NHS Devon

NHS Devon Integrated Care Board (ICB) Meeting

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

18 September 2024

09:30 – 13:00

One Devon

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

Agenda for meeting in public

The quorum for meetings of the Board is:

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

1.		Introductory Items	Lead	Action	Time
1.1	ICB24-051	Welcome, introduction and apologies for absence	Kevin Orford, Chair	Discussion	09:30
1.2	ICB24-052	Declarations of interest	Kevin Orford, Chair	Information	
1.3	ICB24-053	Minutes of the meeting held on 25 July 2024	Kevin Orford, Chair	Approval	
1.4	ICB24-054	NHS Devon: 2023/24	Kevin Orford, Chair	Information	09:35
1.5	ICB24-055	2023/24 Annual Report and Accounts	Steve Moore, Chief Executive Bill Shields, Chief Finance Officer	Information	09:50
2.		**Leadership Reports**	**Lead**	**Action**	**Time**
2.1	ICB24-056	Chair's Report	Kevin Orford, Chair	Information	10:00
2.2	ICB24-057	Chief Executive's Report	Steve Moore, Chief Executive	Information	10:05
3.		**National Oversight Framework Segment 4**	**Lead**	**Action**	**Time**
3.1	ICB24-058	Recovery Support Programme (RSP) assessment of NHS Devon progress towards delivery of exit criteria for NOF4 in 2023/24	Allison Williams, System Improvement Director	Information	10:10
3.2	ICB24-059	NHS Oversight Framework – progress against Segment 4 exit criteria	Bill Shields, Chief Finance Officer Anthony Fitzgerald, Chief Delivery Officer	Assurance	10:25
		BREAK			**10:40**
4.		**Governance, Performance and Assurance Reports**	**Lead**	**Action**	**Time**
4.1	ICB24-060	Quality Report	Penny Smith, Interim Chief Nursing Officer	Assurance	10:50
4.2	ICB24-061	Finance Reports i. NHS Devon Finance Report ii. One Devon Finance Report	Bill Shields, Chief Finance Officer	Assurance	11:05

4.3	ICB24-062	Performance Report	Anthony Fitzgerald, Chief Operating Officer	Assurance	11:20
4.4	ICB24-063	Delivery of the 2024/25 Annual Plan – assurance	Steve Moore, Chief Executive Officer	Assurance	11:35
4.5	ICB24-064	Winter Plan 2024/25 – Process and Principles	Anthony Fitzgerald, Chief Operating Officer	Assurance	11:50
4.6	ICB24-065	Board Assurance Framework	Helen Braid, Head of Governance	Approval	12:05
5.		**Committee Chair Reports**	**Lead**	**Action**	**Time**
5.1	ICB24-066	Quality and Patient Experience Committee – 11 September 2024	Thandiwe Hara, Independent Non-Executive Member	Assurance	12:15
5.2	ICB24-067	Finance and Performance Committee – 11 July, 8 August and 12 September 2024	Kevin Orford, Acting Chair	Assurance	12:20
5.3	ICB24-068	Primary Care Commissioning Transition Committee – 18 July and 15 August 2024	Judy Hargadon, Independent Non-Executive Member	Assurance	12:30
5.4	ICB24-069	Audit and Risk Committee – 2 September 2024	Graham Clarke, Independent Non-Executive Member	Assurance	12:40
6.		**Closing Items**	**Lead**	**Action**	**Time**
6.1	ICB24-070	Action Register	Kevin Orford, Chair	Approval	12:50
6.2	ICB24-071	Questions from Members of the Public	Kevin Orford, Chair	Discussion	12:55
6.3	ICB24-072	Any Other Business	Kevin Orford, Chair	Discussion	13:00
		Close			

NHS Devon Integrated Care Board Declaration of Interests Report - 18 September 2024

Employee	Role	Interest Description	Active / Date Ended	Interest Category	Mitigating Actions
Kevin Orford	Acting NHS Devon Board Chair	Nil Declaration	Active	n/a	n/a
Steve Moore	Chief Executive Officer	Nil Declaration	Active	n/a	n/a
Sheena Asthana	Non-Executive Member	Director, Plymouth Institute of Health & Care Research (PIHR). It is likely that members of my institute will undertake funded research for NHS Devon partners	Active	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
		Member of the Advisory Committee on Resource Allocation (ACRA) which independently advises on NHS funding formulae	Active	Financial	
		Member of the project board of the proposed West End Health and Being Centre in Plymouth	Active	Financial	
		Director, Plymouth Centre for Health Technology. It is likely that members of my institute will undertake funded research for NHS Devon	Active	Financial	
		Co-Director, Plymouth Centre for Coastal Communities. It is likely that members of this centre will undertake funded research for NHS Devon	Active	Financial	
Helen Braid	Head of Governance	Nil Declaration	Active	n/a	n/a
Graham Clarke	Non-Executive Member	Non-Executive Director of Medicine Discovery Catapult	Active		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 Execuitve Member at the Deparment of Health & Social Care	Active		
		Trustee and Treasurer of the Cornwall Community Foundation	Active		
		Spouse is CEO of Cornwall Partnership Foundation Trust	Active		
		Spouse is a Board Member of Cornwall & Isles of Scilly ICB	Active		
		Member, Institute of Cancer Research. It is a both a charity and a college within London University with Membership (c 50 in total).	Active	Non-Financial Professional	To be managed in line with the Standards of Business Conduct Policy.
Liz Davenport	Partner Member, NHS Devon Board	Chief Executive Officer, Torbay and South Devon NHS Foundation Trust	Active	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.
Alex Degan	Primary Care Medical Director	Spouse is a shareholder in Astra Zeneca	Active	Indirect	Open declaration in meetings/decisions where this interest is relevant and removing from discussion/decision making where appropriate
		Spouse is Director of Metcombe Consulting	Active	Indirect	
		Partner at Mid-Devon Medical Practice	Active	Indirect	
		Board Member of Mid-Devon Healthcare Primary Care Network	Active	Indirect	
		Director of Metcombe Consulting	Active	Indirect	
		Faculty member of MTechAccess	Active	Indirect	

NHS Devon Integrated Care Board Declaration of Interests Report - 18 September 2024

Employee	Role	Interest Description	Active / Date Ended	Interest Category	Mitigating Actions
		My GP Practice (Mid-Devon Medical Practice) is in advanced talks to merge with the Amicus Health GP Practice. Dr Frank O'Kelly (partner member for primary care at NHS Devon) is a partner in Amicus Health.	Active	Indirect	Any potential conflicts of interest will be identified as they arise and the advice of the Director of Governance will be sought at that time.
Anthony Fitzgerald	ICB Chief Operational Officer	Nil Declaration	Active	n/a	n/a
Thandiwe Hara	Non-Executive Member	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality.	Active	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.	Active	Financial	
Judith Hargadon	Non-Executive Member	Nil Declaration	Active	n/a	n/a
Hisham Khalil	Co-Opted Member of the Audit and Risk Committee	Consultant ENT Surgeon, UHP NHS Trust Derriford Hospital, Plymouth	Active	Financial	Manage the conflict in line with the standard of business conduct policy and governance advice
		Consultant ENT Surgeon, Nuffield Health Hospital - Limited private practice in Nuffield Health Plymouth	Active	Financial	
		Clinical academic in the University of Plymouth	Active	Indirect	
		Director (dormant limited company)	Active	Financial	
		Working with the Devon Training Hub on a project to train GP trainees on an end-of-life care and early diagnosis of cancer	Active	Non-Financial Professional	
		Training Programme Director for Foundation Programme UHP NHS Trust	Active	Non-Financial Professional	
Donna Manson	Partner Member - NHS Devon Board	CEO of Devon County Council	Active	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	Partner Member NHS Devon Board	GP Partner at Amicus Health	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Blundell's School Lead Doctor	Active	Financial	
		Member of the National Armed Forces Reference Group	Active	Financial	
		CQC Manager for Amicus Health	Active	Financial	
		Attends Tiverton High School Welfare Meeting fortnightly	Active	Financial	
		Contributor to FASD Forum	Active	Financial	
		5 adopted children, 2 with recognised learning difficulties both recieving PIP and with residential or supported living in Devon	Active	Financial	
		Wife is a book-keeper for STEER Eduction	Active	Financial	
		Wife registered Carer for Adopted Child with Learning Difficulties	Active	Financial	
		My GP Practice (Amicus Health) is in advanced talks to merge with the Mid Devon Medical Practice. Dr Alex Degan (Medical Director for Primary Care at NHS Devon) is a partner in Mid Devon Medical Practice.	Active	Indirect	I have declared the business of Amicus Health Group and will declare it at the start of any meeting where a conflict arises.

NHS Devon Integrated Care Board Declaration of Interests Report - 18 September 2024

Employee	Role	Interest Description	Active / Date Ended	Interest Category	Mitigating Actions
		I attend a monthly online meeting of Primary Care Partner Members, which is organised and Chaired by the NHS Confederation	Active	Non-Financial Professional	Will be declare on Conflict of Interests at meetings.
Kate Shields	Chief Executive Officer, Cornwall and Isles of Scilly	Nil Declaration	Active	n/a	n/a
William Shields	ICB Chief Finance Officer	Director of Shields Health Advisory Limited (Dormant)	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Member HMFA Digital Council	Active	Financial	
		Deputy Chair, HMFA ICB CFO Forum	Active	Financial	
		Co Chair, NHSE Integrated Finance Board	Active	Financial	
		Writes a blog for HMFA	Active	Financial	
		Occasional presentations for HMFA, EY, KPMG, Channel 3 Consulting and Deloitte	Active	Financial	
		Chair, HMFA Financial Recovery Group	Active	Financial	
		Anthony Fitzgerald (Chief Delivery Officer) and I have a longstanding friendship which could result in a perceived conflict of interest if I am called upon to make performance management decisions as Anthony's line manager whilst I am acting as Interim Chief Executive Officer.	Active	Indirect	Any decisions relating to appointments following organisational change process, appraisals through the performance management process or promotions to involve appropriate third party(s) for example similarity assessments associated with organisational change to include independent non-executive members, performance management decisions to include NHS England system improvement director.
Penny Smith	Interim Chief Nursing Officer	Nil Declaration	Active	n/a	n/a
Piers Tetley	Interim Chief People Officer	Nil Declaration	Active	n/a	n/a
Allison Williams	Contractor (part of SOF4 Mandated support via NHSE Intensive Support Team)	Nil Declaration	Active	n/a	n/a

NHS Devon

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 25 July 2024 between 09:30 and 13.25	
Name	*Title and organisation*
Board Members:	
Kevin Orford	Acting Chair, NHS Devon
Steve Moore	Chief Executive Officer, NHS Devon
Professor Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Liz Davenport	Partner Member for NHS Trusts and Foundation Trusts, Chief Executive, Torbay & South Devon NHS Foundation Trust
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Dr Frank O'Kelly	Partner Member for Primary Care, GP Partner, Amicus Health
Bill Shields	Chief Finance Officer, NHS Devon
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Mark Cooke	General Manager, NHS England, South West
Dr Alex Degan	Primary Care Medical Director, NHS Devon
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Philippa Harding	Company Secretary and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Hannah Pugliese	Director of Women & Childrens Commissioning
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Su Smart	Deputy Director of Commissioning – Out of Hospital
Piers Tetley	Interim Chief People Officer, NHS Devon
John Trevains	Deputy Chief Nursing Officer, NHS Devon
Allison Williams	System Recovery Director, NHS England
Apologies for absence	
Penny Smith	Interim Chief Nursing Officer

Item	Ref	Discussion
1.		**Introductory Items**
1.1	ICB24 - 025	**Welcome, Introductions and Apologies** The Chair welcomed board members to the meeting and also the attendees: Mark Cooke, Managing Director, NHS England South West; Allison Williams, System Improvement Director, NHS England; Alex Degan, Primary Care Medical Director, who would be representing the Chief Medical Officer's Directorate prior to the commencement of Peter Collins as Chief Medical Officer; Su Smart, Deputy Director of Commissioning for Out of Hours Services; and Hannah Pugliese, Director of Women and Childrens Services Commissioning. Apologies for absence had been received from Penny Smith, Interim Chief Nursing Officer and the Chair welcomed John Trevains, Deputy Chief Nursing Officer who would be deputising. The meeting was deemed quorate. The Chair informed the meeting that he had taken on the role on 10 June 2024, when the previous Chair, Dr Sarah Wollaston, stood down from the role. On behalf of the Board, the Chair thanked Sarah for her chairing of NHS Devon since its inception in 2022 and noted that she had been an inclusive and accessible leader and a highly visible champion of the NHS in Devon. Best wishes for her future were extended. The Chair then confirmed that a Board meeting in private would take place later in the day where a commercial in confidence item relating to the public agenda item on the Teignmouth Health and Well Being Centre would be considered, together with the initial work on the System Infrastructure Strategy and a draft communication to NHS Devon from NHS England relating to system performance.
1.2	ICB24 - 026	**Declarations of Interest** The Board **noted** the Register of Interests.
1.3	ICB24 - 027	**Minutes of Previous Meeting** The minutes of the meeting in public held on 30 May 2024 were **approved** as a correct record.
1.4	ICB24 –028	**Citizen's Story** The interim Chief People Officer, Piers Tetley (PT), introduced a short film which focused on the Sexual Safety Charter, a national NHS England scheme that organisations were implementing to help people feel safe and supported at work. The film provided an overview of where the charter came from and what it aimed to do; why it was important for victims that organisations took a trauma informed approach to this issue; and the importance of the response of Human Resources to allegations.
1.5	ICB24 - 029	**Sexual Safety Charter** Following the film, PT introduced a report which sought agreement for NHS Devon to sign up to fulfilling the standards of NHS England's Sexual Safety Charter that had been developed in the context of widespread allegations of sexual harassment and misconduct across the NHS and a lack of robust organisational action to prevent, detect and respond. Issues highlighted during consideration of this item included:

		• As with other organisations, NHS Devon was not immune to issues around sexual safety as there had been two cases reported in the last two years and eight individuals had expressed concerns via the staff survey. • There needed to be a full understanding of the types of discrimination that may arise when implementing the Charter, for example intersectional conflict. • The approach of NHS Devon would to be consider all cases on their own merits and take expert advice where required. Applying the 10 principles of the Charter would enable informed judgments to be made. • The aim was to ensure the safety of all rather than prioritising one group in particular. • The development of a culture of speaking up could be achieved by staff seeing that the organisation had acted responsibly and there was zero tolerance of unreasonable behaviour. • The quality of the training available around the issues raised by the Charter was to be reviewed, with this being connected to the Equality, Diversity and Inclusivity agenda. • Consideration would also be given to including the Charter and expected standards as part of the staff induction process, taking into account cultural differences across the system particularly for those who were international recruits. • The Charter would be launched through a staff briefing where the support available to staff, both in and out of the workplace, would be highlighted. • NHS Cornwall and the Isles of Scilly Integrated Care Board (ICB) was looking to sign up to the Charter and also using the staff survey to identify the current baseline position to enable the measurement of improvements. **Action:** The People and Organisational Development Committee to consider the issues raised during consideration of this item and how the agenda around sexual safety can be taken forward. The Board **approved** that NHS Devon should become a signatory to the Sexual Safety Charter.
2.		**Leadership Reports**
2.1	ICB24 - 030	**Chair's Report** The Chair introduced his report which provided an overview of feedback received from partners during his meetings with leaders of partner organisations and stakeholders. The report also set out membership of the Board's Committees following the refresh of their Terms of Reference. The following points were highlighted: • Discussions were underway as to how additional Independent Non-Executive Member (INEM) capacity could be sourced whilst the INEM for Finance and Remuneration was undertaking the role of Acting Chair. • The Chief People Officer should be in attendance at the Finance and Performance Committee. • The Chief Medical Officer was a member of the Population Health and Heath Inequalities Committee. The Board: • **noted** the content of the Chair's report; and • **approved** the membership of the Board's Assurance Committees, subject to the inclusion of the Chief People Officer as an attendee of the Finance and Performance Committee. .

2.2	ICB24 - 031	**Chief Executive Officer's Report** Prior to introducing his report, the Chief Executive Officer also extended his thanks to Sarah Wollaston for her time as Chair of NHS Devon and to Kevin Orford also for stepping into the role of Acting Chair. The following points in respect of the Chief Executive Officer's report were then highlighted: • The consultation stage of Phase 2 of the organisational change programme had now closed, with over 700 items of feedback having been received. • Peter Collins had been announced as the new Chief Medical Officer. Peter, would be taking up his role on 07 October 2024 had a strong record in strategy and improving organisational culture. • Confirmation was awaited from NHS England's Recovery Support Team as to a secondment to the temporary post of Director of Transformation for Urgent and Community Care. A separate regional agreement had been made for temporary funding support to being in an experience public health specialist as Population Health Delivery Lead for a period of six months. • Now that the 2024/25 Operational Plan had been agreed and plans were in place to deliver this, the Board could begin to consider longer term strategy including the shifting the balance of care towards prevention. The Board **noted** the Chief Executive's Report.
3.		**National Oversight Framework Segment 4**
3.1	ICB24 - 032	**Progress report on the requirements of the NHS Oversight Framework** The Chief Finance Officer and Deputy Chief Executive Officer, Bill Shields (BS), together with the Chief Delivery Officer, Anthony Fitzgerald (AF), introduced a report that set out NHS Devon's oversight and assurance mechanisms for exiting Segment 4 of the NHS Oversight Framework (NOF4). Assurance reporting on progress against the 5 key domains of Leadership, Strategy, Urgent and Emergency Care (UEC), Elective Care and Finance was provided, together with the refreshed exit criteria and measures for 2024/25. The following points were highlighted: • The Annual Plan and Operational Plan provided for the delivery of all requirements of the of the oversight framework. • With regard to the target to achieve financial balance in 2025/26, subsequent discussion had resulted in the expectation that the One Devon Integrated Care System could demonstrate significant improvement, rather than achieving balance. A letter issued by NHS England on 09 July 2024 set out the actions needed in the short and longer term and work was being undertaken on the Medium Term Financial Plan to illustrate a number of financial scenarios between now and 2028/29. • Whilst the financial position was challenging and the plan required high levels of Cost Improvement Plan savings towards the end of the financial year, each organisation was clear of the ask and had been asked to re-confirm their understanding. • Concern that the financial plan appeared to be separated out from risk and assurance was required as to whether the plan was on track or how risks would be mitigated if there was any deviation. It was noted; however, that assurance could be taken from the Integrated Quality Performance and Finance Report together with the Quality Report. • The newly established System Leadership Group would be monitoring progress against the Operational Plan and the One Devon Leadership Compact would hold each organisation to account.

		• The possible impact of the proposed collective action by general practice was challenging to estimate as whilst there were nine potential actions, practices could choose to take all nine or only one or two. An informal meeting had recently been held with the Local Medical Committee and the NHS Devon Executive would be considering the potential risks and mitigations. • Whether there was capacity to implement deliver the requirements of the exit criteria in light of possible industrial action and the collective action which were out of our control. • The scale of the challenge being addressed would create stress and the report needed to capture the human element of how this was impacting the system and how the organisational development programme could support. **Action:** • The next iteration of the progress report should focus upon the implementation of plans and include a summary page. The Board: • **reconfirmed** its commitment to the improvements in patient access to elective, cancer and urgent and emergency care services, which were required to meet the exit criteria of the NOF4 category of the NHS Oversight Framework; • **took assurance** from progress reported to the end of May 2024 that system plans and processes were in place to address the financial and service imperatives of the NHS Oversight Framework; and • **took assurance** that risks to compliance with the NHS Oversight Framework requirements were properly identified and that appropriate monitoring processes were in place to facilitate risk mitigation.
4.		**For Approval and Endorsement**
4.1	ICB24 - 033	**Teignmouth Health and Wellbeing Centre** The Chief Executive Officer introduced a report which provided a background to the delivery of Teignmouth Health and Wellbeing Centre project, together with information about the funding model for the project, the delays that it had experienced, and the implications of those for the system's ability to finance the project. It was noted that a separate paper with a proposal in relation to support for the Channel View Medical Group was to be presented to the Board for consideration at its meeting in private on 25 July 2024. This was due to the confidential commercial information included in that paper. Partner Member for NHS Trusts, Liz Davenport (LD), apologised to colleagues especially to those in primary care on behalf of Torbay & South Devon NHS Foundation Trust. LD confirmed that the project was based on the conviction that integrated care provision was best for the Teignmouth area as it provided better outcomes for service users; it was affordability that was the key issue. Issues discussed during consideration of this item: • Lessons would be learned across all partners relating to events which had led to a position at which the Health and Wellbeing Centre project could no longer be progressed. • The priority now was to secure the short and longer term delivery of primary care in Teignmouth and to support the Channel View Medical Practice who had been very much let down. • The behaviour of Channel View Medical Practice was to be commended and they now needed clarity as to future options and the support of the system to progress the most appropriate option for them.

		• Integrated care remained the right principle and work would continue to find a viable means of delivering this to the population.
		• It was noted that at paragraph 30 of the report, the following technical details as to the role of the Independent Reconfiguration Panel required amending:
		  • It was the Department of Health and Social Care (DHSC) who sought clarification from the Devon Overview and Scrutiny Committee (OSC) between March and November 2021.
		  • It was the Secretary of State who decided on 8 November 2021 to investigate and asked the Independent Reconfiguration Panel (IRP) to advise them.
		  • The IRP delivered its advice to the Secretary of State six weeks later on 23 December 2021.
		  • In March 2022, the Secretary of State announced they had decided to accept the IRP's advice and recommendations.
		
		Action:
		• Report to be updated at paragraph 30 with technical details provided in respect of the IRP.
		
		The Board:
		• **agreed** that there was no viable Devon NHS solution to meet the increased capital requirement for the Teignmouth Health and Wellbeing Centre development;
		• **agreed** that immediate action was required to provide support to the Channel View Medical Group to enable continuity of primary care services in Teignmouth and noted that options in relation to this would be presented to the Board meeting in private on 25 July 2024; and
		• **took assurance** that a comprehensive stakeholder management plan was in place to ensure that that the patients, staff and key stakeholders of the Channel View Medical Group were kept informed of the situation and plans to support the practice.

4.2	ICB24 - 034	**Governance Improvement Plan** The Company Secretary, Philippa Harding (PH) introduced the report which provided the Board with information about the development of a Governance Improvement Plan (GIP) for NHS Devon. The GIP had been developed in light of a self-review against the eight key lines of enquiry (KLOEs) previously set out in the Care Quality Commission's "Well Led Framework", with it being proposed that the self-review, the GIP and the progress made against it should be shared with an external reviewer at the end of the 2024 calendar year. The following points were highlighted: • The GIP sought to align to Annual Plan priorities and provide assurance around deliverability and was the first step to ensuring that capacity and capability was built. It provided a way to step back from the immediate "to do's" to understand and address the strategic challenges faced by the system. • That all of the KLOEs could be considered high priority and had to be delivered in the context of system pressures and organisational change. • Membership stability and partner engagement were high priorities as this would support the leadership and culture required to deliver a number of the deliverables set out in the GIP. • Whilst the deadline for delivery of some actions was not until the end of the financial year, that did not mean that work was not being undertaken towards achieving the aim and a detailed workplan would support the overarching GIP. • It was important that whilst the issues highlighted in the NHS England Annual Assessment Letter should be addressed, there were broader challenges to

		ensure that the system delivered what was required for its population and the GIP should capture these. • Decisions needed to be made around how the changes and improvement needed would be supported in terms of investment, skills and expertise and what was being asked of partners across the system in terms of supporting this work. • The GIP was not just a governance team issue it was for the organisation to deliver and would require the support of the entire Board rather than being considered by a smaller working group. The Board **approved** the proposed Governance Improvement Plan for NHS Devon.
4.3	ICB24 - 035	**Delegation of Decision-Making** PH introduced the report which provided the Board with information about the work that had been undertaken to refresh the NHS Devon Scheme of Reservation and Delegation (SoRD). It set out the principles used to underpin the work and proposed a number of principles to be taken account of when exercising delegated authority. The following points were discussed: • Further clarity was required in respect of the arrangements in place to take account of how the NHS England triple lock requirements interacted with the SoRD. • Whilst there was guidance as to what should be included in the SoRD, it was recognised that there were a range of ways in which Integrated Care Boards (ICBs) wanted to operate and so all SoRDs were different. • Benchmarking had taken place against the NHS Sussex SoRD. • It was envisaged that changes to the document would take place as NHS Devon developed. • PH was in contact with the Company Secretary of NHS Cornwall and the Isles of Scilly around governance issues, including the SoRD. **Action:** • Clarity to be provided to the Board in respect of the arrangements in place for the NHS England triple lock requirements. The Board: • **approved** the proposed revised Scheme of Reservation and Delegation; • **approved** the proposed principles to be taken account of in the exercise of delegated authority; and • **noted** that no changes were being made at this point to the NHS Devon Standing Financial Instructions and Operational Scheme of Delegation, but that further additional work was being undertaken on these documents.
4.4	ICB24 - 036	**2024/25 Annual Plan** The Chief Executive Officer introduced the report which sought approval of the NHS Devon 2024/25 Annual Plan. It was noted that the Annual Plan outlined the NHS Devon corporate objectives for 2024/25, that addressed both local and national requirements and that it aligned with the One Devon Integrated Care Strategy, the NHS Long Term Plan, the NHS England operational planning guidance, and the NHS Oversight Framework. The following issues were highlighted: • The Plan addressed immediate pressures, such as system recovery and exit from NOF4, whilst laying the foundation for future transformation. It included clear deliverables, impact statements and timelines and linked objectives to Chief Officer portfolios, promoting accountability.

		• The details around each deliverable were being finalised for each corporate objective, with each of these objectives being allocated to the appropriate Board Assurance Committee to support detailed formal assurance. • Planning processes for 2025/26 would be brought forward to ensure that plans were agreed ahead of the commencement of the financial year. • The refreshed and formalised NHS Devon System Leadership Forum would monitor performance against this plan and would be where delivery would be driven. • There was commonality between Devon and Cornwall plans around commissioning intentions which might benefit from an alignment of clinical reference groups. • There needed to be a clear understanding of the resources allocated to deliver the plan to provide assurance of deliverability. • The inclusion of safeguarding was welcomed; however, there was no mention of corporate parenting and care leavers were one of the most vulnerable groups within the population. • Whether the way in which the Plan was ordered should be amended to show the Integrated Care Strategy at the top, followed by the Joint Forward Plan and then the Operating Plan. • It would be important to ensure that the delivery of one target did not have negative consequences elsewhere, for example meeting the target of same day GP appointments impacted upon the continuity of care for patients. It was essential that patients' needs were being met and not just NHS targets and the way in which strategy was set, together with the principles that informed that strategy, such as the continuity of care, would ensure that remained the focus. **Actions:** • Updates on the delivery of the Annual Plan to be brought to every Board meeting in public. • Corporate parenting to be included in the next iteration of the Annual Plan. . The Board: • **approved** the 2024/25 Annual Plan, subject to the inclusion of corporate parenting; • **approved** the Annual Plan delivery approach described in the paper; • acknowledged and **agreed** the outlined next steps; and • **noted** the list of objectives not currently included in the Annual Plan that required further consideration and assignment to Chief Officers.
5.		**Governance, Performance and Assurance Reports**
5.1	ICB24 - 037	**Children and Young People's Services Recovery** The Deputy Director of Commissioning – Out of Hospital, Su Smart (SS), introduced the report which informed the Board of the current position with regard to regulatory compliance with Special Educational Needs and Disabilities (SEND) improvement plans and associated issues arising from a health delivery perspective. The report also presented a resource plan and approach to achieve immediate (in-year) targets which had been agreed with inspection regulators. The following points were discussed: • The paper focused upon the health needs and requirements associated with SEND and diagnoses for autism in children, but work was ongoing with local authorities, education departments, the mental health collaborative and the voluntary sector to develop a transformational approach to addressing challenges and also a broader "waiting well" offer for those who were waiting for a diagnosis and for their families.

		• The proposals set out in the paper were a starting point and the development of the detailed delivery plan would be an iterative process as more intelligence was gathered by partners across the system. • The proposed broader approach was welcomed, but it would be very dependent upon workforce and so that strategy needed to be strong to enable the development of a clear local plan. • Utilising the private sector to bring down waiting lists may have implications such as NHS staff moving over to private practice and that not everyone accepted SEND diagnoses if they came from the private sector. • All options for reducing waiting lists were being considered including the use of digital assessment packages. • The conversion rate of those on the waiting list to obtaining a clinical diagnosis was between 70% and 80%; however, this national model required children and their families to go through a process that they might need and only respond to needs once a diagnosis had been provided. A more effective approach would be identify and meet the needs of a child and their family first and then move onto identifying which individuals need to go through the diagnostic pathway so that their lifelong needs can be met. • Whether the patient's right to choose would result in more costly treatments and whether this was at odds with the principle that in its current financial position, the system should not pay more for support than was required. • A strategic discussion was required to agree the future ambitions for children and young people services across the Devon system so that the steps needed to achieve those ambitions could be understood in detail and resourcing requirements identified. • Assurance was required that the financial input required to meet the targets agreed with the Department for Education in respect of SEND would be available; with it being acknowledged that committing to providing the funding required to deliver the proposals would require NHS Devon to find additional savings and de-prioritise other investment commitments which would add to the financial pressures already being faced. • Whilst the funding could be found for 2024/25 there would be a wider need for investment for future years that would have to be clearly understood. **Actions:** • £960,000 of cost savings to be identified or an investment commitment de-prioritised, and confirmation made that the investment required to deliver the proposals was available. • A review of the impact of a patient's right to choose upon costs, waiting lists and the private sector's involvement in this area to be undertaken. • The Quality and Patient Experience Committee to undertake a deep dive into the "waiting well" offer for children awaiting an autism diagnosis. The Board: • **noted** the significant risks outlined in the report relating to SEND service provision to children and young people within the One Devon Integrated Care System. • **took assurance** from the development of system Improvement Plans which would enable system partners, including NHS Devon, to deliver their statutory and regulatory obligations in respect of these services; and • **noted** that there would be **limited assurance** on the deliverability of the Improvement Plans and recovery actions until sources of funding were identified to resource implementation.
5.2	ICB24 - 038	**Local Maternity and Neonatal System Stocktake** The Director of Women and Childrens Commissioning, Hannah Pugliese (HP), introduced the report which provided an overview national picture in respect of maternity services including the increased focus upon regulation and compliance and

		sets out how providers in Devon are progressing to meet the requirements of the national strategy. Issues discussed during consideration of this item included: • There are different maternity service offers across the Devon system and work is ongoing around the level of face to face interactions with parents and babies and the amount of home visits compared with bringing people to outpatient services, with it being acknowledged that following the pandemic it had been challenging for maternity services to revert to a more peripatetic offer. • Workforce was a high priority across the system with there having been significant recruitment and retention programmes delivered by each of the maternity units and the Torbay & South Devon NHS Foundation Trust programme being showcased at a national level. In addition there had been a programme of international recruitment. • Whilst there remained some workforce challenges these were in respect of obstetrics rather than midwifery and that was a focus of the Peninsular Acute Sustainability Programme. • The latest round of Care Quality Commission maternity inspections had been focused on specific issues such as theatre capacity and spare theatre capacity which if you applied them across any size of unit and any context were difficult to manage. • The discussions in respect of merging of services with NHS Cornwall and the Isles of Scilly were at an early stage, but there would be significant benefits to this approach both to Cornwall as it would benefit from being part of a bigger system with peer support and challenge and for Devon as we could learn from the good work being done in the Cornwall system. • Whilst Cornwall had only one hospital and one maternity unit, the principle of choice still applied with there being out of hospital options such as birthing centres. • There was a national Maternity Services Safety Programme (MSSP) and any health and social care system or provider within the Recovery Support Programme was automatically considered for MSSP support and the Devon providers were in the process of joining that programme. This would provide external scrutiny and support to develop a robust improvement plan for each provider the delivery of which could be overseen by NHS Devon. • There would no doubt be costs associated with the successful delivery of the improvement plans which would need to be taken into account in the financial planning for future years, but they could also be a catalyst for more integrated approaches to provision across the peninsula. • This was a high risk area for both patients and staff and situations could develop very quickly so it was important that support was available for staff to prevent them leaving these services. • The commitment of sufficient Business Intelligence resource to the delivery of a maternity systems dashboard was made by NHS Devon. **Actions:** • An update to be presented to a future meeting of the Quality and Patient Experience Committee in respect of the merger between the Devon and the Cornwall LMNS. The Board: • **noted** the Devon ambitions for maternity and neonates in the context of national and local strategy and the current position and challenges within the One Devon Integrated Care System in relation to key national safety ambitions and strategy; • **took assurance** from the arrangements that had been made to enable NHS Devon responsibilities to be discharged through the LMNS for key monitoring and reporting and the strengthened governance and oversight which would result

		from the new LMNS structure following Phase 2 of the NHS Devon Organisational Change Programme; • **noted** the commitment of NHS Devon for sufficient Business Intelligence resource to deliver a maternity systems dashboard; and • **noted** the proposals for the integration of the LMNSs for the Integrated Care Systems of Devon and Cornwall and the Isles of Scilly.
5.3	ICB24 - 039	**Quality Report** The Deputy Chief Nursing Officer, John Trevains, introduced the report which aimed to summarise and provide assurance to the Board regarding patient safety and quality issues, the actions NHS Devon was taking to address these and how assurance on a sustained improved position was being sought. The report also outlined quality improvement and transformational work across the county, as well as Devon's contribution to regional and national workstreams. The following points were highlighted: • All providers across Devon had now transitioned to the Patient Safety Incident Response Framework (PSIRF) and NHS Devon was developing new reporting to provide assurance data on incidents at system-level which was currently limited, together with working with providers to overcome data quality issues. • The recent outbreak of cryptosporidium in the Brixham area was resolved with restrictions on water usage now having been lifted. Public Health would be leading a session to gather lessons learned from the handling of the outbreak. • Urgent care pathways at University Hospitals Plymouth NHS Trust remained under review from a quality perspective and support was being provided to the Trust. • This report was reviewed in detail by the Quality and Patient Experience Committee. • The data in respect of fatal incidents indicated that more than half of these were allocated to NHS Devon Partnership Trust; however, it should be noted that the data in this area was developmental and unfortunately mental health was the area of practice where these incidents mostly occurred and it was not outside of previous data or norms. **Action:** • The Quality and Patient Experience Committee to seek assurance around the work being undertaken to improve data quality and whether the current data highlighted any patient experience or clinical effectiveness issues. The Board **took assurance** from the content of the Quality Report.
5.4	ICB24 - 040	**Finance Reports** BS introduced the Month 2 Finance Reports for NHS Devon and for the One Devon Integrated Care System. The following points were highlighted: • The Month 2 position showed the plan signed off with NHS England for an £85.3m deficit but that has now been amended to an £80m deficit which had put an additional £5.3m of additional pressure into the plan. • The plan was heavily back loaded, so as the year progressed into Quarter 3 and then Quarter 4 the requirement each month in terms of Cost Improvement Plan (CIP) delivery increased together with the associated risk of this not being delivered. • Whilst assurance could be taken at the present time in terms of delivery, discussions were ongoing with NHS England at a regional level as to what the consequence might be should delivery against the plan not improve. This could result in what is termed as "intervention and investigation" which would see a

		consultant reviewing what needed to be put in place to get back to a position where the plan could be delivered. • The Integrated Quality, Performance and Finance Report indicated that the system was ahead of its planned headcount target; however, whilst the headcount had reduced workforce expenditure had increased and work was ongoing to account for this difference. • NHS England has written out to the system to set out expectations due to the high level of risk associated with the plan. There were a number of milestones that needed to be met over the coming weeks and months with progress against these being closely monitored. • In light of the back loaded nature of the plan it would be helpful to see a month by month trajectory of planned delivery. **Action:** • The Finance and Performance Committee to review the monthly trajectory of the financial plan to see assurance on delivery by year end and also review the presentations used at assurance meetings with providers that includes the profiling of the CIP. The Board **took assurance** that the financial position of NHS Devon and of the One Devon Integrated Care System was in accordance with its agreed plan and that processes were in place to actively manage risks identified to the delivery of the year end compliance with that plan, subject to acknowledgment of the risks outlined by the Chief Finance Officer.
5.5	ICB24 - 041	**Integrated Quality, Performance and Finance Report** AF introduced the report which sought to ensure that the Board was sighted on key areas of concern in relation to a range of internally and externally set Key Performance Indicators (KPIs). The report also provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the Integrated Care System (ICS), at both place and system level that issues were being identified and addressed. It was noted that the continued improvement against the No Criteria To Reside (NCTR) target was a testimony to partnership working and that large components of the Community waiting lists were for adult services. The Board: • **noted** the current performance position against the Key Performance Indicators measured through the IQPR; and • **took assurance** from the proposed approach to future performance reporting.
5.6	ICB24-042	**Board Assurance Framework (BAF)** PH introduced the 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 during the current financial year. The following issues were discussed: • Work would be undertaken to ensure that the annual plan objectives were reflected in the BAF and that there was an integrated approach to reporting on delivery against mitigation actions. • The risk rating for Preventing Ill-health and Reducing Health Inequalities had increased as a result of the financial allocation for work in this area, with that having been one of the difficult choices that had to be made to settle the financial plan for 2024/25.

		• The rating for Leadership and Capability had reduced in light of the establishment of the System Leadership Group together with the locality planning and development meetings. • Whether the score of 12 remained appropriate for the risk in respect of Finance and Use of Resources and if a review of the impact element of the score should be undertaken. • Whether a BAF risk should be developed in respect of Children and Young People's Services in light of the issues considered during the Board meeting. The Board **approved** the latest iteration of the 2024-25 Board Assurance Framework risks to achieving the strategic objectives of Devon, subject to: • the Finance and Performance Committee reviewing the scoring for the risk associated with Finance and Use of Resources; and • A risk in respect of Children and Young People's Services being incorporated into the BAF.
6.		**Working with Partners**
6.1	ICB24 - 043	**Cornwall and Isles of Scilly ICB Update** The Chief Executive Officer of Cornwall and Isles of Scilly ICB, Kate Shields (KS) introduced a report which highlighted emerging issues, significant developments and key areas of work happening within the Cornwall and Isles of Scilly Integrated Care System (ICS). The following points were highlighted: • Feedback in respect of the "Caring Where it Matters" document would be welcomed as the document would be used to communicate with residents as to the work being undertaken in Cornwall and the Isles of Scilly. • The reference to 'channel shift' was actually a sector shift with it being around the use of the voluntary and non-statutory services and developing novel and innovative solutions. The Board **noted** the Cornwall and Isles of Scilly ICB Update.
7.		**Committee Chair Reports**
7.1	ICB24 - 044	**Committee Chair's Reports: Quality and Patient Experience Committee – 13 June and 11 July 2024** The Chair of the Quality and Patient Experience Committee, Independent Non-Executive Thandiwe Hara, introduced the reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 13 June and 11 July 2024. The Board Took **assurance** from the Committee Chair's Reports of the Quality and Patient Experience Committee meetings held on 13 June and 11 July 2024.
7.2	ICB24 - 045	**Committee Chair's Report: Finance and Performance Committee – 13 June 2024** The Chair of the Finance and Performance Committee, the Acting Chair of NHS Devon, introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 13 June 2024. The Board **took assurance** from the Committee Chair's Report of the Finance and Performance Committee meeting held on 13 June 2024.
7.3	ICB24 - 046	**Committee Chair's Report: Primary Care Commissioning Transition Committee – 20 June 2024**

		The Chair of the Primary Care Commissioning Transition Committee, Independent Non-Executive Member for Primary Care, Judy Hargadon (JH) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meeting on 20 June 2024. The Board took **assurance** from the Committee Chair's Report of the Primary Care Commissioning Transition Committee meeting held on 20 June 2024.
7.4	ICB24 - 047	**Committee Chair's Report: Audit & Risk Committee – 28 May and 27 June 2024** The Chair of the Audit and Risk Committee, Independent Non-Executive Member for Audit and Risk, Graham Clarke (GC) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meetings on 28 May and 27 June 2024. The Board **took assurance** from the Committee Chair's Report of the Audit & Risk Committee meetings held on 27 May and 27 June 2024.
8.		**Closing Items**
8.1	ICB24 - 048	**Action Register** **The Board:** • **approved** the closure of Actions 37 and 24-008b; • **agreed** a target completion date of 30 September 2024 for Action 68 in respect of primary care representation on the Urgent and Emergency Care Board; and • **noted** the updates in respect of the remaining open Actions.
8.2	ICB24 - 049	**Questions from Members of the Public** The Chair informed the meeting that questions had been received in respect of Teignmouth Health and Wellbeing Centre and that a written response to those questions would be published in the minutes of the meeting.
8.3	ICB24 - 050	**Any Other Business** None.
		Meeting Closed: 13.25

Question from Members of the Public

Teignmouth Health and Wellbeing Centre

The following email had been submitted by from Geralyn Arthurs.

"Obviously my interest deals with the abortive plans for the Health and Wellbeing Centre on the Brunswick Street site in Teignmouth and assurances, in the light of the briefing paper for the Stakeholders Group for the Teignmouth Hospital site, that no services will be removed from Teignmouth Hospital that are currently there. Indeed I would be requesting that any service that was formerly there would be returned, but that is for a higher authority as we both are aware.

I, like many, would like to know that having spent £1.1m on the two planning applications, how much money the Trust/ICB still has from/for this project?
The problem is twofold:
firstly if the original application had been reduced in scale it would have been approved, as proved with the second submission which did not impeded in the same way within a conservation area as it was not overbearing, and therefore construction would have already started and depending on the developer could have been completed by now;
secondly the mismatch of expectations from the start.
(There are many points here but if you had gone for your original preferred site, the lower section of Teignmouth Hospital instead of a flood plane again that building would already be completed enhancing the Health and Wellbeing Centre that was established in the hospital in 2016 with the grand opening in 2017)

Seeing that we all know that the NHS has no money of its own, as it comes through taxation and donations, the public has a right to know exactly how much of the money that Jo Turl claimed it had still exists. Originally we were informed that this project would cost around £8.3m. Obviously costs have risen since then not just because of Covid as the war in Ukraine has played a major part in this. However last June (2023) the Chair of the Health and Adult Care Scrutiny Committee asked Jo Turl directly whether the NHS (please not not the developers, partners, etc.) had the finances to build the Hub then and there. She claimed that it (NHS) did.
Was this correct?
If this was accurate how much money does it still have?

The reason is that depending on which figure she was using there is still over £7m, £10m, £13m and £16m.

Therefore would you kindly inform the public which of the above is accurate.

Perhaps the moral of this saga is that the NHS works best when there is real transparency and everyone works together.

I look forward to hearing answers to all the questions I have posed, but what I would really love to know is who thought of this grand plan and why did he/she change the original favoured site for a flood plane especially in the light that in 2012 the National Policy Planning Framework stated clearly that essential services were not to be situated/built on flood plans. I know that I will never get that answer but it has intrigued me for the last four/six years."

A copy of the response made to Geralyn Arthurs is attached.

NHS Devon
Aperture House
Pynes Hill
Rydon Lane
Exeter
EX2 5AZ

12 August 2024

Dear Geralyn,

Thank you for submitting questions to the meeting of the NHS Devon Board on 25 July. I am sorry we were not able to address them at the meeting itself, but, as promised, I am writing to provide you with answers to the questions. A record of the questions and the answers will also be included in the minutes of the Board meeting.

As regards services located at Teignmouth Community Hospital, we have been in touch with colleagues at Torbay and South Devon NHS Foundation Trust, as the organisation responsible for providing the services.

As we said in the briefing for stakeholders, which I understand you have received, the decisions of Devon Clinical Commissioning Group's (CCG) Board, made in 2020, still stand. That means the NHS can relocate services from Teignmouth Community Hospital. In the case of the services that were approved to move to the health and wellbeing centre, this is clearly not possible at present. However, the CCG also approved the relocation of certain outpatient clinics and the day case procedures to Dawlish Community Hospital.

It is TSDFT's intention that, in line with this, some services will move to Dawlish Community Hospital as originally planned, however a date for the move has yet to be agreed and the proposed move will be subject to the availability of the funds required to effect it.

In relation to your questions regarding capital funding available to the trust now that the project has effectively been stood down, I would like to reaffirm the intended funding model for the proposed building.

The plan was for the upfront capital funding needed to build the centre to be provided by the developer. This means that the trust was not going to provide the majority of the upfront capital required to build the centre, regardless of the estimated cost of the building. The plan was then for the developer to grant a head lease to TSDFT and the developer would see a return on their capital investment over the term of the lease through the rent paid by the occupants. TSDFT would sub-let part of the building to Channel View Medical Group and a local voluntary sector group.

Part of the funding model was to use £1.1 million that was received from NHS England's Estates and Technology Transformation Fund. As you acknowledge, this has now been spent.

Under the original funding model, a small amount of capital funding was due to come from the trust through the sale of community assets with a small amount from NHS Devon to help with the purchase of the land.

Questions of affordability and value for money centred on whether TSDFT and NHS Devon could pay the rent on the building - the estimated level of which went up in line with the increase in the capital funding required by the developer to build the building. A number of different cost estimates were given over time – these increased due to the ever-rising cost of construction due to the effect of the pandemic, the war in Ukraine and changes in the cost of borrowing. As we said in the stakeholder briefing, an increase in the GP practice's rent, compared to the cost of the rent in their current premises, was budgeted for, but, over time, the building went from affordable to unaffordable.

As a complicating factor, even though the NHS was effectively going to pay for the building through rent over many years – a cost which is often viewed in accounting terms as a revenue cost – accounting rules mean that the majority of the overall estimated cost of the building (about £9 million) would have to have been accounted for as capital expenditure. Capital spending in all local NHS systems is strictly controlled and to 'spend' this large amount on the centre would have meant diverting it from a limited pot that is designated for urgent remedial work across the NHS estate in Devon.

Given that the majority of the upfront capital funding was not going to be provided by TSDFT, there is no available pot of money allocated to the provision of new health facilities in Teignmouth. TSDFT's capital budget is highly constrained and subject to significant competing demands – for example, for essential repair and maintenance, medical equipment, and IT infrastructure. Monies may be allocated from national pots, but these are tied to specific investments such as Electronic Patient Records or the New Hospital Programme. Following a decision not to proceed with the Teignmouth Health and Wellbeing Centre, TSDFT has said it will review options for the delivery of integrated care in the Coastal Locality, including the use of existing assets. This will be factored into TSDFT's forward capital programme.

As regards the chosen location of the proposed health and wellbeing centre in Brunswick Street, the preferred option identified through public engagement was a town centre site. The Post Consultation Business Case considered by the Board of Devon CCG in December 2020 states:

During the 2018 public engagement […] the issues of limited parking and the hospital's location up a steep hill on the edge of town were highlighted. Support for a new centre for many was conditional on finding a flat site, which people can access by car, public transport or on foot. Most respondents thought that a town centre site was the best option.

The Brunswick Street plots were chosen from a limited selection available further to the public engagement.

Plans for the building on the original plot in Brunswick Street were developed by TSDFT through a long engagement process with the planning authority and landowner – Teignbridge District Council – in 2020. Significant work was undertaken to reduce the size of the building as part of this process but, of course, a minimum amount of space was required to house the services intended for the building. It was, effectively, the smallest it could be to fulfil its function.

Flood mitigation measures were also included in the design of the building on the second plot in Brunswick Street and planning permission was secured. The Environment Agency was a statutory consultee in the planning process, and it made no objection to the scheme.

Throughout the long-running project to build the health and wellbeing centre, the NHS has worked closely with local people, conducting numerous public involvement exercises and maintaining strong links with, and participation in, the Coastal Engagement Group. During this period, we have been open about the reasons for the project and have frequently shared information with local people and stakeholders as the project progressed. The stakeholder briefing issued in July sets out some of the challenges beyond the control of the NHS that have beset the project and led to delays.

At the meeting on 25 July, members of NHS Devon's Board maintained that the integrated care model is the right one. This endorses the vision that was developed for health and care services in Teignmouth and Dawlish – *to provide excellent integrated services*.

We had planned to deliver that vision through the creation of the health and wellbeing centre, but, of course, we will now need an alternative solution.

We would like to reiterate our regret that we have not been able to deliver the planned health and wellbeing centre, but we have a legal duty to ensure local people have access to general practice services and we remain committed to finding a sustainable solution to the challenges now faced.

I trust this information is helpful.

Yours sincerely

Steve Moore
Chief Executive Officer
NHS Devon

NHS Devon Integrated Care Board

Annual Report and Accounts 2023/24 and Annual Assessment by NHS England

Date of meeting	Date report produced
18 September 2024	23 August 2024

Author(s)		Report approved by	
Name and title:	Philippa Harding, Company Secretary and Interim Chief Communications & Corporate Affairs Officer	**Name and title:**	N/A
Phone:		**Date:**	
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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 report presents Board members with the final Annual Report and Accounts for NHS Devon for the period of 1 April 2023 to 31 March 2024. This report also formally presents the outcome of the 2023/24 Annual Assessment of NHS Devon undertaken by NHS England (NHSE).

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Board meeting in private – 27 June 2024 - The Board **approved** the draft NHS Devon Annual Report for submission ahead of the national deadline for final submission of 28 June 2024. Audit and Risk Committee – 27 June 2024 - The Audit and Risk Committee **recommended to the Board** that the draft NHS Devon Annual Report and Accounts should be approved for submission to NHS England ahead of the national deadline of 28 June 2024. Audit and Risk Committee – 22 April 2024 - The Audit and Risk Committee: • **Took assurance** from the process for the production of the 2023/24 Annual Report and accounts including the timeline; and • **Agreed to recommend** to the Chief Executive Officer that the draft Annual Report reflected the work of NHS Devon in 2023/24 and was appropriate for submission in draft to NHS England (NHSE) on 23 April 2024.

Key recommendations and actions requested
NOTE the final NHS Devon 2023/24 Annual Report and Accounts
NOTE the Annual Assessment for 2023/24 of NHS Devon by NHS England

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

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

Annual Report and Accounts 2023/24 and Annual Assessment by NHS England

Introduction

1. NHS Devon Integrated Care Board (NHS Devon) is required each year to publish an Annual Report which details the organisation's governance arrangements and past year's performance. The report also includes the previous year's Annual Accounts. This report presents the final 2023/24 Annual Report for NHS Devon.

2. This report also formally presents the outcome of the 2023/24 Annual Assessment of NHS Devon undertaken by NHS England (NHSE).

Requirements for the Annual Report set by NHS England

3. The 2023/24 Annual Report, has been written in line with the NHSE Annual Report template intended to help Integrated Care Boards (ICBs) meet relevant requirements, including those set out in legislation.

4. ICB Annual Reports are required to follow the core three-part structure (performance report, accountability report and the financial accounts) and reporting requirements set out within the Department of Health and Social Care (DHSC) Group Accounting Manual (GAM).

5. The DHSC GAM sets out the minimum content required within the Annual Report. Beyond this, additional information should be provided as necessary to reflect NHS Devon's position within the community.

6. The Health and Care Act 2022 additionally requires ICBs to:

    - explain how they have discharged their duties under sections:
        - 14Z34 (improvement in quality of services)
        - 14Z45 (public involvement and consultation)
        - 14Z49 (experience of members)
    - review the extent to which the Board has exercised its functions in accordance with the plans published under sections:
        - 14Z52 (joint forward plans)
        - 14Z56 (capital resource use plan)
    - review the extent to which the board has exercised its functions consistently with NHSE's views set out in the latest statement published under section:
        - 13SA(1) (views about how functions relating to inequalities information should be exercised)
    - review any steps that the Board has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under Local Government and Public Involvement in Health Act 2007.

Annual Report - content summary

22. The Annual Report follows the guidance as outlined above and is attached as Annex A to this report.

Performance Report

23. The Annual Report provides an overview of performance highlights and key performance metrics. It shows that 2023/24 was a challenging year for the NHS in Devon, with significant pressures on many services. This can be seen in the urgent care system where key metrics are below national targets including four-hour waits in A&E and ambulance handover delays.

24. Elective care waiting times were also challenged, with some patients waiting for more than two-years (104-weeks) for their treatment. Progress against cancer metrics remains in line or above the national average and improvements have been seen in a reduction in the number of inappropriate out-of-area placements for patients with severe mental illness.

25. Devon's service and financial pressures have resulted in the system being placed in the highest tier (Segment 4) of the NHS Oversight Framework (NOF4). Exit criteria have been agreed with NHS England that cover leadership, strategy, urgent and emergency care, elective care, and financial performance.

Accountability Report

26. The Accountability Report including the Annual Governance Statement (AGS) is a key section of the annual report that details the system of internal control in place for the organisation and explains how each part contributed towards providing assurance to the Accountable Officer.

27. The AGS provides details of NHS Devon's internal control mechanisms. It includes details of the NHS Devon Board, the scopes of the Committees, and the control systems including risk management, internal audit, and the counter fraud service. The statement also contains the Head of Internal Audit Opinion.

