 financial year.

Draft Head of Internal Audit Opinion 2024/25

The Committee noted the draft Head of Internal Audit Opinion (HoIAO) for 2024/25 and the caveats provided in respect of this. Based on the information that ASW Assurance had available at this point, they had observed good progress in relation to improving internal control arrangements, governance arrangements and risk management arrangements within the organisation over the last year. They were intending to provide a 'Satisfactory' HoIAO (subject to caveats) which was an improvement from the 'Limited' HoIAO provided for 2023/24.

Draft Strategic Audit and Assurance Plan and Value Added Plan 2025/26 to 2027/28

The Committee approved the proposed Strategic Audit and Assurance Plan.

Value for Money Risk Assessment

The Committee received the Value for Money Risk Assessment from KPMG and noted the content of the report. Based on work undertaken thus far, there is no

risk of significant weakness identified in relation to Governance or to Improving Economy, Efficiency and Effectiveness. However, a significant risk has been identified in respect of Financial Sustainability.

External Audit Progress Report

The Committee noted the content of the External Audit Progress Report provided by KPMG. Work is underway on the Mental Health Investment Standard (MHIS) for 2023/24. The Committee recognised the importance of the MHIS in ensuring that ICBs increased their spending on mental health each year in order to meet the needs of their population and in addition, that there needed to be parity of esteem between investment in mental health and physical health. The Committee agreed that more visibility is needed with regards to how NHS Devon was performing against the MHIS and that it was appropriate to highlight this to the NHS Devon Board.

Freedom to Speak Up (FTSU) Progress Report

The Committee received the FTSU Progress Report. It noted the appointment of a Lead FTSU Guardian and took assurance from the plans for future work.

RSP System-wide Workforce Controls Audit Review

The Committee received information in respect of the NHSE Recovery Support Programme (RSP) System-wide Workforce Controls Audit Review; this has also been shared with the System Audit, Assurance and Risk Chairs' Forum (SAARCF). The review was carried out by the National Recovery Support (NRS) team at the request of the NHSE SW Regional team and was an improvement focused review.

Key highlights were that the basics are in place and that there are a number of areas of good practice but that there is scope for improvement in relation to the effectiveness of workforce controls and in ensuring consistency across the Devon System. A number of themes and recommendations were outlined within the report. The Committee agreed to remit the RSP System-wide Workforce Controls Audit Review to the People and Organisational Design Committee to think about lessons learned, what else could be done in relation to workforce controls, and to seek assurance that appropriate action plans would be put in place to address recommendations made. In addition, it agreed that this should be added to the forward plan for the SAARCF for 2025/26 for discussion and assurance purposes.

In order to address the financial nature (recurring and non-recurring) of actions being taken in relation to workforce, the Committee proposed linking in with the Finance and Performance Committee, the People and Organisational Development Committee and the Workforce Delivery Group (WDG).

Counter Fraud Progress Report

The Counter Fraud Progress Report covering the period September 2024 to January 2025 was received and noted by the Committee and provided assurance of the work undertaken in accordance with the Government Function Standard 013 Counter Fraud.

Draft 2025/26 Counter Fraud Workplan

The Committee approved the draft Counter Fraud Workplan for 2025/26. It noted two significant changes that had been incorporated into this, namely the implications of the new Economic Crime and Corporate Transparency Act and changes in relation to Local Counter Fraud Specialist (LCFS) qualifications.

Losses and Special Payments

The Committee noted that there had been no losses or special payments made since the last report that had been received by the Committee at its meeting on 06 January 2025.

Annual Accounts Progress 2024/25

The Committee noted the content of the report which outlined the key dates for the production of NHS Devon's Annual Accounts for the financial year ending 31 March 2025.

Forward Plan for Future Meetings

The Committee approved its workplan for 2025/26 and noted the importance of ensuring that it gained sufficient assurance during the year to demonstrate that it was fulfilling all of its responsibilities as set out in its Terms of Reference.

Committee Decisions

The Audit and Risk Committee took the following decision:

- Approved the proposed Strategic and Assurance Plan;
- Approved the Counter Fraud Plan for 2025/26;
- Approved the 2025/26 Audit and Risk Committee Workplan; and
- Agreed to remit the RSP System-wide Workforce Control Audit Review to the People and Organisational Development Committee for oversight and assurance purposes.