Head of Internal Audit Opinion

28. ASW provided the final Head of Internal Audit Opinion for 2023/24. The Opinion on the internal control, governance and risk management arrangements for the ICB was **limited assurance**.

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

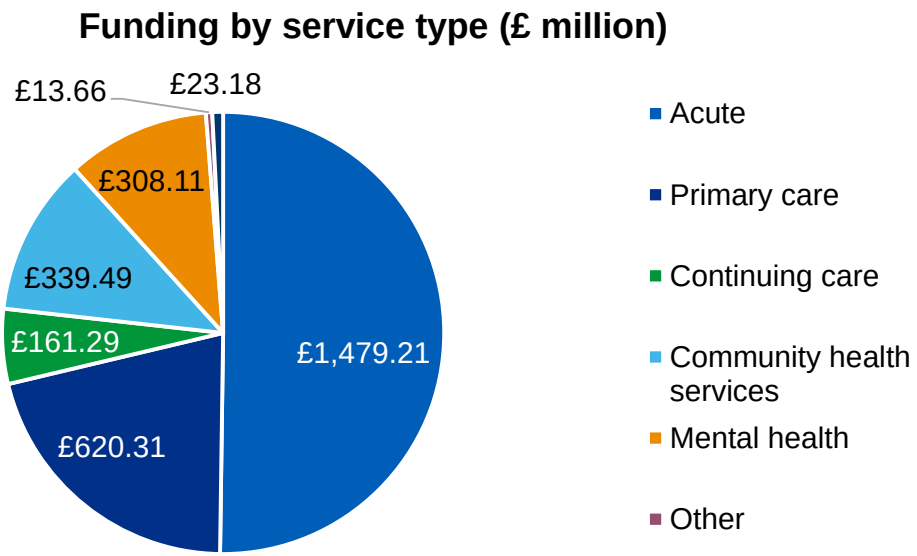
Requirements for the Annual Accounts set by the Department of Health and Social Care

29. ICBs are required to prepare accounts in accordance with International Financial Reporting Standards (IFRS) as adopted in HM Treasury's 'Financial Reporting Manual' (FReM), subject to any agreed divergences for the Department of Health and Social Care (DHSC) group, or through subordination to the Companies Act 2006. The DHSC Group Accounting Manual (GAM) incorporates the requirements of the FReM for ICBs and provides additional guidance and context relevant to the NHS. In compiling its 2023/24 Annual Accounts, NHS Devon has complied with the requirements of the GAM and, in so doing, achieved compliance with the FReM. NHS Devon's 2023/24 Annual Accounts are incorporated into the Annual Report attached at Annex A to this report.

Annual Accounts – content summary

Financial performance

30. NHS Devon received funding totalling £2.9 billion between 1 April 2023 to 31 March 2024. The chart below shows the spend by service type which includes contract and non-contractual expenditure with NHS providers, independent providers, local authorities and the voluntary sector, and shows the running costs for NHS Devon. It largely reflects historical levels of expenditure and trends in current demand.



Financial key performance indicators (KPIs)	Achieved
Statutory requirement	
Operated within overall budget	Yes
Operated within capital limit	Yes
Operated within running costs limit	Yes
ICB targets	
Achieved final financial plan	Yes
Delivered efficiencies/savings plan	£78 million
Operated within cash limit	Yes
MHIS achieved (subject to review)	Yes
Audit opinion on statutory accounts	Unqualified

Financial outlook

31. The Annual Report includes a section on the financial outlook for 2024/25. NHS Devon and its One Devon system partners work together to plan and ensure that spend does not exceed the resources available. The 2024/25 plans are based on ambitions to improve service performance and productivity, making progress towards delivering the key ambitions in the NHS Long Term Plan.

32. NHS Devon received recurrent base growth funding in 2024/25 of 2.06% which equates to £45.5 million. For the running costs of NHS Devon, there is a reduction in base funding from £23.2 million in 2023/24 to £19.0 million in 2024/25, requiring considerable savings. Despite the additional funding received, the efficiency requirement will make 2024/25 challenging.

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

Annual Assessment of NHS Devon by NHS England

Annual Assessment approach

34. Under the terms of the Health and Social Care Act 2022, NHS England (NHSE) is required to undertake a performance assessment of each ICB in respect of each financial year and publish a report containing a summary of the results of each assessment. The outcome of the assessment is a letter from the relevant NHSE regional director to the ICB chair.

35. The purpose of the assessment is to assess how well the ICB has discharged its statutory functions. In particular, it should:

    - objectively consider how effectively each ICB has led the NHS in its system;
    - provide a clear process of accountability for each ICB to NHS England in the discharge of their functions;
    - consider the delivery and achievement of objectives to inform future plans;
    - identify instances of good practice and support the sharing of this with others who could benefit;
    - reflect on progress towards longer-term strategic priorities; and
    - review the extent to which any supportive interventions have been successful.

36. The assessment is structured across five sections. Each section considers the ICB's overall system leadership and its contribution to each of the 4 core purposes of an integrated care system (ICS):

    - improving population health and healthcare
    - tackling unequal outcomes, access and experience
    - enhancing productivity and value for money
    - helping the NHS support broader social and economic development

37. The assessment draws, wherever possible, on existing processes and information rather than requiring additional effort. All sections of the assessment are underpinned by a consideration of four main questions:

    - to what extent has the ICB delivered on the national priorities set by NHS England?
    - how far has the ICB achieved the local ambitions articulated in its Joint Forward Plan?
    - how has the ICB responded to diagnosed support needs and progressed towards any agreed improvement goals?
    - how effectively has the ICB led the NHS in its ICS?

38. In considering these questions, NHSE will reflect on a range of evidence including, but not limited to:

    - ICB self-reflection
    - The ICB's annual reports and accounts
    - Feedback from system partners
    - Routine discussions
    - Delivery of operating plans
    - Progress towards improvement goals

Annual Assessment letter

39. NHS Devon received its Annual Assessment Letter from the NHSE South West Regional Director, Elizabeth O'Mahony, at the end of July 2024. It is appended as Annex B to this report. Attached to the letter is feedback from the Torbay and Plymouth Health and Wellbeing Boards.

Conclusion

40. The Board is asked to:

- **NOTE** the final NHS Devon 2023/24 Annual Report and Accounts
- **NOTE** the Annual Assessment for 2023/24 of NHS Devon by NHS England

NHS Devon

Annual report and accounts

1 April 2023 – 31 March 2024

One Devon

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

Contents

Foreword from the chair

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Kevin Orford
Acting Chair, NHS Devon Integrated Care Board

Performance report

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

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

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

The report covers the period from 1 April 2023 to 31 March 2024.

Performance overview

Summary from the accountable officer

2023/24 has been a challenging year for the NHS in Devon, with significant pressures on many services, largely due to increased demands of an ageing population as well as service backlogs. This can be seen most notably in the urgent care system where key metrics are below national targets including four-hour waits in A&E and ambulance handover delays. Elective care waiting times were also challenged, with some patients waiting for more than two-years (104-weeks) for their treatment.

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

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

Devon's service and financial pressures are well-documented and have resulted in the system being placed in the highest tier (segment four) of the NHS Oversight Framework (NOF4). Exit criteria have been agreed with NHS England that cover leadership, strategy, urgent and emergency care, elective care, and financial performance. NHS Devon took on the commissioning of pharmacy, optometry and dentistry services in July 2022, and work is underway to deliver improvements. As with many areas across the country, access to dental care in Devon has historically been challenging and plans have been put in place to improve access. This includes building more capacity and commissioning more urgent dental appointments.

Our purpose

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

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

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

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

- Continuing healthcare for people with ongoing health needs such as nursing care

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

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

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

Working as One Devon

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

It includes the following health and care organisations:

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

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

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

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

1. **Effective and efficient care:** Collaborate across the system to address quality (safety, effectiveness, experience) and productivity.
2. **Integrated Care Model:** Systematic delivery of integrated – or joined up – care across Devon.

3. **The Devon deal:** A citizen-led approach to health and care. We will adopt a new approach to reduce differences in care across the county and will work with communities to identify priorities and tackle the root causes of problems.
4. **Children and young people:** Working together with children, young people and their families. We want all children and young people in Devon to have the best start in life, grow up in loving and supportive families, and be happy, healthy and safe.
5. **Digital Devon:** Invest in a digital Devon: people will only tell their story once, first contact will be digital, and more advice and help will be available online. We want to make the most of advances in digital technology to help people stay well, prevent ill-health, and provide care.
6. **Equally well in Devon:** Work together to tackle the physical health inequalities for people with mental illness, learning disabilities and/or autism.

Integrated Care Strategy and Joint Forward Plan

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

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

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

The plan reflects significant input from people and communities throughout Devon, based on an analysis of extensive public feedback about health and care between 2018 to 2022, as well as views gathered at a joint Health and Wellbeing Boards event and a joint Overview and Scrutiny Committees event.

It benefits from substantial input from health and care partners across Devon, drawn from our Local Care Partnerships, Voluntary Care and Social Enterprise Assembly, and system partners. It has also been informed by a partners' survey and a 'Change Leaders Event', attended by more than 50 system leaders.

The Joint Forward Plan was updated in March 2024 and is reviewed on an annual basis in consultation with One Devon's Health and Wellbeing Boards.

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

NHS Oversight Framework

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

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

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

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

NHS Oversight Framework Domains

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

Devon Improvement Areas (2023/24)

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

The current segmentation for the One Devon Integrated Care System is as follows:

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

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

The monitoring process set out in the NOF includes a requirement to hold monthly reviews of progress against key performance indicators and exit criteria which are provided in the form of flash reports. The reviews take place at the System Improvement and Assurance Group (SIAG), which is chaired by NHSE. Although these meetings were previously held quarterly, in light of performance towards the end of 2023, monthly meetings were re-instated.

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

Highlights and achievements

Dartmouth Health and Wellbeing Centre opens

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

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

Reducing planned care waiting times

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

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

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

Action for children with special educational needs

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

Establishing Community Diagnostic Centres

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

1. Devon Nightingale CDC

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

2. Plymouth CDC

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

3. Torbay and South Devon CDC

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

Devon GPs rated highly

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

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

Adult and older adult mental health inpatient care

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

Additional funding to manage demand

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

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

Joint working for mental health

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

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

Delivering COVID-19 vaccines

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

Digital progress

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

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

Research and innovation

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

Award-winning teams

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

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

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

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

Key issues and risks to performance

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

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

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

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

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

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

Performance analysis

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

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

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

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

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

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

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

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

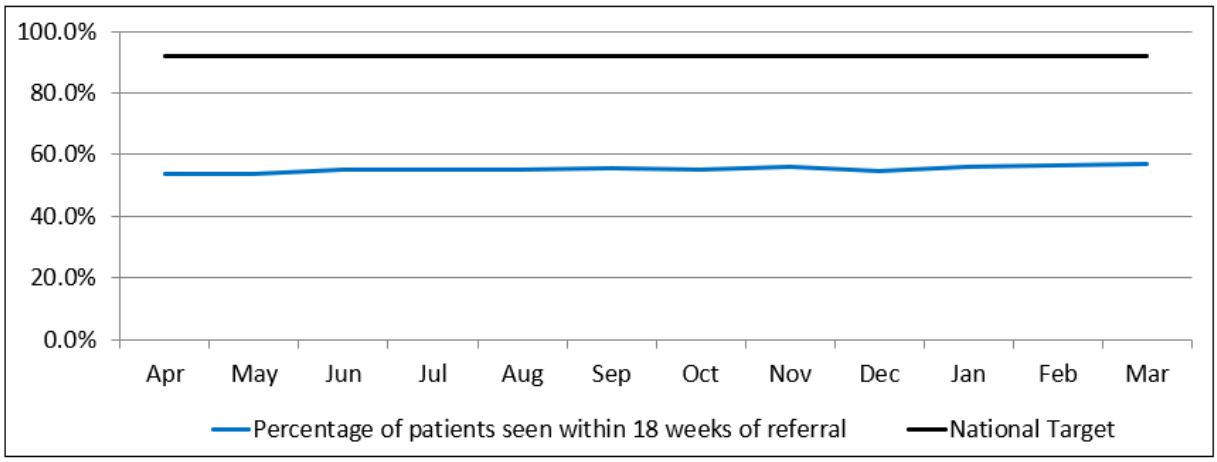
Key performance indicator	Target	Devon	RDUH	UHP	TSD	England
Patients treated within 18 weeks (incomplete pathways)	**92.0%**	55.3%	54.2%	56.9%	55.4%	58.0%
Patients waiting for more than 52-weeks for treatment	**0.0%**	6.9%	7.1%	5.6%	8.2%	4.7%
Patients waiting for more than 78-weeks for treatment	**0.0%**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

Table notes:

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

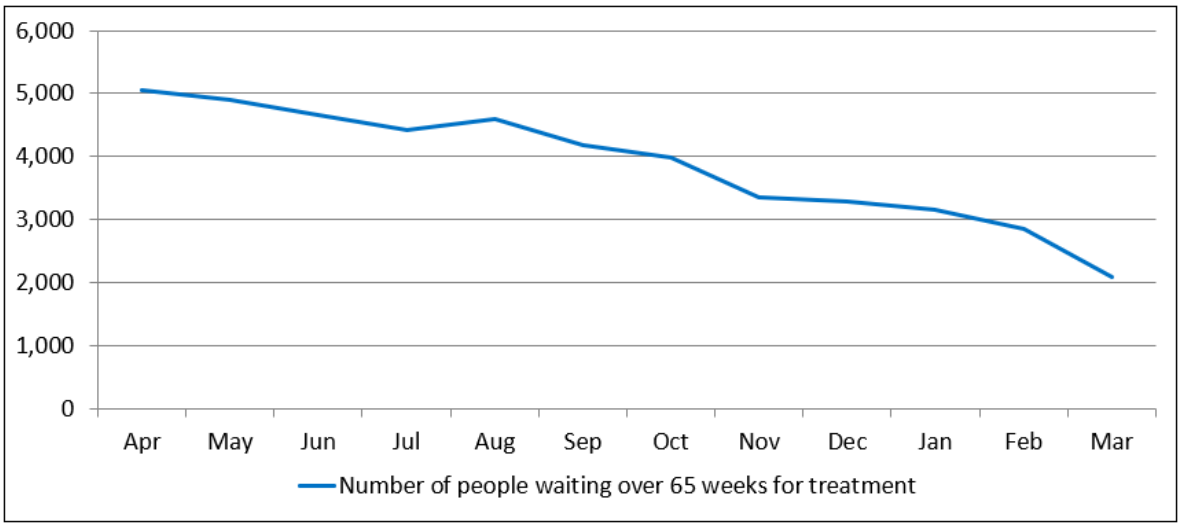
Patients treated within 18-weeks

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



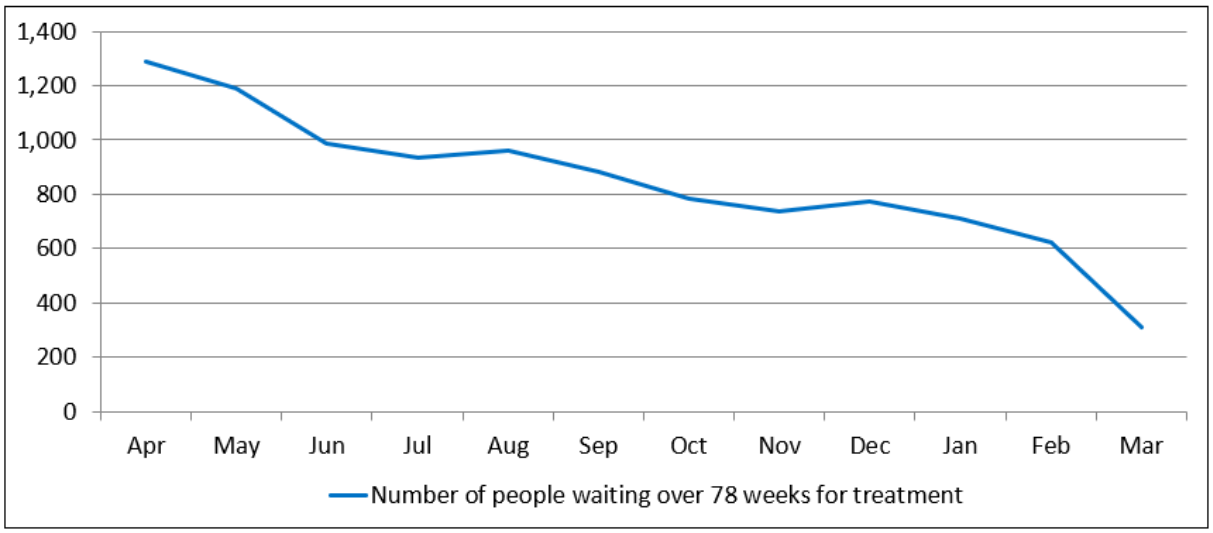
People waiting over 65-weeks for treatment

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



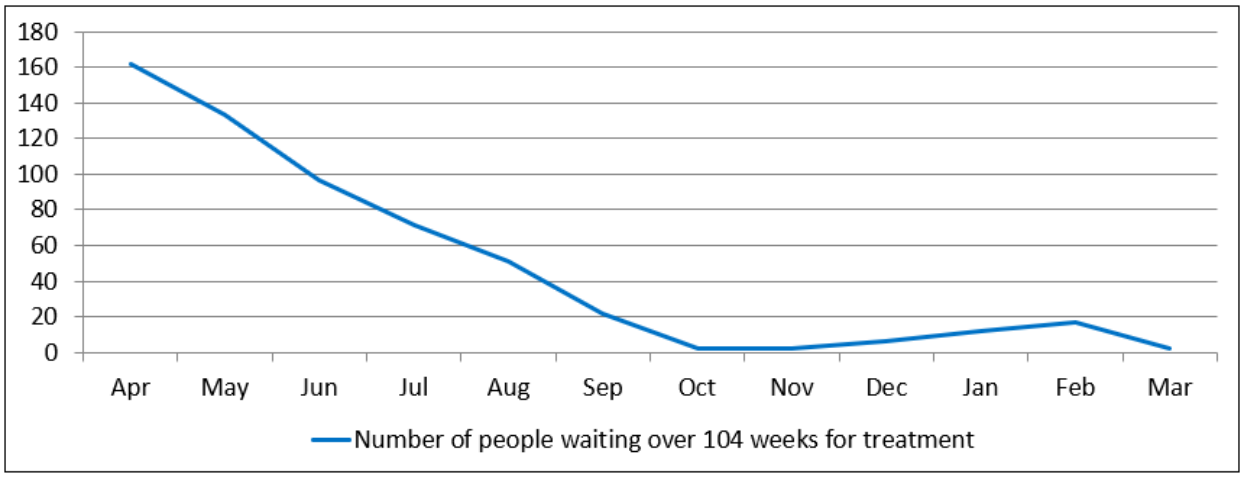
People waiting over 78-weeks for treatment

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



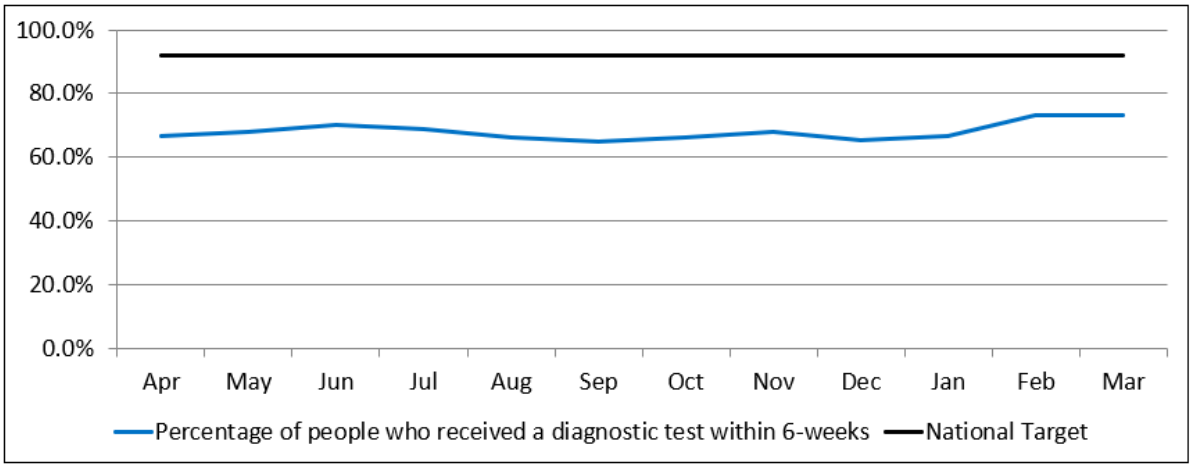
People waiting over 104-weeks for treatment

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



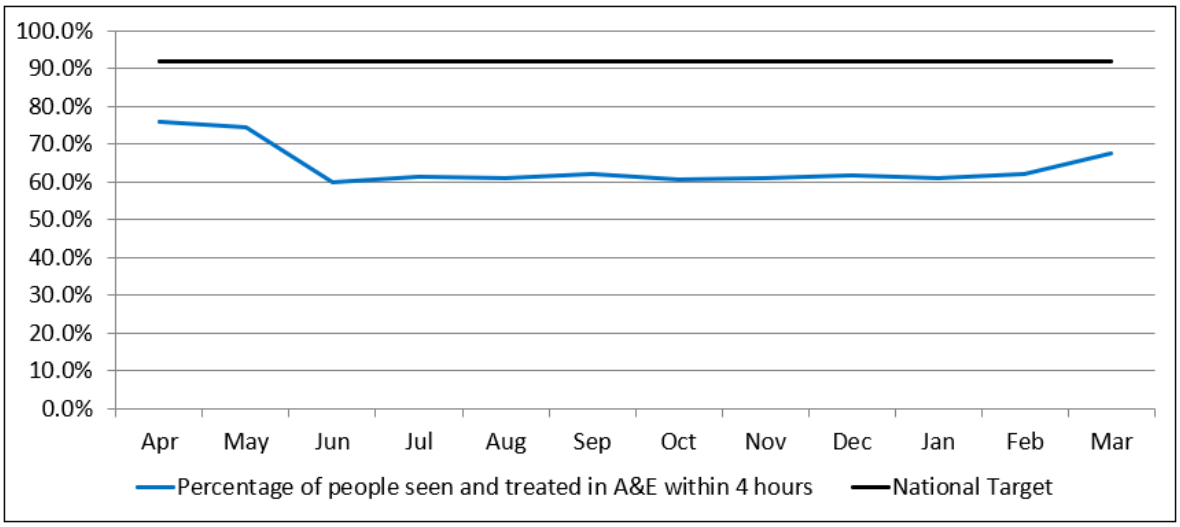
Six-week diagnostic waits

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



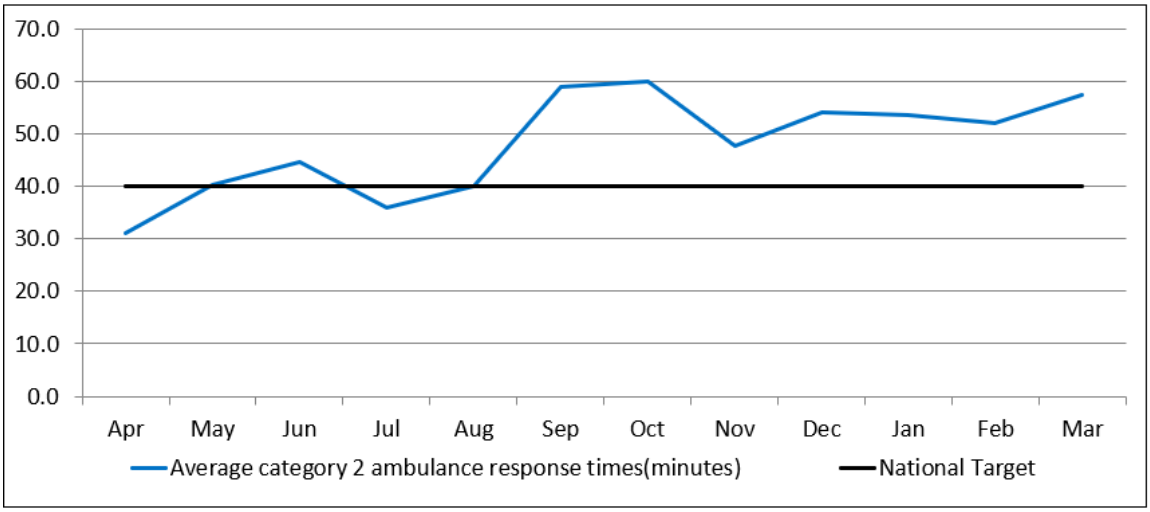
A&E 4-hour waits

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



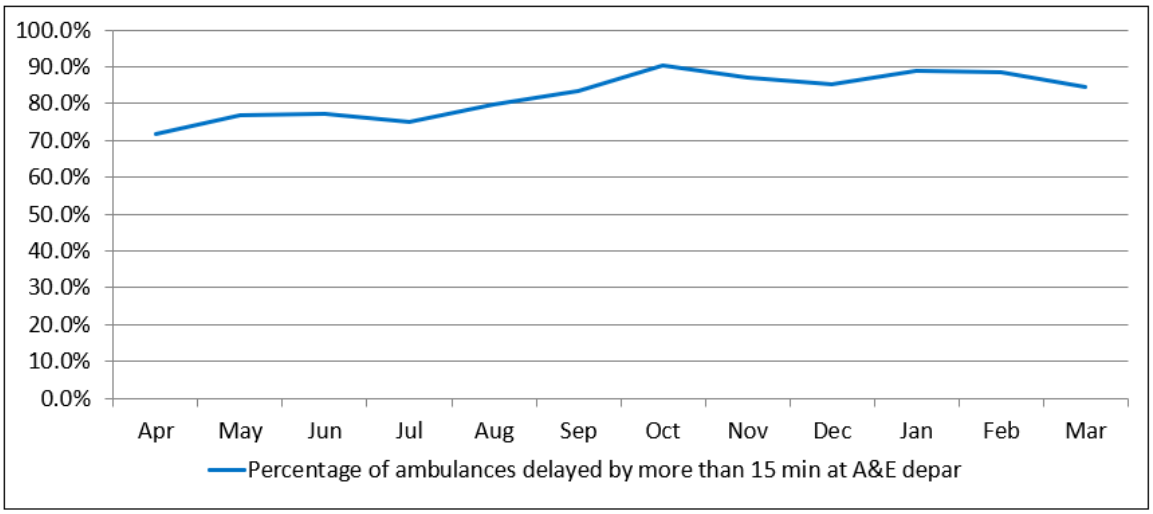
Ambulance response times (category 2)

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



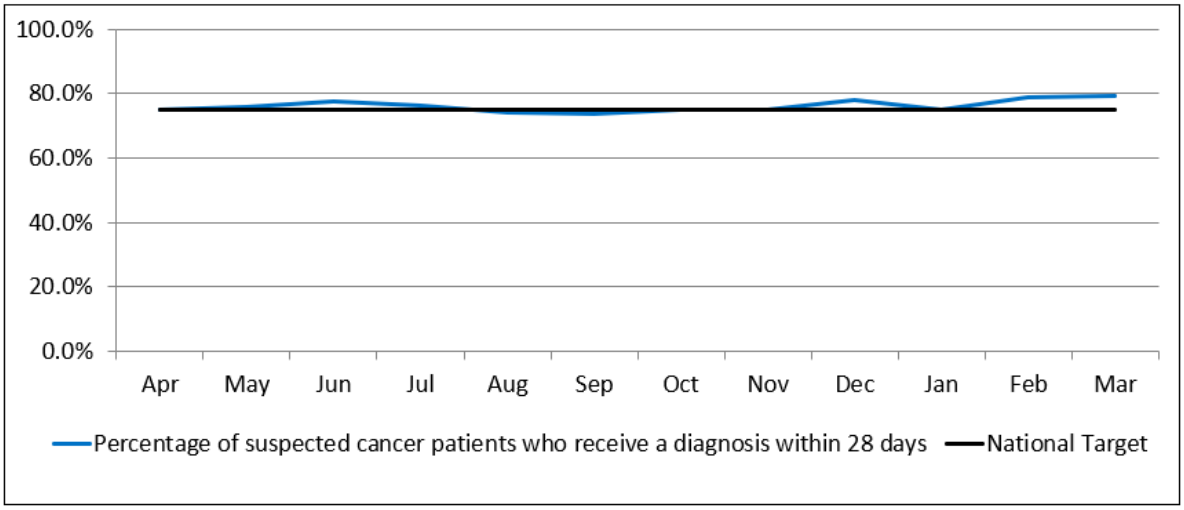
Ambulance handover delays

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



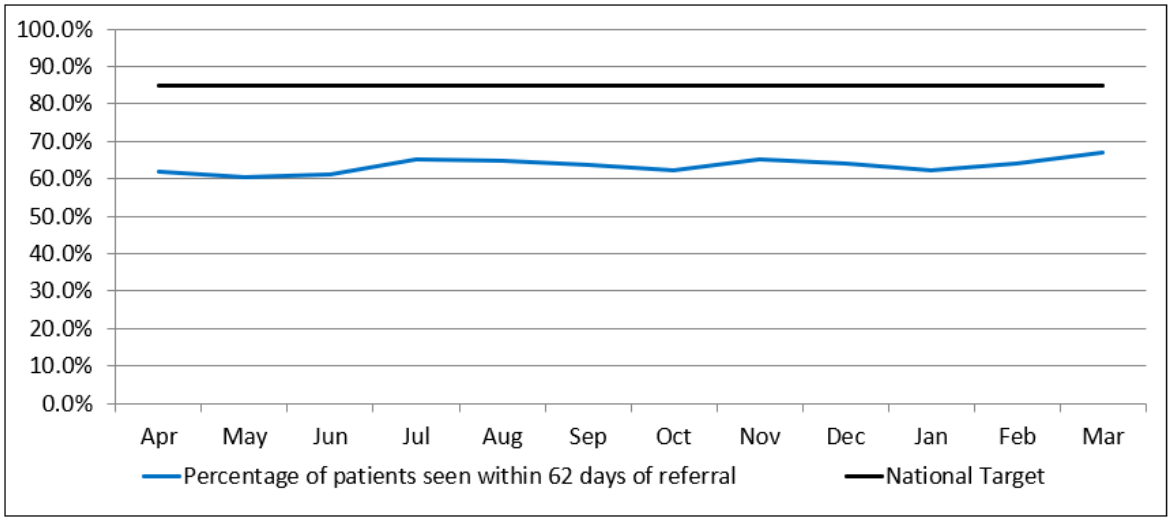
Cancer 28-day waits

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



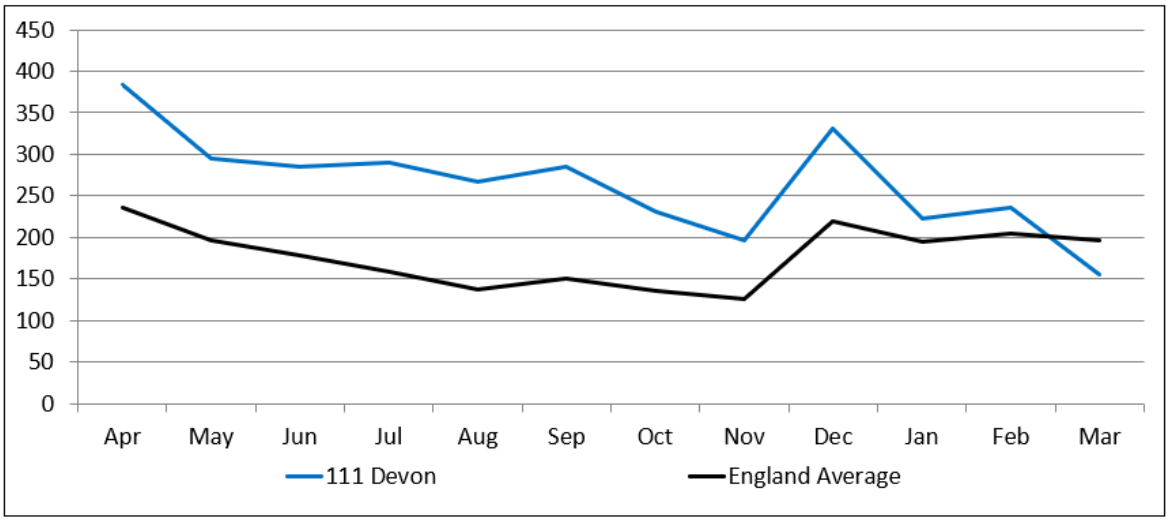
Cancer 62-days waits – combined

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



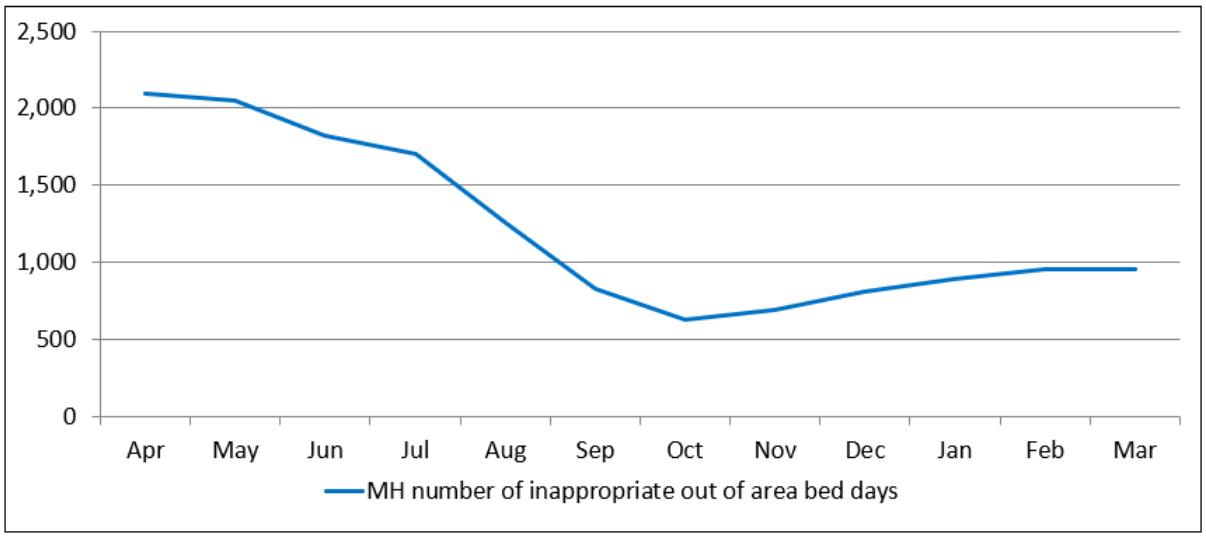
NHS 111 (out-of-hours service) response times

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



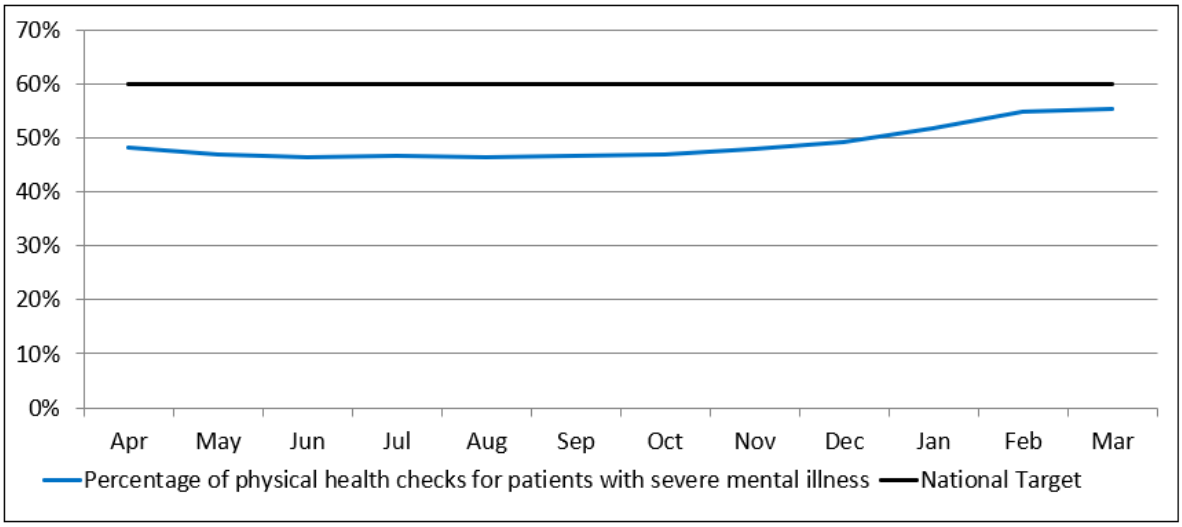
Mental health out-of-area bed days

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



Physical health checks for patients with severe mental illness

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



Financial review

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

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

In line with our financial plan agreed with NHS England, NHS Devon delivered a financial surplus of £36.4m for the year ending 31 March 2024.

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

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

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

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

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

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

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

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

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

Going concern

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

Name of external auditor, plus costs

NHS Devon appointed KPMG LLP as its external auditor and paid £247,200 (£206,000 excluding VAT) for year ended 31 March 2024, £240,000 (£200,000 excluding VAT) for the period ended 31st March 2023.

Included in the accounts is £18,000 (£15,000 excluding VAT) for an independent review of the 2023-24 Mental Health Investment Standard.

Basis of accounting

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

The accounts present our results for, and financial position to, the period ended 31 March 2024. They have been prepared under International Financial Reporting Standards (IFRS) using the accounting policies shown in the notes to the accounts, in accordance with the 2023/24 Group Accounting Manual (GAM) issued by the Department of Health and Social Care. They comprise a Statement of Financial Position, Statement of Comprehensive Net Expenditure, a Statement of Cash Flows, and a Statement of Changes in Taxpayers' Equity, all with related notes.

Losses and Special Payments

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

During 2023/24 there have been three compensation payments totalling £9,414.08.

2024/25 financial outlook

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

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

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

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

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

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

Managing our financial risks

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

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

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

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

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

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

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

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

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

Mental health

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

Based on the above expectations, NHSE sets an annual MHIS uplift target for each Integrated Care Board (ICB) which is used to calculate the total expenditure to be achieved. This target is calculated using the prior year's spend and applies a percentage uplift. In 2023-24 NHS Devon had a 9.42% MHIS uplift target to achieve.

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

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

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

The overall NHS Devon programme allocation has increased by 10.5%

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Safeguarding

NHS Devon has a statutory duty under Section 11 of the Children Act 2004 to ensure that in discharging its functions as a commissioner of services, due regard is given to the need to safeguard and promote the welfare of children and young people. The NHS Devon safeguarding team delivers the statutory functions as directed within the Care Act 2014, the Health of Children in Care 2015, the Domestic Abuse Act 2012, the Police, Crime, Sentencing and Courts Act 2022 and the counter terrorism strategy including Prevent and the Mental Capacity Act 2005. Consideration is also given to other statutory legislation linked to safeguarding which includes child sexual exploitation, female genital mutilation and modern slavery. NHS Devon works to the Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2022. Safeguarding is a high priority for the organisation.

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

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

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

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

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

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

Children and young people

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

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

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

The Chief Executive is identified as the Lead Safeguarding Partner, and the Chief Nursing Officer the Delegated Safeguarding Partner under the newly updated statutory guidance Working Together to Safeguard Children 2023.

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

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

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

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

Torbay Safeguarding Children Partnership

Plymouth Safeguarding Children Partnership

The Devon Safeguarding Children Partnership (Devon SCP)

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

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

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

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

Themes from child safeguarding practice reviews, rapid reviews and child death overview panel have included safe sleeping, neglect, adolescent mental health and suicide and non-accidental injury in babies. Learning briefs following each review are shared widely with staff and can be found on the Partnership websites.

NHS Devon and NHS Cornwall have worked together to commission ICON. ICON was developed with the purpose of helping prevent abusive head trauma by offering support to parents through a series of interventions, aiming to help them cope with a crying baby. It is hoped that the programme will reduce the number of injuries inflicted on babies.

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

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

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

Children in care and care leavers

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

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

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

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

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

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

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

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

Adults

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

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

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

Environmental matters

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

In addition, One Devon has developed a Green Plan which outlines the initiatives, projects and activities they will deliver towards the collective focus in the Southwest to reach our target of Net Zero. This plan ensures that all Devon NHS organisations have increased awareness, knowledge of, and understanding of our objectives and responsibilities, sharing our impact in reducing carbon emissions produced by our activity.

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

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

One Devon acknowledges the ongoing necessity to pinpoint and address the principal risks posed by climate change. In response, we are formulating strategies to both adapt to and lessen these risks. We recognise that tackling the climate and ecological crises presents a chance to build a society that is more equitable, healthier, resilient, and prosperous. Promoting increased physical activity through walking and cycling, enhancing air quality via vehicle electrification, insulating buildings, and advocating for sustainable and balanced diets are all steps that will not only boost public health but also alleviate strain on the NHS and social care systems.

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

Workforce and system leadership

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

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

Sustainable models of care

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

Digital transformation

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

Travel and transport

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

Estates and facilities

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

Medicines

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

Supply chain and procurement

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

Food and nutrition

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

Climate adaptation

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

Improving quality

NHS Devon functions

In accordance with the “Health and Care Act 2022: Duty as to improvement in quality of services (14Z34)”, NHS Devon continues to exercise its functions, including securing continuous improvement in the quality of services and patient outcomes. NHS Devon drives improved effectiveness and safety of services and the quality of experience for patients.

NHS Devon is fully aligned to the principles and directions of the National Quality Board in its commitment to quality. In doing so, NHS Devon continues to undertake statutory and non-statutory functions. Quality Systems and Assurance processes that enable this include:

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

- Complaints
- Whistleblowing and Freedom to Speak Up
- Review of provider quality accounts

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

Quality governance

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

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

The National Quality Board guidance on quality risk response and escalation in Integrated Care Systems, sets out how quality risks should be managed. The guidance is in place to ensure explicit agreement that quality concerns and risks are managed as close to the point of care as possible. NHS England supports management of complex, significant and/or recurrent risks which cannot be managed at system level.

NHS Devon's Quality and Patient Experience Committee

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

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

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

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

One Devon Integrated Care System's Quality Group (SQG)

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

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

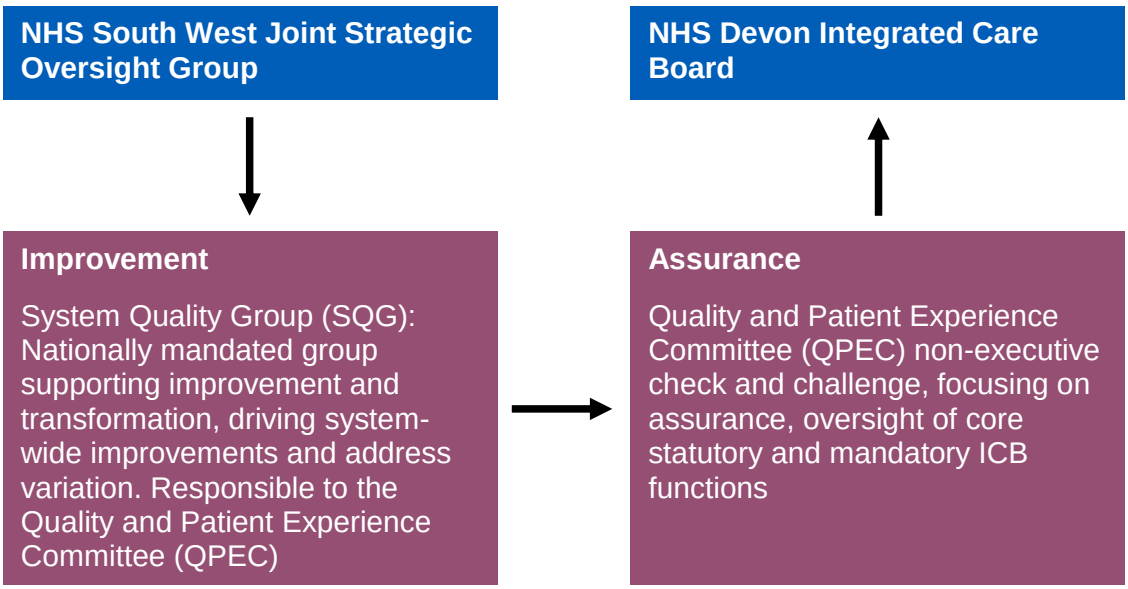
- To seek positive assurance that statutory duties are being met, concerns and risk are addressed, and improvement plans are having the desired effect
- To seek confidence in the ongoing improvement of care quality, drawing on timely diagnosis, insight and learning. This includes confident that inequalities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

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

NHS Devon quality governance structure

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

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



Quality metrics to inform governance processes

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

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

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

Quality Equality Impact Assessments (QEIA)

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

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

QEIAs are completed for:

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

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

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

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

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

Devon's 'Harm Profile'

Patient safety and quality within pathways of care

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

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

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

Devon Mortality Group

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

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

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

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

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

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

Experience

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

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

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

With an increasing contact volume, the timeliness of responses has fallen in the more complex, formal cases. Every patient experience communication receives an immediate response which, in many cases, can resolve the issue with further information and signposting to services. Complex cases are often multi-agency and take longer to resolve. Continuing Healthcare remains a significant theme within patient experience. Learning from these complaints has begun to improve processes in these services.

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

This year has seen the closure of our PITCH processes that enabled providers (mainly primary care) to report issues to NHS Devon. This has been replaced by the new national 'Learning from Patient Safety Events' reporting system, which is compulsory for all NHS providers. It enables providers to report directly to each other about concerns, identify risks

to patient care and will enable greater scale learning. Direct contact between providers enables faster resolution of issues related to referral and discharges for patients.

Safety

Incidents and the Patient Safety Incident Response Framework

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

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

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

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

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

The patient safety specialist and safety systems team continue to have oversight on national patient safety alerts, ensuring that all relevant alerts are actioned timely by providers and closed within the required time allocated. If alerts become overdue, NHS Devon monitors these in accordance with the providers' local action plans.

Infection, Prevention and Control

NHS Devon's Infection Prevention and Control (IPC) team has continued to provide an overview of the mandated monitoring of healthcare associated infections (HCAIs) to the relevant committee. There has been an increase in these infections over the last year in our secondary care and community establishments since the end of the COVID-19 pandemic. We review the levels of infection in collaboration with our providers.

Overall, the picture, when matched with previous reporting years, demonstrates a steady downward trend. IPC takes part in the acute trusts' Infection Control Committees to fulfil the requirements of NHS Devon under section 3 (14Z34 of the Health and Care Act 2022).

The IPC team continues to participate in the provision of antimicrobial stewardship and resistance reduction through participation in an enhanced Peninsula Antimicrobial Management Group, with the system lead acting as co-chair. This involves liaising closely

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

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

Continuing Healthcare

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

This is a statutory function of NHS Devon and decision making cannot be delegated to system partners. The key performance details and targets are as below in table 1. Detail is also included against the overall activity of the team.

Key achievements include:

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

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

Effectiveness

Clinical effectiveness

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

Transformation and quality improvement

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

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

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

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

Care Quality Commission inspection – Integrated Care Boards

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

Involving people and communities

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

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

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

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

The refreshed EDI Strategy is still subject to final approval.

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

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

Involvement with people and communities

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

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

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

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

Equality, Diversity and Inclusion (EDI)

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

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

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

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

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

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

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

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

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

- Devon County Council meetings papers and minutes
- Plymouth Health meeting papers and minutes
- Torbay Council meeting papers and minutes

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

- Devon County Council meeting papers and minutes
- Plymouth City Council meeting papers and minutes
- Torbay meeting papers and minutes

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

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

Voluntary, Community and Social Enterprise Sector (VCSE)

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

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

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

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

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

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

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

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

Social media

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

Reducing health inequalities

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

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

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

Delivery and governance structures

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

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

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

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

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

The people who live in Devon

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

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

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

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

System leaders and decision-makers

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

Strategic commissioners

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

Local Care Partnerships

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

Health and Care Providers (including collaboratives)

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

The Population Health Programme

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

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

Our key areas of focus are:

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

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

Population Health Management

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

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

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

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

Elective recovery

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

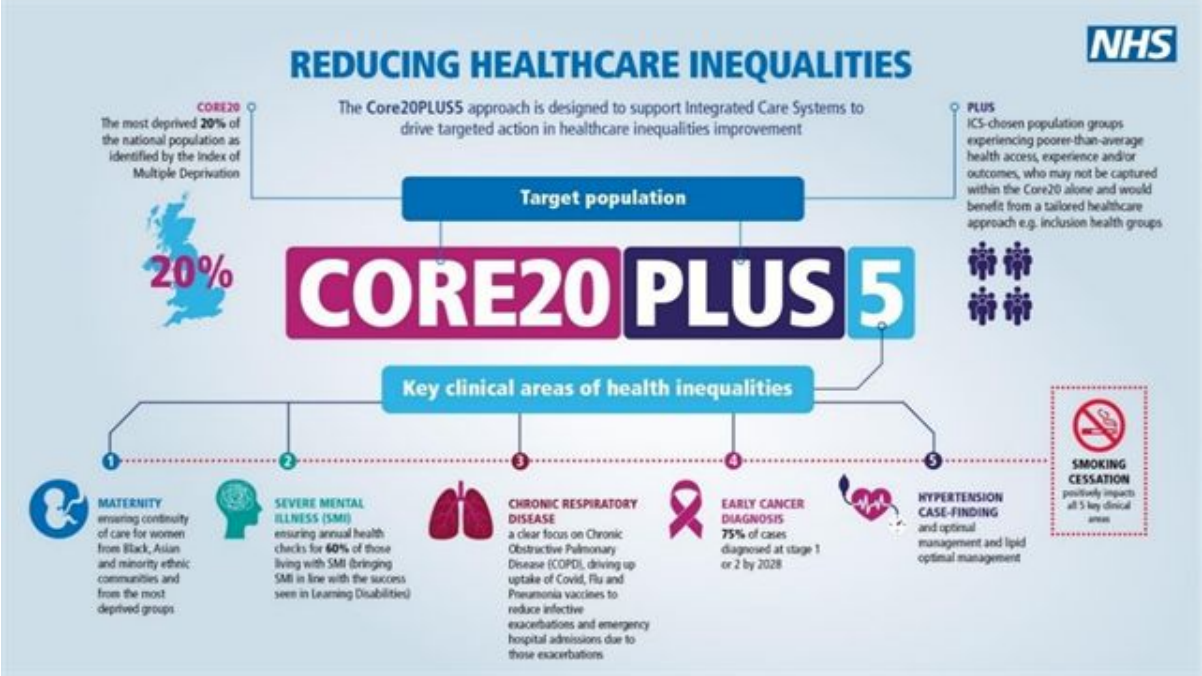
Using relevant information, the group, including representation from all NHS providers, identifies specific groups and parts of the population who may be disadvantaged by new ways of working and ensures that the actions are taken to prevent this. We have undertaken waiting list analysis for elective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

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

Core20Plus5

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

- Individuals, families and communities experiencing rural and coastal deprivation
- Individuals and families adversely affected by differential exposure to the wider determinants of health – for example, those with unstable housing or homeless people, vulnerable migrants and/or those experiencing domestic abuse
- People with severe mental illness and/or learning disability, and neurodiverse people



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

High-intensity users

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

Complications of excess weight

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

Cardiovascular disease

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

Inclusion Health

The system-wide Inclusion Health Steering Group has been meeting for some time to bring together partners across statutory and non-statutory services to improve services and outcomes. This group is now taking responsibility for delivering the Inclusion Health Framework and has developed an action plan to ensure that we

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

This action plan will build on services already in place and, most importantly, on the feedback we have received from service users on their experiences of existing services.

Children's Core20Plus5

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

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

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

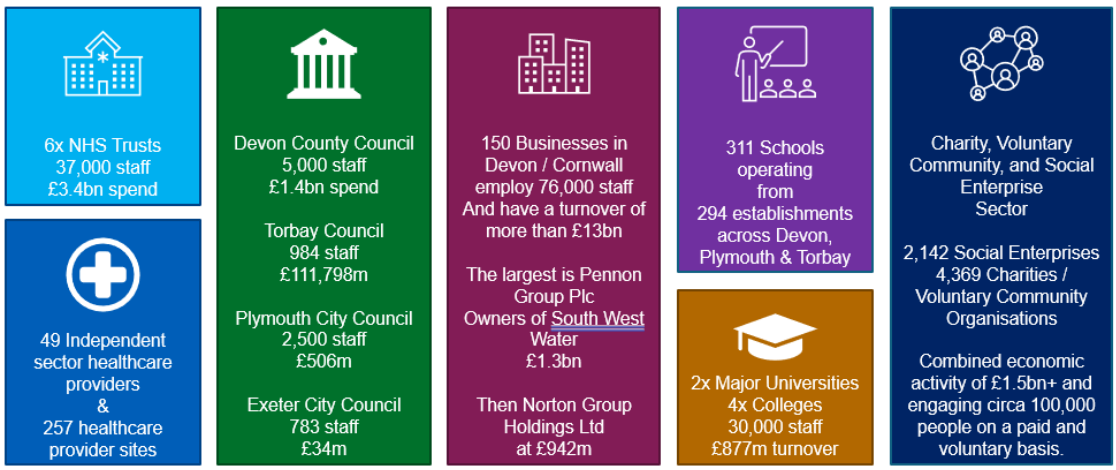
We will be working alongside Public Health colleagues to support the family hubs offers and with maternity teams to support actions from their Equity and Equality Plan.

Social and economic development: anchor institutions

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

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

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



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

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

Health and wellbeing strategy

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

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

Acute services

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

Primary and community care

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

Mental health

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

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

Learning disability and autism

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

Children, young people and women's health

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

Population health

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

Health protection

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

Suicide prevention

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

Accountability report

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

It comprises three sections:

1. The Corporate Governance Report sets out how we have governed the organisation during the period 1 April 2023 to 31 March 2024 including membership and organisation of our governance structures and how they supported the achievement of our objectives

2. The Remuneration and Staff Report describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies

3. The Parliamentary Accountability and Audit Report brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Members report

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

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

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

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

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

Composition of NHS Devon's Board

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

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

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

Sarah Wollaston

Independent Chair

Steve Moore

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

Bill Shields

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

Nigel Acheson

Chief Medical Officer

Penny Smith

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

Graham Clarke

Independent Non-Executive Member, Audit and Risk

Kevin Orford

Independent Non-Executive Member, Finance and Remuneration

Judy Hargadon

Independent Non-Executive Member, Primary Care

Sheena Asthana

Independent Non-Executive Member Health Inequalities and Population Heath

Thandiwe Hara

Independent Non-Executive Member, Citizen and Community Involvement

Vacancy

Independent Non-Executive Director, Quality and Performance

Liz Davenport

NHS and Foundation Trust Partner Member

Frank O'Kelly

Primary Care Partner Member

Donna Manson

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

Ruth Harrell

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

Vacancy

Mental Health Member

Membership of the Audit and Risk Committee and the Remuneration and ICB Internal Workforce Committee can be seen in Appendix 1.

In addition to the membership set out above, other Board Members between 1 April 2023 and 31 March 2024 were:

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

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

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

- Chief executive of Cornwall and the Isles of Scilly Integrated Care Board
- Chair of the Integrated Care Partnership
- Chief communications and corporate affairs officer
- Chief delivery officer
- Director of strategic workforce
- Interim chief people officer

Register of interests

NHS Devon maintains a register of interests and a register of gifts and hospitality declarations. The registers for NHS Devon Board Members and managers classified as ‘decision-makers’ (Agenda for Change Band 8d and above) can be found on the NHS Devon website: https://nhsdevonicb.mydeclarations.co.uk/home

Personal data related incidents

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

During the period of 1 April 2023 – 31 March 2024, NHS Devon reported 116 internal incidents. The majority of incidents were graded as ‘green’ and therefore considered as minor incidents with no/low risk.

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

Modern Slavery Act

NHS Devon fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2024 is published on our website at https://onedevon.org.uk/nhs-devon/safeguarding/

Statement of Accountable Officer's Responsibilities

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

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

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

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

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

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

Steve Moore

Accountable Officer, Chief Executive Officer

NHS Devon Integrated Care Board

27 June 2024

Governance statement

Introduction and context

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

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

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

Between 1 April 2023 and 31 March 2024, NHS Devon was not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006 (as amended).

Since 13 July 2022 NHS Devon has been identified as being within Segment 4 of the NHS Oversight Framework (NOF4). This means NHS Devon has been under the national Recovery Support Programme (RSP), which has provided it with intensive support. At the same time as helping to address the specific issues that have triggered mandated intensive support, NHS England has considered long-term solutions and any structural issues affecting NHS Devon's ability to ensure high quality, sustainable services for the public.

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

Leadership

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

Strategy

- Delivery of phase 1 of the Acute Services Sustainability Programme

Urgent and Emergency Care

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

Elective Recovery

- Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement
- System performance improvements are delivered in accordance with agreed plans (cancer and elective long waiters)

Finance

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

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

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

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

To meet the SIAG and all other reporting requirements, NHS Devon reports performance aligned to the NOF4 domains on a monthly basis. This report is then used as a framework to report to the System Recovery Programme assurance groups, including the Elective Care Board, the Unscheduled Care Board, the System Recovery Board and the SIAG. This report is aligned to NHS Devon Board's Integrated Quality, Finance and Performance Report, where appropriate.

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

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

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

The membership and attendance record for the Board and its committees, together with highlights of their work are at Appendix 1. The Terms of Reference of these committee are contained within the Governance Handbook https://onedevon.org.uk/download/nhs-devon-icb-governance-handbook/?hilite=governance+handbook

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

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

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

Other governance updates have included the establishment of a Devon Investment Group and of a Provider Selection Regime Steering Group, together with amendments to the Scheme of Reservation and Delegation to reflect these changes. https://onedevon.org.uk/download/nhs-devon-icb-governance-handbook/?hilite=governance+handbook

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

In addition, an annual development plan is delivered to address any identified gaps in skills, knowledge or experience gaps and provide updates on areas of focus for NHS Devon and the NHS in general. The 2023-24 Board Development Plan is set out below:

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

UK Corporate Governance Code

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

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

Discharge of Statutory Functions

On 1 July 2022, NHS Devon was established and took on the statutory powers and duties and powers conferred on it by the 2006 Act and other associated legislature and regulations. As a result, I can confirm that NHS Devon is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead executive director. Responsibility for each duty and power is clearly outlined in NHS Devon's

Scheme of Reservation and Delegation, within the financial limits policy delegations are allocated to a lead director.

Like all ICBs in the country, NHS Devon is being required to significantly reduce its running costs. In order to meet this reduction, and to evolve the organisation into its new system role, a complete re-design of its organisational structures is being undertaken. Phase One of this work was completed during 2023/24 and involved reviewing the executive and senior team structures to align portfolios with the delivery of strategic objectives and statutory requirements. The re-design of the organisation will continue into 2024/25.

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

Risk management arrangements and effectiveness

NHS Devon recognises that risk management is an integral part of good management practice and to be most effective, it must be embedded within the organisation's culture. Since the appointment of a dedicated risk manager, a significant amount of work has been undertaken during 2023/24 to improve the risk management arrangements.

A new Risk Management Policy was adopted by the NHS Devon Board in October 2023, which sets out the principles that the organisation will apply in respect of risk management. It provides the tools to assist staff to ensure, as far as is reasonably practicable, that all risks are identified and controlled appropriately and also sets out the process for risk management including how each risk is identified, assessed, recorded, and managed.

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

- Bottom up: Individuals, teams, directorates, chief officers, the Executive Committee and Board Assurance Committees can identify operational risks, with those scoring 12 or above collectively forming NHS Devon's Corporate Risk Register.
- Top down: The NHS Devon Board discusses and agrees those strategic risks that it considers the organisation faces in pursuit of its strategic aims, and in fulfilment of its statutory purposes as an Integrated Care Board. These form the strategic risks of NHS Devon and are recorded in its Board Assurance Framework (BAF).

Risks are also identified from external sources such as patients, visitors, contactors, and from other stakeholders. NHS Devon works with its partners to both inform risk identification also to assist in management of risks that impact partners. NHS Devon engages the services of a Counter Fraud Service to support with the identification of possible fraud risks and the associated work to prevent such occurrences.

The amount and type of risk that NHS Devon is prepared to pursue, retain or take in pursuit of its strategic aims and objectives, its risk appetite, approved by the NHS Devon Board at its meeting in March 2023 along with its strategic risks resulting in the Board Assurance Framework in operation from the start 2023/24.

Capacity to Handle Risk

The NHS Devon Board is ultimately responsible for the organisation's systems of internal control and risk management arrangements, and for demonstrating leadership, active

involvement, and support for risk management across NHS Devon. The role and responsibilities of the chief executive officer, senior information risk owner, chief nursing officer, chief medical officer and company secretary are set out within the Risk Management Policy.

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

During 2023/24 informal risk management training was provided to risk owners who have operational responsibility for the management of risks, and to administrative staff, such as 'risk co-ordinators', who record and update the risk related documentation following periodic reviews of risks with risk owners. A formal risk management training programme is in development and will be delivered from April 2024 to all NHS Devon staff.

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

Operational Risks (Corporate Risk Register)

On 31 March 2024 the Corporate Risk Register contained 15 risks with a current score of 15 or above (15 or above being deemed an 'Extreme Risk').

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

During the 2023/24 financial year and as a result of risk discussions within the organisation, a number of new operational risks were added to the Corporate Risk Register covering topics such as in-year delivery of NHS Devon's 2023/24 financial plan, transference of delegated commissioning for pharmacy, optometry and dentistry from NHS England to NHS Devon, Population Health Management (PHM), workforce, quality and safety risks.

Strategic Risks – Board Assurance Framework (BAF)

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

On 31 March 2024 the BAF contained the following risks:

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

Inequalities & Prevention If there is insufficient capacity and capability in NHS Devon to ensure that the system focuses on the necessary, work to improve population health management and prevention then it will not successfully reduce health inequalities and shift to prevention. The consequence will be that health inequalities will continue across Devon and worsen in some areas.
Improve Services and Reduce Unwarranted Variation
Recovery (Unscheduled Care) If the system fails to ensure that the delivery of urgent and emergency care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.
Recovery (Elective Care) If the system fails to ensure that the delivery of elective care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.
Primary Care If NHS Devon does not support the post-Covid recovery and transformation of general medical, dental, pharmaceutical, and optical practice then Devon will not have adequate Primary Care Services, resulting in increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.
MHLD (Mental Health and Learning Disabilities) If NHS Devon does not improve access to mental health, learning disability and neurodiversity services then patients will continue to experience significant waits for specialist care which means more people are likely to access healthcare when in crisis, resulting in a worsening in mental health conditions leading to poor health outcomes. This may lead to an increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.
Community If NHS Devon does not drive change required in working practices across the system then people and communities will not be supported to stay healthy and live independently, resulting in poorer outcomes for the population of Devon.
Make More Efficient Use of Resources
Finance If the NHS Devon fails to obtain commitment from all partners in the ICS to achieve financial balance, then our ability to move greater resource to prevention and our ability to exit the NHS England National Oversight Framework Level 4 status (NOF4) will be undermined.
Workforce If the One Devon Health & Care System does not produce an agreed system wide workforce strategy and deliver a coherent strategic workforce numerical plan that meets the health and care needs of the population, is affordable and can be delivered by system partners, then it will continue to have high costs and be unable to ensure resilient, safe, and effective services, resulting in a failure to meet statutory constitutional targets.
Digital If we fail to resource and work collaboratively towards the common priorities presented in the Digital Strategy, we will not be able to maximise the benefits afforded by the advances in digital and data.
Green Plan

If NHS Devon does not embed the principles for Healthier Planet, Healthier People then it will not ensure that it is as green and sustainable an organisation as possible in order to contribute to the NHS target of reaching net zero by 2040 (for emissions it controls directly and by 2045 for those it can influence (such as the supply chain)). The consequence will be that we fail in our responsibilities to tackle the impact of the climate emergency on the health of the population and for future generations.
Develop Our Culture and How We Operate
Culture There is a risk that the organisational change work being undertaken by the NHS Devon to enable it to meet the required 30% running cost reduction distracts staff from focusing on the transformational change required to improve the provision of care and services for the people of Devon. There is also a risk that the restructure has a knock-on impact of the work underway to strengthen system working as part of the 'One Devon' partnership.
Operating Model If NHS Devon does not set clear timescales and expectations for the development of the system operating model as a result of the inertia (inactivity) caused by operational pressures, then some partners will become disengaged and unable to focus on wider system objectives. The consequence will be a break down in trust between partners, which will undermine the relationships needed to fully develop an integrated care system.

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

- Quality of Care, Access and Outcomes;
- Preventing Ill-health and Reducing Inequalities;
- Finance and Use of Resources;
- People;
- Leadership and Capability; and
- Local Strategic Priorities.

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

Other sources of assurance

Internal Control Framework

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

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

The external auditors provide me with their opinion on the system of internal control through their Auditor's Annual Report, whilst NHS Devon's internal auditors include this

within their Head of Internal Audit Opinion (included at the end of this section of the report).

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

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

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

Performance of Primary Care Contracts (GMS/PMS & APMS) is monitored by the Primary Care Team and reported through Primary Care Commissioning and Transition Committee.

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

Annual audit of conflicts of interest management

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

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

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

Data Quality

The data used by the NHS Devon Board and its Committees is obtained from various sources, the majority of which are national systems and official NHS data sets. Provider

data is quality assured through a number of mechanisms including contract and performance monitoring. NHS Devon maintains good close working relationships with local providers and addresses any data quality issues in a timely and productive way.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by a data security and protection toolkit and the annual submission process provides assurances to NHS Devon, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The Data Security and Protection Toolkit (DSPT) submission date for 2022/23 was 30 June 2023 which covered the period 1 July 2022 to 30 June 2023. NHS Devon successfully published a ‘standards met’ toolkit on 28 June 2023. The 2023/24 DSPT will be published before the deadline of 30 June 2024 and NHS Devon is on track to submit a ‘standards met’ DSPT for 2023/24. NHS Devon published a baseline submission at the end of February 2024.

NHS Devon records all risks relating to data security on a risk register and has taken steps to ensure that all data is held securely, as mandated by Data Protection legislation and NHS requirements. This includes the risk identified due to the increase in home-working and shared working premises with non-NHS Devon employees.

As a result of continued improvements for safer working, NHS Devon has further embedded staff training and continues to use the NHS England Data Security Awareness training modules via the Electronic Staff Record portal and this continues to form part of the annual mandatory training for all staff. NHS Devon regularly reviews its processes in relation to fair processing, subject access requests, incident reporting and investigation, and updates its privacy notice at least every six months.

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

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

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

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

Business Critical Models

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

Third Party Assurances

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

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

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

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

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

Control Issues

During 2023/24 NHS Devon remained in the National Oversight Framework Segmentation 4 (NOF4) and has subsequently highlighted a number of control issues connected with quality and performance throughout this period including:

- Accident and Emergency performance – 4 hours see, treat and discharge; 12-hour trolley wait; and ambulance handover delays
- Ambulance Services – Category 2 response times
- Return to Treatment – 52, 64, 78 and 104 week waits
- Elective Activity - not delivering the levels of elective activity detailed in the 2023/24 operating plan
- Childrens Services – community paediatric waiting lists, ADHD waiting times and SLT waiting times

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

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

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

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

Review of economy, efficiency and effectiveness of the use of resources

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

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

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

The Finance and Performance Committee provides oversight and assurance on the delivery of a viable and sustainable financial plan, performance in relation to operational plan delivery, NHS System Oversight Framework requirements and local standards, targets and priorities.

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

Adherence to procurement regulations helps ensure the most advantageous balance of quality and value and enables an assessment of the best possible provider. The newly

introduced Provider Selection regime (for healthcare services) continues to ensure that quality and value are key elements for procurement processes. It includes compliant processes for direct awarding contracts in specific situations; thereby moving away from the requirement to undertake competitive processes as a default. This allows NHS Devon to take a proportionate approach to procurement and to identify the optimum approach to balancing staffing resource with quality and value benefits.

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

Delegation of functions

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

NHS Devon has delegated responsibility for commissioning local primary care services including, since 1 April 2023, pharmacy, ophthalmic and dental services. The Board receives assurance on the discharge of these functions through the Primary Care Commissioning Transitional Committee and receives regular reports from the committee's chair.

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

An internal audit has been undertaken to evaluate the ICB's arrangements for commissioning Pharmaceutical, Ophthalmic and Dental (POD) services, focusing on Dental services. Overall arrangements were rated as satisfactory and progress has been made in working with the Collaborative Commissioning Hub to develop a service that meets the specific needs of the ICB and its priority areas, especially in respect of the commissioning of Dental services. Based on feedback from the Primary Care Commissioning Team, the Collaborative Commissioning Hub is providing a good service to the ICB, in accordance with the Memorandum of Understanding

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

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

NHS Devon reported its compliance against the NHS England Core Standards for EPRR to the Audit and Risk Committee on 10 January 2024 and the NHS Devon Board on 7 February 2024. NHS Devon was assessed as Substantially Compliant.

Counter Fraud Arrangements

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

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

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

In 2023-24 local proactive exercises were undertaken in respect of recruitment processes and personal health budgets.

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

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

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

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

Head of Internal Audit Opinion

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

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

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

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

2022/23 Internal Audit Plan

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

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

2023/24 Internal Audit Plan

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

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

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

The Financial Management review found that there were differences in the reporting of performance against system-wide saving plans when comparing updates to some Provider Boards, to figures included within system wide reports. This was with specific reference to forecast year end positions as reported by NHS Devon. It was also found that the system-wide year end forecast position includes a high-level of uncertainty as at Month 9 the system cost improvement plan savings target was still in development, and a further 7% of savings required further scoping. As such, limited assurance was provided that the system is able to identify and develop sustainable, robust cost saving plans, to drive out costs, in order to achieve its significant savings target.

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

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

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

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

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

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

- The Board
- The Audit and Risk Committee
- The Quality and Patient Experience Committee

- Internal audit

Conclusion

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

Steve Moore

Accountable Officer, Chief Executive Officer

NHS Devon Integrated Care Board

27 June 2024

Remuneration and Staff Report

Remuneration Report

Remuneration and Internal ICB Workforce Committee

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

The committee consists of both executive members and non-executive members of the board. The quorum is a minimum of three of the non-executive members, including the Chair or Vice Chair.

Percentage change in remuneration of highest paid director

	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	18%	Not Applicable
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	5%	Not Applicable

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

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

Pay ratio information

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded annual remuneration of the highest paid director / member in NHS Devon ICB in the reporting year end 31 March 2024 was £ 232,500 (£230,000-£235,000) (period 1 July – 31 March 2022/2023 was £197,500 (£195,000-£200,000)). This salary is in line with the executive salary scale for Integrated Care Boards.

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

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

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

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

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

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

Policy on the remuneration of senior managers

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

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

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

Senior manager performance related pay

NHS Devon does not have performance related pay.

Remuneration of very senior managers

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

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

Name and Title	Note	April-March 2023/24					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
		£000	£	£000	£000	£000	£000
Nigel Acheson Chief Medical Officer		160-165	-			-	160-165
Darryn Allcorn Chief Nursing Officer	1	10-15	100			-	10-15
Sheena Asthana Non-Executive Member		15-20	-			-	15-20
Naomi Chapman Interim Chief Nursing Officer	2	55-60	-			-	55-60
Graham Clarke Non-Executive Member		15-20	-			-	15-20
Anthony Fitzgerald Chief Delivery Officer		140-145	-			112.5-115	255-260
Sarah-Lou Glover Mental Health Representative	3	10-15	100			-	10-15
Natasha Goswell Interim Chief Nursing Officer	4	15-20	-			-	15-20
Thandiwe Hara Non-Executive Member		15-20	-			-	15-20
Judy Hargadon Non-Executive Member		15-20	-			-	15-20
Hisham Khalil Non-Executive Member	5	10-15	-			-	10-15
Susan Masters Interim Chief Nursing Officer	6	5-10	-			-	5-10
Jane Milligan Chief Executive Officer and Accountable Officer	7	120-125	100			-	120-125
Andrew Millward Chief Communication and Corporate Affairs Officer		140-145	200			-	145-150
Steve Moore Chief Executive Officer and Accountable Officer	8	30-35	-			-	30-35
Frank O'Kelly Primary Care Representative		35-40	-			-	35-40
Kevin Orford Non-Executive Member		15-20	300			-	15-20
Paul Renshaw Director of Strategic Workforce	9	120-125	200			57.5-60	180-185
Bill Shields Chief Finance Officer		205-210	300			-	205-210
Penny Smith Interim Chief Nursing Officer	10	45-50	-			-	45-50

Simon Tapley Chief Transformation & Strategic Planning Officer	11	15-20	100			-	15-20
Sarah Wollaston Independent Chair		65-70	-			-	65-70

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

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

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

Donna Manson, Partner Member LA - Devon County Council, started role 1 August 2023. No payments are made for attendance.
Dr Ruth Harrell, Partner Member LA, Plymouth City Council, started role 22 August 2023. No payments are made for attendance.
Liz Davenport is Chief Executive Officer, Torbay and South Devon NHS Trust. No payments are made for attendance.
Kate Shields is Chief Executive Officer, Cornwall and Isles of Scilly ICB. No payments are made for attendance.
Cllr James McInnes is Co-Chair Devon Integrated Care Partnership. No payments are made for attendance.
Steve Brown, Director of Public Health, Devon County Council, finished role on 21 July 2023. No payments are made for attendance.
Tracey Lee, Partner Member, LA - Plymouth City Council, finished role on 20 June 2023. No payments are made for attendance.

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

Name and Title	Note	July-March 2022/23					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
		£000	£	£000	£000	£000	£000
Nigel Acheson Chief Medical Officer		105-110	100			55-57.5	160-165
Darryn Allcorn Chief Nurse		100-105	0			30-32.5	130-135
Sheena Asthana Independent Non Executive Director Population Health Management, Health Inequalities and Digital Transformation	1	10-15	0			0	10-15
Graham Clarke Independent Non Executive Director Audit and Risk	2	10-15	0			0	10-15
John Dowell Chief Finance Officer	3	55-60	0			0	55-60
Anthony Fitzgerald Chief Delivery Officer	4	45-50	1600			12.5-15	65-70
Sarah Lou Glover Ordinary member - Mental health	5	15-20	0			0	15-20
Thandiwe Hara Independent Non Executive Director People and Culture	6	10-15	0			0	10-15
Judith Hargadon Independent Non Executive Director Primary Care		10-15	0			0	10-15
Hisham Khalil Independent Non Executive Director Quality and Performance	7	10-15	0			0	10-15
Jane Milligan CEO ICS for Devon		145-150	100			22.5-25	170-175
Andrew Millward Chief Communications and Corporate Affairs Officer		105-110	0			30-32.5	135-140
Frank O'Kelly Ordinary member - Primary care	8	25-30	0			0	25-30
Kevin Orford Independent Non Executive Director Finance and Remuneration	9	10-15	100			0	10-15
Paul Renshaw Director of Workforce Strategy		95-100	600			20-22.5	115-120
Bill Shields Chief Finance Officer	10	75-80	13200			0	85-90
Simon Tapley Chief Transformation and Strategic Planning Officer		110-115	200			30-32.5	145-150

Name and Title	Note	July-March 2022/23					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
		£000	£	£000	£000	£000	£000
Sarah Wollaston Chair ICS for Devon		45-50	0			0	45-50

Note:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Negative values are not disclosed in this table but are substituted with a zero. Where members took pension during the year, no cash equivalent transfer value (CETV) is applicable.

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

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

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2024. HM Treasury published.

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

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

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

and Strategic Planning Officer								

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

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

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

Taxable expenses

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

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

Cash equivalent transfer values

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

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

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

Real increase in CETV

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

Compensation on early retirement of for loss of office

There was one early retirement through ill health during the year ending 31 March 2024 amounting to £172,357, which is funded through NHS Pensions.

Payments to past directors

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

Staff Costs

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

Year ended 31 March 2024	Total			Admin			Programme		
	Total	Permanent Employees	Other	Total	Permanent	Other	Total	Permanent	Other
	£000	£000	£000	£000	Employees £000	£000	£000	Employees £000	£000
Salaries and wages	27,242	25,059	2,183	10,890	9,920	970	16,352	15,139	1,213
Social security costs	2,720	2,720	-	1,146	1,146	-	1,574	1,574	-
Employer Contributions to NHS Pension scheme	4,795	4,795	-	2,781	2,781	-	2,014	2,014	-
Other pension costs	11	11	-	4	4	-	7	7	-
Apprenticeship Levy	112	112	-	112	112	-	-	-	-
Termination benefits	3,827	3,827	-	2,496	2,496		1,331	1,331	
Gross employee benefits expenditure	38,707	36,524	2,183	17,429	16,459	970	21,278	20,065	1,213

Less recoveries in respect of employee benefits	(1,371)	(1,371)	-	(590)	(590)	-	(781)	(781)	-
Net admin employee benefits	37,336	35,153	2,183	16,839	15,869	970	20,497	19,284	1,213

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

Period ended 31 March 2023	Total			Admin			Programme		
	Total £000	Permanent Employees £000	Other £000	Total £000	Permanent Employees £000	Other £000	Total £000	Permanent Employees £000	Other £000
Salaries and wages	23,392	20,424	2,968	11,438	10,769	669	11,954	9,655	2,299
Social security costs	2,208	2,208	-	1,499	1,499	-	709	709	-
Employer Contributions to NHS Pension scheme	3,567	3,567	-	2,633	2,633	-	934	934	-
Other pension costs	9	9	-	8	8	-	1	-	-
Apprenticeship Levy	89	89	-	89	89	-	-	-	-
Termination benefits	264	264	-	264	264	-	-	-	-
Gross employee benefits expenditure	29,529	26,561	2,968	15,931	15,262	669	13,598	11,299	2,299
Less recoveries in respect of employee benefits	(448)	(448)	-	(403)	(403)	-	(45)	(45)	-
Net admin employee benefits	29,081	26,113	2,968	15,528	14,859	669	13,553	11,254	2,299

Staff Report

Number of senior managers

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

Staff numbers and costs

The average number of ICB staff is presented below:

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

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

Staff composition

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

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

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

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

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

Sickness absence data

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

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

NHS Sickness Absence Rates - NHS Digital

Staff turnover percentages

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

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

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

NHS workforce statistics - NHS Digital

Staff engagement percentages

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

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

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

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

Staff policies

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

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

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

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

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

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

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

Trade Union Facility Time Reporting Requirements

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

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

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

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

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

Table 2: the percentage of time spent on facility time

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

Table 3: the amount spent on facility time

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

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

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

Other employee matters

Health and safety and staff wellbeing

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

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

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

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

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

Consultation

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

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

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

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

Expenditure on consultancy

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

Off-payroll engagements

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

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

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

for 4 or more years at the time of reporting	

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

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

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

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

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

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

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

Table 3: Off-payroll engagements / senior official engagements

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

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

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

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

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

Exit packages, including special (non-contractual) payments

Table 1: Exit Packages

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
Less than £10,000			1	£8,000.00	1	£8,000.00		
£10,000 - £25,000	1	£14,580.67	1	£11,836.25	2	£26,416.92		
£25,001 - £50,000	1	£33,333.33	3	£108,049.91	4	£141,383.24		
£50,001 - £100,000	1	£60,000.00	3	£207,954.62	4	£267,954.62		
£100,001 - £150,000			6	£828,389.65	6	£828,389.65		
£150,001 – £200,000			3	£480,000.00	3	£480,000.00		
>£200,000								
TOTALS	3	107,914.00	17	£1,644,230.43	20	£1,752,144.43		

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

Table 2: Analysis of Other Departures

	Agreements	Total Value of agreements
	Number	£000s
Voluntary redundancies including early retirement contractual costs	**15**	**£1,587,630.43**
Mutually agreed resignations (MARS) contractual costs		
Early retirements in the efficiency of the service contractual costs		
Contractual payments in lieu of notice*	**1**	**£48,600.00**
Exit payments following Employment Tribunals or court orders	**1**	**£8,000.00**
Non-contractual payments requiring HMT approval**		
TOTAL	**17**	**£1,644,230.43**

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

Parliamentary Accountability and Audit Report

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

Annual accounts

Contents

NHS Devon ICB - Accounts Year ending 31 March 2024

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

	Note	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Income from sale of goods and services	2	(30,892)	(448)
Other operating income	2	(63,161)	(18,977)
Total operating income		**(94,053)**	**(19,425)**
Staff costs	4	38,707	29,534
Purchase of goods and services	5	2,994,425	1,984,953
Depreciation and impairment charges	5	848	552
Other Operating Expenditure	5	5,138	1,206
Total operating expenditure		**3,039,118**	**2,016,245**
Net Operating Expenditure		**2,945,065**	**1,996,820**
Finance income	8	-	-
Finance expense	8	82	32
Other gains and losses	9	100	-
Net expenditure for the Period		**2,945,247**	**1,996,852**
Comprehensive Expenditure for the Period		**2,945,247**	**1,996,852**

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

The notes on the following pages form part of this statement

NHS Devon ICB - Accounts Year ending 31 March 2024

Statement of Financial Position as at 31 March 2024

	Note	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Non-current assets:			
Property, plant and equipment	11	1,162	621
Right-of-use Assets	12	4,842	2,243
Intangible assets	13	0	167
Other financial assets	16	0	0
Total non-current assets		6,004	3,031
Current assets:			
Inventories	14	1,903	1,212
Trade and other receivables	15	38,800	5,576
Cash and cash equivalents	17	0	1,013
Total current assets		40,703	7,801
Total assets		46,707	10,832
Current Liabilities			
Trade and other payables	18	(219,063)	(146,588)
Lease liabilities	12	(689)	(625)
Borrowings	19	(1,787)	(2,497)
Provisions	20	(1,952)	-
Total current liabilities		(223,471)	(149,710)
Total Assets less Current Liabilities		(176,764)	(138,878)
Non-current liabilities			
Other financial liabilities		-	-
Lease liabilities	12	(4,127)	(1,899)
Borrowings	19	-	-
Provisions	20	(251)	-
Total non-current liabilities		(4,378)	(1,899)
Assets less Liabilities		(181,142)	(140,777)
Financed by Taxpayers' Equity			
General fund		(181,142)	(140,777)
Total taxpayers' equity:		(181,142)	(140,777)

The notes on the following pages form part of this statement

The financial statements on the following pages were approved by the Governing Body on 27 June 2024 and signed on its behalf by:

Steve Moore
Chief Executive

NHS Devon ICB - Accounts Year ending 31 March 2024

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

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

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

The notes on the following pages from part of this statement

NHS Devon ICB - Accounts Year ending 31 March 2024

Statement of Cash Flows for the year ended 31 March 2024

	Note	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Cash Flows from Operating Activities			
Net expenditure for the financial year		(2,945,407)	(1,996,852)
Depreciation and amortisation	5	848	552
Movement due to transfer by Modified Absorption	10	-	868
Interest paid	8	80	32
Other Gains & Losses	9	100	-
Unwinding of Discounts	8	2	-
(Increase)/decrease in inventories	14	(691)	(1,212)
(Increase)/decrease in trade & other receivables	15	(33,224)	3,290
(Increase)/decrease in other current assets		-	0
Increase/(decrease) in trade & other payables	18	72,256	11,704
Increase/(decrease) in other current liabilities		-	-
Increase/(decrease) in provisions	20	2,201	-
Net Cash Inflow (Outflow) from Operating Activities		(2,903,835)	(1,981,618)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment	11	(531)	(243)
(Payments) for intangible assets	13	-	-
(Payments) for leases right-of-use assets	12	(249)	-
Proceeds from disposal of assets: property, plant and equipment	13	150	-
Net Cash Inflow (Outflow) from Investing Activities		(630)	(243)
Net Cash Inflow (Outflow) before Financing		(2,904,465)	(1,981,861)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		2,904,882	1,982,249
Repayment of lease liabilities	12	(700)	(114)
Net Cash Inflow (Outflow) from Financing Activities		2,904,182	1,982,135
Net Increase (Decrease) in Cash & Cash Equivalents	17	(283)	274
Cash & Cash Equivalents at the Beginning of the Financial Period		(1,484)	-
Transfer from other public bodies under absorption (including bank overdrafts)		-	(1,758)
Cash & Cash Equivalents at the End of the Financial Period		(1,767)	(1,484)

The notes on the following pages form part of this statement

1. Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual (GAM) issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2023-24 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards (IFRS) to the extent that they are meaningful and appropriate to ICBs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Going Concern

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

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

The Department of Health and Social Care Group Accounting Manual 2023-24 states that for non-trading entities in the public sector, the anticipated continuation of the provision of service in the future, as evidenced by inclusion of financial provision of that service in published documents, is normally sufficient evidence of going concern. The 2023-24 Annual Report for the year ended 31 March 2024 discusses and reviews the ICBs future service plans and aims for their local populations.

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

1.2. Accounting Convention

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

1.3. Movement of Assets within the Department of Health and Social Care Group

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

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

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

1.4. Joint arrangements

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

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

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

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

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

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

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

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

Joint ventures that are classified as ‘held for sale’ are measured at the lower of their carrying amount or ‘fair value less costs to sell’.

The ICB has entered into a joint venture with Plymouth City Council for the provision of IT services through the company DELT Shared Services Ltd (DELT). DELT commenced providing services on 1 September 2014. No IT assets transferred from the ICB to DELT. Existing IT assets remain on the ICB's fixed asset register with the exception of GPIT assets which remain on NHS England's fixed asset register.

The ICB holds a shareholding interest in DELT in respect of 1 A ordinary Share with a nominal total value of £1 being 50% of the total shareholding and 30 B ordinary shares with a total nominal value of £30 being 30% of the total shareholding.

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

1.5. Revenue

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

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

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

The ICB is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the ICB to reflect the aggregate effect of all contracts modified before the date of initial application.

From 1 April 2023 the ICB was delegated responsibility from NHS England for the commissioning of primary care pharmacy, ophthalmic and dental services and as a consequence is in receipt of patient fees and charges. Other income the ICB receives is pass-through funds from organisations, for example from NHS England, as well as refunds for drugs that the ICB purchased during the year.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the ICB accesses funds from the Government’s apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.6. Employee Benefits

1.6.1. Short-term Employee Benefits

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

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

1.6.2. Retirement Benefit Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/nhs-pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the ICB commits itself to the retirement, regardless of the method of payment. The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

Some employees have joined the National Employment Savings Trust (NEST) pension scheme which is a defined contribution scheme and was set up by the government. The contributions the employee makes, along with the level of growth from the investments, will determine the size of the pension available on retirement.

1.7. Other Expenses

Expenditure on goods and services is recognised when, and to the extent that they have been received, and are measured at the fair value of the consideration payable. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.8. Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.9. Property, Plant & Equipment

1.9.1. Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.9.2. Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.9.3. Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.10.Intangible Assets

1.10.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the ICB's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the ICB;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.10.2. Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no

internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.10.3. Depreciation, Amortisation & Impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the ICB expects to obtain economic benefits or service potential from the asset. This is specific to the ICB and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the ICB checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.11.Leases

A lease is a contract, or part of a contract, that conveys the right to use an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

1.11.1. The ICB as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 3.51% (0.95%) is applied for leases commencing, transitioning or being remeasured in the 2023 (2022) calendar year; and 4.72% to new leases commencing in 2024 under IFRS 16.

Lease payments included in the measurement of the lease liability comprise

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the ‘Depreciation, amortisation and impairments’ policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.12.Inventories

Inventories are valued at the lower of cost and net realisable value. The ICB's share of the inventory in the Better Care Fund with Devon County Council is disclosed in note 14.

1.13.Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the ICB's cash management.

1.14.Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

- All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
- A nominal short-term rate of 4.26% (2022-23: 3.27%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 4.03% (2022-23: 3.20%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 4.72% (2022-23: 3.51%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 4.40% (2022-23: 3.00%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the ICB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

The ICBs financial statements include a provision for dilapidation costs associated with the lease for Aperture House, its headquarters, along with a redundancy provision because of the restructure of the ICB due to the requirement to reduce its costs related to the running of the organisation. Refer to note 20 for further information.

1.15.Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the ICB is disclosed in Note 20.

1.16.Non-clinical Risk Pooling

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due. The value of these scheme provisions carried by NHS Resolution on behalf of the ICB is disclosed in Note 20.

1.17.Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.18.Financial Assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.18.1. Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.18.2. Financial assets at fair value through other comprehensive income

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the ICB elected to measure an equity instrument in this category on initial recognition.

1.18.3. Financial assets at fair value through profit and loss

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

The ICB has no embedded derivatives that are required to be accounted for separately.

The ICB's only financial assets are trade receivables and cash and cash equivalents which are disclosed in note 22.2. Trade receivables are recognised at the consideration agreed at the date of the transaction and the cash and cash equivalents are recognised at face value.

1.18.4. Impairment of financial assets

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets or assets measured at fair value through other comprehensive income, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.19.Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.19.1. Financial Guarantee Contract Liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.19.2. Financial Liabilities at Fair Value Through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the ICB's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability. The ICB has no embedded derivatives that are required to be accounted for separately.

1.19.3. Other Financial Liabilities

The ICB's other financial liabilities are trade payables and loans with external bodies. These are disclosed in note 22.3. Trade payables are recognised at the consideration agreed at the date of the transactions. Loans with external bodies is a technical overdraft with the bank due to the ICB meeting its obligation to pay general practitioners, at the start of the month, while ensuring the bank account balance is within 1.25% of the ICB's February's funding. Loans with external bodies is recognised as the amount in the bank less the BACs run processed.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.20.Value Added Tax

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21.Foreign Currencies

The ICB's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. No significant foreign currency transactions occurred during the year.

1.22.Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the ICB has no beneficial interest in them.

1.23.Critical accounting judgements and key sources of estimation uncertainty

In the application of the ICB's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.23.1 Critical accounting judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Apart from the accounting treatment of the better care fund budgets mentioned in 1.4 above and those involving estimations (see below), management has made no other critical accounting judgements in the process of applying the ICB's accounting policies that have would have a significant effect on the amounts recognised in the financial statements:

1.23.2. Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial period.

Estimation techniques are used to ensure that the correct levels of income and expenditure relating to current year are included through the inclusion of accruals. These are based on known commitments and local knowledge. Historically the difference between the estimated accruals and actual cost have not been material and it is expected to follow suit this period. The accruals will be carried forward into the period 1 April 2024 to 31 March 2025 and matched against the actual costs incurred within the ICB.

For the main acute contracts these are estimated at year end based on full year affect which is agreed and discussed with the providers.

Regarding prescribing costs, the ICB relies on the Business Services Authority's (BSA) forecasting methodology applied to primary care prescribing as well as local factors that fall outside of the national model. Due to the timing of published data the year end position includes an estimate for both February and March's prescribing costs.

A provision has been included in the accounts to reflect an estimate of the redundancy costs due to the decisions made. The provision has been calculated by multiplying the anticipated reduction in staff by the average redundancy cost.

Other estimates and judgements made in applying the ICB's accounting policies relate to the valuation of Property, Plant and Equipment, Leases Right-of-use assets and Intangibles. The nature of the assumptions and carrying value of the assets and liabilities are detailed in note 11, 12 and 13 respectively.

1.24.Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The Department of Health and Social Care GAM does not require the following IFRS Standard and Interpretation to be applied for the period ended 31 March 2024.

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

2 Other Operating Revenue

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

The main ICB funding is not included in this note. Revenue received from NHS England is drawn down directly into the bank account of the ICB and credited to the General Fund.

From 1 April 2023 the ICB was delegated responsibility from NHS England for the commissioning of primary care pharmacy, ophthalmic and dental contracts and as a consequence is in receipt of patient fees and charges.

3 Disaggregation of Income - Income from sale of good and services (contracts)

The ICB receives income as part of the joint arrangements with its partner organisations. Income also includes reimbursments for cost of drugs that the ICB purchased during the year and patient fees and charges from primary care pharmacy and dental contracts.

4 Employee benefits and staff numbers

4.1.1 Employee benefits

	Total		Year ending 31 March 2024
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	25,059	2,183	27,242
Social security costs	2,720	-	2,720
Employer Contributions to NHS Pension scheme	4,795	-	4,795
Other pension costs	11	-	11
Apprenticeship Levy	112	-	112
Termination benefits	3,827	-	3,827
Gross employee benefits expenditure	36,524	2,183	38,707
Less recoveries in respect of employee benefits (note 4.1.2)	(1,371)	-	(1,371)
Total - Net admin employee benefits including capitalised costs	35,153	2,183	37,336
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	35,153	2,183	37,336

4.1.1 Employee benefits

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

4.1.2 Recoveries in respect of employee benefits

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

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4.2 Average number of people employed

	Year ending 31 March 2024			Period ending 31 March 2023		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	474.93	25.39	500.32	491.40	35.47	526.96
Of the above: Number of whole time equivalent people engaged on capital projects	-	-	-			

4.3 Staff Annual Leave Accrual Balances

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

4.4 Exit packages agreed in the financial year

	Year ending 31 March 2024 Compulsory redundancies		Year ending 31 March 2024 Other agreed departures		Year ending 31 March 2024 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	1	8,000	1	8,000
£10,001 to £25,000	1	14,581	1	11,836	2	26,417
£25,001 to £50,000	1	33,333	3	108,050	4	141,383
£50,001 to £100,000	1	60,000	3	207,955	4	267,955
£100,001 to £150,000	-	-	6	828,390	6	828,390
£150,001 to £200,000	-	-	3	480,000	3	480,000
Over £200,001	-	-	-	-	-	-
Total	3	107,914	17	1,644,231	20	1,752,145

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

	Year ending 31 March 2024 Departures where special payments have been made		Period ending 31 March 2023 Departures where special payments have been made	
	Number	£	Number	£
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	-	-
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	-	-	-	-
£100,001 to £150,000	-	-	-	-
£150,001 to £200,000	-	-	-	-
Over £200,001	-	-	-	-
Total	-	-	-	-

4.5 Analysis of Other Agreed Departures

	Year ending 31 March 2024 Other agreed departures		Period ending 31 March 2023 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	15	1,587,631	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	48,600	1	11,047
Exit payments following Employment Tribunals or court orders	1	8,000	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	17	1,644,231	1	11,047

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

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

No non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary.

4.6 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of

4.6.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.6.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit

4.6.3 National Employment Savings Trust Pension Scheme

Some employees have joined the National Employment Savings Trust (NEST) pension scheme which is a defined contribution scheme and was set up by the government. The contributions the employee makes, along with the level of growth from the investments, will determine the size of the pension available on retirement.

NHS Devon ICB - Accounts Year ending 31 March 2024

5 Operating expenses

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

In accordance with SI 2008 no.489, The Companies Regulations 2008, the contract the ICB has with the external auditors, KPMG UK LLP, has a limitation on their liability set at £5m.

The external audit fee, payable to KPMG UK LLP, is £206,000 plus VAT totalling £247,200 for the year ended 31 March 2024 (2022-23 £240,000 including VAT).

Other services obtain from KPMG UK LLP is £15,000 plus VAT, totalling £18,000 (2022-23 £18,000 including VAT), for the Mental Health Investment Standard assurance work.

Spend for dental, pharmacy and ophthalmic services commenced 1 April 2023 as the ICB was delegated responsibility for these services by NHS England.

NHS Devon ICB - Accounts Year ending 31 March 2024

6.1 Better Payment Practice Code

Measure of compliance	Year ending 31 March 2024 Number	Year ending 31 March 2024 £'000	Period ending 31 March 2023 Number	Period ending 31 March 2023 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	76,496	864,894	50,005	471,252
Total Non-NHS Trade invoices paid within target	76,287	858,409	49,769	468,711
Percentage of Non-NHS Trade invoices paid within target	99.71%	99.25%	99.53%	99.46%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,244	1,961,927	985	1,397,003
Total NHS Trade Invoices Paid within target	1,235	1,953,571	965	1,356,369
Percentage of NHS Trade Invoices paid within target	99.28%	99.93%	97.97%	99.95%

The better payment practice code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

6.2 The Late Payment of Commercial Debts (Interest) Act 1998	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Amounts included in finance costs from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-
Total	-	-

7 Income Generation Activities

The ICB undertakes income generation activities with an aim of achieving profit, which is then used in commissioning healthcare services. None of these activities had a full cost which exceeded £1m or was otherwise material.

8.1 Finance income

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

8.2 Finance expense

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

9 Other Gains & Losses

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
(Gain) / Loss on disposal of right-of-use assets other than by sale	180	-
(Gain) / Loss on disposal of intangible assets other than by sale	(80)	-
(Gain) / Loss on disposal of financial assets other than held for sale	-	-
Total	100	-

There was a loss of £180k as a result of surrendering the leases for Stone Barn and County Hall, as well as a gain of £80k on receiving a credit for an intangible asset previous capitalised.

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

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

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

	Transfer 1 July 2022 £'000
Transfer of property plant and equipment	559
Transfer of right of use assets	2,367
Transfer of intangibles	225
Transfer of inventories	696
Transfer of cash and cash equivalents	731
Transfer of receivables	8,866
Transfer of payables	(134,894)
Transfer of Right Of Use liabilities	(2,317)
Transfer of borrowings	(2,489)
Transfer of PUPOC liability	(28)
Net loss on transfers by absorption	(126,174)

NHS Devon ICB - Accounts Year ending 31 March 2024

11 Property, plant and equipment

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

Revaluation Reserve Balance for Property, Plant & Equipment

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

11 Property, plant and equipment cont'd

11.1 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

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

11.2 Economic lives

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

12 Leases Right-of-use assets

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

Revaluation Reserve Balance for Right-of-use-assets

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

12 Leases Right-of-use assets cont'd

12.1 Lease liabilities

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

12.2 Lease liabilities - Maturity analysis of undiscounted future lease payments

	Year ending 31 March 2024 £'000	Of which: leased from DHSC group bodies £'000	Period ending 31 March 2023 £'000	Of which: leased from DHSC group bodies £'000
Within one year	(780)	(259)	(661)	(261)
Between one and five years	(2,514)	(612)	(1,413)	(778)
After five years	(2,313)	-	(548)	(93)
	(5,607)	(871)	(2,622)	(1,132)
Effect of discounting	791	37	98	63
Included in:				
Current lease liabilities	(689)	(240)	(625)	(235)
Non-current lease liabilities	(4,127)	(594)	(1,899)	(834)
Total	**(4,816)**	**(834)**	(2,524)	(1,069)
Balance by counterparty		-		-
Leased from DHSC		-		-
Leased from the NHS England Group		-		-
Leased from NHS Providers		-		-
Leased from Executive Agencies		-		-
Leased from Non-Departmental Public Bodies		-		-
Leased from other group bodies		(834)		(1,069)
Balance as at 31 March 2024		**(834)**		(1,069)

12.3 Amounts recognised in Statement of Comprehensive Net Expenditure

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

12.4 Amounts recognised in Statement of Cash Flows

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

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

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

NHS Devon ICB - Accounts Year ending 31 March 2024

13 Intangible non-current assets

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

Revaluation Reserve Balance for intangible assets

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

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

13 Intangible non-current assets cont'd

13.1 Cost or valuation of fully amortised assets

The cost or valuation of fully depreciated assets still in use was as follows:

	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000
Computer software: purchased	94	-
Computer software: internally generated	-	-
Licences & trademarks	-	-
Development expenditure (internally generated)	-	-
Total	**94**	-

13.2 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	-	-
Computer software: internally generated	-	-
Licences & trademarks	-	-
Patents	-	-
Development expenditure (internally generated)	-	-

14 Inventories

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

Inventories relate to the ICB's share of inventories held within the Devon Better Care Fund managed by Devon County Council as host of the pooled fund.

16.1 Trade and other receivables

	Current Year ending 31 March 2024 £'000	Non-current Year ending 31 March 2024 £'000	Current Period ending 31 March 2023 £'000	Non-current Period ending 31 March 2023 £'000
NHS receivables: Revenue	1,944	-	2,176	-
NHS accrued income	43	-	183	-
Non-NHS and Other WGA receivables: Revenue	17,866	-	1,365	-
Non-NHS and Other WGA prepayments	724	-	1,219	-
Non-NHS and Other WGA accrued income	4,902	-	1,083	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	17,788	-	-	-
Expected credit loss allowance-receivables	(5,480)	-	(581)	-
VAT	1,013	-	131	-
Total Trade & other receivables	**38,800**	-	**6,676**	-
Total current and non current	**38,800**		**6,676**	

As at 31 March 2024 there were no non-current trade and other receivables (none as at 31 March 2023).
There are no prepaid pensions contributions as at 31 March 2024 (none as at 31 March 2023).
The great majority of trade is with NHS England. As NHS England is funded by Government to provide funding to ICB's to commission services, no credit scoring of them is considered necessary.

16.2 Receivables past their due date but not impaired

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

£1.0m of the amount above has subsequently been recovered post period end as at 22 April 2024.
The ICB did not hold any collateral against receivables outstanding at 31 March 2024.
Receivables past their due date are stated at the consideration agreed at the date of the transaction and the carrying amount and terms have not been renegotiated.

16.3 Loss allowance on asset classes

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

16 Other financial assets

16.1 Non-Current: capital analysis

The ICB holds a shareholding interest in DELT in respect of 1 A ordinary Share with a nominal total value of £1 being 50% of the total shareholding and 30 B ordinary shares with a total nominal value of £30 being 30% of the total shareholding. Due to the immaterial value it is not visible in the annual accounts.

17 Cash and cash equivalents

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

On a monthly basis the ICB draws down cash based on need, aiming to maintain minimal month-end balances. However, due to the requirement to pay general practices at the start of the month, this puts the ICB in a technical overdraft, reported as borrowings. The bank is in credit by £511,522 while the BACS payment £2,278,448 is in progress. NHS England funds are deposited into the ICB account on the day the general practices payments leave the account.

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

18 Trade and other payables	Current Year ending 31 March 2024 £'000	Non-current Year ending 31 March 2024 £'000	Current Period ending 31 March 2023 £'000	Non-current Period ending 31 March 2023 £'000
NHS payables: Revenue	4,336	-	5,104	-
NHS payables: Capital	-	-	-	-
NHS accruals	45,641	-	10,505	-
NHS deferred income	-	-	-	-
Non-NHS and Other WGA payables: Revenue	43,172	-	17,211	-
Non-NHS and Other WGA payables: Capital	218	-	-	-
Non-NHS and Other WGA accruals	98,262	-	72,184	-
Non-NHS and Other WGA deferred income	795	-	1,830	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	327	-	357	-
VAT	-	-	-	-
Tax	336	-	332	-
Payments received on account	-	-	-	-
Other payables and accruals	25,976	-	39,065	-
Total Trade & Other Payables	**219,063**	-	**146,588**	-
Total current and non-current	**219,063**		**146,588**	

Other payables and accruals include those for Primary Care, Placements, Acute Care and Community Services that are not part of Whole Government Accounts (WGA), as well as outstanding pension contributions.

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

The ICB is in a technical overdraft which is partly due to the requirement for the ICB to pay general practices and other commitments at the start of the month. The bank is in credit while the BACS payment is in progress. NHS England funds are deposited into the ICB account on the day the general practices payments leave the account.

19.1 Repayment of principal falling due

	Department of Health Year ending 31 March 2024 £'000	Other Year ending 31 March 2024 £'000	Total Year ending 31 March 2024 £'000
Within one year	-	1,767	1,767
Between one and two years	-	-	-
Between two and five years	-	-	-
Between one and five years	-	-	-
After five years	-	-	-
Total	-	**1,767**	**1,767**

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

20 Provisions

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

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

Redundancy

ICBs are subject to a 30% real terms reduction in Running Cost Allowances by 2025/26, with at least 20% delivered in 2024/25. In response, Devon ICB has been working through this requirement, reviewing and amending its structure to align with the new statutory responsibilities. A provision has been included in the accounts to reflect an estimate of the redundancy costs due to the decisions made. The provision has been calculated by multiplying the anticipated reduction in staff by the average redundancy cost.

Other

During the year the ICB relocated its headquarters to Aperture House and under International Financial Reporting Standards a long-term lease must be capitalised and disclosed as a Right of Use asset. In determining the value of the asset, dilapidation costs are factored in and provided for as a provision to be utilised in due course. The dilapidation provision has been estimated based on the latest averages and cost per square metres.

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

Legal claims are calculated from the number of claims currently lodged with NHS Resolution and the probabilities provided by them.

21 Contingencies
The ICB had no contingent assets or liabilities for the period ended 31 March 2024.

22 Financial instruments
Financial instruments are disclosed at fair value. Due to the short term nature of the transactions, fair value for cash is recognised at its sterling value; trade receivables, trade payables, other financial assets and liabilities are stated at the consideration agreed at the date of the transaction, hence the carrying value is considered to be a reasonable approximation to fair value.

22.1 Financial risk management
Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the ICB and internal auditors.

22.1.1 Currency risk

The ICB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The ICB has no overseas operations and therefore the ICB has low exposure to currency rate fluctuations.

22.1.2 Interest rate risk
The ICB borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The ICB therefore has low exposure to interest rate fluctuations.