Escalation to the Board – For Information

The Audit and Risk Committee agreed to escalate the following items to the NHS Devon Board for information:

- The need for the Corporate Governance Framework to be amended if NHS Devon accepted the proposal to take on delegated responsibility for specialised commissioning from NHSE.
- The need to ensure more visibility in relation to how NHS Devon was performing against the Mental Health Investment Standard (MHIS).
- The proposed approach for linking across the System Audit, Assurance and Risk Chairs' Forum, the Finance and Performance Committee and the People and Organisational Design Committee regarding progress on implementation of recommendations from the RSP System-wide Workforce Controls Audit Review and in addition, on future work being undertaken on workforce controls.

Escalation to the Board – For Action

None

Recommendations for the Board

The Audit and Risk Committee recommends that the NHS Devon Board:

- **Approves** proposed amendments to the following essential documents from the NHS Devon Corporate Governance Framework:
 - NHS Devon Constitution (including Standing Orders)
 - Corporate Governance Handbook
 - Key Policies
- **Makes no amendments** to the following essential documents from the NHS Devon Corporate Governance Framework:
 - Scheme of Reservation and Delegation; and
 - Standing Financial Instructions.

Recommendations for Other Committees

None

Terms of Reference or Other Committee Effectiveness Issues

The Audit and Risk Committee agreed to recommend to the Board that paragraph 2.25 of its Terms of Reference ‘to co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally’ should be removed.

NHS Devon Integrated Care Board

Committee Chair’s Report – Population Health Improvement Committee

Date of Meeting		Dates of Committee Covered in this Report
27 March 2025		12 March 2025
Chair		
Name and Title:	Thandiwe Hara, Chair and Non-Executive Member	
BAF Updates or Escalation		
The Committee took assurance from the current content of the BAF.		
Committee members discussed whether the rating allocated to the BAF risk “Preventing Ill-health and Reducing Inequalities” was sufficiently highly rated. It was noted that there was an opportunity to develop a more granular understanding of the level of risk associated with achieving NHS Devon’s strategic objectives in relation to population health improvement once the 2025/26 NHS Devon Annual Plan was approved. A proposed approach to the BAF in 2025/26 is due to be presented to the Board at its meeting on 27 March 2025.		
Risk Register Review Updates / Escalation		
None		
Integrated Quality, Performance and Finance Report		
None		



Reports Received, Discussed, and Noted

Development of the NHS Devon Annual Plan 2025/26

The Committee received a report setting out the process undertaken so far, and the further work required to define the planning objectives for 25/26. The Committee was asked to consider the objectives assigned to it and ensure it was comfortable with those actions. The relevant information would then be provided to the Committee going forward, to ensure the right level of assurance. It was noted that there would be value in considering a number of the proposed planning objectives through the lenses of population health, quality, finance and performance – this could be achieved through joint Assurance Committee meetings.

The Committee discussed the importance of ensuring that partners and clinicians were involved in the development and dissemination of the Joint Forward Plan if they were going to be asked to deliver it.

The Committee confirmed its support for taking on formal assurance responsibility for the planning objectives in respect of improving outcomes in population health and healthcare and of tackling inequalities in outcomes, experience and access.

Population Health Team Workbook

The Committee received a setting out the division of the work of the Population Health Management and Improvement team into the following four areas:

- Prevention
- Inequalities
- Support social and economic developmental infrastructure
- Strategy

Governance arrangements have also been established to ensure appropriate engagement of partners in this work and oversight of delivery.

Committee members welcomed the categorisation of the work and the initial articulation of deliverables, noting that this did not address the totality of the work of the team. Consideration was also given to the importance of working on digital exclusion and high intensity users, together with linking in the work with the green agenda. The Committee **took assurance** from the information provided.

People and Communities Framework

The Committee received an overview of the proposed People and Communities Framework, including key drivers and benefits; specifically, the Devon Engagement Partnership and the online platform as the vehicle to deliver the framework. Information was also provided in respect of the 10 Year Plan engagement programme.

Committee members emphasised the importance of validating and triangulating engagement data to ensure it accurately represented the population's needs and experiences. It was also suggested that consideration be given to involving partners from Local Authorities as soon as possible.

The Committee **took satisfactory assurance** from the development of the Devon Engagement Partnership and the intention to embed the approach into the governance of NHS Devon.

Committee Effectiveness

Recognising that it was only the second meeting of the Committee, Committee members noted the work that had been undertaken in relation to the effectiveness of the Committee in 2024/25.