22.1.3 Credit risk
Because the majority of the ICB revenue comes parliamentary funding, the ICB has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

22.1.4 Liquidity risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

22.1.5 Financial Instruments
As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

22 Financial instruments cont'd

22.2 Financial assets

	Financial Assets measured at amortised cost	Equity instruments designated at FVOCI	Total	Financial Assets measured at amortised cost	Equity Instruments designated at FVOCI	Total
	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000
Trade and other receivables with NHSE bodies	1,851	-	1,851	2,226	-	2,226
Trade and other receivables with other DHSC group bodies	233	-	233	246	-	246
Trade and other receivables with external bodies	40,459	-	40,459	2,335	-	2,335
Cash and cash equivalents	0	-	0	1,013	-	1,013
Total	42,643	-	42,643	5,820	-	5,820

22.3 Financial liabilities

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

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

22.4 Maturity of financial liabilities

	Payable to DHSC	Payable to Other bodies	Total	Payable to DHSC	Payable to Other bodies	Total
	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Year ending 31 March 2024 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000	Period ending 31 March 2023 £'000
In one year or less	51,720	168,341	220,061	15,951	131,239	147,190
In more than one year but not more than two years	247	359	606	240	210	450
In more than two years but not more than five years	347	1,068	1,416	501	405	906
In more than five years	-	2,106	2,106	93	450	543
Total	52,314	171,874	224,188	16,785	132,304	149,089

23 Operating segments

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

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

Wherever possible the ICB manages resources and commissioning on a locality basis. Whilst this covers gross expenditure, which is reported using segmental analysis, this is not sufficient to necessitate a full reanalysis of the ICB's spend within these accounts.

24 Joint arrangements - interests in joint operations

24.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY Year ending 31 March 2024				Amounts recognised in Entities books ONLY Period ending 31 March 2023			
			Assets	Liabilities	Income	Expenditure	Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Devon Better Care Fund	Devon County Council	Provision of integrated care	1,903	-	32,863	74,683	1,212	-	21,526	52,236
Plymouth Integrated Fund	Plymouth City Council	Provision of integrated care	-	-	12,857	175,570	-	-	9,493	145,003
Joint Community Equipment Store	Torbay Council	Provision of community equipment	-	-	-	884	-	-	-	837
Better Care Fund Torbay	Torbay Council	Provision of integrated care services	-	-	-	13,862	-	-	-	9,840

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

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

25 Related party transactions

Year ending 31 March 2024

During the year, apart from the following transactions none of the Department of Health Ministers, leadership or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Devon ICB.

Details of related party transactions are as follows:

	Year ending 31 March 2024			
	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	from Related Party £'000
DELT Shared Services Ltd	8,026	-	1,060	-
Devon County Council	117,280	(27,469)	8,097	(458)
Plymouth City Council	33,222	(15,570)	27,560	(19,508)
Torbay Council	3,752	(104)	1,223	(603)
	-	-	-	-

During the year the ICB paid £15k to Parental Minds CIC, a community interest company, the director of which was also a mental health representative who attended the Board during the year.

The Department of Health and Social Care is regarded as a related party. During the year, the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. The most significant transactions for the ICB were with the following:

Devon Partnership NHS Trust
Leeds Teaching Hospitals NHS Trust
NHS England
NHS Property Services Ltd
North Bristol NHS Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal Cornwall Hospitals NHS Trust
Royal Devon University Healthcare NHS Foundation Trust
South Western Ambulance NHS Foundation Trust
Taunton & Somerset NHS Foundation Trust
Torbay and South Devon NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust
University Hospitals Plymouth NHS Trust

In addition, the ICB has had a number of material transactions with other Government Departments and other central and local Government bodies. The most significant of these transactions have been with Torbay Council, Devon County Council and Plymouth County Council, details of which are included above.

The ICB has made a provision of £5.1m for doubtful debts in relation to the above related parties.

NHS Devon ICB - Accounts Year ending 31 March 2024

25 Related party transactions

Period ending 31 March 2023

During the year, apart from the following transactions none of the Department of Health Ministers, leadership or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Devon ICB.

Details of related party transactions are as follows:

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

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

The Department of Health and Social Care is regarded as a related party. During the year, the ICB has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. The most significant transactions for the ICB were with the following:

Devon Partnership NHS Trust
Leeds Teaching Hospitals NHS Trust
NHS England
NHS Property Services Ltd
North Bristol NHS Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal Cornwall Hospitals NHS Trust
Royal Devon University Healthcare NHS Foundation Trust
South Western Ambulance NHS Foundation Trust
Taunton & Somerset NHS Foundation Trust
Torbay and South Devon NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust
University Hospitals Plymouth NHS Trust

In addition, the ICB has had a number of material transactions with other Government Departments and other central and local Government bodies. The most significant of these transactions have been with Torbay Council, Devon County Council and Plymouth County Council, details of which are included above.

28 Events after the end of the reporting period

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

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

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

27 Financial performance targets
NHS Integrated Care Board have a number of financial duties under the NHS Act 2006 (as amended).

The ICBs performance against those targets was as follows:

	Year ending 31 March 2024 Target £'000	Year ending 31 March 2024 Performance £'000	Period ending 31 March 2023 Target £'000	Period ending 31 March 2023 Performance £'000	Year ending 31 March 2024 Duty Achieved?	Period ending 31 March 2023 Duty Achieved?
Expenditure not to exceed income	3,079,657	3,048,122	2,016,943	2,016,808	Y	Y
Capital resource use does not exceed the amount specified in Directions	3,911	3,821	531	531	Y	Y
Revenue resource use does not exceed the amount specified in Directions	2,881,672	2,846,347	1,996,987	1,996,952	Y	Y
Revenue administration resource use does not exceed the amount specified in Directions	24,682	23,177	19,690	19,690	Y	Y

The ICB met the requirement for spend not to exceed the capital and overall revenue resources received during the year. The ICB's overall expenditure was less than the income and revenue resource received during the year resulting in a surplus of £36.425m.

Summary of Programme and Administration, Income and Expenditure	Year ending 31 March 2024 £000	Period ending 31 March 2023 £000
Programme Expenditure	3,015,371	1,996,030
Administration Expenditure	23,929	20,247
Total Expenditure	**3,039,300**	2,016,277
Programme Income	(93,301)	(18,868)
Administration Income	(752)	(557)
Total Income	**(94,053)**	(19,425)
Total Net Expenditure for the financial period	2,946,247	1,996,852
Revenue Resource Limit (RRL)	2,881,672	1,996,987
Surplus/(Deficit)	36,426	135
Surplus/(Deficit) % of Revenue Resource Limit	1.22%	0.01%

Appendices

Appendix 1 – Highlights of work and attendance by Members at NHS Devon Board and Committee Meetings

These records show attendance by Board and Committee members at formal meetings. Eligibility to attend varies between individuals, impacted by factors including start/end dates in role.

NHS Devon Board

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

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

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

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

The establishment of an Executive Committee and a Provider Selection Regime Steering Group was approved. All governance requirements associated with these changes were also approved by the Board including Terms of Reference and the Scheme of Reservation and Delegation updates.

Partnership working remained a priority with regular updates being received from the One Devon Integrated Care Partnership and NHS Cornwall and the Isles of Scilly Integrated Care Board.

Name	Job Title / Organisation	Meeting Role	Attended/ Eligible
Nigel Acheson	Chief Medical Officer, NHS Devon	Chief Medical Officer	10/11
Darryn Allcorn	Chief Nursing Officer, NHS Devon	Chief Nursing Officer	0/0
Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health, NHS Devon	Non-Executive Member	10/11

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

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

Table Notes

Start dates for NHS Devon Board membership are below: • Donna Manson – 01 August 2023 • Ruth Harrell – 22 August 2023 • Steven Moore – 12 February 2024 • Penny Smith – 01 December 2023 (interim) • Naomi Chapman – 15 May 2023 (interim) • Susan Masters – 11 September 2023 (interim) • Natasha Goswell – 1 October 2023 (interim) Bill Shields was interim Chief Executive Officer between 1 November 2023 and 11 February 2024 when he reverted to his substantive role of Chief Finance Officer.	End dates for NHS Devon Board membership are below: • Darryn Allcorn –30 April 2023 (commenced secondment) • Steve Brown – 21 July 2023 • Sarah Lou Glover – 08 December 2023 • Professor Hisham Khalil - 08 December 2023 • Tracey Lee – 20 June 2023 • Jane Milligan – 31 October 2023 • Naomi Chapman – 30 September 2023 • Susan Masters – 1 October 2023 • Natasha Goswell – 1 December 2023

Audit and Risk Committee

The Audit and Risk Committee has covered a wide range of issues during the reporting period, with its work being guided by its Terms of Reference, together with the Healthcare Financial Management Association (HFMA) NHS Audit Committee framework.

A particular focus for the Committee has been in respect of the development of NHS Devon's Board Assurance Framework and risk management arrangements, receiving regular updates on the implementation of process and systems, together with reviewing the Risk Management Policy and recommending its approval to the NHS Devon Board.

The Committee approved the 2023/24 Internal Audit Programme and has received regular progress updates, considering the recommendations arising from reviews and the subsequent progress of work to deliver agreed actions.

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

Regular updates have also been received from the Local Counter Fraud Service Manager and the organisation's external auditors, whilst the Data Protection Officer has provided assurance as to compliance and progress against the Data Protection Security Toolkit.

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

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

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

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

*Table notes

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

Remuneration and Internal ICB Workforce Committee

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

Throughout this year of change the Committee made recommendations in respect of Very Senior Management (VSM) appointments, resignations and secondments into and out of the organisation.

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

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

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

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

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

Finance and Performance Committee

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

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

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

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

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

Table notes:

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

Quality and Patient Experience Committee

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

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

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

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

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

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

*Table Notes

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

Primary Care Commissioning Transition Committee

Throughout 2023/24 the Committee received regular updates in respect of primary care budgetary issues; estates issues impacting primary care; performance against national targets; and support for GP practices, contractual and resilience matters and resolving issues around individual providers within the system.

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

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

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

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

Table Notes

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

People and Culture Committee

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

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

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

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

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

Table Notes

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

One Devon Integrated Care Partnership (One Devon)

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

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

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

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

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

Table Notes

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

Appendix 2 – Health inequalities reporting

Inequalities

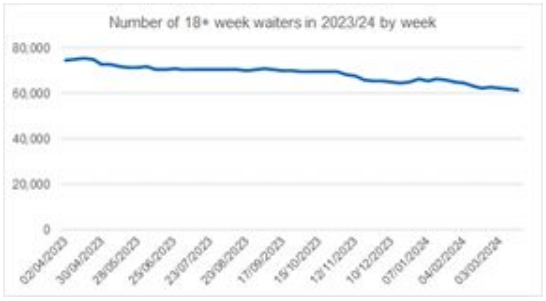
Under duty s.13SA of the National Health Service (NHS) Act 2006 NHS England is required to publish a Statement on Information on Health Inequalities setting out:

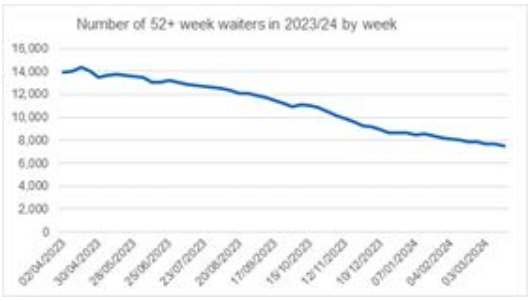
- a description of the powers available to relevant NHS bodies to collect, analyse and publish information; and
- the views of NHS England about how those powers should be exercised in connection with such information.

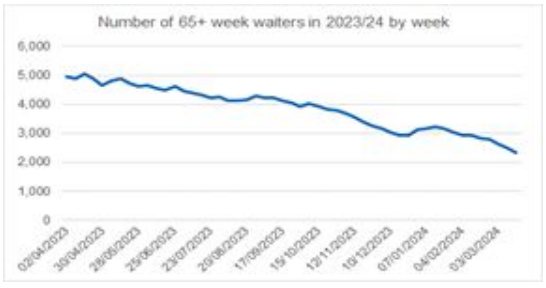
The current Statement provides information on how powers should be exercised in connection with health inequalities information for the period 1 April 2023 to 31 March 2025, and includes a requirement for all NHS organisations to report on inequalities for specified indicators in their annual reports.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

Elective recovery

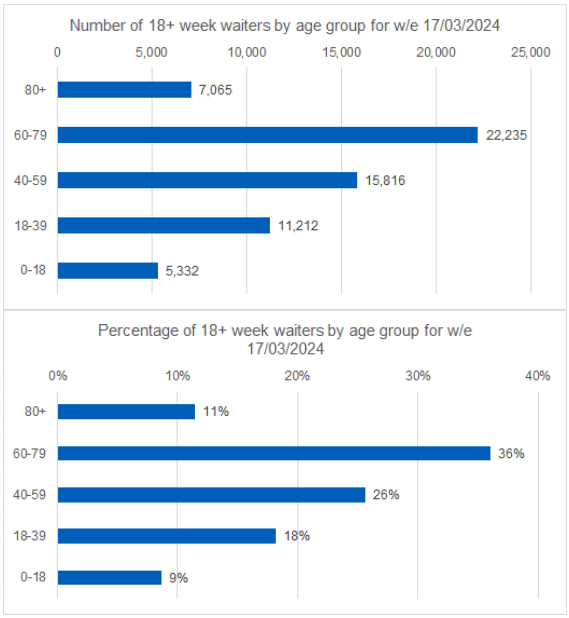
The number of long waits for elective treatment continued to reduce in Devon during 2023/24, with positive progress being made at all providers. The charts below show a falling number of over 18, 52 and 65 week waits for treatment, with particular progress being made in reducing the longest wait patients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



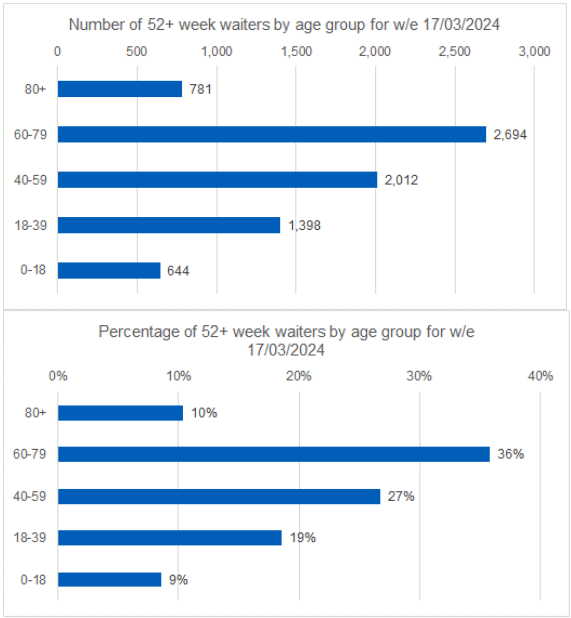




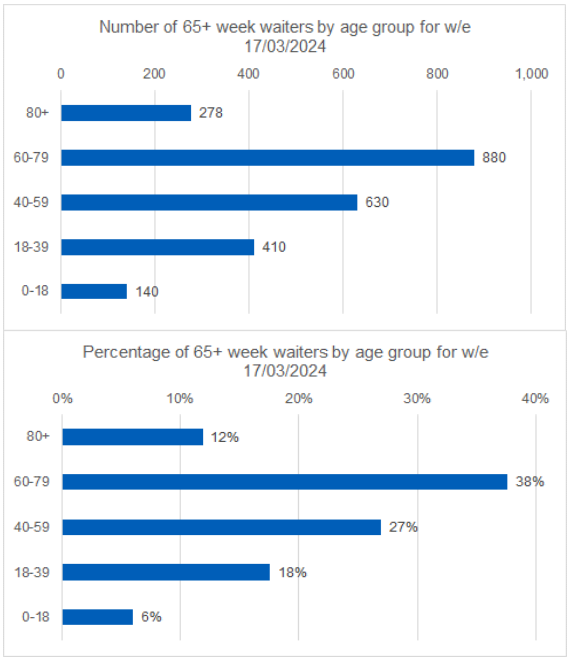
When looking at the number of over 18 week waits by age band, we can see the waiting list is representative of Devon's comparably older population, with almost half the patients aged over 60.



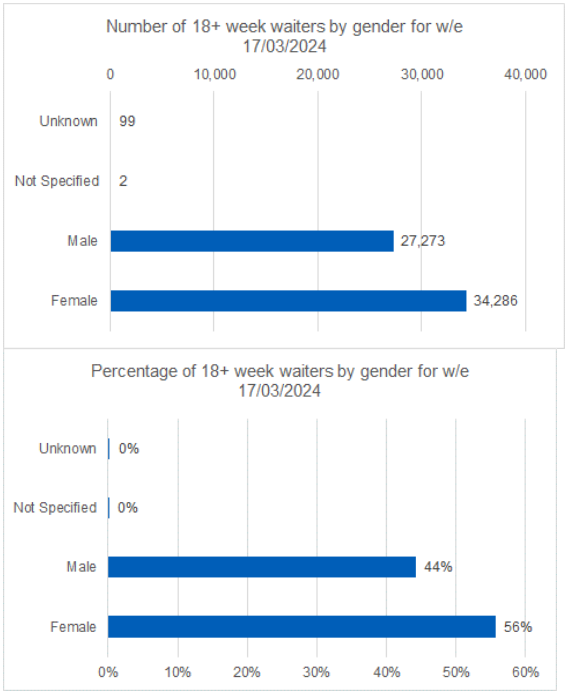
This picture is almost exactly the same for over 52 week waits, with very similar proportions of patients split between the different age groups. This consistency suggests patients waiting a long time are not skewed towards any single age group.



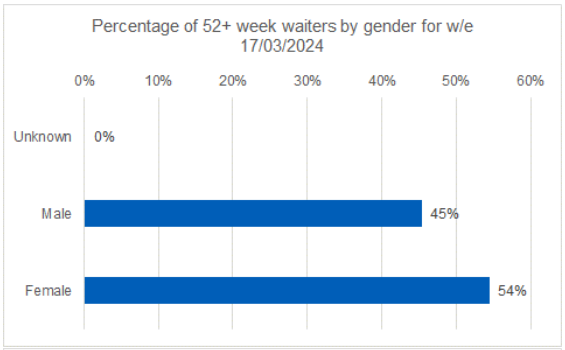
For over 65 week waits the position is again similar, although over 60s are slightly more likely to wait over 65 weeks and children are slightly less likely when compared to over 18 week waits.

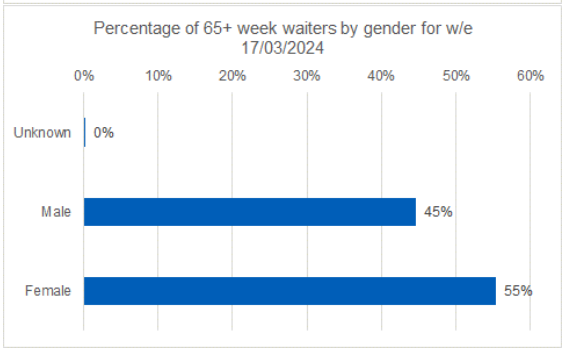


Looking at the elective waiting list by gender, the majority of patients waiting over 18 week are female, but again this is fairly representative of the population, particularly as the proportion of females in the population rises as age increases.

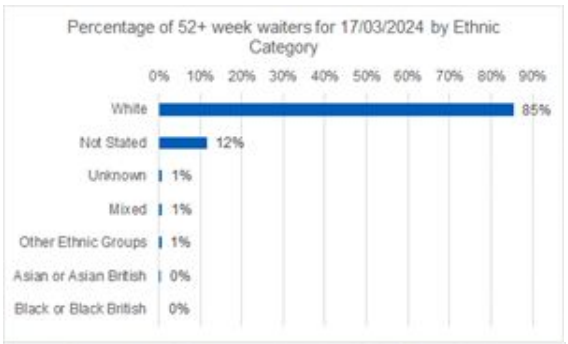


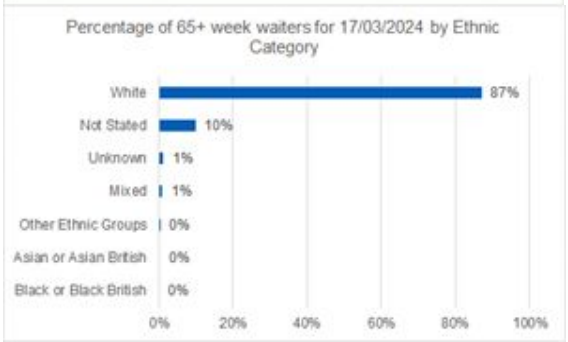
However, this proportion remains very consistent when looking at long waits, with the position essentially unchanged for both over 52 week and over 65 week waits, suggesting there is no inequality between sexes for elective waits.





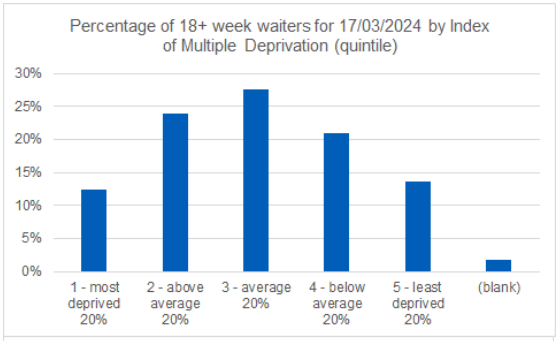
When looking at elective waits by ethnicity it is difficult to draw conclusions around any inequalities due to the very low number of patients recorded in any category other than white. 98% of over 52 week waits are recorded as either white, unknown or as not stated, with the remaining 2% spread across the other categories. There is a similar position for over 65 week waits.

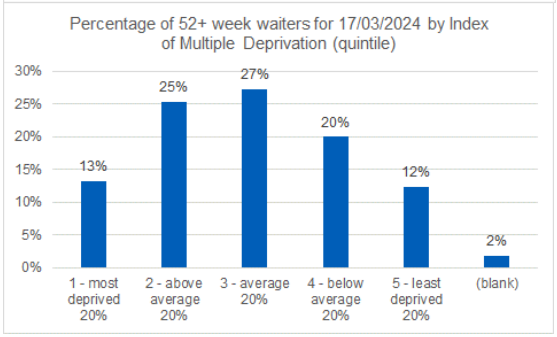


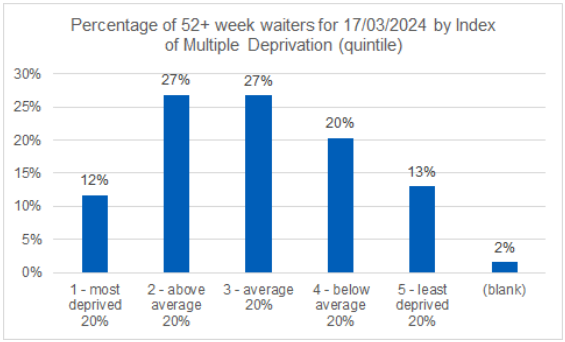


Reviewing the waiting list by the indices of deprivation (the level of deprivation associated with where patients live), the pattern is consistent through the waiting time bands, with the highest proportion of waiters being of average deprivation and a

balance between the most and least deprived. This remains the same for over 18, 52 and 65 week waits, suggesting deprivation does not correlate with longer waiting times.





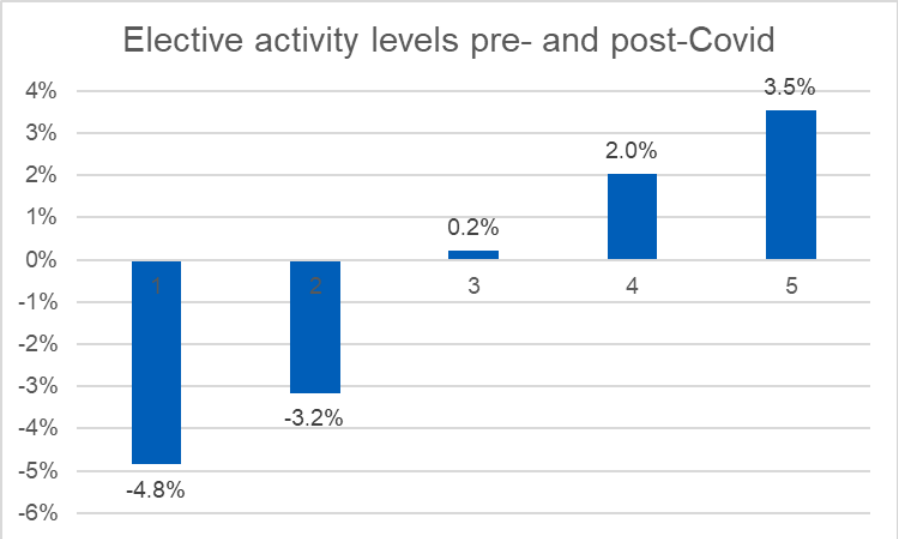


Activity Rates Compared To Pre-Pandemic

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

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

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



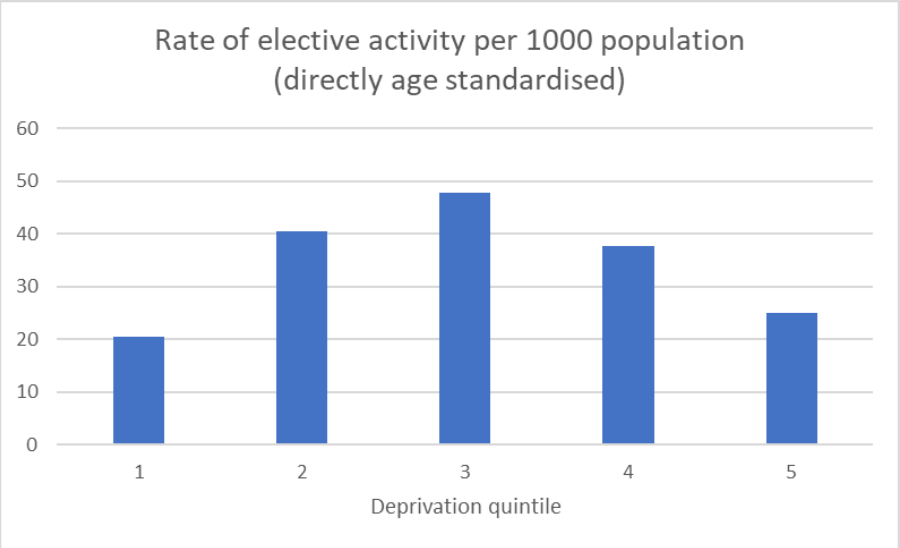
When viewed by ethnicity, changes in the number of unknown recorded ethnicity affect the ability to assess comparable difference between ethnic groups, but overall those with an ethnicity of white have seen a slight fall in activity compared to pre-Covid (-6%) and those of other ethnic groups have seen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

Activity Rates Per Population

This section explores potential variation in age standardised activity rates for elective and emergency admissions and outpatient, virtual outpatient and emergency attendances.

Overall standardised activity rates for total elective activity are 64.4 procedures per 1000 population for women and 57.8 for men. This is generally representative of the age split of the population, taking into account that for older people who are more likely to receive treatment the female to male ratio is higher than for the population as a whole.

When looking at activity rates by deprivation quintiles, those at either end of the deprivation curve see generally lower rates of activity:

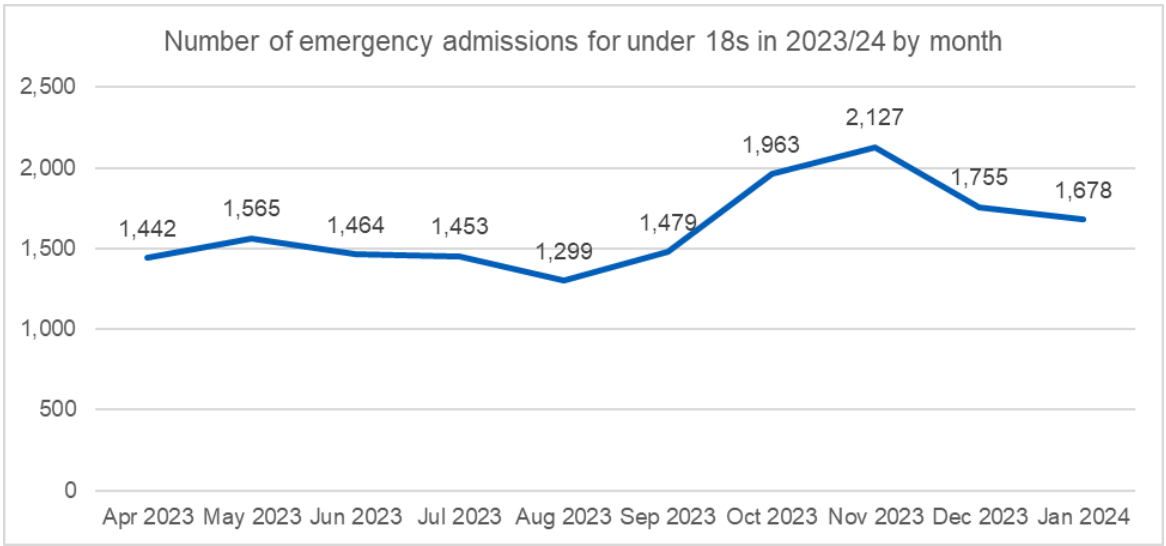


When viewed by ethnicity numbers are not sufficient to draw conclusions around rates of activity per population (many ethnic groups are lower than 1,000 which is generally the population used to calculate rates).

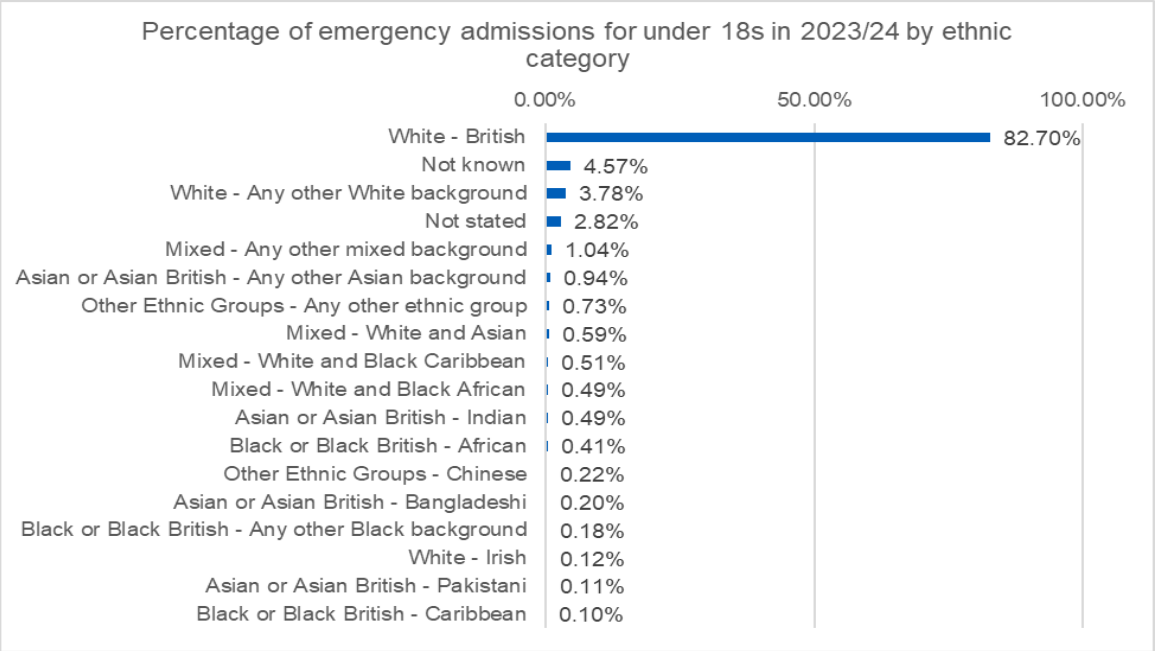
Urgent and emergency care

Emergency admissions for under 18s

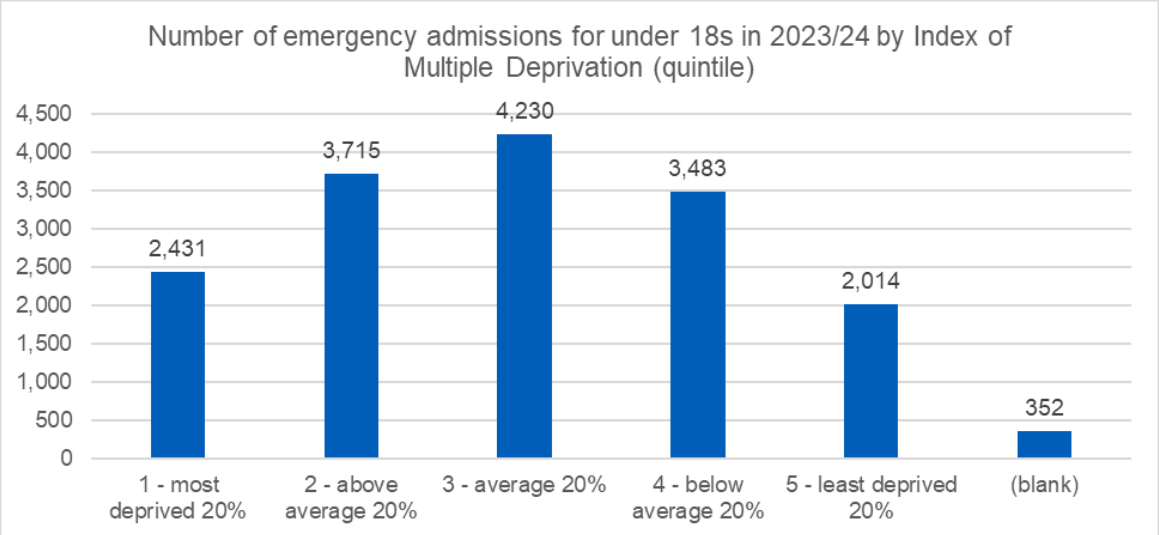
Emergency admissions for children and young people (CYP) have followed a fairly typical pattern in 2023/24, with relatively stable levels for much of the year but with an increase in winter months linked to increasing respiratory admissions for generally very young children and babies (cases of Respiratory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

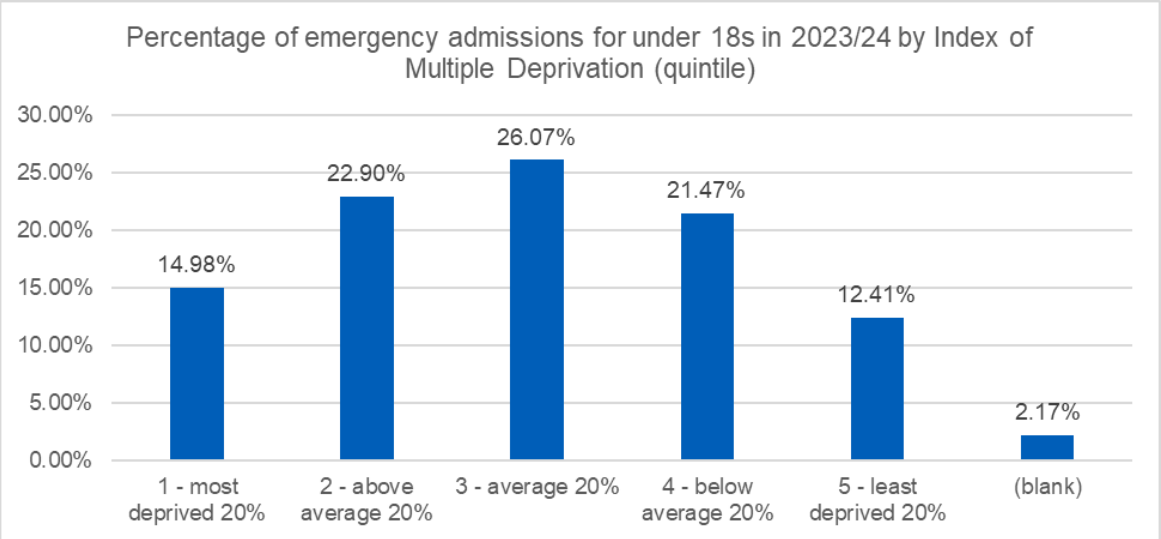


Looking at these emergency admissions by ethnic category we broadly see a reflection of the ethnic position of the general population in Devon.



Looking at the deprivation quintile of these patients, the majority were from areas of average deprivation, although the proportion from areas of highest deprivation were slightly above those in lowest deprivation areas (15% vs 12%).





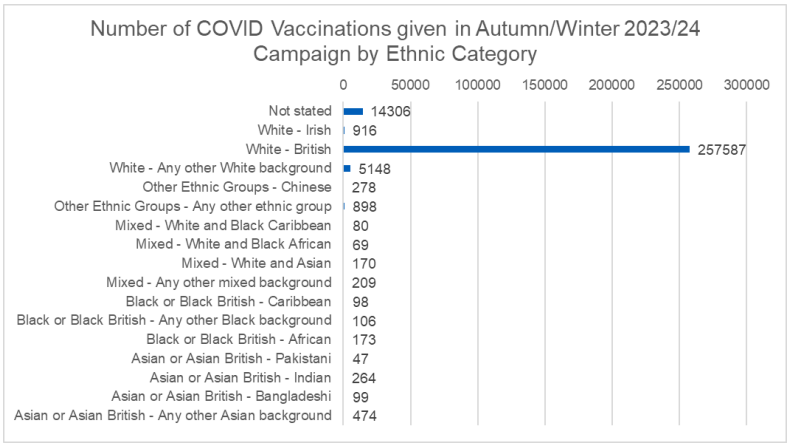
Respiratory

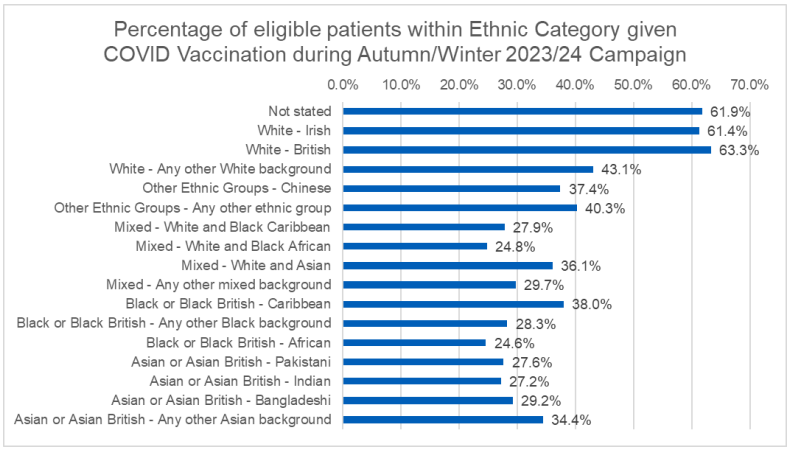
This section looks at the uptake of COVID and flu vaccinations by sociodemographic group.

For COVID this is the number and percentage of eligible patients (patients aged 65+ or patients aged below 65 who are in an at-risk group) who received a COVID vaccination during the Autumn/Winter 2023/24 campaign.

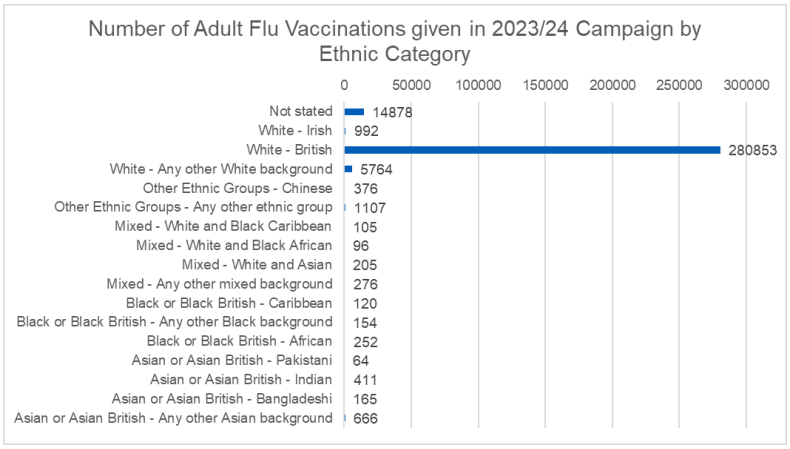
For flu this is the number and percentage of eligible patients (patients aged 65+ by 31.03.2024, or patients aged 18-64 and in an at-risk group) who received an adult flu vaccination during the 2023/24 flu season.

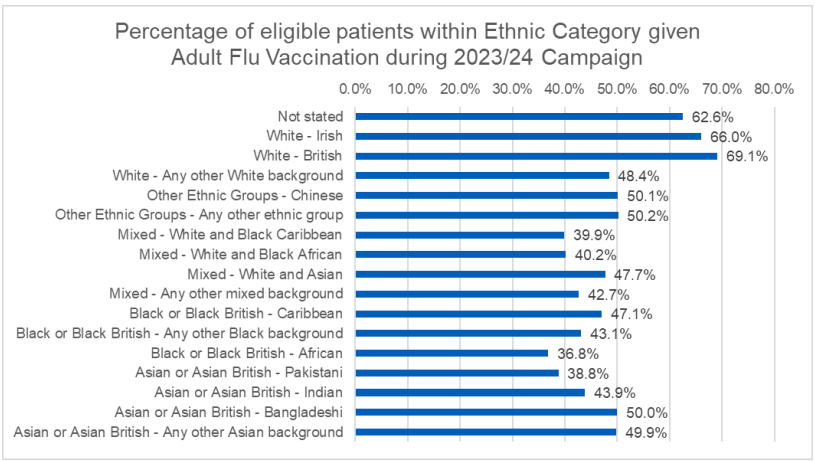
The charts below show the number of percentage of people receiving a Covid vaccination. Percentages are the number of patients given the relevant vaccine out of all eligible patients within that sociodemographic group.



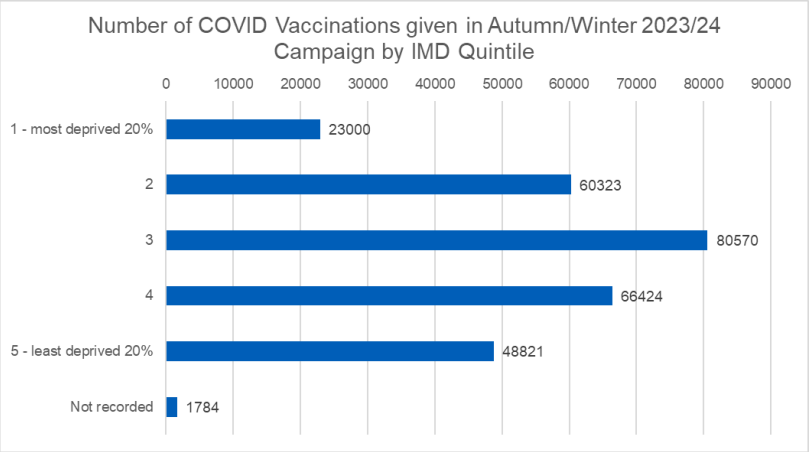


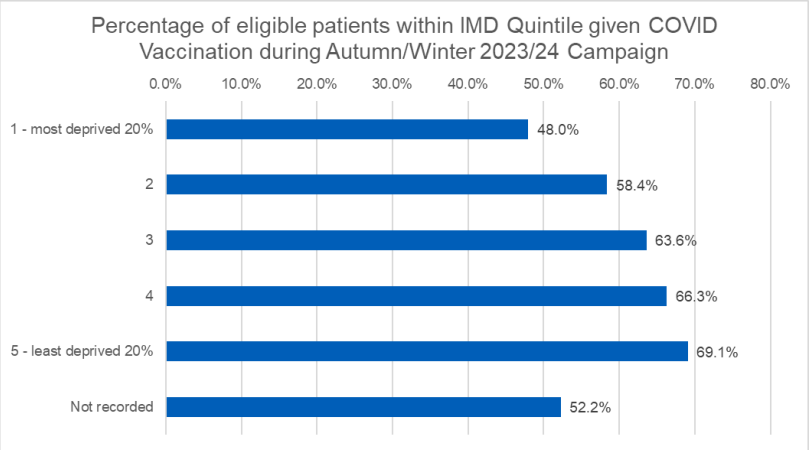
The uptake of Covid vaccinations varies between ethnic groups, with white groups seeing around double the uptake in this time period. A similar position is true of flu vaccinations, albeit with the variation slightly lower but still significant.



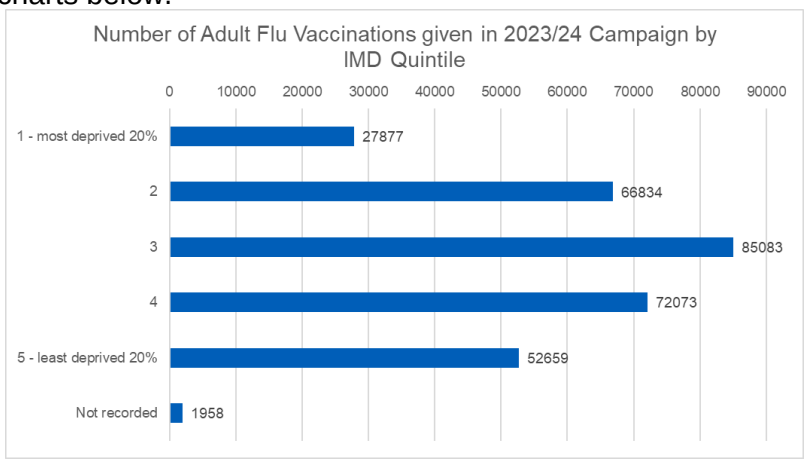


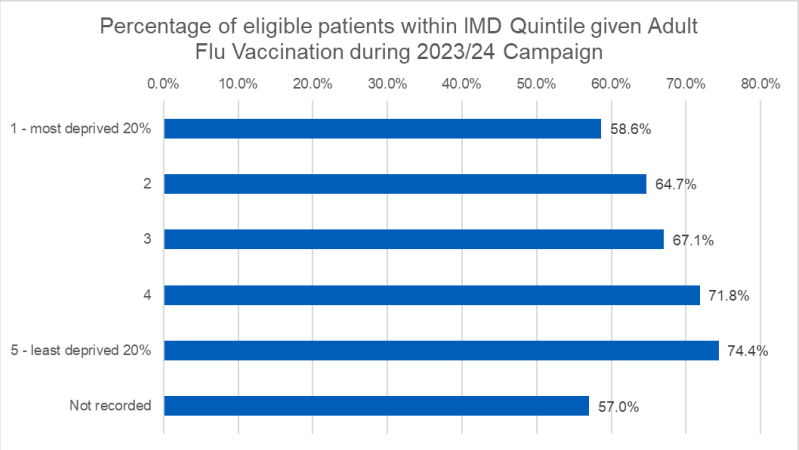
Uptake of the Covid vaccinations by IMD Quintile also shows a clear picture, this time of reducing uptake as deprivation rises. There is a 20% difference in uptake between the least deprived and most deprived areas.



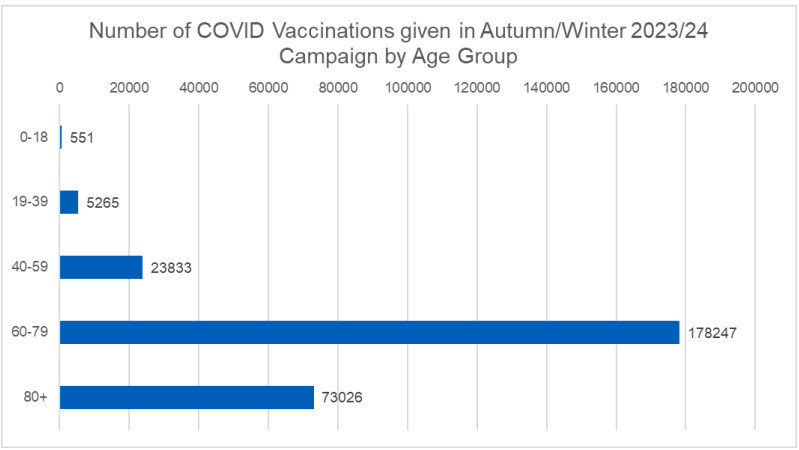


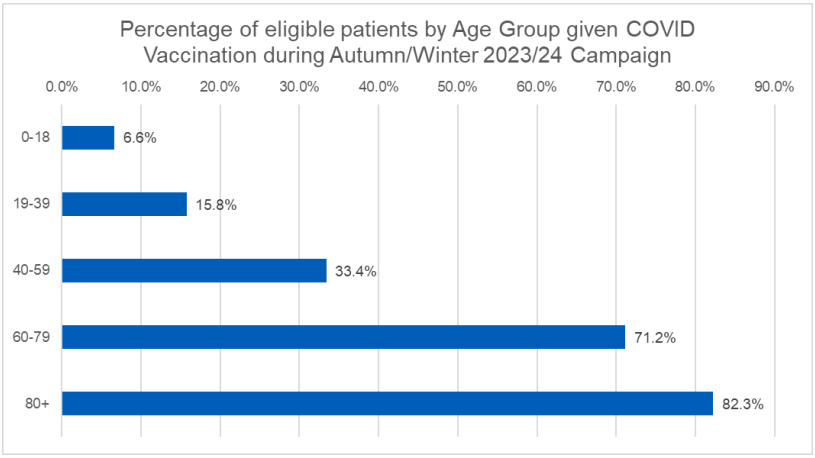
Perhaps unsurprisingly this pattern holds true for flu vaccinations too, as can be seen in the charts below.



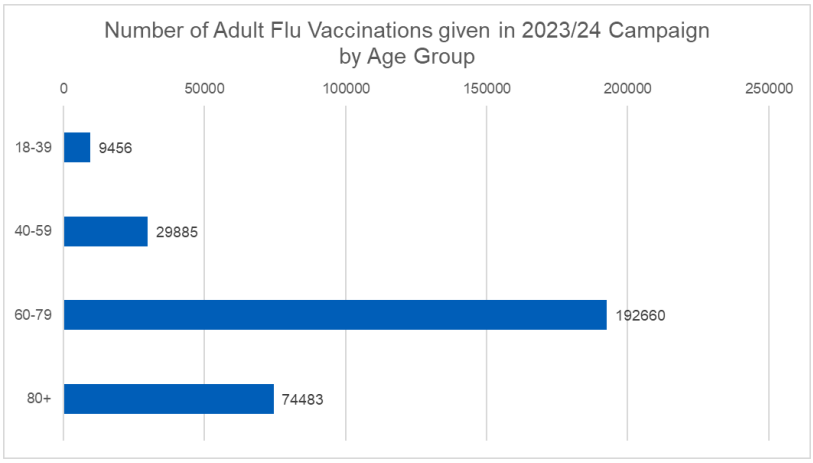


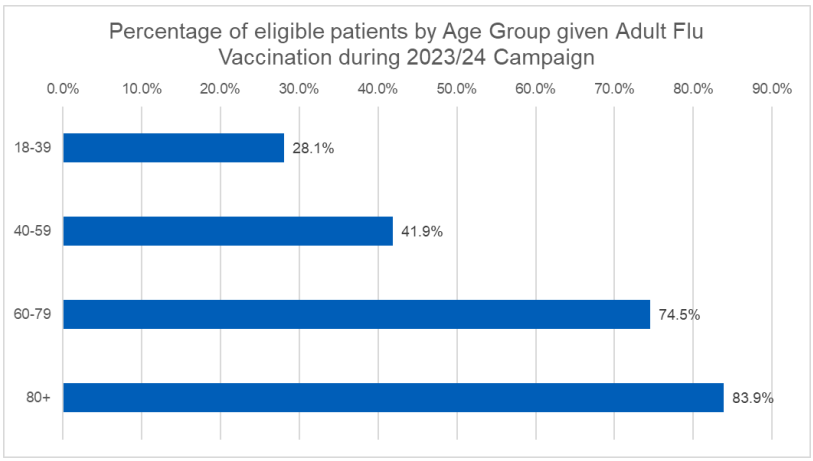
When looking at uptake of Covid vaccinations by age group we see a huge disparity in uptake, with older people significantly more likely to choose to be vaccinated than younger age groups, albeit in the context of significantly higher numbers of vaccinations being offered to older people.



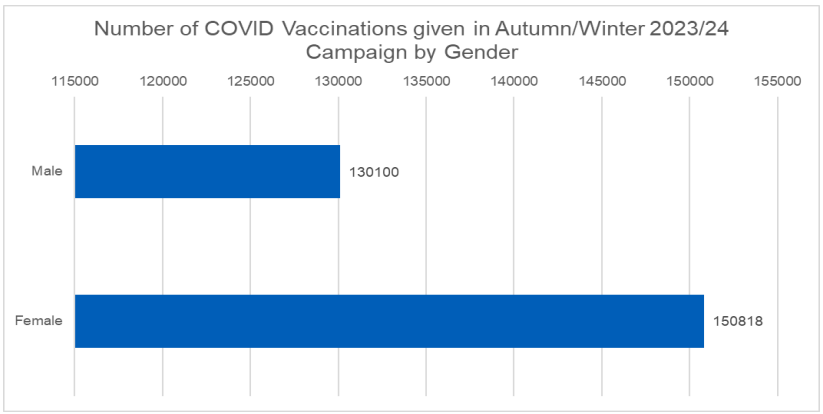


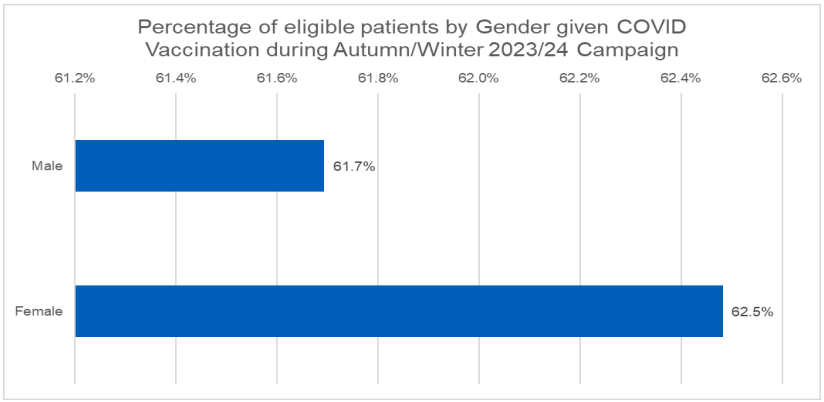
The same pattern can be seen for flu vaccinations, although less marked.

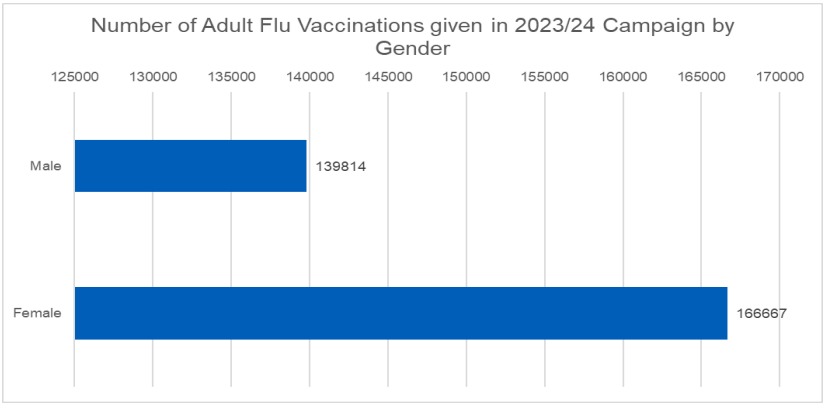


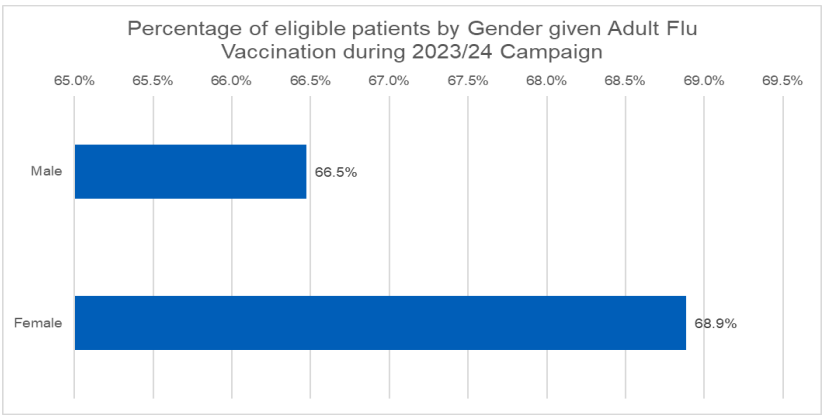


The variation by gender is much less obvious, although females are slightly more likely to choose to be vaccinated than men for both Covid and Flu.







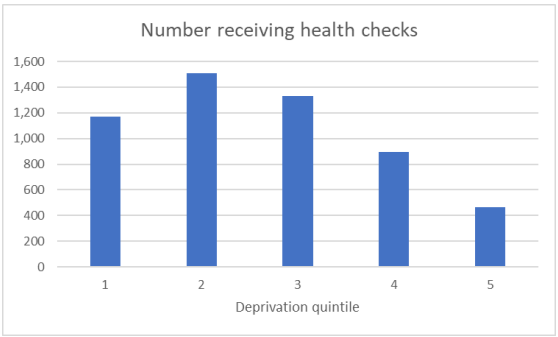


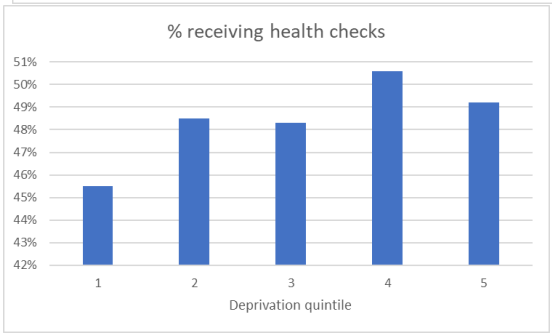
Mental health

Severe mental illness (SMI) physical health checks

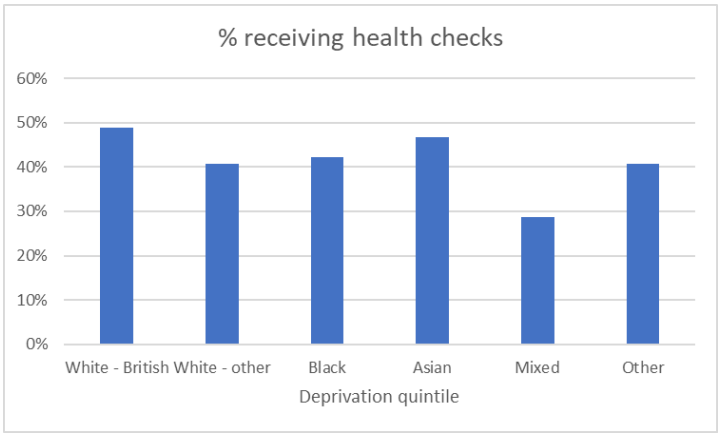
This section looks at the number of SMI physical health checks and the percentage performance comparing those people who have had checks against the total number of patients who should be offered a check.

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

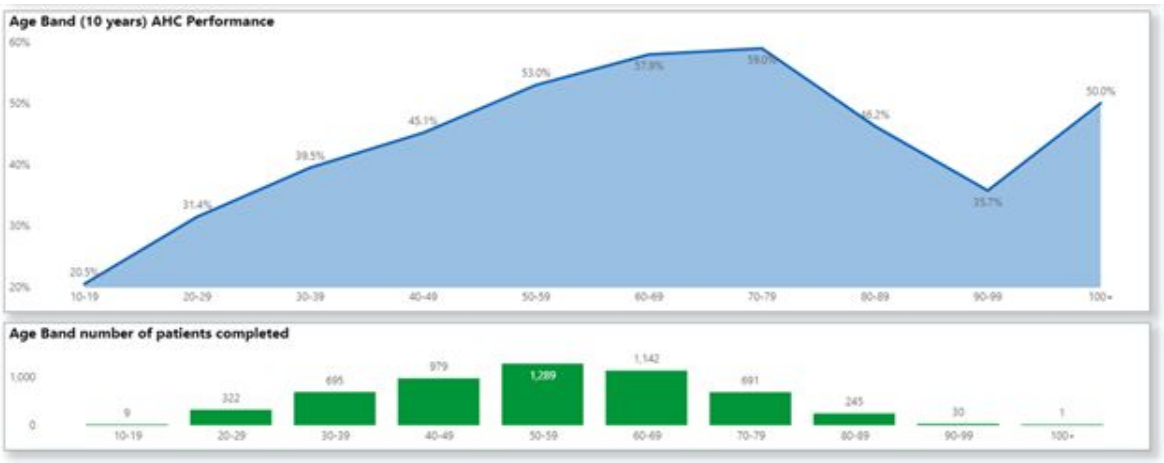




Looking at ethnicity, people from the White British ethnic group are more likely to receive health checks than other ethnic groups, with mixed ethnicity seeing the lowest level of checks.



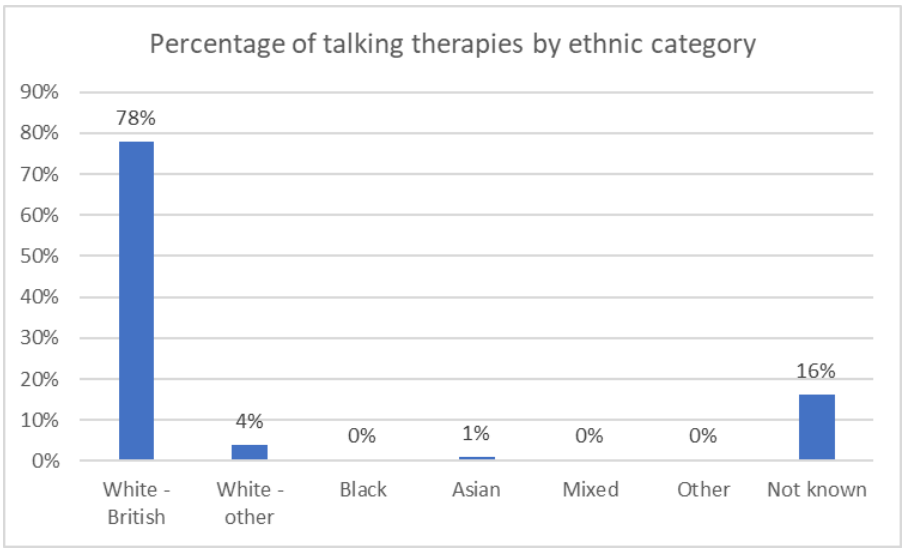
By gender females (49.6%) are more likely to receive a health check than men (46.9%), despite there being very similar numbers of eligible people. By age there is a correlation with younger age groups receiving comparatively less health checks then older people (up to 80 years old).



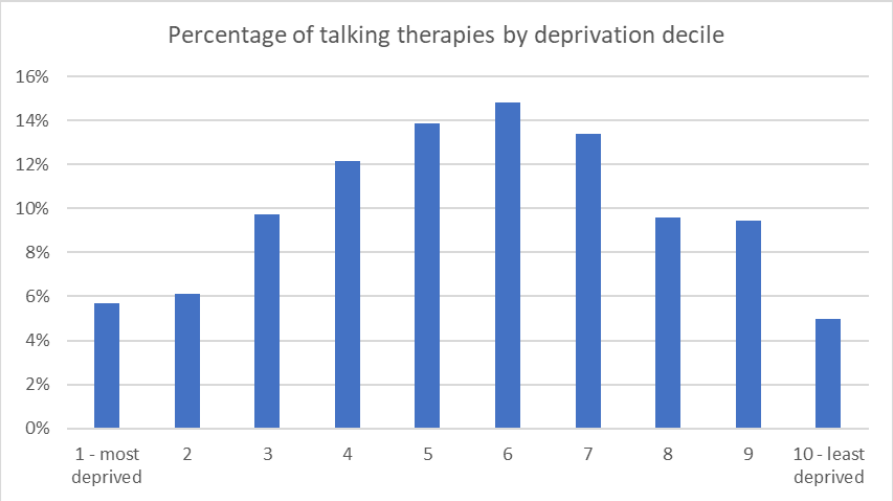
NHS Talking Therapies (formerly IAPT) recovery

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

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

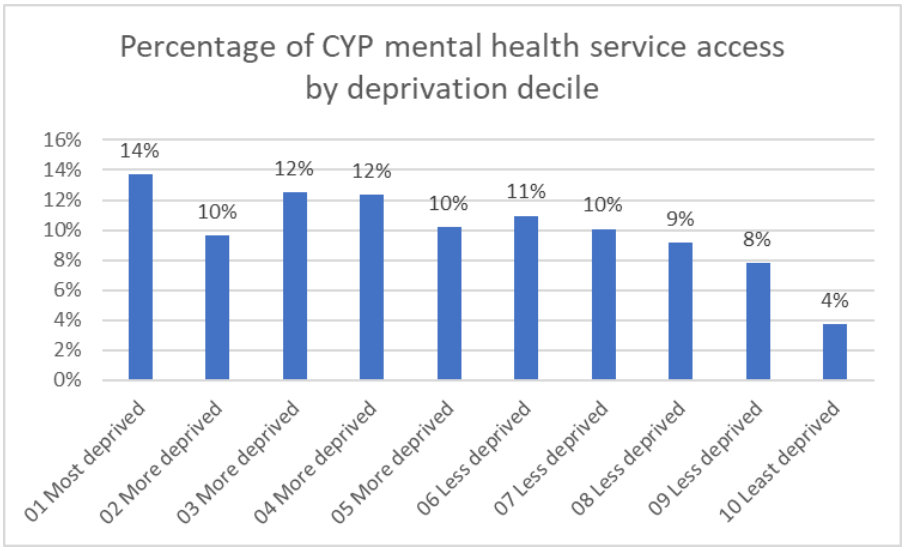


By deprivation, the majority of talking therapies are received by patients living in medium deprived areas, reflecting the general population split.

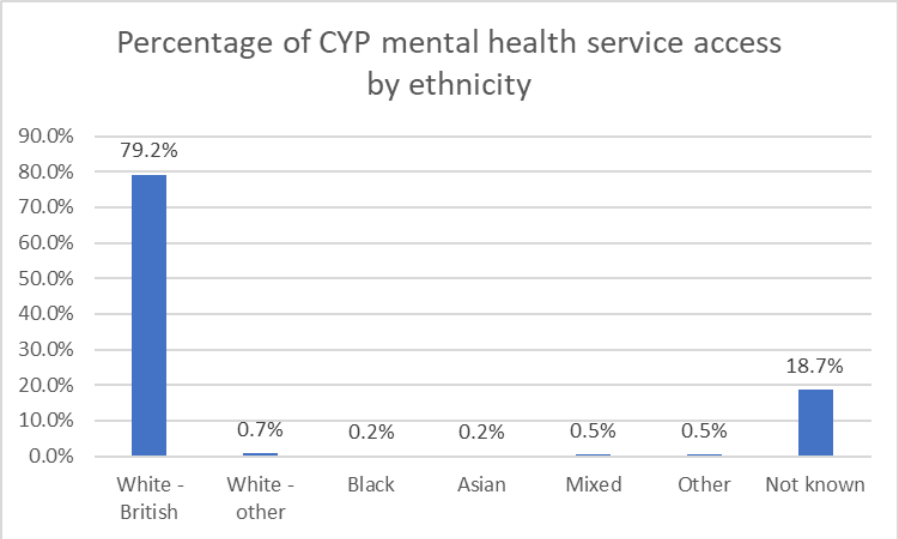


Children and young people's mental health access

61% of children accessing CYP mental health services are female, with 37.1% male and 1.6% non-binary. 60% of children are aged 11 to 15, a quarter are over 16 and 15% are ten or under. By deprivation decile the largest proportion of children accessing services are from the most deprived areas and whilst this is not significantly higher than other areas it is disproportionate to the population split.



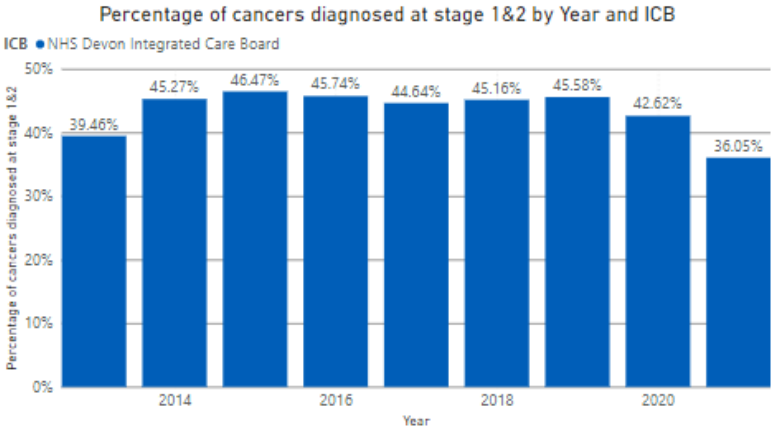
By ethnicity almost 19% of ethnicity is not stated or unknown, with 79% of children receiving CYP mental health services being White British.



Cancer

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

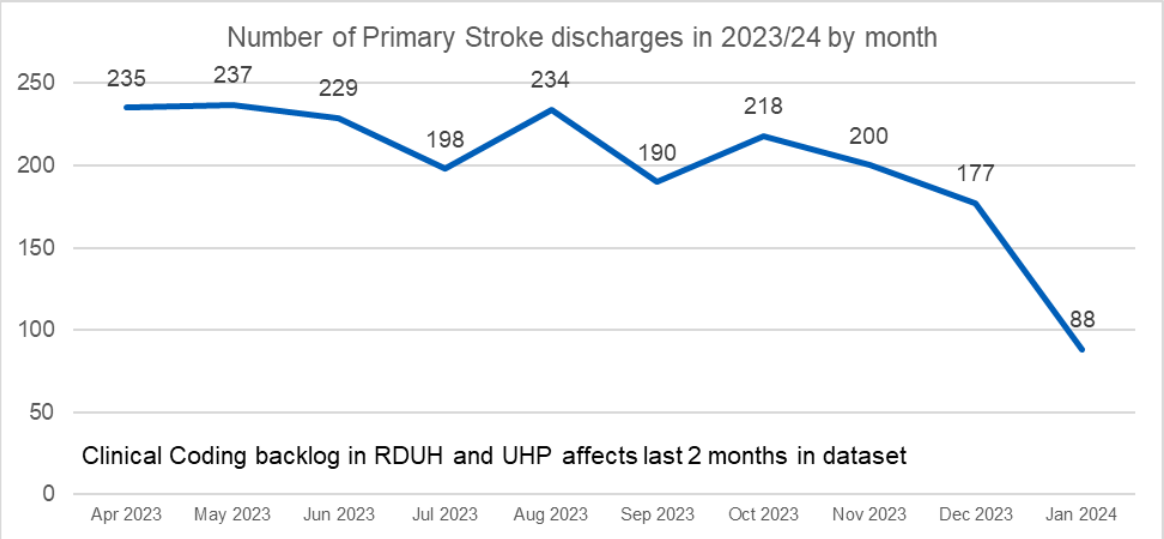
The percentage of cancers diagnosed at stage 1 and 2 in Devon remained relatively static at around 45-46% for many years until a significant fall during Covid.



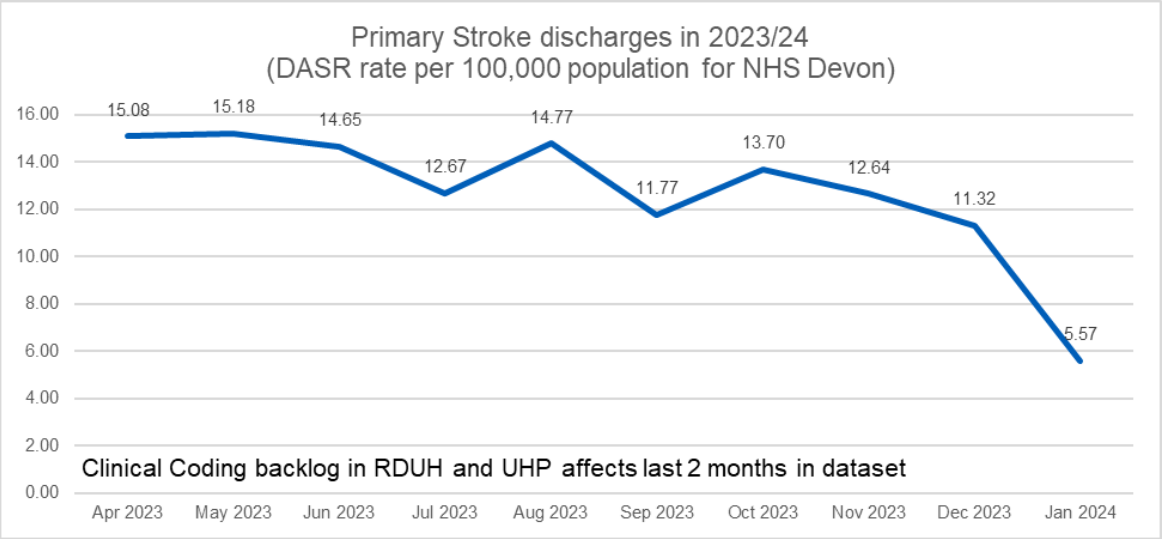
Cardiovascular disease

Stroke

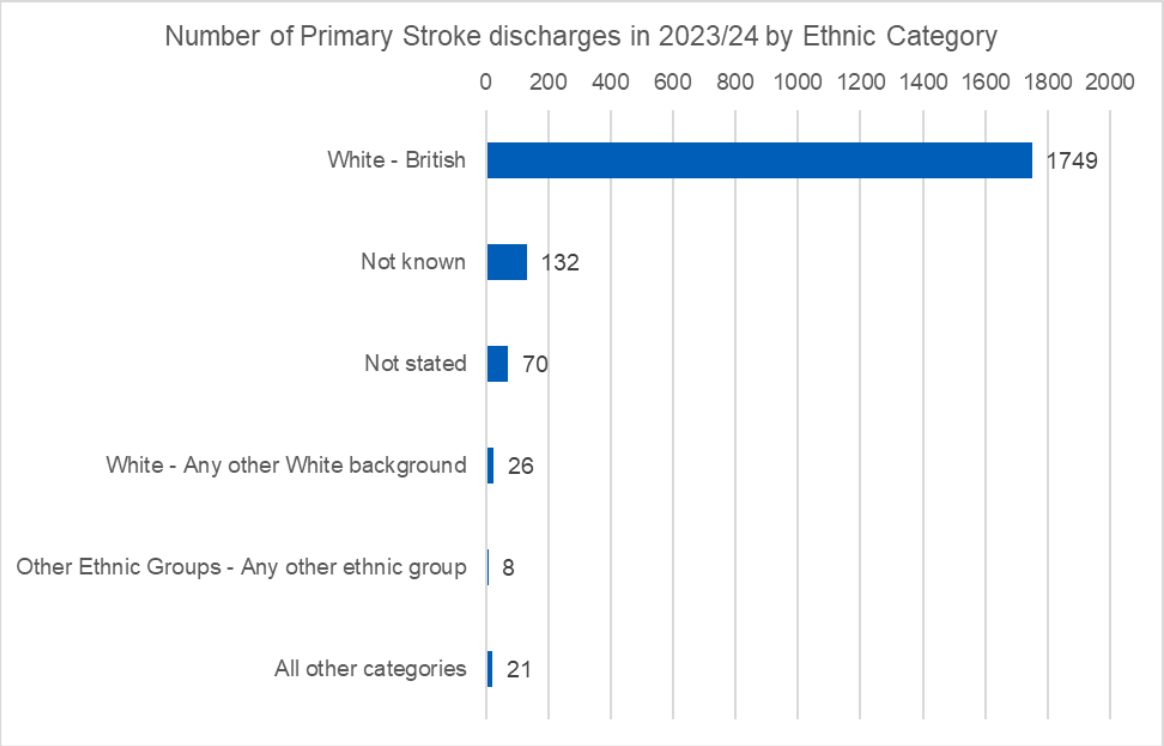
This section looks at the rate of non-elective admissions for stroke (per 100,000, age-sex standardised). The number of patients admitted and then discharged from hospitals in Devon is shown in the chart below and shows a generally consistent picture, although please note that coding backlogs affect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

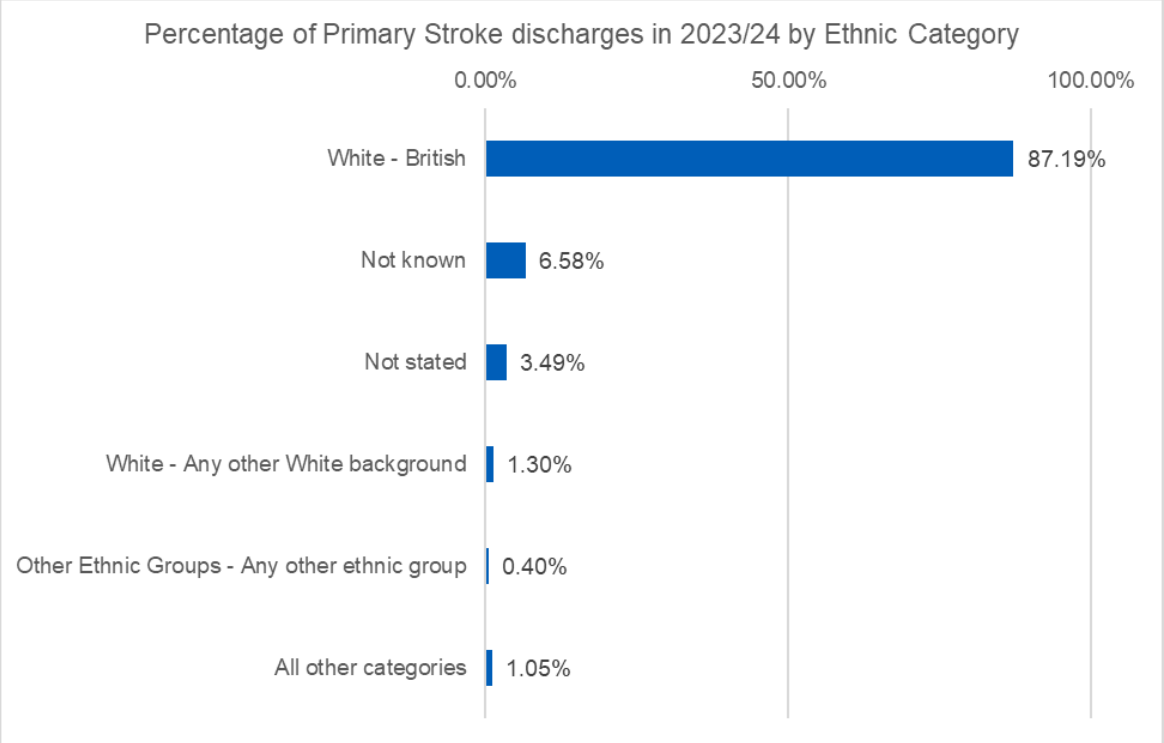


The rate of stroke discharges remains relatively steady.

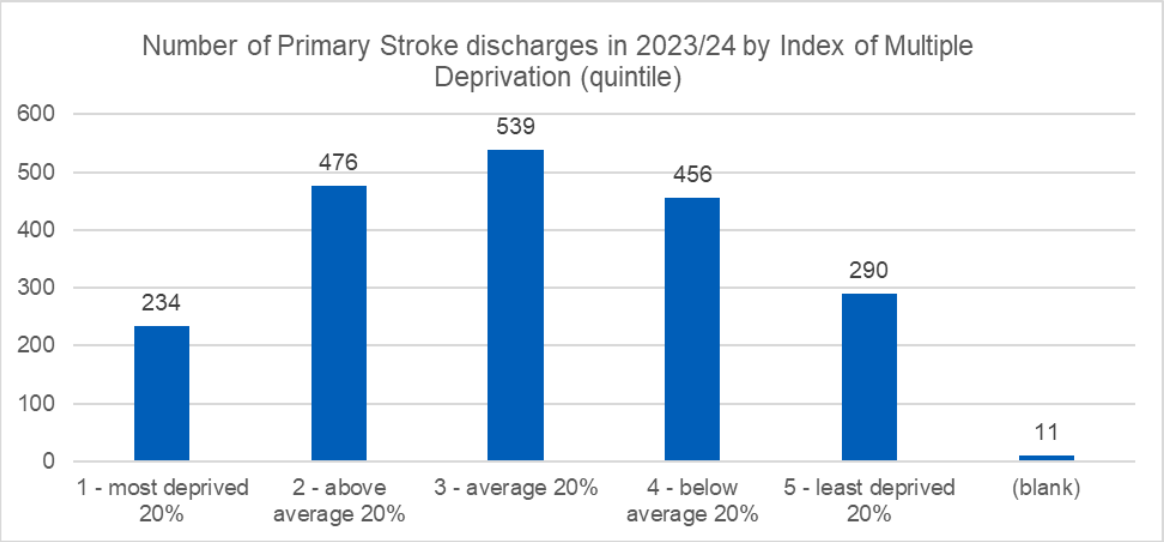


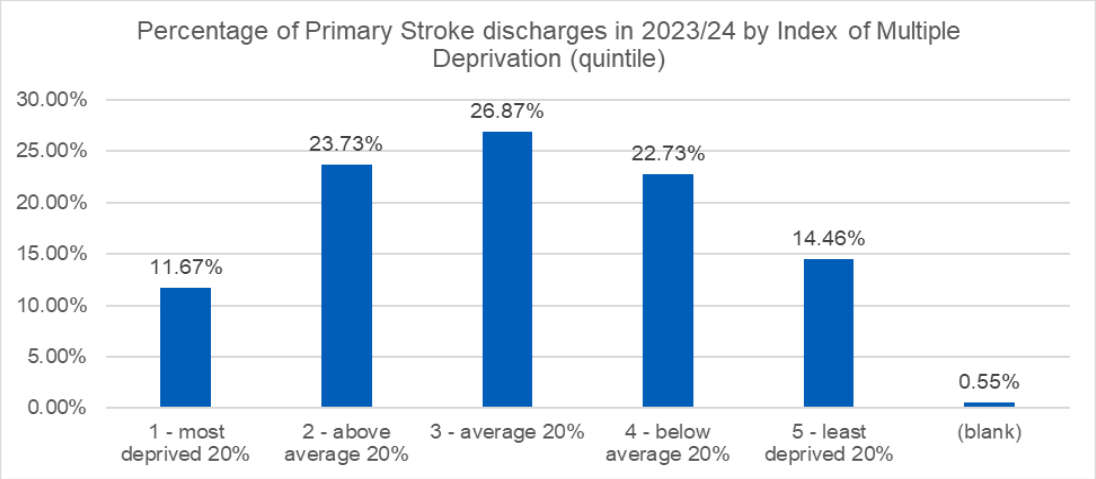
Stroke discharges by ethnic category shows a very similar position to the Devon demographics, with the vast majority recorded as white and only small numbers being recorded in other ethnic categories.





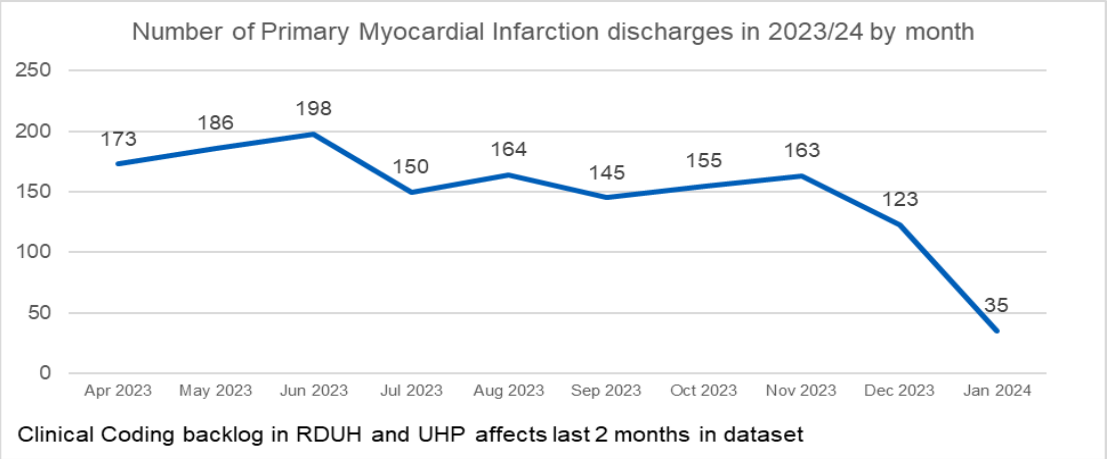
Looking at stroke discharges by deprivation quintile, the balance matches the deprivation make-up of Devon, although slightly higher levels of stroke are seen in the least deprived group than the most, which may suggest different levels of access.

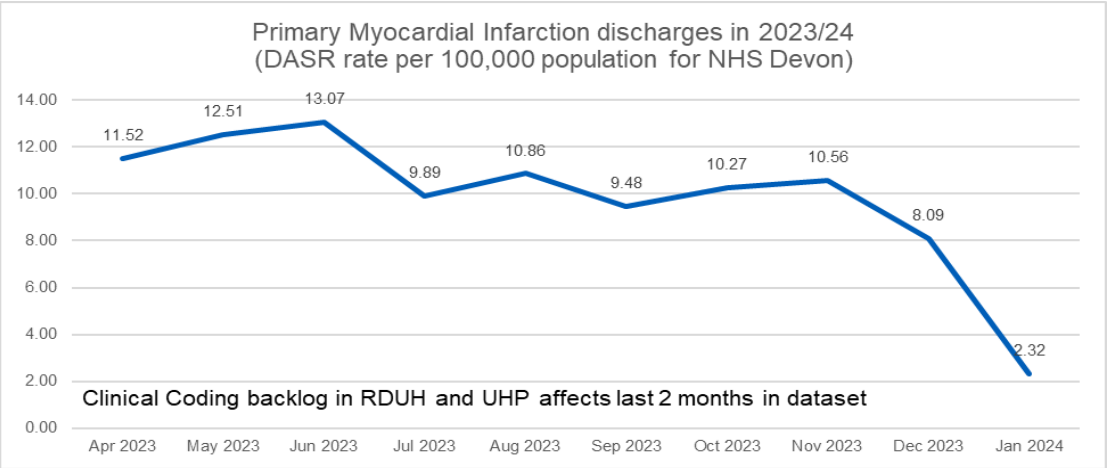




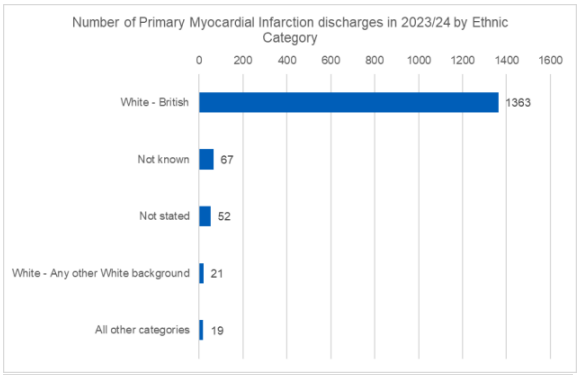
Myocardial Infarction (Heart Attack)

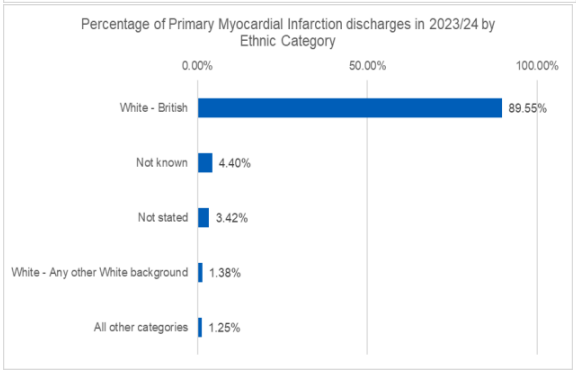
The number of and rate of non-elective admissions for heart attacks in Devon (per 100,000 age-sex standardised) has remained at around expected levels (please note, later months affected by delays in coding).



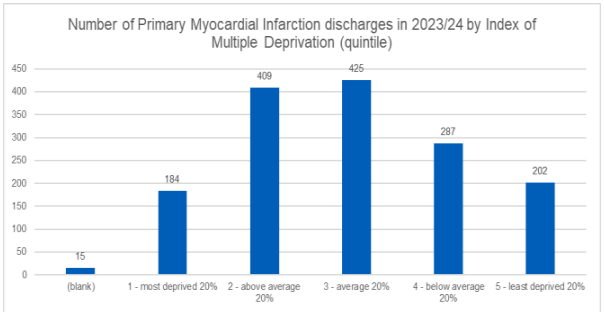


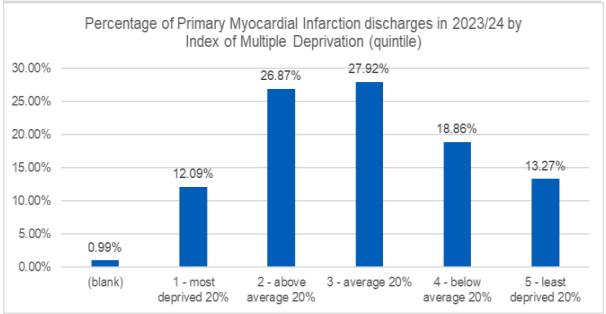
The ethnic category of heart attacks shows a consistent position with the population demographics.





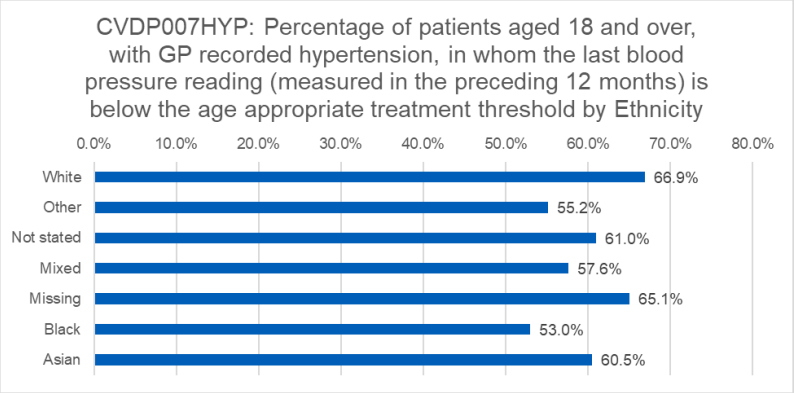
Looking at heart attacks by deprivation quintile, a slightly lower number of below-average deprivation patients are seen than might be expected, with a slightly higher number of above-average deprivation patients, which may be linked to the spread of risk factors between the deprivation groups.



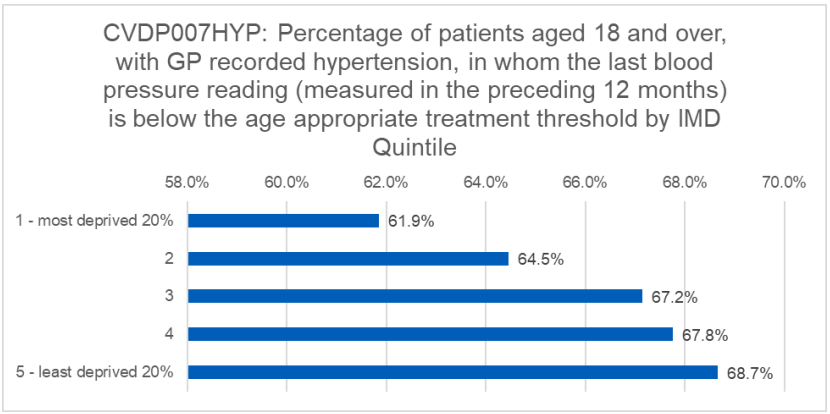


Hypertension

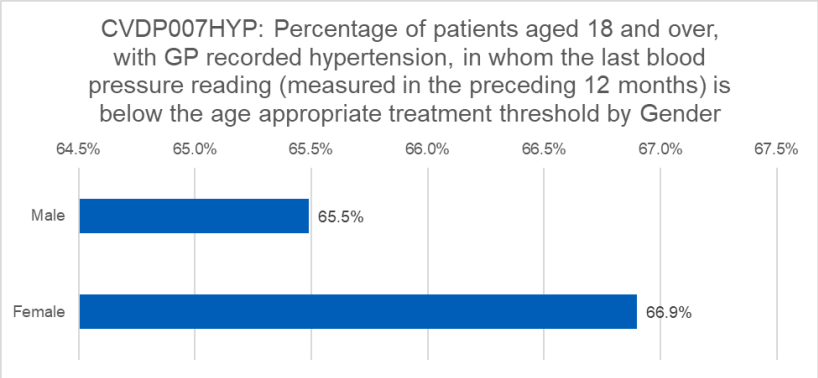
This section looks at three measures associated with hypertension, with the first being the percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is below the age-appropriate treatment threshold. By ethnicity there is variation for this measure, although based on small numbers, but the lower readings for non-white ethnic groups warrants further review. The national target for this measure is 77%.



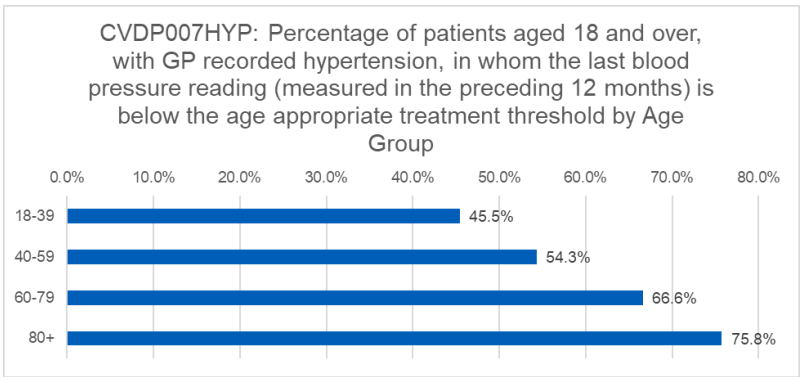
By deprivation quintile patients from the most deprived areas receive poorer outcomes for this measure, with a noticeable difference compared to patients from average of least deprived areas.



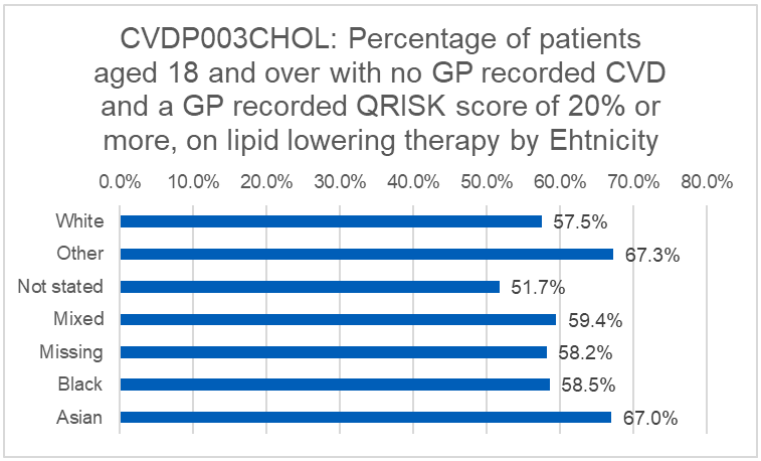
Outcomes for males are slightly lower than for females, but the difference is not significant.



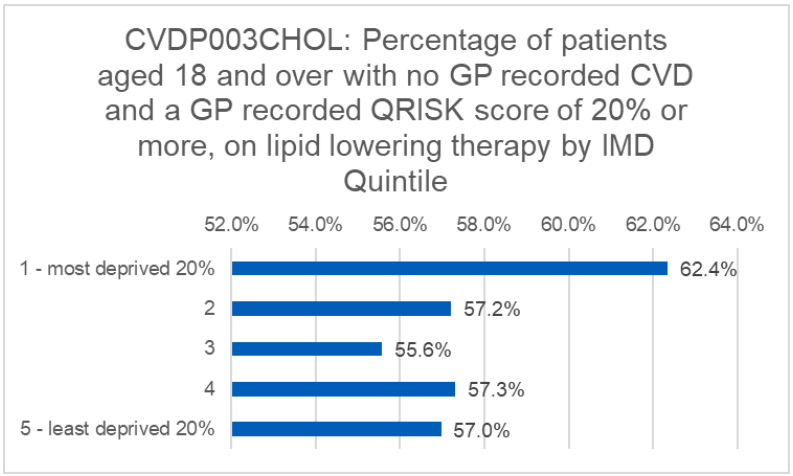
Looking by age, there is a clear increase in readings within the threshold for older people, with a progressive increase as age rises.



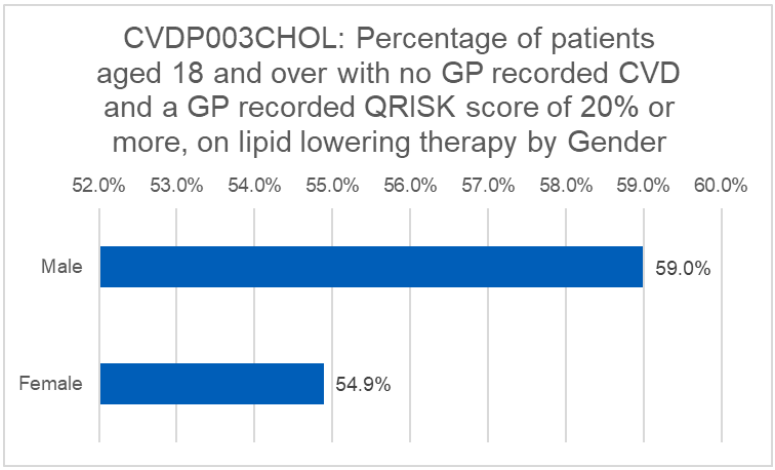
The percentage of patients aged 18 and over with no GP recorded Cardiovascular Disease (CVD) and a GP recorded QRISK score of 20% or more, on lipid lowering therapy shows general low variability when viewed by ethnicity, with the exception of higher rates for those recorded as Asian or Other (note: higher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



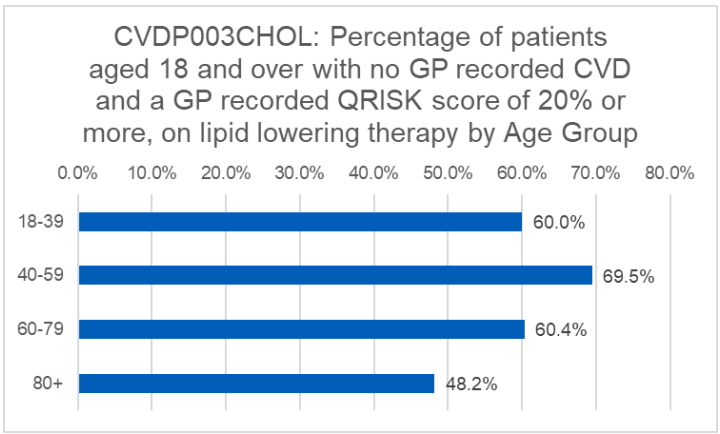
Looking at deprivation for the same measure, patients from the most deprived areas show a higher prescribing rate for appropriate LLT medication.



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

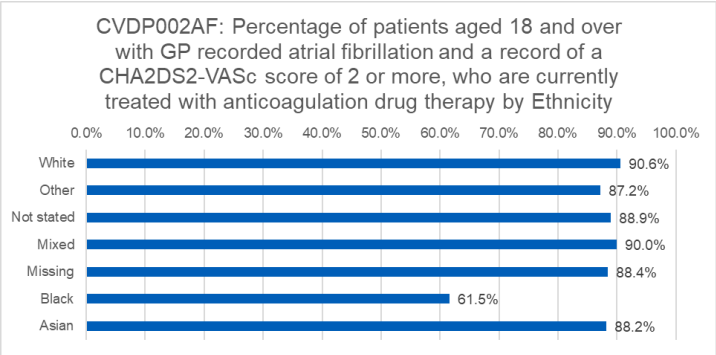


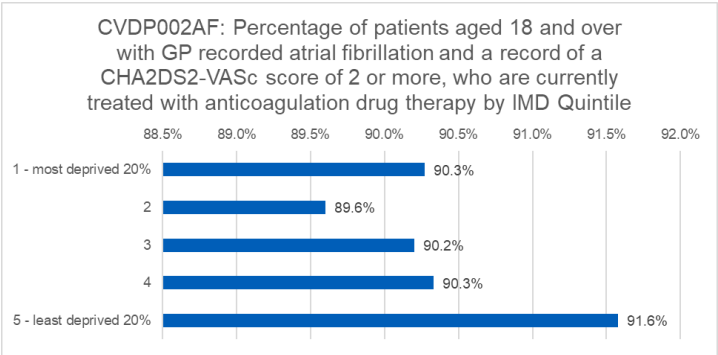
By age group, older people over 80 years old are least likely to be prescribed appropriately for LLT medication



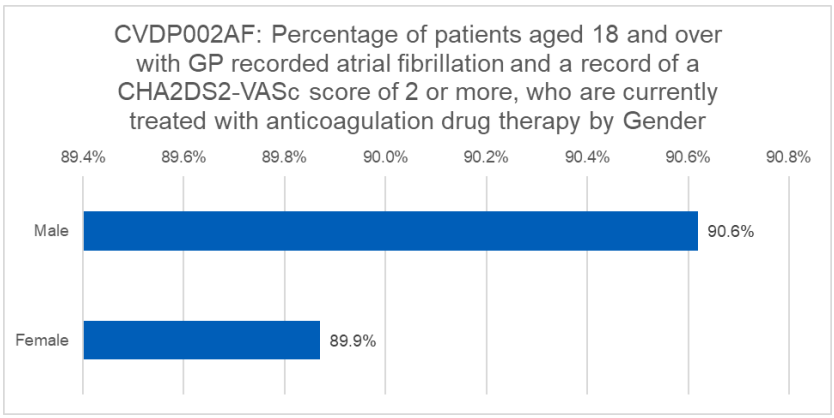
The percentage of patients aged 18 and over with GP recorded atrial fibrillation and a record of a CHA2DS2-VASc score of 2 or more, who are currently treated 19

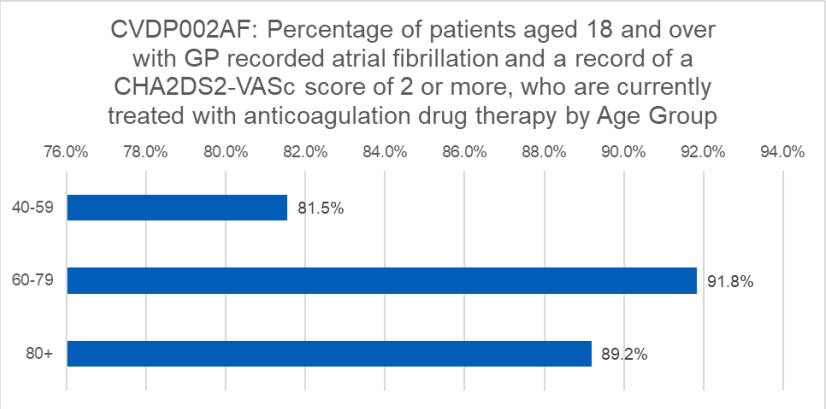
anticoagulation drug therapy is significantly lower for people with a black ethnicity compared to other ethnicities. When looking by deprivation the least deprived areas have slightly higher likelihood of being treated with drug therapy than those in more deprived areas.





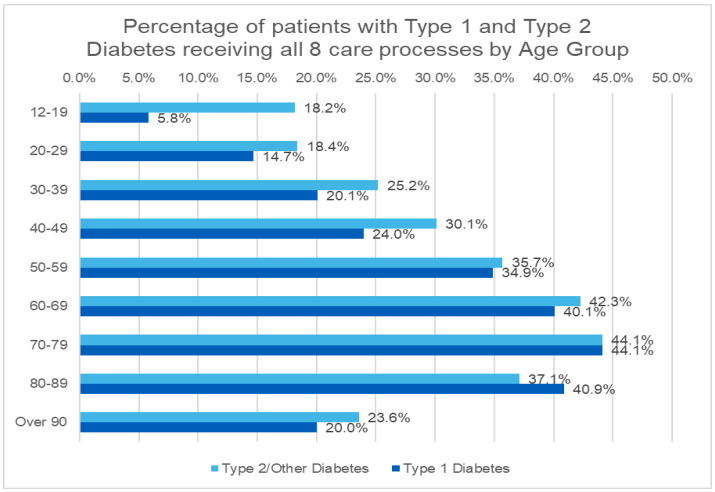
By sex there is very little difference in prescribing between males and females, whilst by age group the 40-59 age range has a lower level of prescribing but this is based on small numbers of patients and so a level of variation is to be expected.



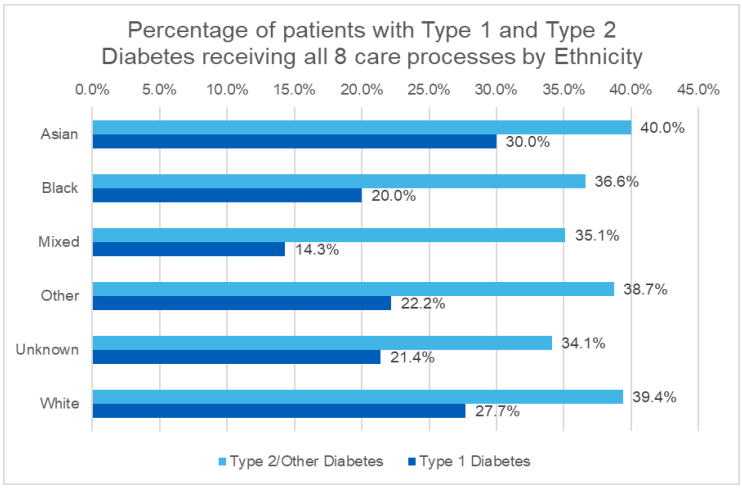


Diabetes

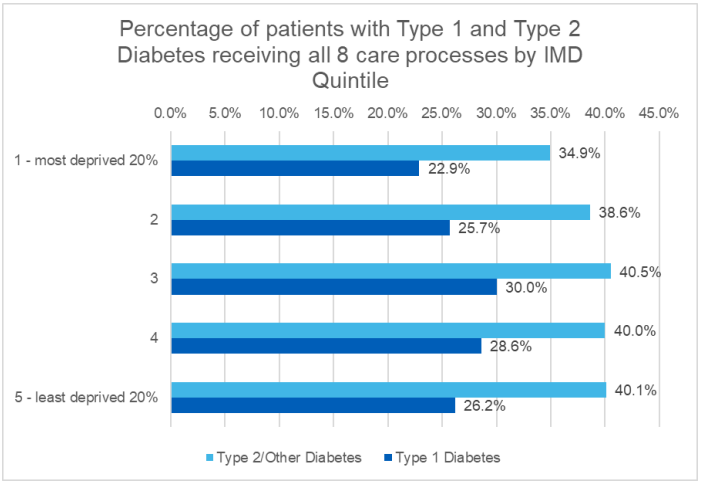
This section looks at the variation between the percentage of people with Type 1 and Type 2 diabetes receiving all eight care processes set out in national guidance. By age group the receipt of these care processes increases by age, peaking between 60 and 90 years old.