The Committee was provided with information about the board assurance tool that has been developed by the NHS Confederation to assist board members in assessing strategies, delivery plans or other initiatives for their impact on health inequality. This board assurance tool is built on the Care Quality Commission’s (CQC) well led domain eight key lines of enquiry measures (KLOEs), and the five national priorities for tackling health inequalities 2021/22.

The Committee supported the use of the NHS Confederation board assurance tool.

Committee Decisions

None

Escalation to the Board – For Information

None

Escalation to the Board – For Action

None

Recommendations for the Board

The Population Health Improvement Committee recommends that the NHS Devon Board:

- **APPROVE** the People and Communities Framework

Recommendations for Other Committees

None

Terms of Reference or Other Committee Effectiveness Issues

None

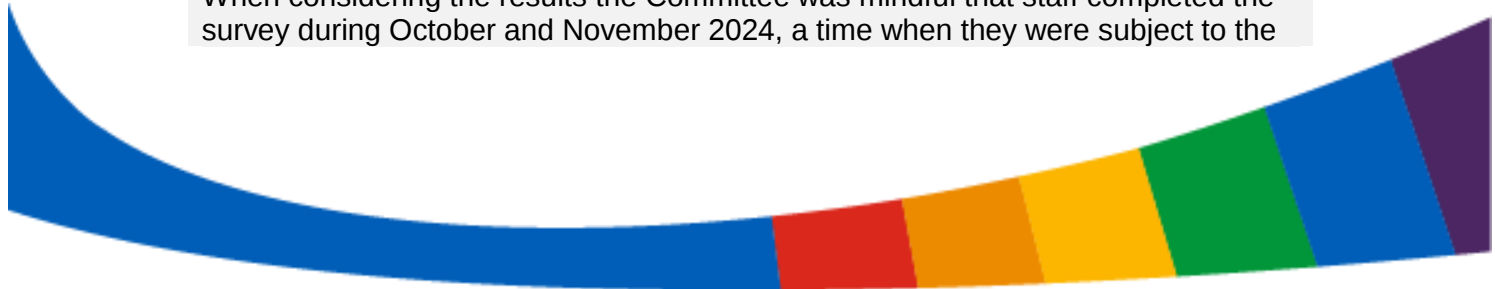
Please note that all reports considered by Board Assurance Committees are available to Board Members on request.



NHS Devon Integrated Care Board

Committee Chair’s Report – People and Organisational Development Committee

Date of Meeting		Date of Committee Covered in this Report
27 March 2025		19 March 2025
Chair		
Name and Title:	Judy Hargadon, Chair and Independent Non-Executive Member	
BAF Updates or Escalation		
N/A		
Risk Register Review Updates / Escalation		
N/A		
Integrated Quality, Performance and Finance Report		
N/A		
Reports Received, Discussed, and Noted		
This was a single item meeting for the Committee to receive the Staff Survey Results 2024 .		
When considering the results the Committee was mindful that staff completed the survey during October and November 2024, a time when they were subject to the		



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organisational re-structure and that this may have impacted upon the responses given.

The Committee had concerns regarding responses in respect of levels of stress, lack of development opportunities and the views around leadership and the communication of the vision for NHS Devon. It was assured however, that the Executive had a good understanding of the issues of concern highlighted by the results and had put in place a robust action plan to address those issues.

The Committee was keen that feedback from staff in respect of the organisational re-structure having been protracted was reviewed in further detail and lessons learned, particularly in light of the recent national announcement in respect of ICB running reductions. A report in this respect will be considered by the Committee at its May meeting.

Whilst the survey results were disappointing, they were a snapshot of a point in time and much work has been undertaken over the last six months in respect of organisational culture and the form and function of the ICB. Accordingly, the Chief People Officer has agreed that a quarterly Pulse survey will be carried out so that the responses to the same small set of questions can provide an insight of any changes to staff views over time. This Committee will have oversight of any themes emerging from the survey findings.

The People and Organisational Development Committee **noted** the content of the report and **took satisfactory assurance** from the next steps described, whilst acknowledging that these may be amended on the basis of the recent national announcement in respect of the requirement to reduce ICB running costs.

Committee Decisions

None

Escalation to the Board – For Information

The Committee has considered the themes emerging from the staff survey results and has a good understanding of the issues to be addressed. Whilst a robust action plan has been developed to address the issues identified through the results, the Committee acknowledges that this may need to be amended on the basis of the announcement in respect of ICB running costs made last week.

The Committee also acknowledges that there is a sense that much has changed over the last six months in light of the work undertaken around organisational culture and the purpose and function of NHS Devon.

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

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.