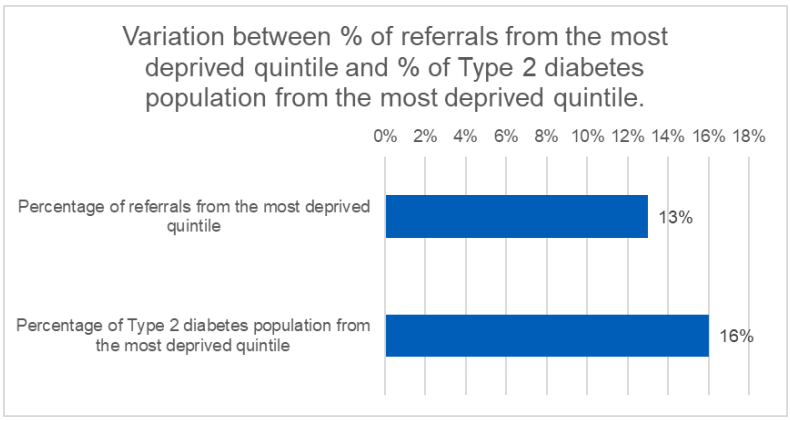
Looking at this measure by ethnicity there is a level of variation, with those with a white or Asian ethnicity seeing higher levels of care processes received compared to mixed, black or other ethnicities.



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

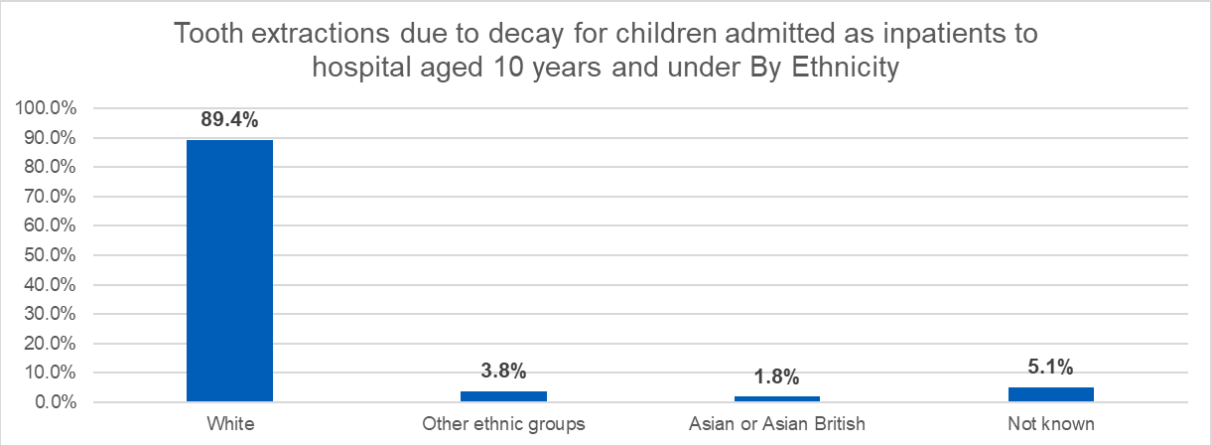


The chart below shows the variation between the percentage of referrals from the most deprived quintile and the overall share of Type 2 diabetes population from the most deprived quintile. There is a 3% difference from the expected level (less care processes received than would be expected) given the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

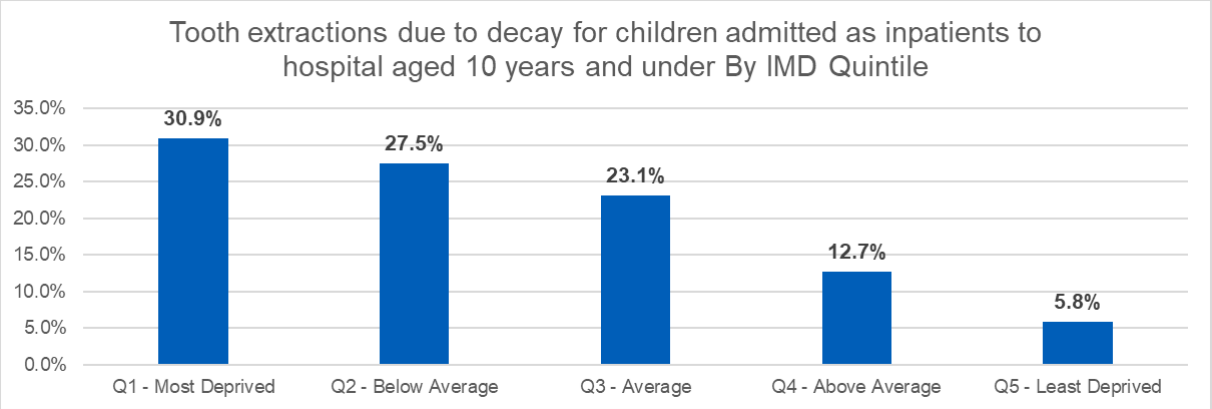


Oral health

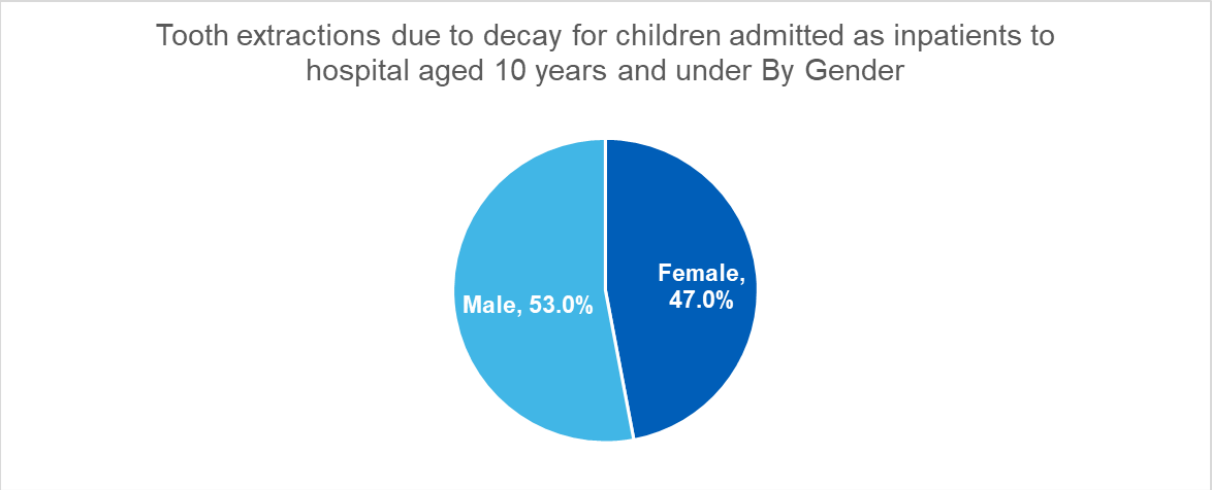
This section looks at tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under (number of admissions not number of teeth extracted). Please note that the majority of activity in Plymouth is not recorded. By ethnicity the proportions of tooth extractions generally represent the population ethnic mix.



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

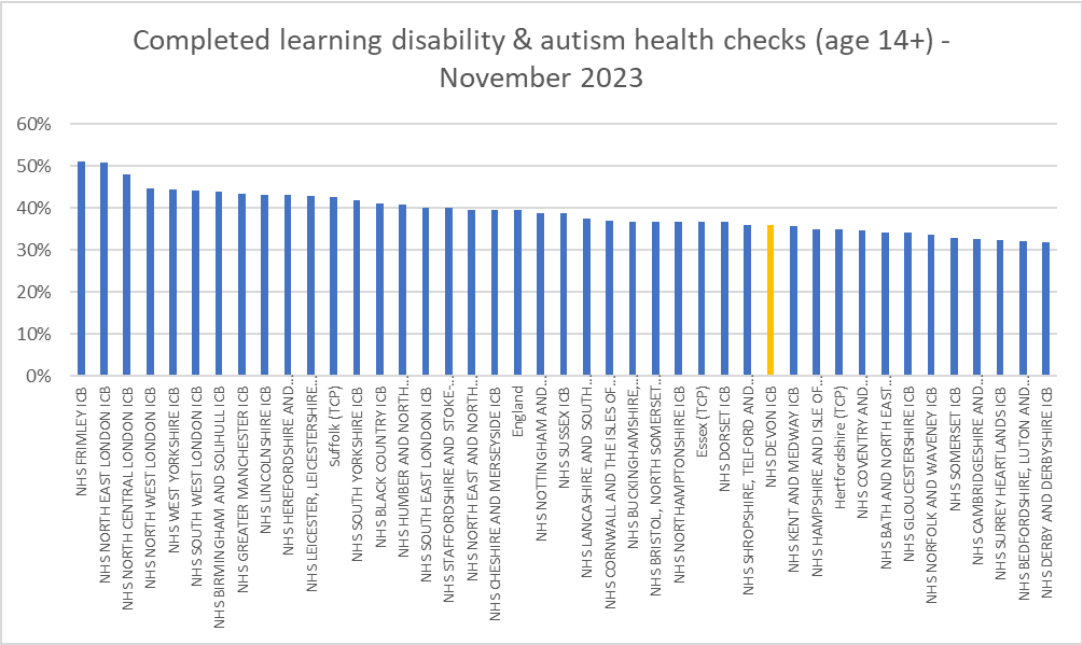


The split by gender shows boys are more likely to have tooth extractions in an acute inpatient setting than girls.

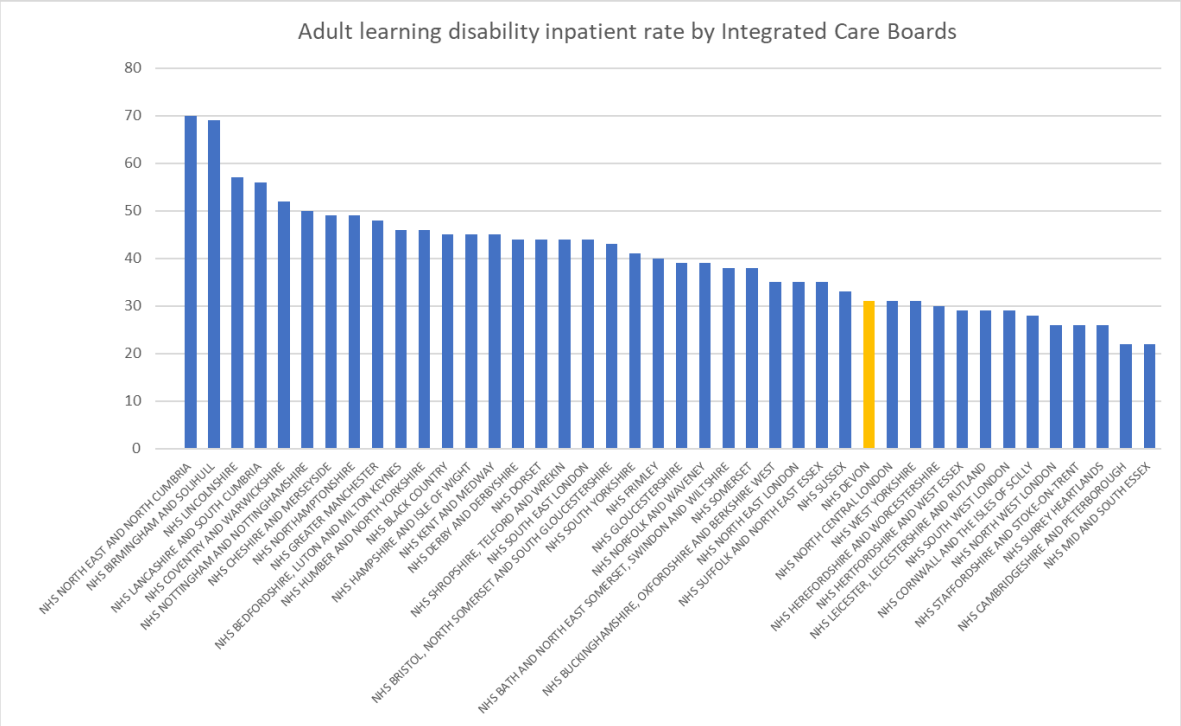


Learning disability and autistic people

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

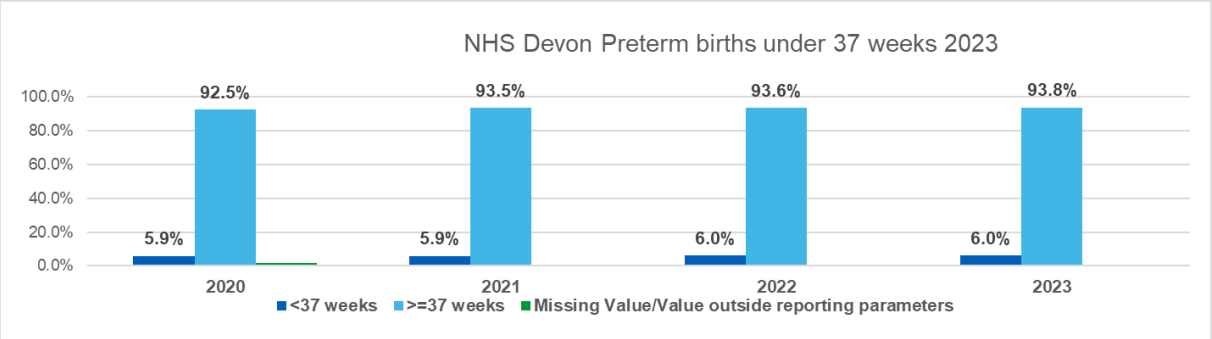


The rate of adult mental health inpatient rates for people with a learning disability and autistic people are relatively low in Devon, at 31 per million compared to the national position of 41 and the South West average of 37 (up to January 2024).



Maternity and neonatal

This section looks at pre-term births under 37 weeks. Overall, numbers have remained fairly static over the past four years, with around 6% of births being under 37 weeks.



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

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

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

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

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

Independent auditor's report

Report on the audit of the financial statements

Opinion

We have audited the financial statements of NHS Devon Integrated Care Board ("the ICB") for the year ended 31 March 2024 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2024 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State on 22 April 2024 as being relevant to ICBs in England and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

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

Going concern

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

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

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

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

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

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

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

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

We performed procedures including:

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

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

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

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

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

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

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

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

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

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

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

Other information in the Annual Report

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

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

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

Annual Governance Statement

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

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2023/24.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page [X], the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine

is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the ICB's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the ICB or dissolve the ICB without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

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

Report on other legal and regulatory matters

Opinion on regularity

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

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

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

Basis for opinion on regularity

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

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

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

Significant weakness – Financial sustainability

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

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

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

Recommendation

We recommend that the ICB ensures that there is a robust process for ensuring CIP schemes are deliverable and monitored so that any required mitigations can be identified and actioned.

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

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

We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

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

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the ICB, or an officer of the ICB, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

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

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

Certificate of completion of the audit

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

Jonathan Brown

for and on behalf of KPMG LLP

Chartered Accountants

66 Queen Square

Bristol

BS1 4BE

28 June 2024

NHS England South West

To: Steve Moore (CEO)
cc. Kevin Orford (Interim Chair)

Elizabeth O'Mahony
Regional Director, South West
South West House
Blackbrook Park Avenue
Taunton
TA1 2PX

31st July 2024

Dear Steve,

Devon Integrated Care Board Annual Assessment for 2023/24

Thank you for attending the ICB Annual Assessment meeting with regional colleagues on the 26h June 2024.

I am writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as *"The Act"*), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System (ICS). In making my assessment for the 2023/24 financial year I have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that my team and I have had with you and your colleagues throughout the year.

It is worth noting that this formal assessment process, as required by the Act, does not require NHS England to provide you with a specific segmentation rating for levels of support and intervention as that is dealt with separately under the NHS Oversight Framework.

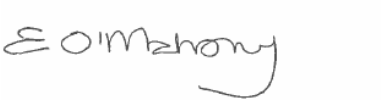
This letter sets out my assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your ICS across the 2023/24 financial year.

I have structured my assessment to consider your role in providing leadership and good governance within your ICS, as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of my assessment, I have summarised those areas in which I believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. I have also included any areas in which I feel further progress is required and any support or assistance being supplied by NHS England to facilitate improvement.

In making my assessment I have also taken into account how you have delivered against your local strategic ambitions, as detailed in your Joint Forward Plan (JFP), which you have reviewed and rebaselined. A key element of the success of each ICS will be the ability to balance national and local priorities together and I have aimed to highlight where I feel you have achieved this.

I thank you and your team for all your work over this financial year in what remain challenging times for the health and care sector, and I look forward to continuing to work with you in the year ahead.

Yours sincerely,



Elizabeth O'Mahony
Regional Director, NHS England – South West

SECTION 1: SYSTEM LEADERSHIP AND MANAGEMENT

Devon ICB and the wider system has had a challenging and turbulent year, with Chief Executive Officer (CEO) changes and a CEO absence due to illness resulting in reliance on Chief Finance Officers (CFOs) to take dual accountability, in their substantive and acting CEO roles for Devon ICB and of two trusts during a period of unprecedented industrial action, alongside being in the Recovery Support Programme (RSP) and managing the challenges of delivering a 30% cost reduction.

In May 2023 you published your JFP, which demonstrated and met the duty to have regard to the wider effect of decisions, alongside being deemed to have met the 17 legislative requirements. The plan was informed by people and communities throughout Devon, based on analysis of extensive public feedback about health and care between 2018 to 2022, along with views gathered at the joint Health and Wellbeing Boards (HWBs) and from a joint Overview and Scrutiny Committees (OSC) event, with health and care partners across Devon, Voluntary Care and Social Enterprise Assembly (VCSE), and system partners.

Feedback from the HWBs' on how effectively the ICB has worked with its NHS and wider system partners to implement the local Joint Health and Wellbeing Strategy during 2023/2024 is mixed. One is reporting good working relationships between the ICB and HWB, whilst the other is reporting that the NHS Oversight Framework segment 4 position has caused a significant reprioritisation focusing the system away from many of the key Joint Health and Wellbeing strategy elements. However, they do note that there are pockets of good practice, where the system is recognising issues and seeking to support such as the health inclusion pathways work, NHS Dental care for children in care, Wellbeing Hubs and support for asset-based community development through the 'fair shares' funding, and there have been improvements in working across adult social care (ASC) and health.

Collaborative working and transformation are evidenced in the annual report, with examples including, but not limited to:

- Delivery of the Dartmouth Health and Wellbeing Centre in June 2023, bringing together a range of partners under one roof and giving local people access to a broad range of health and wellbeing services in one place, by bringing together GPs, community nurses, therapists, and volunteers.
- Establishment of Community Diagnostic Centres (CDCs) to help people access timely diagnostic tests:
    - The Devon Nightingale Diagnostic Centre in Exeter, opened in 2021, now offers CT and MRI scans, plain film X ray, ultrasound and fluoroscopy, alongside a range of other services on site. With continuous improvements planned by Royal Devon University Healthcare NHS Foundation Trust (RDUH), including purchase of new MRI and CT scanning machines, in 2024.
    - University Hospitals Plymouth NHS Trust (UHP) allocation of capital and revenue funding to build a new CDC, in Colin Campbell Court, within Plymouth city centre. Ahead of its scheduled opening in April 2025, it is good to see that the mobile CT scanner placed adjacent to the building started to deliver services from October 2023.
    - Torbay and South Devon NHS Foundation Trust (TSD) business case to work in partnership with InHealth to redevelop a site in Torquay. Although the scheduled April 2024 opening was delayed, extra diagnostic capacity is being delivered by a mobile CT scanner, in Newton Abbot.
- Focus on eliminating inappropriate out-of-area placements is noted. Since April 2023, inappropriate out of area bed days have increased by 8.5% nationally, whereas in Devon they have reduced by 75.5%.

Also noteworthy achievements of the teams within Devon, are:

- Work to tackle domestic abuse and sexual violence, which resulted in the ICB's success at the national NHS parliamentary awards, recognising NHS Devon's work to improve how GPs and hospitals respond to people who have experienced domestic abuse or sexual violence.
- The 'GP in the Cloud' project, enabling GPs located anywhere in the UK to carry out consultations with Devon patients remotely, was shortlisted for the HSJ Awards.
- The Post Anaesthetic Care Unit (PACU) team that cares for people having surgery at Torbay Hospital was shortlisted for a Nursing Times award.
- Devon Partnership NHS Trust is being shortlisted in the HSJ Patient Safety Awards for its work on the new Salus Ward adult inpatient unit in Torbay.

In respect of clinical advice, it is evident that there is clinical representation across NHS Devon Board and Committees and the Director of Public Health (DPH) for Torbay is the chair of the Devon Population Health Programme and a member of the ICP. In addition, the Peninsula Acute Sustainability Programme (PASP), linked to RSP, had good clinical engagement to inform the strategic service change frameworks in preparation for public consultation.

SECTION 2: IMPROVING POPULATION HEALTH AND HEALTHCARE

Devon has continued to have challenges throughout 2023/24, resulting in non-achievement of their RSP target exit date in Quarter 1, 2024/25. However, it is important that I acknowledge that, despite the lack of progress in some areas of RSP, progress has been made in others:

- Elective performance has been greatly improved, particularly in respect of the long waiting times, as endorsed by the Getting it Right First Time (GIRFT) team.
- The 28 day faster diagnostic standard for cancer was met throughout the majority of 2023/24 and remained above the national average of 72.9% with a percentage of 76.1%, resulting in an exit from national Tier 1 oversight.
- Joint working through the Acute Provider Collaborative has matured with Phase 1 of the programme; delivered with good clinical engagement.
- The 'Drivers of the deficit' work has generated a better joint understanding of the underlying financial position and opportunities for improved pathways and performance, underpinning strategic savings and productivity programmes.
- Devon also delivered more Cost Improvement Programmes (CIP) in 2023/24 than previously.

Outstanding areas of risk include Finance, UEC, sustainability of performance improvements, and leadership capacity. UEC challenges at University Hospitals Plymouth (UHP) are a specific risk for the delivery of the wider System plans, which is understood by the system and their responsibility to all contribute and support the delivery of the UHP plan.

The system integrated improvement plan is more granular than previous plans and should enable you to track the impact of the improvement actions, build on progress and allow you to focus on its three vital elements, an explicit commitment to System working; improved governance of and aligned assurance processes for performance improvement and creating a credible clinically-led plan that the System knows they can deliver.

I note that the new plan has greater clarity for Providers on their contribution to System-wide plans and where financial savings sit within the overall cost improvement programme. NHS England's expectation is you need to deliver a System deficit to maximum £80 million in 2024/25 and by the autumn, develop an outline integrated service plan that makes a

demonstrable improvement in the financial position in 25/26 with a clear route to breakeven in the following period.

On the 4th June 2024, the national Quality Performance Committee (QPC) agreed new RSP exit criteria, measures, and exit date which is now Quarter 1, 2025/26. I note that the ICB is currently reviewing its governance and reporting arrangements, in the context of the new RSP arrangements.

Looking forward, it was good to hear about the development of the One Devon Integrated Care System Compact, that will create a shared vision with system partners and establish a set of reciprocal behaviors for effective delivery, supporting the Devon single operating model and also of plans to develop an NHS Devon Governance Improvement Plan and I look forward to further updates as this work progresses.

In respect of quality of care, the ICB has, through the annual assessment, demonstrated how it facilitates improvements, whilst working alongside the wider system. Examples include:

- Devon ICB working with providers to support the implementation of the Patient Safety Incident Response Framework (PSIRF), which has included supportive oversight through transition, as the providers complete remaining Serious Incidents Investigations under the previous framework, alongside PSIRF.
- Implementation of the Devon Mortality Group, bringing together system partners to analyse, plan, share learning and make improvements as a system.

The ICB has refocused its Quality and Patient Experience Committee, which is positive to see and there is also work supported by the System Quality Group focusing on Quality Equality Impact Assessments (QEIA) across services.

In addition, it is encouraging to see commitment to reinstating quality processes, with the ICB supported by region in delivering a workshop on Quality Equality Impact Assessments and system participation in the early adoption of the Quality Early Warning Score.

There is good work ongoing regarding engagement, which saw NHS Devon receive assurance, in October 2023, under section 14Z45 of the National Health Services Act 2006, that the ICB is delivering the 10 principles of good engagement, as set out in NHS England Working in partnership with people and communities: statutory guidance, 2022.

Devon also received special recognition from region on your proactive approach towards engagement with the local authorities, particularly local Overview and Scrutiny Committees (OSCs), to promote greater shared understanding about the role of ICBs, supporting partnership working and to meet the ICB's duties under the NHS Act 2006.

The annual report also demonstrated the ICB's commitment to engagement with people and communities, patients and families, voluntary and community sector professionals and Health Watch.

SECTION 3: TACKLING UNEQUAL OUTCOMES, ACCESS AND EXPERIENCE

The ICB has continued to restore services inclusively to support reduction of health inequalities. The annual report shows that, during 2023, the ICB's population health team has led delivery of population health management, health inequalities and prevention. A Population Health Improvement Committee has been established to provide assurance that the ICB is fulfilling its role as a partner in the One Devon Integrated Care System.

Membership consists of a range of partners, who jointly have developed the governance and delivery structures.

I note that population health funding has been delegated to the Local Care Partnerships to focus on areas where they can make the most impact on addressing inequalities and that the funding is being used on a range of projects, including those involving the VCSE sector. As well as delivering health improvements, the projects are helping to improve relationships and infrastructure that will be important for the future.

The Core20PLUS5 framework continues to be used and you have agreed the following groups as the "plus" population in the ICS:

- Individuals, families and communities experiencing rural and coastal deprivation.
- Individuals and families adversely affected by differential exposure to the wider determinants of health – for example, those with unstable housing or homeless people, vulnerable migrants and/or those experiencing domestic abuse.
- People with severe mental illness and/or learning disability, and neurodiverse people.

Examples supporting your health inequalities work include: Establishing a One Devon approach to connect with, and better understand, the physical, mental and social health needs of people with the highest levels of attendances at emergency departments, the 'Healthy Devon Learning Lab' to explore 'complication of excess weight' from a system perspective, and use of data from the One Devon ICS dataset to help identify those parts of the population that are most likely to have hypertension. Finally, the Children's Core20PLUS5 framework, to identify children who experience the most inequalities.

Achievements include, but are not limited to:

- Engagement with communities (people who are experiencing homelessness, faith and belief groups, Gypsy, Roma and traveler communities, people with a learning disability, neurodiversity or severe mental illness, LGBTQ+ communities, and ethnically diverse communities) to discuss and run activities to increase vaccine confidence and uptake among communities where the uptake was low. Includes 20 targeted focus groups being held, with insights gained through the events to be included in your QEIA process, as part of any service change process.
- Vaccine innovation funding to increase access to all vaccinations and reduce inequalities.
- Vaccine outreach teams engaging with communities to address inequalities in uptake and increasing access to flu and covid vaccinations across Devon.
- Engagement with VCSE organisations to understand people's experiences when accessing urgent emergency health services as part of the PASP.

You will be aware that on the 27th November 2023, NHS England published its statement on Information on Health Inequalities. Appendix 2, in the Annual Report (Health inequalities report) clearly demonstrates that you are meeting the requirement of the statement and covers the appropriate domains and indicators.

SECTION 4: ENHANCING PRODUCTIVITY AND VALUE FOR MONEY

From a 2023/24 financial perspective, the ICB delivered a surplus of £36.42m against the resource limit. The ICB has spent and leased capital items totalling £3.8m, meeting its capital resource limit. The Month 12 ICB return shows the system reported a final deficit of £46.9m against a revised break-even plan.

The Running Costs Duty has been achieved, and the cash allocation has been fully utilised, but not overspent, and the ICB has complied with the better payments practice code.

In respect of research and innovation, it is positive to see that a Peninsula Research and Innovation Partnership has been established to deliver the Peninsula Research and Innovation Strategy, with representation from NHS, universities and innovation and research partners across Devon, Somerset and Cornwall and the Isles of Scilly.

Evidence of research, innovation and the use of technology in practice include, but are not limited to:

- The ICB hosting a summit to learn from the best examples of regional recovery of dementia service provision, alongside emerging research on the most effective and cost-effective models of provision.
- The Devon Mental Health Alliance providing support to over 900 people in groups or one-to-one settings, via their recovery practitioners. Around 250 group sessions have started, and more than 30 grassroots organisations have been funded via the Innovation Fund, administered by the Devon Mental Health Alliance.
- Commissioning of a care leaver pilot post, with learning from the pilot, alongside national research, being used to inform future commissioning of services.
- Promotion of digital:
    - For patients self-monitoring apps and peer support networks.
    - An app being used by social prescribers, in all GP practices, to help people find services in the community.
    - Offering technology-enabled consultations at GP practices. Devon completed 641,958 consultations in 2023, far more the target of 487,503.

SECTION 5: HELPING THE NHS SUPPORT BROADER SOCIAL AND ECONOMIC DEVELOPMENT

The ICB has provided several examples of the ‘adding social values’ work it is undertaking to support broader social economic development across Devon and I have noted good partnership working between the ICB and other partners, including the HWBs.

It encouraging to see that Devon has an Anchor Steering Group, which hosted a learning event this year to raise the profile of the anchor agenda and the value it can have in relation to population health. It is positive that several opportunities identified from that event are now being progressed and include:

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

The annual report highlights how the One Devon Integrated Care System has continued to actively support the co-ordination of carbon reduction through the actions to reach net-zero outlined within the Devon Greener NHS plans and the Devon Carbon Plan.

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

Achievements during the year include, but are not limited to:

- Building on the work started during 2022/23 by the then newly appointed primary care clinical green lead.
- Installation of 16,000 LED lights leading to substantial carbon savings.
- A 30% energy reduction in air ventilation systems, in Eastern Devon, within the NHS trust sector.
- Introduction of electric vehicle charging points at hospital sites.
- As part of opportunities for renewable energy and storage deployment on land owned or managed by Devon Climate Emergency partners, the installation of new-technology, PV points, (for generators), at RDUH, which will remove approximately 119,572kg of CO2e from the environment each year.

CONCLUSIONS

This has been a challenging year in many respects and, in making my assessment of the ICB's performance, I have sought to fairly balance my evaluation of how successfully you have delivered against the complex operating landscape, in which the ICB is working. The leadership challenges throughout 2023/24 will have directly impacted on driving progress in respect of delivering sustained improvements linked to the NHS Oversight Framework, however I do consider that Devon ICB has been working in compliance with its wider statutory duties and its contribution to the four purposes of an ICS.

With new leadership, strengthened governance, and improved planning, the conditions are now right for Devon to make significantly more progress in 2024/25. This is particularly important in relation to the system's financial position, which did not deliver a balanced financial plan in 2023/24, despite the ICB's own relatively stable financial position in 2023/24 and continues to have a significant underlying deficit. The system has an agreed financial plan for 2024/25 which is a deficit plan of £80m and the ICB is expected to lead the system with achievement of this, including co-ordination of full implementation of the finance playbook across all organisations and assuring itself and NHS England that there is sufficient capacity and capability in the system to deliver the 2024/25 efficiency plan. The system also needs to conclude the review of investments that have resulted in whole time equivalents growth since 2019/20.

The expectation is that the system, with leadership from the ICB, produces a medium-term recovery plan that demonstrates improvement in financial position in 2025/26 and a clear route to breakeven in the following period. This financial recovery plan should also include (a) a 'cost out' efficiency of 3% in 2025/26, (b) how the system will reduce its average length of stay back to the 2019/20 levels and quantify the financial impact in the financial recovery plan, and (c) how the system continues to achieve upper decile prescribing performance and upper quartile Continuing Health Care performance.

The ICB is also required to lead the Devon system to make substantial progress towards the RSP exit criteria including finance, but also the domains of UEC, Elective, Strategy and Leadership, and compliance with planned enforcement undertakings aligned with those criteria.

Some aspects of the RSP work are also reflected in the key requirement for ICB leadership of performance and improvement work across the system, particularly relating to Royal Devon University Healthcare NHSFT, University Hospitals Plymouth NHS Trust, and Torbay & South Devon NHSFT, which are all currently in NHS Tier 1 for UEC, Elective & Diagnostics.

I am also mindful that during 2024/25 we will transition to a new annual assessment process, which is likely to introduce a different methodology and approach for undertaking ICB annual assessments. It is unclear if this will have any direct impact to existing RSP organisations or systems but my team and I will continue to work alongside you, so jointly we become familiar with the new process and any potential implications going forward.

This is also the first full year in which the ICB has been operating, as well as the first year of your Joint Forward Plan, so I am keen to see continued progress towards a maturing system of integrated care, structured around placing health and care decisions as close as possible to those people impacted by them.

In the interim, please share my assessment with your ICB leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.

DEVON ICB END OF YEAR ASSESSMENT
HEALTH AND WELLBEING BOARD FEEDBACK 2023/24

	Health and Wellbeing Board	ICB Name	How effectively has the ICB worked with its NHS and wider system partners to implement the local Joint Health and Wellbeing Strategy?	Please provide further comments, including identifying existing good practice and making suggestions for how, if necessary, the effectiveness of the ICBs working with NHS and wider system partners...	What positive steps has the ICB taken in implementing the local Joint Health and Wellbeing Strategy?	What more could the ICB do to support implementation of the local Joint Health and Wellbeing Strategy?
1	Torbay	Devon ICB	Fairly effective	Consistent attendance at HWBB meetings by ICB rep, regular updates from Local Care Partnership, ICB rep on HWBB Executive Group to set agenda and ensure actions delivered, Board sponsored joint HWB/local ICS workshops to look at issues in detail, presentation of JHWS strategic updates to local ICS [eg suicide plan update and audit]	Joint Forward Plan built on Joint Health and Wellbeing Strategy priorities, engagement with Board on developing Joint Forward Plan	ICB rep as ICB Exec so has authority to make decisions Adequately resourcing LCP to deliver local priorities versus local implementation of centrally determined initiatives
2	Plymouth	Devon ICB	Not very effective	We cannot say that the ICB has worked effectively to implement the strategy when we are in NOF 4, since that is a clear indication that the vision for health and wellbeing is not being delivered. Entering NOF4 caused a significant re-prioritisation focus of the system away from many of the key Joint Health and Wellbeing Strategy elements. There are a wide range of people across the ICB who are seeking to improve outcomes for individuals, for populations, and reduce inequalities. With the many issues faced across the system though, there is little evidence that improvements are being made at a significant scale. There are real concerns around gaps in the lived experiences in accessing both medical and dental care, issues around long term condition management (and GP access) and concerns around the number of critical incidents at UHPT. There are pockets of good practice, where the system is recognising issues and seeking to support such as the health inclusion pathways work, NHS Dental care for children in care, Wellbeing Hubs and support for asset based community development through the 'fair shares' funding, and there have been improvements in working across ASC and health.	The development of the 5 year forward plan did recognise needs and inequality. Much of the implemented developments towards the health and wellbeing strategy have been made prior to the ICB forming	Exiting NOF4 allowing the system to restart activities that were de-prioritised as a result of this position. reconsider allocation of spending so that areas of most need receive at least the level of funding they are due Increase engagement with key partners to support gains in implementing the key actions of this strategy

NHS Devon Integrated Care Board

Chair's report

Date of meeting	Date report produced
18 September 2024	29 August 2024

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager Philippa Harding, Company Secretary and Interim Chief Communications and Corporate Affairs Officer	**Name and title:**	Kevin Orford, Chair
Phone:		**Date:**	11 September 2024
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

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

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

Chair's report

2023/24 Annual Report and Accounts

1. While 2023/24 was a challenging year in many respects, we have also made good progress in many areas, as highlighted in the Annual Report.

2. Much of what we have achieved was through collaborative and partnership working with partners from across One Devon, our Integrated Care System.

3. Together, we published our Integrated Care Strategy and Joint Forward Plan in 2023. This set out how we will plan and organise health, care and other support services in order that joined-up, preventive care is available to everyone across the course of their lives.

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

5. Looking forward, as well as refreshing our Joint Forward Plan, our focus for the coming year is to build a strong and resilient organisation through the restructure and to address our service and financial performance issues.

6. Together, we remain committed to our vision of improving access to all health and care services and to giving equal chances for everyone in Devon to lead long, happy and healthy lives.

Visits

7. As part of my continued induction as Acting Chair, I was pleased to have met with a number of colleagues across our health and care system since the July Board meeting, including:

    - Sarah Walter, director of Integrated Care System (ICS) networks at NHS Confederation,
    - Councillor Sara Randall-Johnson, Chair of Devon County Council's Health and Adult Care Scrutiny Committee
    - Councillor James McInnes, Leader of Devon County Council,
    - Richard Crompton, South Western Ambulance Service NHS Foundation Trust's new Chair
    - Anne Forbes, programme director for the South West Provider Collaborative, which commissions a wide-range of specialised mental health, learning disability and autism services
    - Pat Harris and the Healthwatch team
    - Anne-Marie Bond, Chief Executive, and Lincoln Sargeant, Director of Public Health, at Torbay Council.

8. I'm also pleased to report that I convened a meeting of the One Devon ICS Chairs on 4 September. Elizabeth O'Mahony, South West Regional Director of NHS England accepted the invitation to attend the meeting and led a discussion on health and social care system working. We also discussed the forthcoming RSP escalation meeting with NHS England relating to progress towards delivery of exit criteria for NOF 4.

9. Building relationships with our partners and stakeholders is a key part of the chair role and hearing about the work they are doing to benefit patients, staff and communities is always insightful. I'd like to thank them all for their time and I look forward to continuing to work with them as we move forwards.

Conclusion

10. The NHS Devon Board is asked to **NOTE** the report.

NHS Devon Integrated Care Board

Chief Executive's report

Date of meeting	Date report produced
18 September 2024	29 August 2024

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager Philippa Harding, Company Secretary and Interim Chief Communications and Corporate Affairs Officer	**Name and title:**	Steve Moore, Chief Executive
Phone:		**Date:**	11 September 2024
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.

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

Key recommendations and actions requested
1. **NOTE** the contents of the report.
2. **APPROVE** the amended Ambulance Partnership Board Delegation Agreement.

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

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

Chief Executive's report

2023/24 Annual Report and Accounts

1. I am pleased to be presenting our Annual Report and Accounts to the Board this month.

2. 2023/24 marked our first full year as an Integrated Care Board, following our transition from NHS Devon Clinical Commissioning Group in July 2022. As a new organisation we have needed to adapt how we work so that we are able to respond to our changing responsibilities and the increasing pressures on services, including an unsustainable underlying financial deficit.

3. Our challenges are not unique in England, but our starting position was one of the most difficult. Whilst we are making encouraging progress in some areas, there are others, such as access to urgent and emergency care, where we need to significantly improve performance. As a result of our service and financial challenges, our organisation and system are subject to the highest tier of oversight and scrutiny by NHS England.

4. We received our Annual Assessment letter from NHS England in July and that is presented to the Board alongside the Annual Report and Accounts.

5. We are indebted to our workforce, partners and stakeholders across the county who have worked with great skill and determination to address these challenges and we have seen a host of innovative improvements over the past year.

6. Finally, I would like to thank all our NHS Devon colleagues who were involved in producing this year's Annual Report and Accounts, particularly those in the finance, governance and communications teams.

Organisational change staff consultation

7. We have made good progress on our Phase Two structures since the last Board meeting.

8. The NHS Devon Executive agreed the structures on 03 September 2024. We will be holding a series of staff events on 11 September 2024 to present the final structures and next steps to our directorates and teams.

9. The sessions will focus on providing a summary of the 800 pieces of feedback we received as well as our organisational response to them.

10. I'd like to thank all our staff who took the time to share their views during the consultation, it has been extremely valuable in helping to shape our structures and processes.

11. We are also continuing to progress with our Phase One structure, and I am pleased to announce that Chris Morley has been appointed as our Locality Director for Plymouth.

12. Having worked for NHS Devon for many years, most recently as the Interim Locality Director for Plymouth, Chris has lots of experience in the role and the local area.

13. Chris' appointment means that we now have all three Locality Directors in place:

    - North and East – Lou Higgins
    - South and West – Karen Barry
    - Plymouth – Chris Morley

14. Processes are also underway for the remaining vacant phase one roles, which will be shared with the Board as and when they are finalised.

General practice collective action

15. GP practices have begun taking collective action across the country as of 01 August 2024.

16. The local picture in Devon is only emerging gradually and, given the variety of actions that practices can take, this is a complex and changing position. Forecasting the impact therefore remains very complex.

17. Practices will be responsible for their own messaging to patients on practice-specific arrangements.

18. We are working with NHS England and system partners to monitor activity to ensure care continues to be delivered safely and that reasonable needs of patients continue to be met, alongside the other contractual requirements.

19. We are holding weekly incident management meetings with primary care and acute partners to understand the implications of collective action and look at mitigating actions that be taken. Bulletins and briefings have been sent to practices and stakeholders on the latest position and supporting materials – as well as a website page for the public.

20. The important thing to remember is that practices are open, and that people should continue to access them.

End-of-Life Review Group

21. Supporting people who require end-of-life care and their families is hugely important to us. We want to see palliative and end-of-life care services across Devon that are sustainable and consistent in terms of access, experience and outcome for individuals, their families and those delivering care.

22. As part of this, we have been engaging with hospices and other organisations who are involved with end-of-life care and have established a task and finish group led by Lou Higgins, Locality Director for North and East. The group will review evidence and guidance, assess Devon's position against this, and make recommendations on a future commissioning model.

23. Further reports will be presented to the Board as this work progresses.

Children and Young People Autism Recovery

24. At the July meeting of the Board a paper regarding 'Children's and Young People's (CYP) Recovery' was presented, with a focus on the recovery of Children's Autism waiting lists. The paper set out the case for change and the resource needed to deliver improvement to meet the target of eliminating over 52 week waits by April 2025 (a target was set with DfE and NHS England as part of a Devon Country Council (DCC) Local Area Special Educational Needs and Disability (SEND) inspection response). The Board agreed to support the financial commitments made for Children's Autism Recovery in 2024/25 and ratified the plan set out in the paper.

25. The paper set out that £960k was required non-recurrently in 2024/25 to achieve the target within the DCC SEND inspection framework described above. The relevant teams within NHS Devon were tasked with identifying the funding source(s) for this and have done so over the last five weeks.

26. As of 02 September 2024, a total amount of £592K non-recurrent funding has been identified. In addition, calculations have been undertaken to understand the potential of resource within provider organisations that could be released, based on the high level of vacancies within their services. However, any release of further funding from this source would require Executive level conversations in the context of savings plans and broader system recovery.

27. Based on the available funding identified to date, the CYP Autism Recovery programme is progressing, with a health system 'lock-in' meeting taking place on 10 September 2024.

    Plans that have been worked up with providers will be consolidated and finalised in that meeting so that trajectories with timescales can be drafted. Further plans to procure additional capacity from private providers will then be finalised and progressed in parallel to work in the health providers, to ensure that the greatest possible impact is achieved within the resource which has currently been made available.

Ambulance Partnership Board

28. The Board has previously delegated authority for approving commissioning decisions relating to ambulance services and the exercise of the emergency ambulance functions. Previously this was to the Ambulance Joint

Commissioning Committee (AJCC); it is now proposed that this should be to the Ambulance Partnership Board (APB).

29. The APB would have the first line oversight in respect of the regional ambulance provider (South Western Ambulance Service NHS Foundation Trust (SWASFT)), overseeing performance and contributing to system wide plans. The APB will bring together executive teams from NHS Dorset as Lead Commissioner, SWASFT and the seven Integrated Care Boards (ICBs) across the South West Region (including NHS Devon) to discuss the most pressing challenges, set the direction of strategic plans taking into account both provider and ICB strategy/plans, as well as demonstrating oversight and assurance of SWASFT as outlined in the NHS Oversight Framework.

30. The move from APB to AJCC requires an amendment to the Delegation Agreement previously approved by the Board. In addition to the establishment of the APB, an amended numbering convention and re-ordering of the document, the proposed amendments to the Delegation Agreement are set out below (the proposed amended Delegation Agreement is attached as Annex A to this report):

- From the old AJCC Delegation Agreement:
  - Point 2.10 supporting and challenging the ambulance service and holding it to account for planning guidance deliverables – is no longer included.
  - Point 2.12 all decision making relating to the termination of the contract, or any part of it, in accordance with the terms of that contract – no longer included.

    Both of these could be seen as captured under other points in the new agreement (2.1.5/ 2.1.6 and 2.1.14 respectively).

  - Point 2.14 – the list of statutory duties applicable has been removed and the new agreement just states ‘all relevant’ statutory duties.

- In the new APB Delegation Agreement there are the following additions:
  - Point 2.1.7 - continue to build relationships across the system respecting each individual organisation’s statutory roles and responsibilities, but proactively seeking to engender partnership working across the system;
  - Point 2.1.8 - understand each organisation’s challenges through in-depth discussion and make recommendations to ensure the best outcome for residents across the South West region

- The most significant addition in the new document is 4.4:

  The APB may delegate authority to the Operational Executive Committee (“the OEC”) to make decisions on behalf of the Board on all matters within the scope of the agreed Lead Commissioner Agreement (LCA) as per the agreed OEC

terms of reference. In doing so the APB will seek assurance from the OEC on such agreed matters.

The Board is recommended to approve the amended Ambulance Partnership Board Delegation Agreement

NHS Devon Executive meeting business

31. 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).

32. The NHS Devon Executive met on 06 August 2024 and 03 September 2024. Set out below is a summary of the business that was transacted.

06 August 2024

33. The Executive reviewed the following performance assurance reports:

- Progress towards NOF4 exit
- Integrated Quality and Performance Report (IQPR)
- NHS Devon Integrated Care Board and One Devon Integrated Care System Month 3 Finance Reports
- An oral update on quality-related activities
- The Corporate Risk Register

34. The Executive also discussed the following issues at this meeting:

- The draft minutes and actions arising from the meetings of the NHS Devon Board on 25 July 2024 and the draft agenda for the meeting of the NHS Devon Board in September 2024.
- 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.
- Response to NHS England assurance requirements - on 09 July 2024 NHS Devon received a letter from NHS England in regard to its Month 2 financial position referring to the level of risk within the 2024/25 plan and setting out resultant additional financial assurance requirements. A set of actions and responses were required in the letter and this report provided a progress update on those actions. The report was subsequently presented to the Finance and Performance Committee meeting on 08 August 2024.
- The draft minutes of and actions arising from the Audit and Risk Committee meetings held in May and June 2024 and the draft agenda for the meeting of the Committee due to be held on 02 September 2024.
- The draft minutes of and actions arising from the Quality and Patient Experience Committee meeting held on 11 July 2024 and the draft agenda for the meetings of the Committee due to be held on 12 September 2024.

- Devon Investment Group (DIG) Outcomes – the investments discussed and decisions made at the meeting on 24 July 2024.
- A briefing on the proposed GP Collective Action.
- Freedom to Speak Up (FTSU) - information about current FTSU arrangements, the concerns that had been raised in Q4 2023/24 and Q1 2024/25, the work that had been undertaken in this area and plans for future work. The report was subsequently presented to the Audit and Risk Committee meeting on 02 September 2024.
- An update on the Audiology Diagnostic Backlog in the Eastern Locality.

03 September 2024

35. The Executive reviewed the following performance assurance reports, which appear elsewhere on the agenda for this meeting of the Board:

- Progress towards NOF4 exit
- Integrated Quality and Performance Report (IQPR)
- NHS Devon Integrated Care Board and One Devon Integrated Care System Month 4 Finance Reports
- Quality Report
- Board Assurance Framework (BAF)
- Annual Plan 2024/25 update

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

- Winter Plan 2024/25 – Process and Principles
- Children and Young People's Services Recovery

37. The following additional issues were also considered:

- Teignmouth Health and Wellbeing Centre – next steps.
- Patient and Public Engagement – Assurance - information about the patient and public engagement activities being pursued by the Communications and Involvement team in 2024/25 and recommended assurance arrangements to ensure NHS Devon meets its responsibilities and statutory duties to involve the public.
- Equality, Diversity and Inclusion – clarification on NHS Devon's responsibilities relating to Equality, Diversity and Inclusion (EDI), an update on the various workstreams under the EDI portfolio and a proposal for how the work could be delivered in the future.
- Equality Quality Impact Assessments (EQIAs) – an update on EQIA activity, including an analysis of emerging trends and recurring themes. The report was subsequently presented to the Quality and Patient Experience Committee meeting on 11 September 2024 and the Finance and Performance Committee meeting on 12 September.
- Children in Care; Free prescriptions for Care Leavers across Devon – a scoping of the impact and benefits of providing NHS funding for prescription costs for Care Leavers in Devon.

- Development of the Medium-Term Financial Plan – an update on the development of the financial model that will give the roadmap towards break-even across the One Devon Integrated Care System and the strategic programmes that will underpin its delivery. The report was subsequently presented to the Finance and Performance Committee meeting on 12 September 2024.
- Policy Framework Update - an update on the status of NHS Devon's non-clinical policies.
- Devon Investment Group (DIG) Outcomes – the investments discussed, and decisions made at the meeting on 30 August 2024.
- Information about the temporary closure of inpatient beds at Holsworthy Community Hospital in 2017 and proposed next steps.
- The draft minutes of and actions arising from the Finance and Performance Committee meeting held on 08 August 2024 and the draft agenda for the meeting of the Committee due to be held on 12 September 2024.
- The draft agenda for the meeting of the Population Health Improvement Committee due to take place on 25 September 2024.
- Data Protection and Security Assurance Report - an overarching update in respect to the Information Governance (IG), Information Technology (IT) and cyber security of NHS Devon. The report was subsequently presented to the Audit and Risk Committee meeting on 02 September 2024.

Conclusion

38. The NHS Devon Board is asked to:

- **NOTE** the contents of the report.
- **APPROVE** the amended Ambulance Partnership Board Delegation Agreement.

Classification: Official

Ambulance Partnership Board

Delegation Agreement

1. Delegation

1.1. In accordance with the relevant statutory provision NHS Devon ICB ("the ICB") has approved the establishment of the Ambulance Partnership Board ("the Board / the APB") and has delegated the exercise of the functions specified in this Delegation Agreement to the Board.

2. Delegated Functions

2.1 The following commissioning functions are delegated to the APB:

2.1.1 the commissioning of ambulance services as an integral part of the urgent and emergency care system according to national requirements and standards;

2.1.2 developing and agreeing a shared vision and understanding of emergency ambulance commissioning, working with colleagues within the urgent and emergency care system to do so and ensuring that the vision supports alignment and integration of services;

2.1.3 negotiating and agreeing a contract that delivers national performance, clinical and quality standards, incorporating any known challenges and improvement plans into the contract;

2.1.4 performance managing the contract against agreed standards and key performance indicators, including agreed quality standards, observance of service specifications and monitoring of activity and finance;

2.1.5 ensuring that the ambulance service is clear on, and has plans to meet, their contractual, performance, quality, transformational and financial objectives and critical infrastructure resilience and interoperability. This includes but is not limited to all decision-making in relation to planned investments by the ambulance service (where appropriate);

2.1.6 managing the ambulance service's performance against the plans referred to in 2.1.5 above and being assured of performance;

2.1.7 continue to build relationships across the system respecting each individual organisation's statutory roles and responsibilities, but proactively seeking to engender partnership working across the system;

2.1.8 understand each organisation's challenges through in-depth discussion and make recommendations to ensure the best outcome for residents across the South West region

2.1.9 being assured of the ambulance service's level of emergency preparedness;

2.1.10 the award and entering into of contracts for the provision of emergency ambulance services and all decision-making in respect of variations to the contract, in accordance with national policy, service user needs and clinical developments;

2.1.11 all decision-making in respect of financial adjustments or sanctions resulting from provider breach of the contract;

2.1.12 if necessary, responding to informal or formal legal challenges brought in connection with the commissioned services;

2.1.13 ensuring compliance with all relevant statutory duties as they apply to the ICBs; and

2.1.14 such other related commissioning functions as need to be exercised by the Board in order to lawfully complete the procurement and contracting process for emergency ambulance services and for managing the services in accordance with the terms of that contract.

2.2 Even though the exercise of the functions passes to the APB, the liability for the exercise of any of its functions remains with the ICB.

2.3 In exercising its delegated functions, the APB must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by the Secretary of State and must enable and assist the ICB to meet its corresponding duties.

3. Commencement

3.1 This Delegation, and any terms and conditions associated with the Delegation, including the terms of reference, a copy of which is set out in Appendix 1, take effect from 29 April 2024.

4. Exercise of delegated authority

4.1 The APB must exercise its delegated functions in accordance with its terms of reference.

4.2 The APB must exercise its delegated functions within the financial limit on its delegated authority which shall be the total budgeted resources that the ICB has agreed to commit to the contract including any forecasted overspend. Decisions that will require the ICB to commit additional resources over and above the financial limit on the APB's delegated authority are reserved to the ICB.

4.3 Decisions of the APB shall be binding on the ICB.

4.4 The APB may delegate authority to the Operational Executive Committee ("the OEC") to make decisions on behalf of the Board on all matters within the scope of the agreed Lead Commissioner Agreement (LCA) as per the agreed OEC terms of reference. In doing so the APB will seek assurance from the OEC on such agreed matters.

5. Accountability

5.1 Each participating ICB must continue to comply with its statutory duties, including those relating to finance and those relating to equality / inequalities under the Equality Act and the NHS Act.

5.2 Each ICB will comply with the reporting and audit requirements set out in the NHS Act.

5.3 Each ICB may, at its discretion, waive non-compliance with the terms of the Delegation.

5.4 Each ICB may, at its discretion, ratify any decision made by the APB that is outside the scope of this Delegation and which it is not authorised to make. Such ratification will take the form of the ICB considering the issue and decision made by the APB and then making its own decision. This ratification process will then make the said decision one which the ICB has made. In any event ratification shall not extend to those actions or decisions that are of themselves not capable of being delegated by the ICB to the APB.

6. Variation, Revocation and Termination

6.1 Each participating ICB may vary this Delegation at any time, including by revoking the existing Delegation and re-issuing by way of an amended Delegation.

6.2 This Delegation Agreement may be revoked by the ICB on giving six months' written notice to the other ICB members of the APB, with new arrangements starting from the beginning of the next new financial year.

Ambulance Partnership Board

Terms of Reference

1. Constitution

The Ambulance Partnership Board (APB or the APB) is established by the seven Integrated Care Boards (ICBs) as a joint Board of the ICBs, in accordance with its Constitution.

These Terms of Reference (ToR) set out the membership, the purpose, responsibilities, and reporting arrangements of the APB and may only be changed with the approval of ICBs.

APB members, including those who are not members of the ICB, are bound by the Standing Orders and other policies of the ICBs.

2. Authority

The Ambulance Partnership Board is authorised by the ICB's to:

- Investigate any activity within its ToR.
- Seek any information it requires within its remit, from any employee or member of the APB (who are directed to co-operate with any request made by the APB) within its remit as outlined in these ToR.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal and/or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the APB must follow any procedures put in place by Dorset ICB as Lead Commissioner for obtaining legal or professional advice.
- The APB is invested with the delegated authority to act on behalf of the seven ICBs. The limit of such delegated authority is restricted to the areas outlined under the Responsibilities.
- The APB is authorised to establish Sub-Committees and Working Groups to support its work.

3. Purpose

The APB has first line oversight of the regional ambulance provider (South Western Ambulance Service Foundation Trust (SWASFT)) overseeing performance and contributing to system wide plans. The APB brings together executive teams from NHS Dorset as Lead Commissioner, SWASFT and the seven ICBs to discuss the most pressing challenges, set the direction of strategic plans taking into account both provider and ICB strategy/plans, and demonstrate oversight and assurance of the provider as outlined in the NHS Oversight Framework and to support the segmentation process.

The approach to be taken within the APB meetings will be supportive partnership-based conversations to discuss and seek a way forward any areas of concerns. Taking a collaborative, risk-based approach, focusing on the key issues where members will only use contractual leavers as a very last resort.

The APB has been established to make decisions on behalf of the seven ICBs on all matters within the scope of the agreed Lead Commissioner Agreement (LCA).

In performing its role, the APB will exercise its management of the delegated functions in accordance with the agreement entered into between partners, set out within these Terms of Reference. The terms of the delegations made to it by partnering ICBs and the financial limit on its delegated authority shall be the total budgeted resources that the ICBs have agreed to commit to the contract including any forecasted overspend. A copy of the delegation is attached under Appendix 1. Where a decision needs to be taken in respect of any matter that may lead to the total budgeted resources being exceeded then the APB shall refer the matter back to each ICB for determination. The APB may decide to recommend a particular course of action to the constituent ICBs where appropriate.

The APB has no executive powers, other than those delegated through the ICBs and specified in these Terms of Reference.

4. Membership and Attendance

Membership

The Ambulance Partnership Board shall consist of the following membership:

Chair:

- Chief Executive Officer, NHS Dorset ICB

Lead Commissioner:

- Chief Commissioning Officer, NHS Dorset ICB (Chair of the Operational Executive Committee)

Provider:

- Chief Executive Officer, SWASFT
- Nominated Executive Director(s), SWASFT

South West ICBs:

- ICB Chief Executive Officer or their nominated deputy (executive director level)
- NHS Dorset ICB will be represented by the Chief Executive Officer for NHS Dorset who will also be in attendance as Chair of the Ambulance Partnership Board.

NHS England:

- Regional Director Commissioning /Manager Director, NHS England – South West
- Deputy Director of System Co-ordination, NHS England – South West

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Attendees

Only members have the right to attend APB meetings, however other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including, clinicians, procurement experts and others.

Attendance

Attendance at meetings is essential. In exceptional circumstances when a Chief Executive Officer or Executive Director member cannot attend, they may arrange for a fully briefed deputy of sufficient seniority to attend and make decisions on their behalf.

Where an attendee (who is not a member of the APB) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

5. NHS England

As part of their regulatory role, NHS England (NHSE) will be members of the APB but will not have voting rights and therefore not be counted as part of any quoracy or decision making discussions as set out under section 6.

6. Meetings Quoracy and Decisions

The Ambulance Partnership Board will meet quarterly. Subject to the Chair's agreement, ICBs may ask the APB to convene exceptional meetings to discuss particular issues on which they want the APBs urgent advice or to resolve a matter which requires immediate focus and attention.

Members of the APB have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

The APB may meet virtually and members attending using electronic means will be counted towards the quorum.

Quorum

Quorum shall be when the following members are present:

Lead Commissioner (NHS Dorset ICB):

- Chief Commissioning Officer (or nominated deputy)

Provider (South Western Ambulance Service Foundation Trust (SWASFT)):

- Chief Executive Officer, SWASFT (or nominated Deputy).

South West ICBs:

- Five members from the below ICBs, all of which need to be Chief Executive Officers (or nominated Deputy):
  - Bath & North East Somerset, Swindon and Wiltshire
  - Bristol, North Somerset & South Gloucester
  - Cornwall and Isles of Scilly
  - Devon
  - Dorset (will be represented as set out under section 4 above)
  - Gloucestershire
  - Somerset

Quorum shall include representation from NHS Dorset ICB (as Lead Commissioner), SWASFT (as the Provider) and 5 out of the 7 ICB representatives.

If SWASFT are unable to be involved in a decision due to a conflict of interest (as the Provider), then quoracy for that decision shall include representation from 5 out of the 7 ICBs, unless a decision ultimately requires ICB Board approval i.e. the reserved Board powers as per the Lead Commissioner Agreement (LCA), then quoracy shall include 7 out of 7 ICBs.

If any member of the APB has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

Decision making

ICBs will delegate authority to the Ambulance Partnership Board to make decisions on behalf of ICBs on all matters within the scope of the agreed Lead Commissioner Agreement (LCA). If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

The LCA will limit the lead commissioner to an agreed annual budget and targets.

Decisions required outside the LCA (for example additional funding needs, performance shifts outside expected ranges) will be reserved for ICB Boards. All ICBs will need to be present to consider and seek an agreement in principle on these matters before onward consideration by ICB Boards.

The Operational Executive Committee will function as a decision-making body of the Ambulance Partnership Board making decisions on behalf of the APB on all matters within the scope of the agreed LCA. Any concerns will be escalated to the APB as appropriate as per the agreed escalation arrangements.

7. Responsibilities

The Ambulance Partnership Board's responsibilities include:

- Setting the direction of strategic plans for the provision/delivery of a modern, high performing, financially viable, Emergency Ambulance Service, taking into account both the Provider and ICB strategy and plans.
- Oversight in relation to the delivery of the Annual Ambulance Work Plan.
- Consider areas of work escalated for further discussion/agreement as required.
- Delegated authority to make decisions and act on recommendations as presented to them by the Operational Executive Committee (OEC).

The APB will make collective decisions on the Delegated Functions:

- the commissioning of emergency ambulance services as an integral part of the urgent and emergency care system according to national requirements and standards.
- developing and agreeing a shared vision and understanding of emergency ambulance commissioning, working with colleagues within the urgent and emergency care system to do so and ensuring that the vision supports alignment and integration of services.
- agreeing a contract that delivers national performance, clinical and quality standards, incorporating any known challenges and improvement plans into the contract.

- ensuring that the ambulance service is clear on, and has plans to meet, their contractual, performance, quality, transformational and financial objectives and critical infrastructure resilience and interoperability. This includes but is not limited to all decision-making in relation to planned investments by the ambulance service (where appropriate).
- continue to build relationships across the system respecting each individual organisation's statutory roles and responsibilities, but proactively seeking to engender partnership working across the system.
- understand each organisation's challenges through in-depth discussion and make recommendations to ensure the best outcome for residents across the South West region.
- all decision-making in respect of financial adjustments or sanctions resulting from provider breach of the contract.
- if necessary, responding to informal or formal legal challenges brought in connection with the commissioned services.
- ensuring compliance with all relevant statutory duties as they apply to the ICBs;
- such other related commissioning functions as need to be exercised by the Ambulance Partnership Board in order to lawfully complete the procurement and contracting process for emergency ambulance services and for managing the services in accordance with the terms of that contract.

Risk

Consider all relevant risks within the remit of the APB as part of the reporting requirements and report any significant concern to as appropriate.

8. Behaviours and Conduct

Values

Members will be expected to conduct business in line with each organisation's values and objectives.

Members of, and those attending, the APB shall behave in accordance with the ICB Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality, diversity and inclusion

Members must demonstrably consider the equality and diversity implications of decisions they make.

9. Accountability and reporting

The Ambulance Partnership Board is accountable to the seven Integrated Care Boards and shall report to the ICB's on how it discharges its responsibilities.

The APB is responsible for approving an annual work programme identifying key objectives for the year.

The minutes of the meetings shall be formally recorded by the secretariat and submitted to ICBs.

The Chair will report to APB members on its proceedings at each meeting to provide assurance and shall draw to their attention any issues that require disclosure to ICBs or require action.

10. Secretariat and Administration

The Ambulance Partnership Board shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed having been agreed by the Chair with the support of the Ambulance Commissioning Support Team.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements (as detailed under section 6).
- Conflicts of interest are recorded and highlighted to the Chair to ensure declarations are appropriately managed.
- Minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to ICBs.
- The Chair is updated on pertinent issues/areas of interest/policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- A standard report template is used for received reports to highlight any significant risk, issues for information, discussion or escalation.
- Agendas for the meeting are circulated 5 operational days prior to the meeting, with any agenda items submitted to the Chair at least 10 operational days prior to the meeting.
- Meeting documents and minutes are stored with NHS Dorset under its function as Lead Commissioner and are circulated with members following each meeting.

In addition to managing Ambulance Partnership Board meetings, the Secretariat shall be responsible for maintaining the APB Handbook, which shall include the following:

- The Delegation Agreement
- Terms of Reference for the APB and any established sub-committees and working groups;
- Governance Framework;
- Lead Commissioning Agreement;
- Any other relevant documents, as determined by the APB.

11. Ambulance Partnership Board Sub-Committees and Working Groups

In order to assist it with performing its role and responsibilities, the Ambulance Partnership Board is authorised to establish sub-committees and working groups.

As a guiding principle only, the APB will have overall responsibility for determining the strategy, vision and objectives for matters within its remit.

Day-to-day operational matters will be managed through the Lead Commissioner via the Ambulance Commissioning Support Team and standing monthly meetings at sub-

committee/working group level or escalated to the APB as per the agreed escalation arrangements.

The standing monthly meetings will be:

- Operational Executive Committee (OEC)
- Contract Touchpoint Meeting (CTM)
- System Touchpoint Meeting (STM)

12. Dispute Resolution

As far as possible any disputes relating to the APB and its operation will be resolved by the members, with reference to the guiding principles for its operation as set out above.

Where it is not possible for a dispute to be resolved in this way, mediation will be provided through an independent third party (as detailed under section 14 of the Lead Commissioning Agreement (LCA)).

Where a matter is suspended pursuant to above, the members will seek to resolve it themselves within the specified time period. Where this is not possible, the issue will be promptly referred to the independent third party for review, with the objective being to enable a decision to be made and/or implemented, as appropriate in the circumstances. The members agree that this will be an option of last resort and that every reasonable effort will be made to resolve disputes between APB members.

13. Withdrawal from the Ambulance Partnership Board

Should this commissioning arrangement prove to be unsatisfactory, the ICB Board of any of the member ICB can decide to withdraw from the arrangement but has to give six months' written notice to the other ICB members (as detailed under section 16 of the LCA), with new arrangements starting from the beginning of the next new financial year or as otherwise agreed by the remaining members of the APB.

14. Review

The APB will review its effectiveness at least annually.

These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to ICBs for approval.

NHS Devon

NHS Devon Integrated Care Board

Recovery Support Programme (RSP) assessment of NHS Devon progress towards delivery of exit criteria for NOF4 in 2023/24

Date of meeting	Date report produced
18 September 2024	2 September 2024

Author(s)		Report approved by	
Name and title:	Allison Williams RSP System Improvement Director	**Name and title:**	Allison Williams RSP System Improvement Director
Phone:		**Date:**	2 September 2024
Email:			

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

Executive summary
In July 2021, NHS Devon Integrated Care Board (ICB) and University Hospitals Plymouth NHS Trust (UHP) were placed in Segment 4 of the National Oversight Framework (NOF4) due to challenges primarily in Urgent and Emergency Care (UEC) and financial performance at that time. Royal Devon University Healthcare NHS Foundation Trust (RDUH) and Torbay and South Devon NHS Foundation Trust (TSD) subsequently entered NOF4 and the Recovery Support

Programme (RSP) in November 2022. Exit was due in Q1 2024/25 but due to lack of progress this was reset by NHS England (NHSE) to 2025/26.

This report provides a high-level assessment undertaken by the Improvement Director of progress made against the exit criteria leading up to the June 2024 reset. It represents a point in time and where further progress has been made since the reset, this is reflected in the final section of this report.

A review of performance in 2023/24 identified that more robust planning, governance and delivery capacity and capability were factors in not meeting the performance trajectories and that these need to be improved.

The development of a clinical strategy for Devon from which all transformation programmes are derived, together with Board ownership and oversight of the requisite improvements are critical to success and should be a key priority going forward.

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

Key recommendations and actions requested
1. **NOTE** the report from the Independent RSP System Improvement Director.
2. **CONSIDER** the learning from 2023/24 and discuss what further actions need to be taken by NHS Devon to strengthen the planning and delivery of the improvements required to meet the NOF4 exit criteria by Q1 in 2025/26.

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

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	All
Health inequalities	
Workforce	

Resources and finance
Legal
Digital and Data
Involvement, Engagement and consultation

Recovery Support Programme (RSP) assessment of NHS Devon progress towards delivery of exit criteria for NOF4 in 2023/24

Introduction and Background

1. In July 2021, NHS Devon Integrated Care Board (ICB) and University Hospitals Plymouth NHS Trust (UHP) were placed in Segment 4 of the National Oversight Framework (NOF4) due to challenges primarily in Urgent and Emergency Care (UEC) and financial performance at that time.

2. Following recommendations from the NHS England (NHSE) South West Region Team's 2022/23 Quarter 2 segmentation review process, the national Quality and Performance Committee (QPC) also approved Royal Devon University Healthcare NHS Foundation Trust (RDUH) and Torbay and South Devon NHS Foundation Trust (TSD) entering NOF4 and the Recovery Support Programme (RSP) in November 2022.

3. The reasons for the entry of all 4 organisations entry into NOF4 were summarised as being challenges in relation to leadership, strategy development, finance and both UEC and elective performance. Given that there are significant organisational interdependencies in delivering sustainable improvement across Devon, consistent RSP exit criteria were agreed for all organisations in June 2023 with a target exit date of Q1 2024/25.

4. One of the requirements of NOF4 is that mandated support is provided to the organisation via an NHSE appointed Improvement Director who works with the system to provide advice and support to deliver the exit criteria and coordinate the RSP support-offer. The Improvement Director also forms part of the overall assurance process to the South West Region and NHSE (via the National Recovery Support Team).

5. In the second half of 2023/24 risks to delivery of the target exit date began to emerge, particularly in the context of finance and UEC where performance was not meeting previously agreed trajectories. The region moved to enhanced oversight with monthly System Integrated Assurance Group (SIAG) meetings and deep dives into areas of concern to closely support and scrutinise performance.

6. In early 2024 the Regional Team and Devon system leaders agreed the pace of progress would not enable the delivery of the exit criteria by the agreed date of Q1 2024/25. This was formally reviewed and agreed by the South West Regional Support Group (RSG) in March 2024, following which the formal process to escalate to QPC was triggered with a view to resetting the exit date and associated exit criteria and support arrangements by the originally planned exit date.

7. This report provides a high-level assessment undertaken by the Improvement Director of progress made against the exit criteria leading up to the June 2024 reset. It represents a point in time and where further progress has been made since the reset, this is reflected in the final section of this report.

Assessment

8. **Leadership changes and overall impact on recovery.** During 2023/24 there have been significant leadership changes across the NHS in Devon. Of the five Chief Executives Officers (CEOs), three left their posts in-year with a further CEO sustaining a period of sickness absence. In each organisation, interim arrangements were in place for several months with significant reliance on Chief Finance Officers (CFOs) to take dual accountability in their substantive and acting CEO roles for NHS Devon, UHP and Devon Partnership NHS Trust (DPT).

9. The new substantive CEO for RDUH took up post in January 2024 and the CEO in NHS Devon took up post in February 2024. An experienced interim CEO took up post in UHP in April 2024 and the substantive replacement CEO appointment in Devon Partnership Trust was made in July 2024.

10. While it is anticipated that in the medium term these changes will be positive for Devon, in the short term they have been destabilising and have impacted on the pace of recovery.

11. **Areas of progress.** It is important to acknowledge that despite the lack of progress in some areas of RSP, progress has been made in others.

    a. Elective performance has been greatly improved, particularly in respect of the long waiting times, as endorsed by GIRFT.
    b. Joint working through the Acute Provider Collaborative has matured with Phase 1 of the programme delivered with good clinical engagement.
    c. The ‘Drivers of the deficit’ work has generated a better joint understanding of the underlying financial position and opportunities for improved pathways and performance which have underpinned the strategic savings and productivity programmes.
    d. Devon also delivered more CIP in 2023/24 than in any previous year.

12. **UEC performance** is the area where least improvement was made during 2023/24, with Devon remaining one of the most significantly challenged systems in the country.

13. Performance has been variable across providers with:

    a. RDUH delivering better 4-hour, 12-hour and ambulance handover waits with a growing confidence in the ability to sustain improvements towards the end of 2023/24.
    b. TSD recovering much quicker from periods of poor performance but unable, as yet, to deliver sustainable improvements.

c. UHP having made a number of genuine internal process improvements, but which, at the time of the reset, were not resulting in any demonstrable improvement in the key performance metrics.

14. **Financial performance**. The 2023/24 financial plan to deliver an agreed deficit of £42.3m was not achieved. Devon delivered c.95% of its CIP plan of £212m which is the most CIP it has ever delivered. There were, however, further unplanned adverse variances, some of which are offset by non-recurrent underspends reported in the following areas:

    a. net impact of industrial action (£6.9m),
    b. a shortfall in pay award funding (£2.6m),
    c. an overspend on primary care prescribing (£20.5m)
    d. year to date overspend on drugs (£8.9m),
    e. overspends on pay relating to 'specialling'
    f. supernumerary overseas recruitment (£7.8m).

15. **Strategy, Elective and Leadership exit criteria**. In addition to significant challenges in UEC and finance Devon has also not achieved all the specific milestones agreed for strategy development as part of the Acute Services Sustainability Programme. Whilst there has been progress and good clinical engagement in the process, overall pace of delivery remains slow. This is partly due to the complexity of the strategic service change frameworks but also because of the need for detailed modelling to support effective decision-making.

16. Despite progress and significant improvement in Elective performance the elective recovery trajectories were not reached. That said, if corrected for the impact of activity lost through industrial action, Devon would have exceeded its forecast performance giving a growing sense of confidence in their ability to deliver elective recovery.

17. As outlined above it has been a turbulent year for leadership in Devon. Progress on the acute services strategy and joint working on elective recovery are indicative of increased collaboration but more time and further organisational development is needed to consolidate the new leadership arrangements and deliver sustainable system working.

Key areas to be strengthened

18. In April 2024 a series of workshops, facilitated by the RSP team, were held with the leadership teams across Devon to review progress during 2023/24. The purpose was to reflect on why the necessary improvements had not been made to facilitate exiting NOF 4 as planned and consider what needs to be done differently in 2024/25. Three cross cutting themes were identified as needing to be strengthened going forward:

19. **Planning** (and specifically the depth of planning) across Devon has not been consistent or robust enough to provide detailed assurance on the remedial actions to be taken, facilitate effective monitoring of progress, and enable the rapid delivery of mitigating actions.

20. Whilst the system has been able to set out high-level objectives the discipline of developing robust plans which can be continuously reviewed and adapted throughout the year has not been followed.

21. The lack of detailed plans, at system and organizational level, which clearly articulate the actions to be taken to deliver the agreed improvement trajectories has meant that it has been difficult to track expected impact and dynamic course-correction has been limited.

22. **Governance** improved in Devon during 2023/24 with the bedding-in of the system wide System Recovery Board that enabled the oversight of RSP and system recovery. The accountability to deliver and report on strategic savings schemes was clear but the same clarity was not evident for oversight of individual organisational improvement actions (finance and performance). This is particularly relevant given that this is where the majority of delivery takes place.

23. Critical to success is the setting of specific trajectories for all improvement actions with clear metrics, timely reporting and effective decision-making to support mitigation as required. This has not been consistent across the recovery programme and, even where it has (primarily through the Tier 1 processes) progress has been variable.

24. The respective roles and accountabilities of sovereign Trust boards versus the System Recovery Board in decision making needs further clarification and detailed oversight of locality specific performance needs to be strengthened.

25. **Delivery** is highly dependent on the integrity of the plans and suitable governance (identified above) that will provide the necessary oversight and course-correction of actions to ensure plans are executed. Delivery also requires strong leadership and a culture of accountability. Whilst there has been clear leadership and accountability in some areas, others have made limited progress. This is particularly the case in out-of-hospital UEC improvement.

Other considerations

26. Having a robust **Clinical Strategy** for Devon that underpins all the changes necessary to deliver clinical, workforce and financial sustainability is the key to a coherent recovery programme. This sets the direction against which all opportunities to improve performance, change services and make the best use of financial resources can be tested. This will need to be a priority for the new leadership if the system is to deliver the requisite improvements to improve patient care and also exit NOF4.

27. At the same time**, Board ownership** of the actions required to exit NOF4 is critical to success. Getting the right balance between the functions of the ICB has been a challenge but following a number of Board development sessions, the prominence of the performance improvements required to exit NOF4 increased during the latter part of 2023/24 and it is imperative that this continues.

28. There needs to be a deeper understanding and acceptance that exiting NOF4 and discharging the wider functions of the ICB in terms of population health are not in opposition. Strengthened whole-system leadership, developing and delivering an integrated clinical strategy, improving UEC and elective performance are integral to the quality and equity of patient care.

29. Strategic service transformation, to more effectively manage demand and deliver whole-system pathways of care across hospital and the community, is an integral part of delivering financial sustainability. Successful systems deliver clinical and financial sustainability as part of the same planned improvements and this needs to be strengthened going forward.

30. In June 2024, QPC agreed to reset the NOF4 exit date for Devon to end of Q1 2025/26. The exit criteria remained the same with the exit supporting measures updated to reflect current performance. Since then, new locality governance arrangements have been established by the ICB which has strengthened the line of sight to organisational performance. Only one cycle of the new arrangements have been completed at the time of producing this report, and key to success will be the balanced approach to organisational accountability and the joint leadership requirements of system working. This will need to be kept under review over the next quarter.

31. Since the NOF4 reset, the UHP ‘One Plan’ for UEC has been approved and the actions are beginning to gain traction with tangible improvements in performance which is a significant success. If the ICB-led Primary Care and Community programmes can adopt the same approach and pace, there could be a growing confidence that the requisite improvements could be delivered in 2024/25.

32. Elective performance across all organisations is also showing improvements which, if sustained, could also meet the requirements set out in the NOF4 exit criteria in-year.

33. The current work to develop the transformation programme will set the financial and performance trajectories for the next 3-5 years which, if accepted by NHSE, also could provide a route to financial balance.

34. This leaves the strategy development which, if delivered alongside the above improvements could evidence the successful leadership to deliver exit from NOF4 next year.

Conclusion

35. Delivering on the improvements outlined in the NOF4 exit criteria must be a key priority for NHS Devon and all constituent Trusts – not for the sake of exiting the oversight arrangements but because it is central to delivering high quality affordable care for the population of Devon.

36. For this to be achieved within the nationally determined timescales, there needs to be a clear clinical strategy supported by robust plans to deliver the performance improvements and service transformation that will enable Devon to be clinically and financially sustainable in the short, medium and long-term.

37. The Board is asked to:

- **NOTE** the report from the Independent RSP System Improvement Director
- **CONSIDER** the learning from 2023/24 and discuss what further actions need to be taken by the ICB to strengthen the planning and delivery of the improvements required to meet the NOF4 exit criteria by Q1 in 2025/26.

NHS Devon

NHS Devon Integrated Care Board

NHS Oversight Framework – progress against Segment 4 exit criteria

Date of meeting	Date report produced
18 September 2024	28 August 2024

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe Director of Performance and Planning	**Name and title:**	Bill Shields Chief Finance Officer and Deputy CEO
Phone:		**Date:**	28 August 2024
Email:	s.wadham-sharpe@nhs.net		

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

Executive summary
The presentation of the Progress Report on the Requirements of the NHS Oversight Framework – Segment 4 seeks to provide the necessary assurance to the NHS Devon Board on 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 details the system position on the criteria for strategy, leadership, Urgent and Emergency Care (UEC), elective and finance recovery, accompanied by a locality position on delivery against trajectory and the key actions to either maintain or improve performance.

This report is presented in a new format that seeks to provide an improved assurance-based review and is accompanied the data packs and key lines of enquiry discussed at the Locality Planning and Delivery Meetings (LPDMs).

NHS Devon carried out progress assurance reviews with all localities in August 2024

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

Considered by the NHS Devon Executive at its meeting on 03 September 2024. Considered by the Finance and Performance Committee at its meeting on 12 September.

Key recommendations and actions requested

AGREE the overall assurance level relating to progress against the NOF4 exit criteria as **satisfactory** and **AGREE** that adequate plans are in place to mitigate the risks relating to the delivery of NOF4 exit criteria identified in the Locality Planning and Delivery Meetings, and the 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

NHS Oversight Framework – progress against Segment 4 exit criteria

Introduction and background

1. NHS Devon is currently in Segment 4 of the National Oversight Framework (NOF) and in receipt of mandated support from NHS England (NHSE) as set out in the national Recovery Support Programme (RSP). The criteria to move from Segment 4 to Segment 3 have been agreed and require robust recovery and improvement plans to be in place with clear oversight via NHS Devon's governance framework.
2. The expectation is that when NHS Devon's Board considers that the NOF4 exit criteria have been met, with the associated evidence, a proposal will be presented for evaluation by the NHS England (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.

Leadership

4. Progress continues to be made against the leadership exit criteria and measures. Progress is being made in line with expectations in terms of embedding the governance and assurance approach, review of the ICS strategy and embedding the revised NOF4 system architecture.

5. It is recognised that it will take time to enable an accurate assessment of the impact of the governance and assurance structures on enabling the system to meet its NOF4 exit requirements.

6. The NHS Devon Board can take **satisfactory assurance** that the current plans place and assurance provided from providers will enable the meeting of the leadership NOF 4 criteria.

Strategy

7. Overall progress in line with expectations but pace limited by lack of dedicated capacity. This will improve with appointment of Managing Director for the Peninsula Acute Provider Collaborative (PAPC) in September (3 candidates shortlisted) and other posts associated to the programme.

8. Progress has been made in required timeframes for the launch of phase 2 of the Peninsula Acute Sustainability Programme (PASP) and the draft case for change was approved by PAPC in June. Stakeholder engagement had been delayed due

to the general election although warm up sessions were held and engagement timelines are now being reviewed.

9. The NHS Devon Board can take **satisfactory assurance** that the current plans place and assurance provided from providers will enable the meeting of the strategy NOF4 criteria.

Urgent and Emergency Care (UEC)

10. The system position for urgent care has seen improved performance in some areas during July 2024 however is not currently meeting trajectory against any key indicators.

11. University Hospitals Plymouth NHS Trust (UHP) confirmed that the actions detailed within the “One UHP plan” were still on track and confirmed that they expected to return to performance trajectory in August with assurance given on the impact of the medical receiving unit and the RAT to SDEC with impacts already recorded on ambulance handover times and reductions of patients waiting in the Emergency Department (ED) each morning.

12. Torbay and South Devon NHS Foundation Trust (TSD) raised a risk about the ability to return to performance trajectory and have been tasked with providing detail on internal actions and expected impacts. TSD will specifically review which elements of the ED capital investment that can be spent and constructed without an impact on revenue spend to support improvement.

13. Royal Devon University Healthcare NHS Foundation Trust (RDUH) confirmed a commitment to returning to trajectories at the end of September. RDUH have identified actions regarding improving minors performance in RDUHE, removing patient from ED by directly admitting them to AMU and SAU in RDUHN, additional GP streaming capacity and expansion of SAU cubicle space.

14. There is currently therefore 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.

15. Further mitigations are in place through the Locality Planning and Delivery Meetings (LPDMs), and the Unscheduled Care Board. The priority areas are:

    - Progressing the SDEC and UEC capital build programmes at TSD that do not have revenue impacts.
    - 3% improvement plan at RDUH enabling return to 4 hour performance in September.
    - Continued delivery of the One UHP plan including consultant recruitment, opening Medical Receiving Unit and direct to SDEC pathways
    - Locality based long term condition management plans to reduce ED attendances with specific focus on respiratory illness for winter.
    - Coordination of winter plans

- Full impact analysis and delivery plan for NHS Devon out of hospital programme

Elective

16. The finalised June 2024 position shows that NHS Devon did not achieve its submitted trajectories for 78-week waiters or 65-week waiters. There was one 104ww patient in the Devon system in June 24 which was an improved position from May.

17. UHP have forecasted a return to 65ww trajectory in September. UHP have sourced additional insourcing to support recovery in orthopaedics and maxillofacial. Additional recruitment in ophthalmology will also support recovery. Confidence can be taken from UHP elective ordinary and elective day case activity remaining above plan despite challenges.

18. TSD raised a risk of 12 patients awaiting hand surgery who could breach 78 weeks. They have forecasted to meet zero 78 week waits in September. A risk of 106 65-week waiters remains for September. TSD have been asked to provide assurance on forward booking processes to understand what capacity may be vacant to reduce this risk. Confidence can be taken from TSD elective ordinary and elective day case activity remaining above plan despite challenges if the additional assurance on booking processes can be provided.

19. RDUH forecast to remain on trajectory for long waiter clearance. Confidence can be taken from RDUH significant over performance against activity plans in outpatient activity and remain close to plan for elective ordinary and day case. RDUH gave confidence in maintaining elective ringfence into winter but predicated this would be based on not being required to provide ambulance divert support as per previous winters.

20. The NHS Devon Board can take **satisfactory assurance** that the mitigations in place and assurance provided from providers will enable the meeting of the elective NOF4 criteria.

Finance

21. The One Devon Integreated Care System (ICS) forecasting at month 4 is to deliver the plan for the year. The year to date position at month 4 is adverse by £2.8m, reflecting the financial impact of industrial action.

22. The ICS is reporting £33.4m efficiency achievement in the first quarter of the year. This is £0.2m above plan plan. The forecast is to achieve the plan of £213.3m.

23. At the planning stage risks of £88m were identified of which £17m were mitigated, resulting in a net risk of £71m. Gross risks by month 4 increased to £105m, driven primarily by risks relating to the efficiencies programme. However, total mitigations also rose to £62m leaving a net risk of £43.5m.

24. The NHS Devon Board can take **satisfactory assurance** that the plan to date is delivering, subject to the unforeseen impact of industrial action and that mitigations are in place to address the risks to the plan.

Assurance and Recommendations

25. Based on the discussions held with One Devon Integrated Care System organisations and review of the performance and finance highlight reports from each organisation it is recommended that the overall level of assurance that the planned NOF4 exit for 2024/25 will be met at Month 4 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

26. The NHS Devon Board is asked to **AGREE** the overall assurance level relating to progress against the NOF4 exit criteria as **satisfactory** and **AGREE** that adequate plans are in place to mitigate the risks relating to the delivery of NOF4 exit criteria identified in the Locality Planning and Delivery Meetings, and the System Leadership Group.

NHS Devon Integrated Care Board

Quality Report

Date of meeting	Date report produced
18 September 2024	06 September 2024

Author(s)		Report approved by	
Name and title:	John Trevains, Deputy Chief Nursing Officer Sara Wright, Head of Nursing & Quality	**Name and title:**	Penny Smith, Interim Chief Nursing Officer
Phone:		**Date:**	28 August 2024
Email:	Sara.wright4@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 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, but also 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 03 September 2024. Considered by the Quality and Patient Experience Committee at its meeting on 11 September 2024.

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

3. **Serious Incidents:** Incident management under the new Patient Incident and Response Framework (PSIRF) model is progressing across Devon, with all main providers having transitioned. The South-West collaborative effort to learn from and share best practices regarding never events is positive in driving improvement. Currently, there are 15 open never events under investigation reported under the previous serious incident framework and a further 4 reported under PSIRF as a national priority. The safety systems team within NHS Devon ICB regularly receives progress updates from the providers.

4. **Developments improving assurance:** Of note, Royal Devon University Hospital is undertaking a review of their PSIRF plan. The ICB has membership at the Trust's Emerging Patient Safety Event Panel and the Patient Safety Event Review Group. Recruitment of a Patient Safety Partner is underway. The Trust continues to evidence a sound level of governance around incident reporting.

5. **Developments improving assurance:** The workstream to implement the Never Event focused improvement initiative, National Safety Standards for Invasive Procedures, (NATSIPS 2) has resumed following a new appointment of a Clinical Lead for Patient Safety. Within the ICB quality report we have included a rare event analysis report measuring days between never events to relay our close monitoring of this important area of patient safety. We are adopting the same approach (for future reporting) for the monitoring and assurance regarding mental health homicide reporting at ICB level, alongside

planning an assurance learning event in partnership with Devon Partnership NHS Trust.

6. **Area of ICB Quality focus: UEC and Planned Care:** Urgent and emergency care continues to be of ICB focus, with long waits outside in ambulances and within Emergency Departments (ED). However, early indicators within University Hospitals Plymouth (UHP), the most challenged UEC provider, evidence positive impact of the Medical Receiving Unit on ED pressure alongside the concerted improvement work being progressed by the UEC team. In June 2024, NHSE's senior leadership wrote to organisations seeking assurances in relation to maintaining focus and oversight on quality of care and experience in pressurised services. The ICB has received these assurances from both University Hospitals Plymouth and Torbay and South Devon Foundation Trust and is awaiting information from Royal Devon Universities Hospital, which is being followed up at time of writing.

7. The impact on UEC is expected to improve elective care pathways, with less procedures being cancelled as a result. However, the System Clinical Risk and Long Waits Group continues to note the risk of harm though incidents and patient experience data related to delays. The Nursing Directorate are embedded in both the UEC and Elective Care Improvement Boards to support and monitor this matter.

8. **Safeguarding focus:** Within Devon, safeguarding data is reporting an increase in Serious Incident Notifications for children regarding non-accidental injuries. Work is being delivered by health and social care stakeholder organisations to address this through reviews and learning events.

9. **Infection, Prevention and Control: - Infection Management of Mpox Risk** There are reports of a new strain of Mpox within central Africa with a currently small spread of cases globally. The national UK Health Security Agency (UKHSA) are leading the response, and the NHS Devon Infection Prevention and Control (IPC) team are monitoring the situation, with local preparatory actions currently being implemented.

10. **Positive Assurance**: COVID vaccinations, the Devon system was ranked 7th out of the 42 systems nationally for uptake in the COVID spring vaccination programme, with an uptake of 65.19%.

11. **Developments improving assurance:** NHS Devon has initiated a health protection delivery group with public health stakeholders to develop and deliver plans and services in the domain of infectious diseases such as avian flu and tuberculosis.

12. **Maternity:** Following thematic review of all provider CQC inspection reports, the overarching Devon position has been presented to QPEC and SQG. Work remains ongoing at a provider, local and regional level to respond to learning and actions identified.

Children & Young People

13. **Developments: Reducing surgical waits** - A pilot surgical reprioritisation tool for CYP on surgical Lists has been developed, with approval and roll-out agreed to specialities with longest waits. An additional third surgical theatre is in operation in UHP, with the formally agreed pathways for Devon and Cornwall linking in with Bristol. This will allow CYP living within Devon and Cornwall to be repatriated from Bristol Children's Hospital and have care closer to home and also increase the provision of extra theatre capacity to support reduction of long waits.

14. **Developments: Community** The development of a community reprioritisation tool underway to support identification of CYP who are most at risk of harm whilst they are waiting for health assessments and ensure health services can respond by offering timely and appropriate appointments.

Patient Experience

15. In summary, Patient experience report themes arising from formal complaints to NHS Devon mainly report access issues to GP appointments and dental care. The System Patient Experience Network meetings are progress with key partners. Having focused on developing early resolution processes at the last meeting, partners are now committed to sharing learning and driving improvement and consistency for their populations. Development work is under way to report improved system partner data focused on patient experience at ICB level regarding Friends and Family Test performance. Positively the ICB is now recruiting to vacant posts within this team that will greatly assist with capacity to deliver this work.

Effectiveness/Outcomes

16. **Developments improving assurance - Mortality:** The pan Devon group are developing the scope of their analysis of data, including that related to morbidity, so are changing the Terms of Reference and group title to 'Morbidity & Mortality Group'. The group are inviting the System Coding Group to the next meeting, to share good practice with the aim of developing a more consistent approach to coding across all our acute trusts in Devon, which will improve the quality of national mortality data reporting and benchmarking.

17. **Developments improving assurance - End of Life (EOL):** A new electronic system that supports end of life care called **E**- TEP is now live across all Health settings in Plymouth and West Devon. It is recommended nationally that 1% of GP registered populations should be on a Palliative / End of Life care register. Via this system's reporting, the EOL team will be able to review activity coded across practices, to monitor their performance against this recommendation.

Section	Assurance	Trend from previous month
Overall assurance	**Satisfactory – (**areas of concern have additional focus and mitigating actions)	**N/A**

Key recommendations and actions requested

Note the overall assurance level relating to the quality position of the ICS as **satisfactory** and **support** our position that adequate plans are in place to mitigate and improve quality risks.

NHS Devon ICB's Quality Report September 2024

Public Board

Penny Smith, Chief Nursing Officer, NHS Devon ICB

Developed by:
The Nursing & Quality Directorate including
The Women & Children's Commissioning Team

Editors:
John Trevains, Director of Nursing
Sara Wright, Head of Nursing & Quality

One Devon

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

Contents

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Incident management under the new Patient Incident and Response Framework (PSIRF) model is progressing across Devon, with all main providers having transitioned. The South-West collaborative effort to learn from and share best practices regarding never events is positive in driving improvement. Currently, there are 15 open never events under investigation reported under the previous serious incident framework and a further 4 reported under PSIRF as a national priority. The safety systems team within NHS Devon ICB regularly receives progress updates from the providers.

Patient experience report themes arising from formal complaints to the ICB and these include dental, due to closure of a clinic, as well as pharmacy access, due to closure in a rural area. The System Patient Experience Network meetings are progress with key partners. Having focused on early resolution processes at the last meeting, partners are now committed to sharing learning and driving improvement and consistency for their populations.

Urgent and emergency care continues to challenge the System, with long waits outside in ambulances and within Emergency Departments (ED). However, early indicators within UHP, the most challenged UEC provider, evidence positive impact of the Medical Receiving Unit on ED pressure alongside the concerted improvement work being progressed by the UEC team. The impact on UEC is expected to improve elective care pathways, with less procedures being cancelled as a result. The Nursing Directorate are embedded in both the UEC and Elective Care Improvement Boards.

Safeguarding has reported an increase in Serious Incident Notifications for children, resulting in conversion to Rapid Review and Child Safeguarding Practice Reviews, with a clear theme of non-accidental injuries.

Locality work continues to progress and includes the Nursing Directorate teams embedded in provider and whole system meetings. This enables the team to get assurance but also contribute to quality improvement across the System. For example, within Royal Devon University Healthcare NHS Foundation Trust (RDUH), the team work with the provider from the beginning of the incident process to completion, contributing to process and driving learning and improvement within the organisation but also across the locality and System.

Regarding Infection Management , COVID vaccinations, the Devon system was ranked 7th out of the 42 systems nationally for uptake in the COVID spring vaccination programme, with an uptake of 65.19%. There are reports of a strain of Mpox within central Africa with a currently small spread of cases globally,. The national UK Health Security Agency (UKHSA) are leading the response and Devon ICB IPC team are monitoring the situation, with local preparatory actions currently being implemented. The ICB has initiated a health protection delivery group with public health stakeholders to develop and deliver plans and services in the domain of infectious diseases such as avian flu and tuberculosis.

Quality Overview: Incidents

Reported incidents

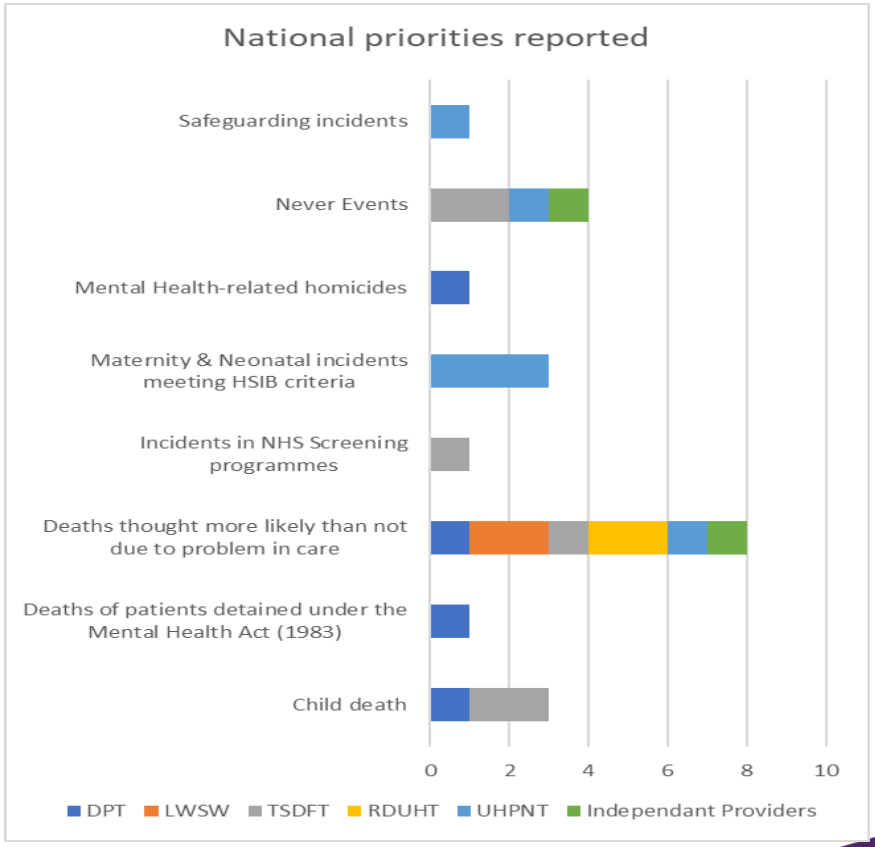
During July there were no new serious incidents reported onto StEIS as all main Providers have transitioned to the new Patient Safety Incident Response Framework (PSIRF).

Independent Providers that have not yet transitioned from the serious incident framework (2015) to PSIRF may still report onto StEIS if an incident meets the threshold of a serious incident or never event.

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.

The chart to the right, illustrates all reported national priorities since April 2024 to July 2024.

Chart 1: National priorities reported by Provider



Quality Overview: Incidents cont'd

Total open serious incidents

Currently, there are 165 open serious incidents, with 25 investigation reports completed and submitted to NHS Integrated Care Board (NHS Devon) for review and approval for closure. This will reduce the number of open SIs further by the end of next month.

Multi-agency and high-profile serious incidents

NHS Devon continues to support the SIs that are identified as multi-agency, assisting with identifying what went wrong throughout the patient's care leading up to the incident, enabling joint learning across Providers. There are currently 7 serious incidents classified as needing a multi-agency investigation. Each incident has had an initial scoping meeting with all relevant organisations involved in the incident's pathway, and they are now under investigation.

There are an additional 5 serious incidents classified as high profile, indicating potential police involvement, media attention, or concerns that NHS Devon requires increased assurance before they can be closed. These are currently being investigated by the Provider and when completed will be reviewed for closure by NHS Devon's panel members.

Quality Overview: Incidents cont'd

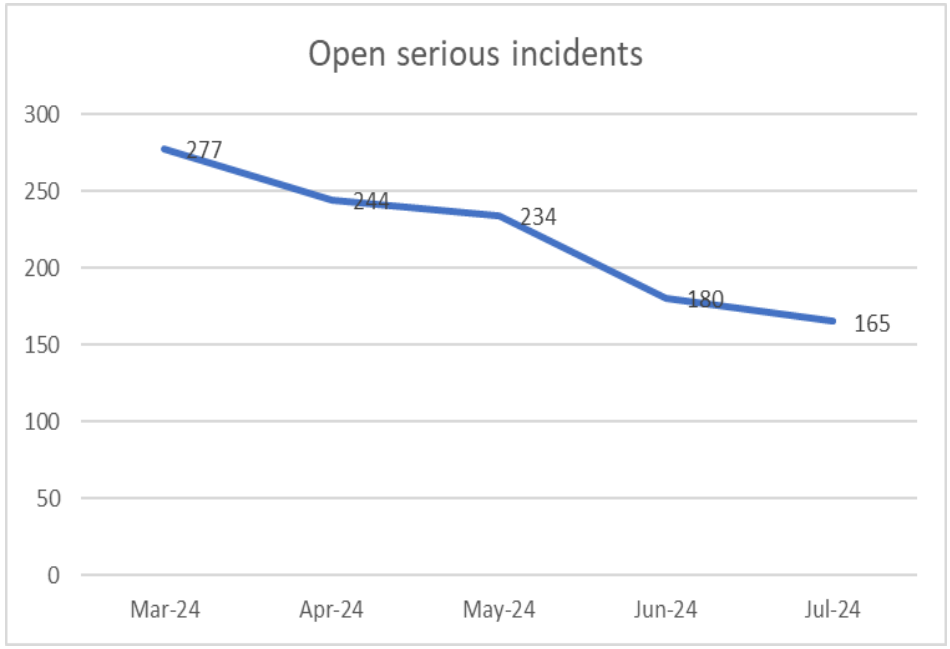
Closed serious incidents

During July NHS Devon received a total of 27 completed SI investigation reports, which were subsequently reviewed and closed. NHS Devon has requested providers to submit a timeline detailing when all open SIs and never events will have completed investigation reports.

The Safety Systems Team are in regular contact with all Providers that have open serious incident on the Strategic Executive Information System (StEIS) to ensure they are on track to complete their investigations prior to STEIS is closed in late autumn.

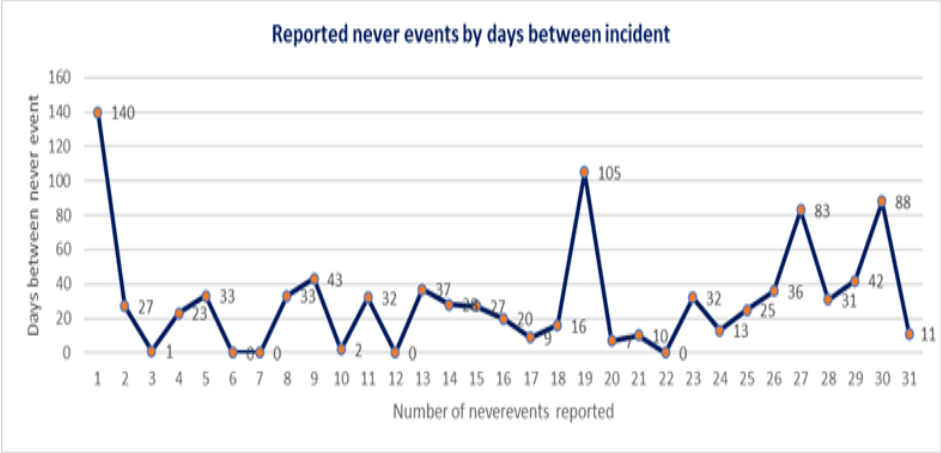
The table to the right illustrates the reduction of open serious incidents per month since March 2024.

Chart 2: Open serious incidents per month

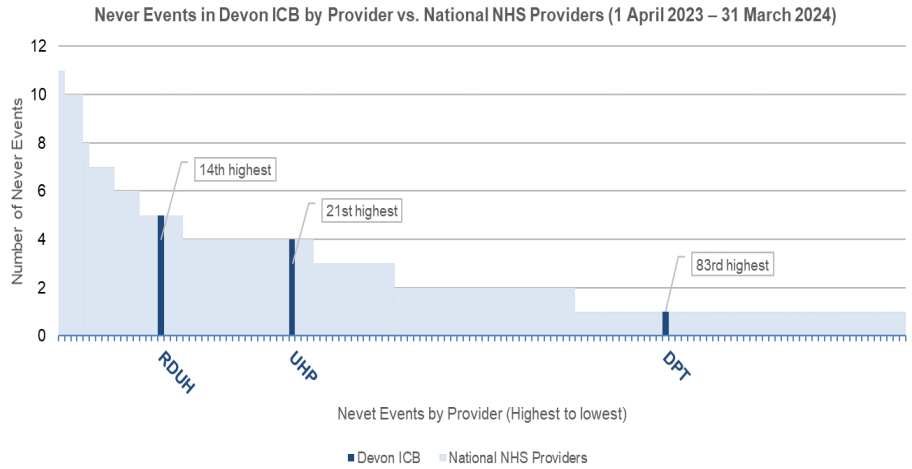


Quality Overview: Incidents cont'd - Never Events: Additional Detail

The *rare event analysis* chart below illustrates the intervals between each never event reported for the Devon system. An increase in the number of days between reported never events indicates improvement. The data spans from April 2022 to the present.



The chart below illustrates the position of Never Events reported by Devon NHS Trusts compared to other providers nationally during the year of 2023/24 for context regarding Devon performance in this area.



Quality Overview: Incidents cont'd – *for QPEC Information*

LfPSE and reported Patient Safety Incident Investigations (PSII)

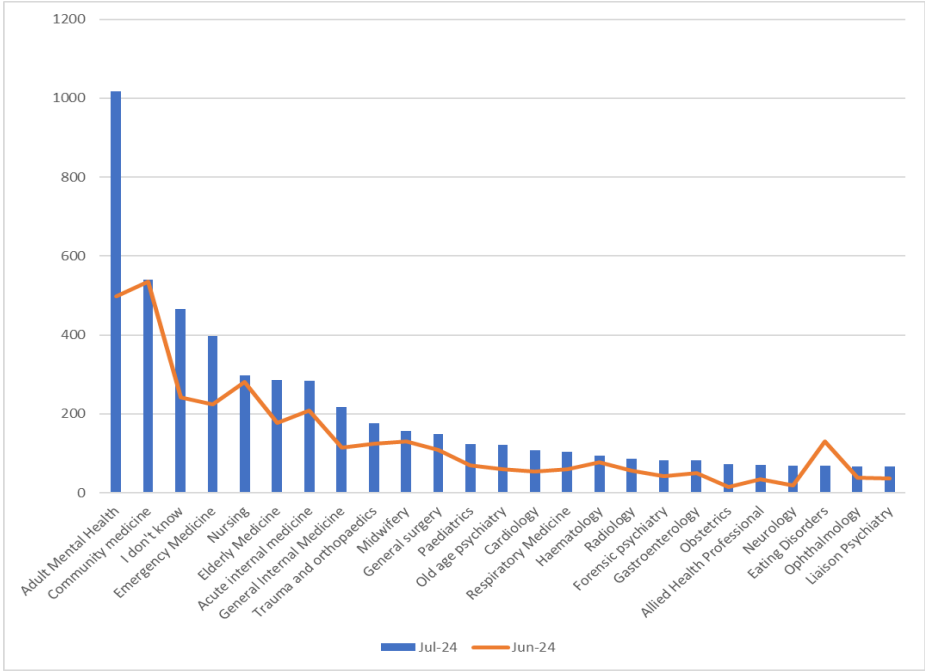
All providers are reporting to the new national Learning from Patient Safety Event (LfPSE) system. However, until their local incident reporting systems is configured with the latest release, they are unable to report incidents identified as requiring a local patient safety incident investigation (PSII) to LfPSE.

Consequently, these categorised incidents will continue to be reported to the Strategic Executive Information System (StEIS). During July, **6** national PSII were reported and **3** local PSII.

The number of incidents reported to LfPSE remains consistent for the Devon system. For note LFPSE is focussed on producing learning as opposed to metrics. Regional NHSE report that improved metric-based reporting and analysis is being developed.

The chart to the right, illustrates the top 25 reported clinical areas- incidents for the month of July compared to the previous month June. **Please note this remains developmental data in the new system, data for July is expected to be higher as UHPNT started reported live onto LfPSE.. Also note "I don't know" designations is being addressed through improving data quality.*

Chart 3: Top 25 reported clinical incident areas in LfPSE



Quality Overview – Patient Experience

July 2024: Patient Experience, Formal Complaints and PHSO Cases:

Received in July 2024

Formal Complaints

1

Informal Concerns

204

Ombudsman Investigations

0

Primary Care Hub Sign Off

5

Open Cases*

Formal Complaints

17

Informal Concerns

63

Ombudsman Investigations

8

Primary Care Hub Sign Off

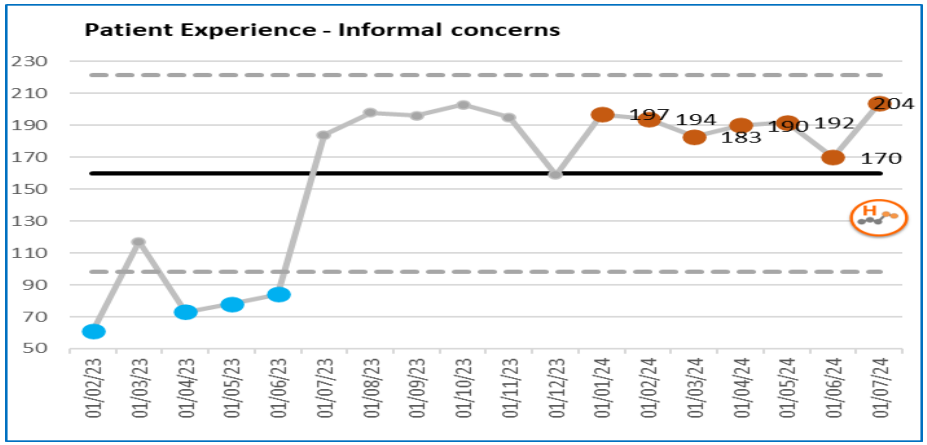
2

Unallocated Cases*

15

At the end of July 2024 there were 15 unassigned informal concerns and formal complaints waiting for one of the team to progress. The oldest unassigned case is 15 March 2024. All 15 cases were acknowledged.

Below graph demonstrates new contacts each month



Summary

Significant progress was made on a number of concerns during July which impacted the overall number of unallocated cases from 39 at the end of June to 15. The main subject areas that were responded to in July from the unallocated cases related to PoTS (Postural Tachycardia Syndrome), a pharmacy and closure of a dental practice.

Oldest complaint is 2 years old but is being well managed with the family and an external investigator and it was close to completion, however additional interviews were required and now a final report is in progress.

Patient Experience cont'd: Themes and Trends Overview: Formal Complaints & PHSO Cases:

Top 3 themes in July

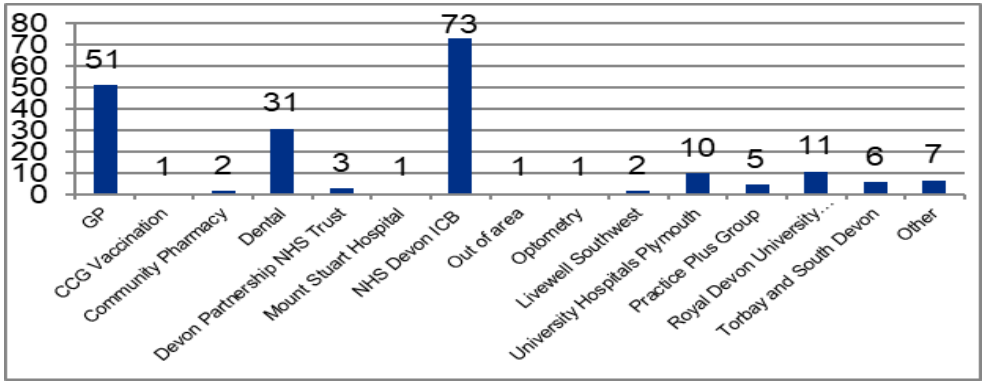
Access to Service 113

Communication 51

Quality of Care 45

There has been a slight shift during the first part of Quarter 1 of the financial year of this year.

Access to service – Increase mainly relating to Plymouth GP services.
Communication – Varying subject area, no major themes.
Quality of Care – Varying subject area, no major themes.



Main Topics

Dental
Dental access continues to be the main reason for contact, however there is an increase in complaints being sent to the Primary Care Hub, relating to this subject. The impact of an immediate closure of a Paignton dental practice, without notice caused a significant number of these complaints.

Primary Care Services (Plymouth GP)
Continued frequent contact being received relating to a group of GP practices in Plymouth, relating to access, prescribing and service overall. Concerns escalated to patient safety & quality and commissioners who are working with the provider. Identified impacting emergency department presentation.

Pharmacy
Ongoing concerns in North Devon due to temporary closure of the main pharmacy in the rural town. Progress being made to secure a new site, but at present the town continues with only one small pharmacy, impacting access.

Postural Tachycardia Syndrome (PoTs
Patients with this condition and Chronic Fatigue Syndrome (CFS), are concerned about what new service will replace the UHP service and continue to prescribe specialist medication.

Continuing Healthcare (CHC)
The team continue to receive frequent contact relating to CHC services, usually in relation to an outcome or wishing to appeal decisions.

Patient Experience cont'd: Learning & Development Overview - Formal Complaints & PHSO Cases:

Activity & Learning

Continuing Health Care (CHC)
Patient Experience are encouraging patients and their families to follow the full CHC appeal process if they remain dissatisfied with an outcome. If the full process has been completed but the patient or family are not satisfied, the team are supporting them.

Primary Care Concerns/Complaints
Progress has been made in securing a dentist to support patients who were receiving treatment that was not completed or who have paid but are yet to receive treatment. These patients now have a dentist to complete their treatment pathway. All other patients have been advised to register with Devon Dental Access for a new dentist.

ADHD/Autism Pathways
Work with mental health commissioners has started to improve the 'Right to Choose' options for patients in Devon, clearer direction for GPs now appears on the formulary.

There is work needed to improve the transition for patients who have been prescribed specialist medication either by a private clinician or a provider outside of Devon. Progress has been made with commissioners and patient groups to establish a statement and clear approach. More detail is expected in September.

Access to Clinical Partners, who had an NHS contract in England, ended at the beginning of 2024. A new contract with NHS Devon is not possible and therefore children who had not been seen by Clinical Partners before their contract ended are now being transferred as a priority to an alternative provider as they could not long be seen by Clinical Partners.

System Activity

NHS Devon held its bi-monthly Patient Experience Network meeting in August.

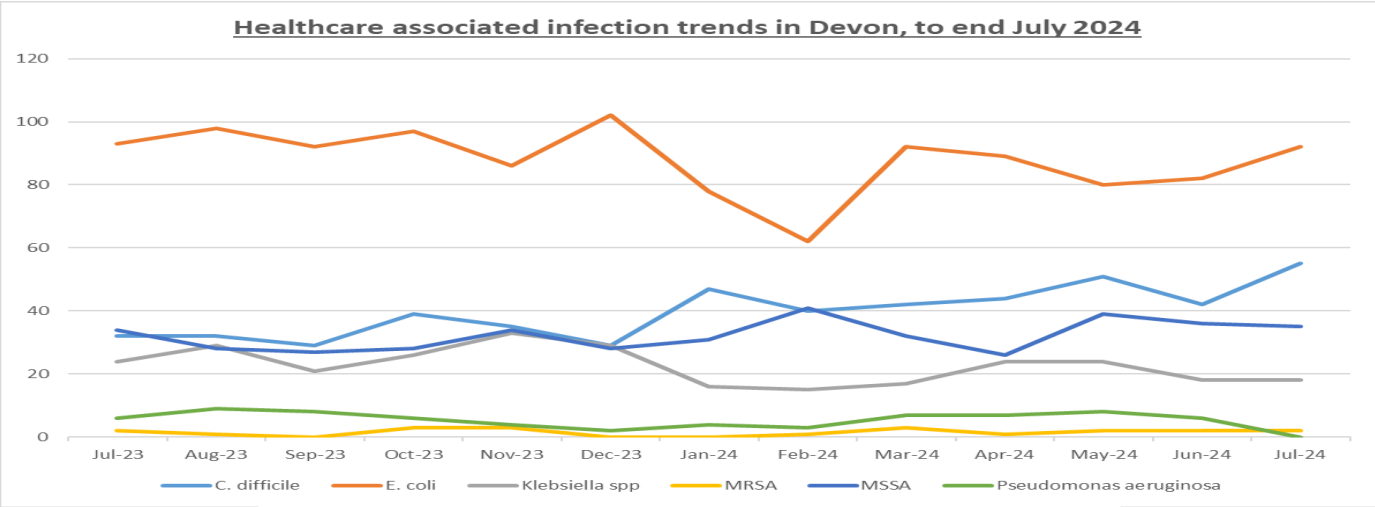
The membership currently remains small with Livewell Southwest, University Hospitals Plymouth (UHP), Royal Devon University Healthcare (RDUH), Devon Partnership Trust (DPT) and South Western Ambulance Service Trust (SWAST). Torbay & South Devon Trust were unable to attend.

The meeting focused on complaint early resolution, with RDUH presenting their approach as early adopters. This created a number of conversations across the providers who are at different stages in introducing this approach;

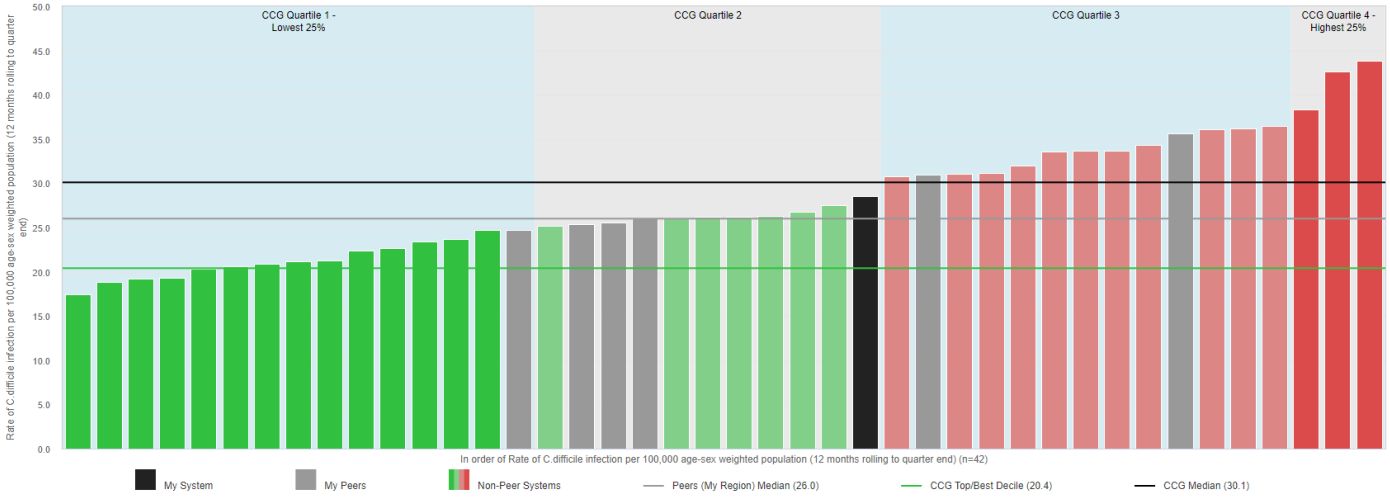
- UHP linking with RDUH to start their development
- DPT have started an approach and remain in development
- Livewell Southwest & NHS Devon considering their approach
- SWAST already have an early resolution approach

October's network will focus on a presentation from the Ombudsman and early stages of contact with PALS and Complaints' teams.

Quality Overview: IPC



Rate of C. difficile infection per 100,000 age-sex weighted population (12 months rolling), national distribution



HCAIs

There is an overall rising trend in *C. difficile* (discussed below) and MSSA infections, reflecting national and regional trends. The rise in *C. difficile* is being studied at local, regional and national level, but no simple explanations have been identified.

MSSA reduction strategies are in place in each trust, and are focused on skin & line care, alongside a “back to basics” approach.

C. difficile

C. difficile cases are rising nationally and locally. Devon is not a national outlier (see graph, left lower), but case rates are higher in the Torbay area, noting older population factors.

A wider South West learning and development group is being established for all HCAIs, meeting monthly from September 2024.

A South West, UKHSA-led meeting has been scheduled to do a deep-dive into the regional rise in *C. difficile.*

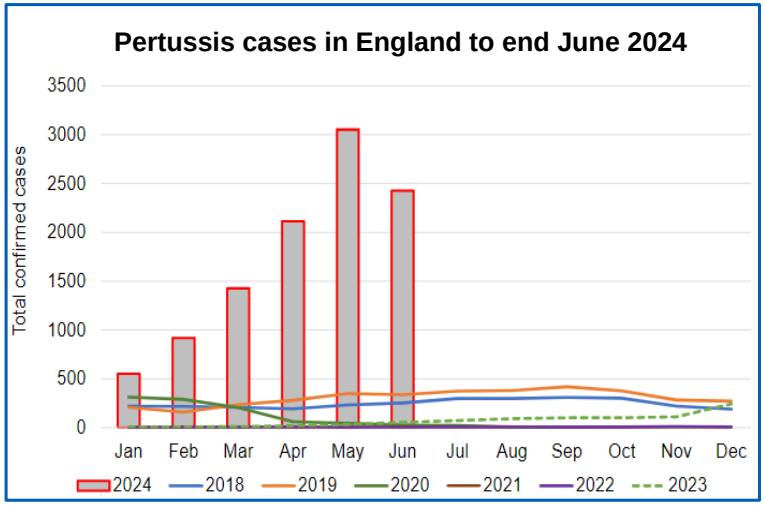
IPC cont'd

COVID vaccination *(from Lead for Seasonal Vaccination Programme & Vaccination Strategy)*
The Devon system was ranked 7th out of the 42 systems nationally for uptake in the COVID spring vaccination programme, with an uptake of 65.19%.
Factors that have enabled this high uptake include:

- Continual work to keep the number of access points as high and diverse as possible
- Large outreach provision
- Dynamic comms support and engagement activities
- Experienced ICB vaccination team

Mpox
There are early reports of a new strain of Mpox within central Africa which is spreading rapidly in the region, and which has the potential to spread to the UK. A small number of cases have been identified globally, noting confusion in media reporting of type of infections.
A Public Health Emergency of International Concern has been declared by the World Health Authority (14/08/2024), and a National Enhanced Incident declared by UKHSA (19/08/2024).
UKHSA are leading on this response and Devon IBC IPC team are monitoring the situation, with preparatory actions currently being implemented.

Pertussis (whooping cough)
There has been an increase in cases of pertussis (whooping cough) across England since January 2024, with 10,493 cases in England to end June 2024 (against 858 for the whole of 2023). See graph, right. There is risk not just to children affected but also a business continuity risk to NHS organisations regarding parental caring responsibilities and staff sickness. Recent data is reporting an improving situation.



Quality Overview: Safeguarding

Safeguarding Children:

- The Designated Nurses for Safeguarding Children (DNSC) monitor progress of cases where children and young people have experienced significant harm because of abuse or neglect through attendance at the relevant Safeguarding Children Partnership meetings.
- Attendance by the DNSC at the Provider Safeguarding Committees enables overview for support and ongoing monitoring of progress against action plans from the above reviews.
- There has been an increase in Serious Incident Notifications for children, resulting in conversion to Rapid Review and Child Safeguarding Practice Reviews, with a clear theme of non-accidental injuries. Work is on-going to address this issue. Two cases did not meet threshold for a Rapid Review however it was noted that there was relevant learning for the health system, and two learning events will be undertaken led by the DNSC.
- A presentation focusing how we better engage and consider the role of male partners in the pre and post pregnancy pathways of care was delivered by one of the DNSC at the recent Vulnerable Pregnancies Pathways Workshop.

Safeguarding Adults:

- 2 SAR's have been published by TDSAP in July/August, Ruth and Rachel and can be accessed here: Torbay and Devon SARs - Devon Safeguarding Adults Partnership
- The Designated Nurses monitor provider agencies engagement with learning from SARs through attendance at their safeguarding committees. The designate nurses meet with TDSAP board manager to discuss ICB action plans to progress ICB actions.

Right Care Right Person (RCRP):

Designated Nurses for Safeguarding Adults are members of the RCRP strategic meeting. Phase 3, Section 136 handover, of the roll out will be progressed in the autumn, date to be confirmed. DPT are leading on a Peninsula-wide Section 136 handover protocol with members of the tactical and strategic group's input. DNSC are working with commissioning colleagues to ensure strategic oversight from a children and young people's perspective

Quality Overview – End of Life Care (EOL)

Devon and Cornwall e-TEP - Electronic Treatment Escalation Plan:
E- TEP is now live across all Health settings in Plymouth and West Devon.
It is recommended nationally that 1% of a GP registered population should be on a Palliative / End of Life care register. Via TEP reporting, the EOL team will review numbers of TEPs created and coded across practices, compared to their patient population to monitor their performance to the above metric.

- Number of e-TEP's completed – 6000+
- Number of e-TEP views (viewed by people that have not created the TEP) – 8000+
- Number of Care Home signed up to the Devon and Cornwall Care Record (DCCR) – 8 completed sign up and 10 awaiting additional documentation
- Number of care homes expressed interest in training to complete TEPs – 7

Next steps:
- To implement the e-TEP across the remaining Devon localities **by end of October 2024**.
- A Devon system implementation group has been established and is meeting weekly.
- Aim is to have 80% of **new** care home residents with an e-TEP **by December 2024.**
- Establish a 'formal' Devon and Cornwall TEP review group, consisting of Resuscitation leads and appropriate representation from system partners. This group will meet twice annually.
- Affirm clinical governance routes within the ICB to support the further implementation of the e-TEP.
- Conduct e-TEP clinical audit to review the clinical appropriateness and effectiveness

Out of Hours urgent and emergency care:
Dedicated EOL health professional to triage PEOL calls within PPG (Bank Holidays, Sat and Sun). This service is aimed at responding to calls from individuals, families and health care professionals to ensure a timely response and that care needs do not escalate to 999 and or ED.

Common issues:
- Just In Case (JIC) Medication
- Support to staff on timely medication administration
- Prescribing – when pharmacies are not available out of hours
- Management of pain and symptoms

Examples of cases managed:
- Rapid decline in health, no swallow, very chesty, not s/b OGP for 28 days – does have JIC meds and prescription
- Palliative patient rapid declined last 72hs, no F2F from OGP for over 12 months for HV, TEP in place and JIC meds

This programme of work links in with the above e-TEP project as widely accessible TEP forms would help to inform the decision making of OOH staff.

Next steps:
- Continue to monitor the service and receive feedback.
- Evaluation of service has been completed. EOLC Team to review information and present to colleagues across the system.
- In linking with the Care coordination model – exploring whether there is further opportunity for linking to care coordination model.

End of Life Care cont'd

Single consistent specification for a locality based single point of access EOL care Co-ordination and care at home delivery service:

In order to provide equitable and quality EOL care for the Devon population, a core service specification is required to establish the clinical, operational and commissioning ambitions and requirements.

A draft service specification has been circulated across the ICB EOL Steering group and the Devon Children's EOL Task and Finish group.

Impact: This document will provide a unified approach to EOLC and a direction for each of the localities to adopt when strategically planning EOLC.

Next steps: The next step for this service specification is to describe the model for planned EOL care co-ordination.

Joined up care – Re-establishing community and primary care links and incorporating into the co-ordination of care model

There is clear evidence that, the primary and community setting model of care is stretched and challenged in being able to provide consistently good in hours advanced care planning for EOL care provision.

This issue has clear links to planned EOL care coordination, both from a community/primary care perspective and those individuals being discharged from hospital with unmonitored EOL packages of care. The emphasis being on planned care rather than coordination of EOL care when care needs have escalated. It is a preventative agenda.

Next steps

- A stocktake of education provision and re-launch of training and education for EOL care.
- That the work around planned EOL care coordination work be scoped at a rapid pace, as a priority service improvement programme of work- linked to the discharge to assess workstream. To include a locality, stocktake of current EOL coordination activity and appetite for exploring other models of care coordination.
- There is an opportunity to recycle existing spend and resources to put in place a more consistent oversight model of EOL care.
- Continue to explore in conjunction with the localities the acute and community hospital reduction in emergency admission and length of stay for those on the EOL Care pathway.
- There is ongoing work linking the falls and frailty UEC work programme for care homes.
- Launch of a programme of work to agree and restate the EOL priorities and a gap analysis, by locality to support this.

Quality Overview – Continuing Healthcare CHC Quality Assurance and Performance Monitoring

- Quality assurance of the assessment process is through peer review and ICB verification. National benchmarked measured targets are as follows:
- 80% of all assessments are undertaken in 28 days from referral
- For the remaining 20% of referrals that the assessment process is concluded not longer than 12 weeks after referral
- 3 and 12 month reviews of care are not routinely monitored, this will be addressed through improvement work, including workforce.
- Performance for Q1 and Q2 has dipped below these targets. This is due to workforce pressures, complexity of the cases and capacity of the team.
- A performance improvement plan is in place with NHS England. The NHS Devon CHC team is meeting the targets for the 2024/25 improvement plan.

- In support of the CHC team, a workforce modelling tool has been completed which demonstrates the capacity needed for the team to deliver the CHC statutory function. This workforce modelling has been fed into the Phase 2.2 ICB restructure proposals for the CHC function. This is due to report in Q2.
- Alongside this a digital overview has been undertaken by an external company, to consider the digital options to optimize the CHC functionality, with regard to productivity and efficiency. This is due to report September 2024.
- Court of protection work and Deprivation of Liberty assessments remain an area of concern and risk. Proposals for improvements in this area of work are picked up within the phase 2.2 restructure.
- In terms of CHC team capacity, the team is recruiting clinical assessor roles, as well as the majority of routine assessment work now being outsourced.

Quality Overview: North and East Locality

Hospice Provision East Locality:

The Hospisecare at Home service will be replaced with a new rapid response at-home care service. The new service will be a rapid response care team made up of nurses, paramedics and healthcare assistants. Their role will be to work alongside the specialist community team, and urgently attend a patient at their home or place of residence. The team will rapidly assess the most appropriate care for the patient in accordance with their wishes, coordinate the patient's ongoing care and provide hands-on care in their home for up to 72 hours. During this time, the patients care will be transferred to another service, e.g. Acute hospital or NHS community service. If appropriate and dependent on patient need, ongoing support will be given from the specialist community team or inpatient unit. The new service will operate across the whole Hospiscare patch, which enables equity in our provision of care and means all patients will be able to access the service if needed. It is anticipated this revised model will be able to support more patients.

The changes made will still enable support to patients in line with the NHS Framework for End of Life care. The Community Nursing Service will still be operational, and this will be supported by a geography wide rapid response service which will hold patients for 72 hours while their needs are assessed. This service will provide greater coverage compared to the current arrangements which are focussed on the Coastal and Mid Devon areas of the geography.

Work remains ongoing across the system to develop a more consistent, equitable and sustainable EOLC services through the creation of a service specification for Palliative and EOLC services as a whole for Devon. Acute and Community Providers, Hospices, General Practice, 111/ GP OOHRs and other providers are represented through the Oversight Group that is governing the workplan.

RDUH Specific:

Safety and Quality: Patient Safety Incident Response Plan (PSIRP) has been in place since January 2024. The provider is undertaking a review of their plan through a self-evaluation approach of thee touch point and evaluation meetings. The ICB has membership at the Emerging Patient Safety Event Panel and the Patient Safety Event Review Group. Recruitment of a Patient Safety Partner is underway. The trust continues to evidence a significantly robust level of governance around incident reporting. The workstream to implement NATSIPS 2 has resumed following the appointment of a Clinical Lead for Patient Safety.

The Community Services Care Group report to the trust's Governance Committee in August 24 evidenced improvements within the setting, including patient experience through the Patient Survey. The Care Group makes use of Care Opinion, which is well established in North and being rolled out across the rest of the Trust; the Care Group completes a monthly Patient Survey which generates an average of 350 responses per month, of which they maintained over 95% for 'good' or 'very good' responses for overall satisfaction of experience of our services.

Quality Overview- South Locality

Torbay

Stroke Care New Stroke Improvement Plan is in place and there is continuing work with Thrombolysis in Acute Stroke Care (TASC) to identify actions to improve thrombolysis rates; the event held in London June 2024 was very positive & some actions were identified. Further case note reviews are still required.

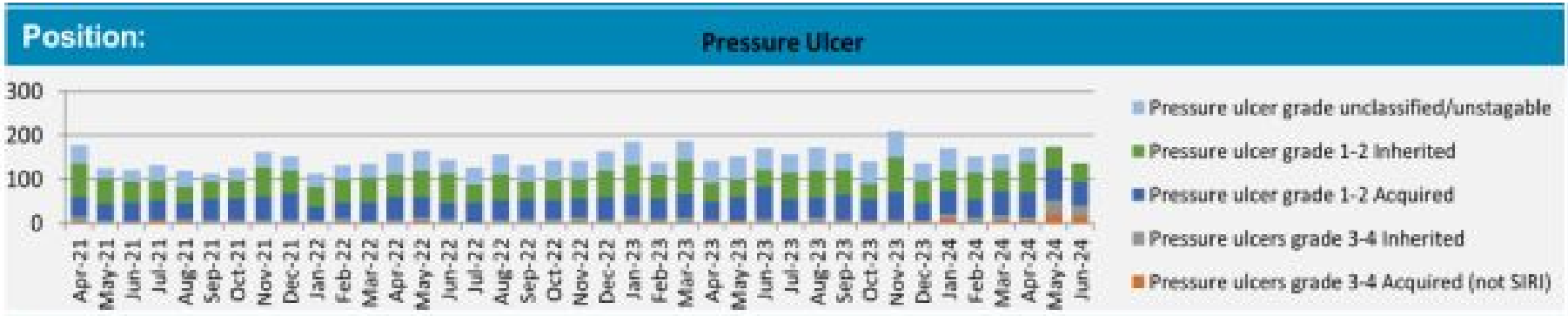
Regional work as part of Peninsula Acute Sustainability Programme (PASP) aims to implement an Out of Hours stroke rota to support decision making for reperfusion; a task and finish group is being set up. The action plan to address junior doctor training in George Earle ward (has been accepted by Health Education England (HEE) but is subject to recruitment.

The improvement plan includes regular breach analysis. Benchmarking work on staffing & therapy intensity is progressing and is hoped to conclude by the end of June. However, this date has had to extend.. Further meetings with the Emergency Department team will be held at the earliest opportunity to identify areas of improvement.

Quality Overview: Plymouth and West Localities

Livewell Southwest

- The service reported a total of 24 pressure ulcers in June 2024, the lowest number since September 2022 and a reflection of the focus across all teams as 'every contact counts'. The Pressure Ulcer Strategy and Wound Management Strategy have also been relaunched for 2024-2025, embedding the learning from the implementation of guidance and aligned to the national programme of work.



- The Community Nursing Workforce Risk has been de-escalated from the Corporate Risk Register. Corporate risks review stated, the Information Governance group have met regarding the cyber security risk. The Healthy Lives Partnership Risk Report was approved at committee. The Glenbourne Unit Quality Summit has met, and good progress made on recruitment.
- Compliments remain higher than concerns or complaints.

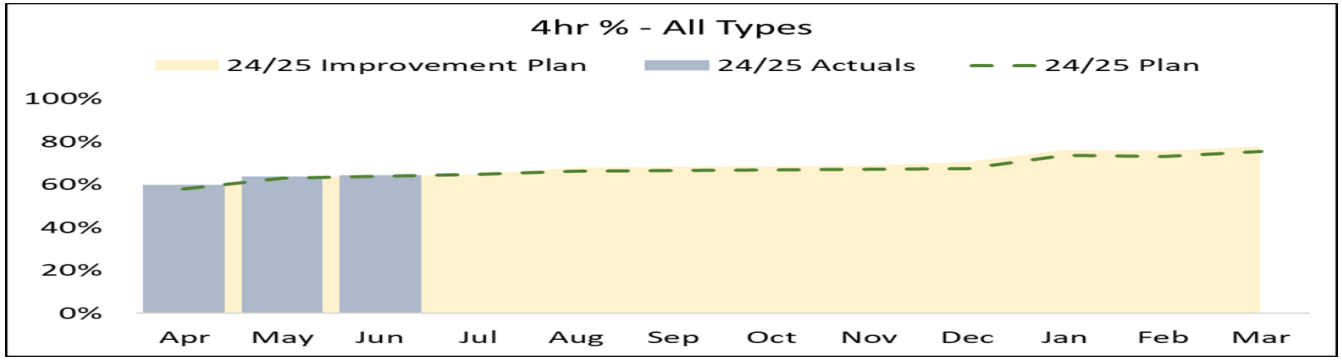
Discharge To Assess

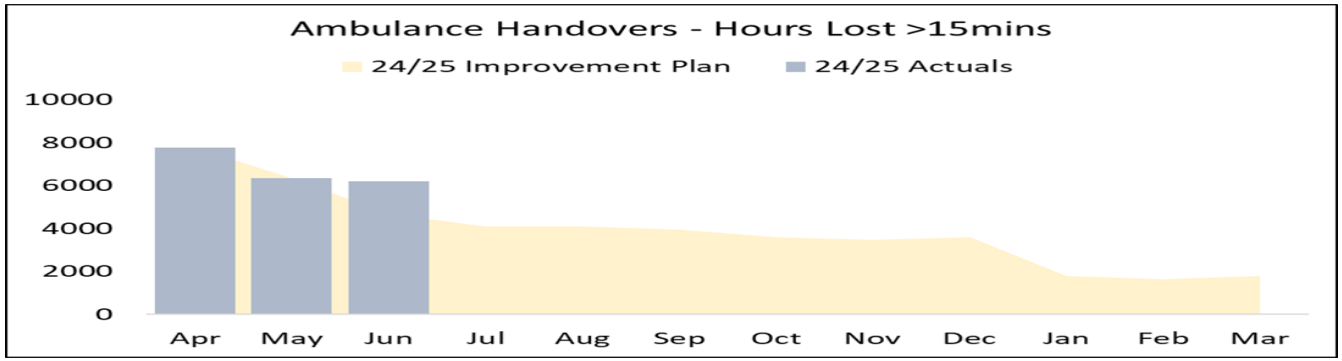
Plymouth locality commissioning team have done excellent work to ensure that patients are discharged on the correct pathway Further work to ensure care homes escalate an early stage if residents deteriorate may be required in the future and is being monitored.

Plymouth and Western Localities cont'd

UHP UEC Safety Concerns: on-going concerns around patient safety within UHP's emergency and urgent care pathways continues. Success criteria includes sustained improvement across urgent care pathway and exit from NOF4. The ICB is monitoring progress by attendance at trust and system meetings, including their Safety, Quality, People and Culture (SQPC) Committee and the Western Unscheduled Care Board.

The UHP One Plan developed in partnership with Livewell Southwest, includes transformation actions critical to decompress ED and reduce and prevent the known high risk of harm due related to overcrowding and addressing the essential improvements in quality and safety. Early indicators, such as the impact of the Medical Receiving Unit on ED crowding are positive.





Please Note – this is validated data, hence time lag in reporting – Team are developing more current data for future reports

Quality Overview - Mental Health

Devon Partnership Trust: The provider is developing processes to support the implementation of their Patient Safety Incident Response plan (PSIRP) using the established Trust-wide Learning From Experience group to share learning, aligning to internal quality governance and overnight, of which the ICB has membership.

Livewell Southwest: The provider has implemented internal governance to support delivery of their PSIRP, with alignment to Safety Quality & Performance Committee to achieve provider assurance and oversight. The ICB has membership these meetings.

Eating Disorders: Livewell Southwest (LWSW) and Eating Disorders Service (EDS) Plymouth are working together to review clinical pathways in the locality. This will support system wide workstreams that are addressing physical health monitoring of people with an eating disorder or disordered eating in the community.

Nasogastric Tube Feeding under restrictive practices : The acute paediatric services across Devon are experiencing an increase in demand for patients requiring nasogastric tube feeding. The ICB is initiating a task and finish group to review policy and practice of feeding under restrictive practices t benchmarking to national guidelines.

Devon Child and Adolescent Mental Health (CAMHs) Crisis Line: Following quality concerns regarding the CAMHs crisis line, the ICB has undertaken a Key Line of Enquiry (KLOE) with Children and Family Health Devon (CFHD) to understand performance and patient experience of the Crisis phoneline. Further work is in progress to gain assurance, through QEIA, SOPs and audit of policy and practice.

Child and Adolescent Mental Health service (CAMHs) Review: The ICB, in partnership with CFHD, have undertaken a review with a focus on access and waiting times for assessment and treatment. The review has identified a number of children are experiencing a delay in access due to the length of wait for assessment and treatment. ICB Women, Children & Young People's team are progressing improvement work with the provider.

Quality Overview: Learning Disabilities & Autism

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. The ICB regularly caries these out across the county and country as required.

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.

Inpatient Admissions
Devon ICB have had 4 people added to the cohort, 1 of those have been admitted to out of area hospital due to an Autism diagnosis. There are currently 3 pending discharges for the Devon ICB patients and 1 for the SWPC. CYP inpatient numbers remain static (2) with admissions and discharges being more frequent than adults (less length of stays). 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 the majority of admissions now having dual diagnosis of Autism and MH conditions. Delayed discharges for the adult cohort are linked to lack of suitable community placements, housing and the legal frameworks required for safe discharges.

DPT ASU - Devon ICB LDAP delivering workshops covering roles & responsibilities, CTR / Safe & Wellbeing processes, funding streams and DCC processes. Commissioner oversight visits regularly take place

LeDeR
•The annual report has received final approval from communications and is set to be published imminently.
•The LeDeR and Tackling Health Inequalities Lead role is now advertised, with phase two positions being recruited permanently.
•Currently there is a backlog of reviews but plans are in place to reduce this.

Health Inequalities, Preventions, and Improvement Group meetings (HIPI) The first joint HIPI and LDAP meeting took place 15th August 2024. HIPI agenda items included updates;

- LeDeR
- Inpatient numbers
- Annual Health Checks
- Oliver McGowan Mandatory Training

Quality Overview: Elective Care

TSDFT Gynaecology Services:

2023/24 has seen an increase in the number of gynaecology complaints, predominantly due to waiting times for appointments and procedures. Cases are managed in collaboration with the administration team to respond quickly to patient needs when they have been escalated. Work is planned to provide up to date information for patients on expected wait times and improve communication pathways whilst awaiting treatment from a multi-disciplinary perspective. Friends and family feedback for the gynaecology outpatient service is overwhelmingly positive. The Trust is currently on track to deliver the standard of no patient waiting over 65 weeks for treatment by the end of September. However, there are risks within specialities including Cardiology, Orthopaedics, ENT (ear, nose, and throat), Oral Surgery and Gynaecology. Risks include workforce constraints through pressure from urgent and cancer patient prioritisation.

Update- Clinical Risk & Harm Group:

In August 24, the group finalised their analysis around harm in ophthalmology (long waits), recognising some key lines of enquiry require more information, including from independent sector providers. The group have agreed the next deep dive will be on neurology and long waits. The group will provide information from each organisation at the next meeting, October 24. The group noted the on-going reporting of incidents in relation to long waits and that the risk continues to be reported through their regular Elective Care Improvement Board updates.

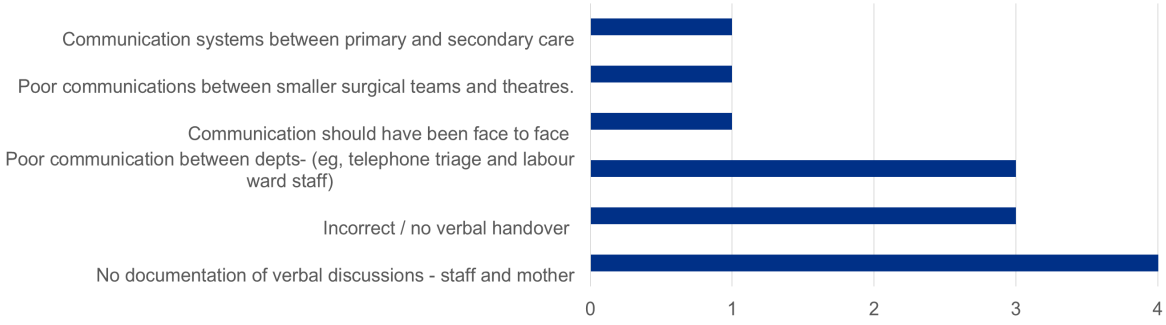
The Nightingale Hospital Annual Review:

The annual review was presented at the Devon Elective Improvement Board in July 2024. This is the second annual review, following the second full year of services and activity at the Nightingale Hospital. There has been a positive impact on performance recovery across services, despite ongoing challenges with workforce. There are Rheumatology treatment delays due to an increased backlog, however this is being mitigated through increase in medical staffing, optimising scheduling and other operational efficiencies.

Learning and ongoing improvement is identified through patient experience and feedback, staff feedback and a positive incident reporting culture. There is particular focus on the access and transport links to the Nightingale. The Site is now registered with CQC for Under 18’s.

Quality Overview: Maternity

Local Maternity & Neonatal System (LMNS):
Quarterly thematic review of incidents is shared via the LMNS Safety and Governance workstream. The top theme remains unchanged as policy and procedure, so the focus has moved to the second highest theme of communication and systems, with six subthemes. A 'learning into action' opportunity has been identified, developing a handover proforma to improve transitions in the care pathway.



Safety and Governance workstream is now chaired by the Head of Midwifery at TSDF, strengthening the clinical leadership of this meeting.

Maternity and Newborn Safety Investigations (MNSI) shared Devon's position following thematic review for 2023/24 based on 2 reports with recommendations and 17 reports with recommendations. Themes were identified as:
• Clinical Assessment • Escalation • Guidance • Risk Assessment

CQC update:
Following thematic review of all provider CQC inspection reports, the overarching Devon position has been presented to QPEC and SQG.

Work remains ongoing at a provider, local and regional level to respond to learning and actions identified. An overview of must and should dos is as follows:

Services **must** ensure that:
- Mandatory and Safeguarding training is completed and up to date.
- Appropriate risk assessment takes place.
- Clear triage processes and procedures are in place.
- There are enough staff with the right skills and training.
- Incidents are raised, processed, and manged in a timely and appropriate manner, with improvements made and learning shared.
- In all organisations, management of risk, issues and performance was identified as requiring improvement. Updates to the systems were required and where improvements had been made it was noted to be inconsistent and reactive.
- Effective audits are in place and that they are monitored appropriately for service improvement.
- Staff have access to up-to-date policies and guidance

Services **should**:
- Monitor the security of the unit and undertake baby abduction drills.
- Ensure that medicines are stored, managed, and prescribed safely, including monitoring of storage temperatures.
- Facilities, premises and equipment are maintained and meet the needs of those who use them.

Quality Overview: Maternity Transformation

Schedule of Topics:
- Three Year Delivery Plan
- Peninsula Acute Sustainability Programme
- Equity & Equality
- **Peninsula LMNS**

Peninsula Local Maternity & Neonatal System

Guidance has been received from the South West Regional Perinatal & Maternity Team to formally merge NHS Cornwall & Isles of Scilly LMNS & NHS Devon LMNS.

Activities

September 2024

Capacity & capability assessment undertaken independently by LMNS's.

November 2024

Event 1: Collaborative workshop facilitated by ICB Chief Nurses with Trusts to confirm current position.

February 2025

Event 2: Collaborative workshop facilitated by SCW CSU- Peninsula Board development

Products

- Completed 'Capacity & Capability Assessment', providing a quality check of individual LMNS function & performance against 'what good looks like' for LMNS's.
- Review of logistical & operational processes to scope alignment required for a successful peninsula approach.

- SWOT analysis to understand current position in more detail.
- Gap analysis in each geography to scope mutual benefit.
- Current priorities in each system to outline work ongoing & opportunities for early collaboration.
- Quality Impact assessment.

- Agreed collaborative vision for the new LMNS.
- Peninsula priorities for 2025/26 and into the future.
- Effective shared governance to support a seamless transition.
- Operational LMNS working to enable effective working.

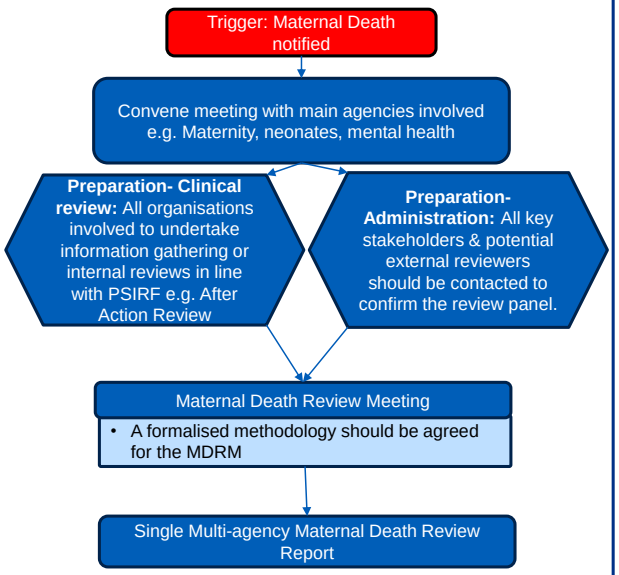
Quality Overview: Maternity Compliance, incl. National Updates

Schedule of Topics:
- Saving Babies Lives & CNST
- Perinatal Quality Surveillance Model
- **National Publications**

Ockenden: Maternal Death

"In the case of a maternal death a joint review panel/investigation of all services involved in the care must include representation from all applicable hospitals/clinical settings. This joint review panel/investigation must have an independent chair, must be aligned with local and regional staff and seek external clinical expert opinion where required."

A draft process has been devised for the review of maternal death cases in line with the above requirement. A test & learn approach will be undertaken in Q2/3 with a case from one provider within the system. A high-level overview of the process is provided below.



Birthrights: Response to Riots

The charity Birthrights has contacted the Chief Midwife for England outlining the risk of women & birthing people labouring & birthing unassisted as a result of the activities of the far right race riots and fear of leaving their homes. The full letter is provided below. They have also reaffirmed a call to the government to establish a new SAFE Maternity care Act focussing on Safety, Accountability, Freedom of choice & Equity. This is also referenced below. The ICB is awaiting response to ICB CNO re Trust activities

Riots - letter from Birthrights to Kate Brintworth.pdf SAFE Maternity Care Act - Birthrights

MNSI: Safe Care in Midwifery Units

Maternity & Neonatal Safety Investigations (formerly HSIB) produced a national learning report on the factors affecting the delivery of safe care within midwifery units. Four main themes were identified:

1.Work demands & capacity to respond

2.Intermittent auscultation (a method of assessing a baby's heart rate to monitor wellbeing)

3.Organisational preparedness for safety critical scenarios

4.Telephone triage

A benchmarking review will be undertaken against the actions outlined within the report.

Maternity triage & workforce were both themes identified in recent CQC reports for all Trusts.

Factors affecting the delivery of safe care in midwifery units (mnsi.org.uk)

All Party Parliamentary Group: Birth Trauma

Drawing on the experiences of families & perinatal staff, the Birth Trauma review concluded that a single overarching maternity strategy overseen by a national maternity commissioner is needed to draw together the numerous perinatal strategy documents currently in place. This single document should address:

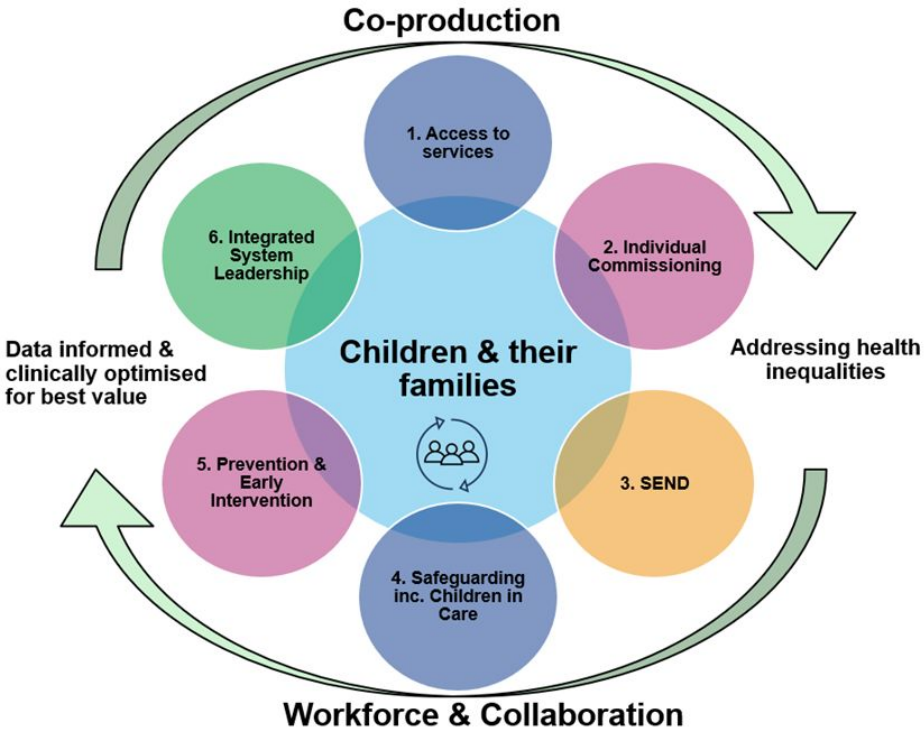
1. Safe staffing
2. Access to maternal mental health
3. 6-8 week postnatal checks on maternal health
4. Reducing the risk of maternal birth injury (Pelvic Health)
5. Post birth debrief (Birth afterthoughts)
6. Antenatal education
7. Birth, pain relief & keeping mother & baby together
8. Support for fathers
9. Continuity of care, digital health records & integration of digital systems
10. Extension of litigation timeframe from 3-5 years
11. Tackling inequalities, especially ethnicity related inequalities & provision of maternity experienced interpreters.
12. Commission research on the impact of birth trauma & injuries

A benchmarking review will be undertaken against the recommendations of this report. Birth Trauma Inquiry Report for Publication May13 2024

Quality Overview: Children & Young People

Transformation work programmes

Strategic Framework for the Children's agenda



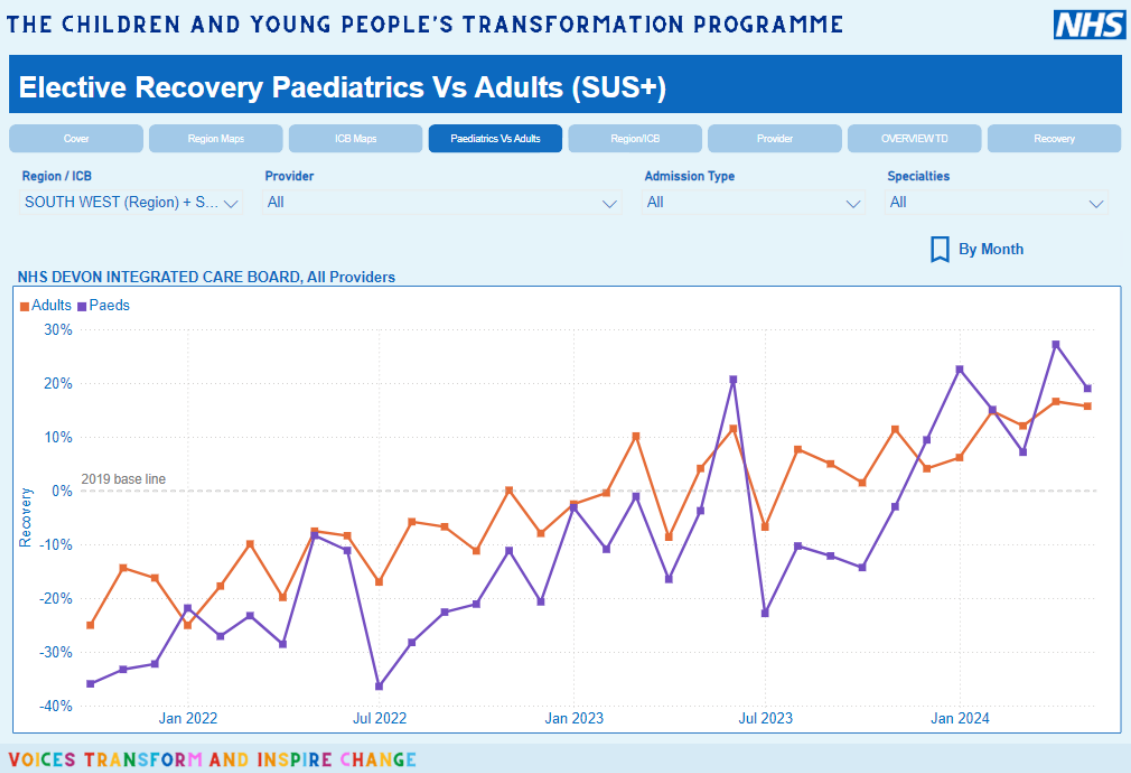
Annual Plan workstreams 2024/25 – proposed rolling programme of reporting

Develop **Family Hub and Early Help** models across Devon by 2026 to provide coordinated early support services for families.	Month 1
Address significantly poorer outcomes for **care experienced children and young people** by tackling access and equity issues in care delivery.	Month 1
Reduce the number of children and young people on long **waiting lists for paediatrics acute and surgery** procedures to eliminate waits of over 65 weeks for elective care.	Month 2
Develop a comprehensive plan to support **the recovery of community services**, with a target to reduce the autism pathways waits over 52 weeks by April 2025.	Month 2
Deep Dive	Month 3
Implement a **neurodiversity** offer for children and families with neurodiverse, emotional and communication needs to enable better access services and be supported across health, care and education.	Month 4
Prioritise the **Special Education Needs and Disabilities (SEND)** of children and families across Devon ICS, embedding SEND reforms in line with local inspection findings within mandated timeframes.	Month 4
Improve outcomes for CYP with **long term conditions**, focussing on a reduction in health inequalities by understanding differences for our Core20Plus5 populations.	Month 5
Non annual plan reporting workstreams:	
Complex children and Individual Funding	Month 6

Quality Overview: Children & Young People cont'd

Quality and Performance

Acute Recovery



- As at May 2024, data provided from SUS, reported on the NHSE Elective Recovery dashboard, indicates children's acute recovery is now above the 2019 baseline at 19.02% vs adult recovery at 15.72%.

Other key headlines:

- Pilot surgical reprioritisation tool for children on surgical lists developed, awaiting final approval and roll-out agreed to specialities with longest waits.
- Additional 3rd surgical theatre in operation in UHP, with the formally agreed pathways for Devon and Cornwall linking in with Bristol. This will allow CYP living within Devon and Cornwall to be repatriated from Bristol Children's Hospital and have care closer to home and also increase the provision of extra theatre capacity to support reduction of long waits.

Quality Overview: Children & Young People cont'd

Top areas of concern:
- Neurodiversity (ASD/ADHD)
- Speech & Language Therapy
- Community Paediatrics
- OT
- Mental Heath

Quality and Performance

Community Recovery

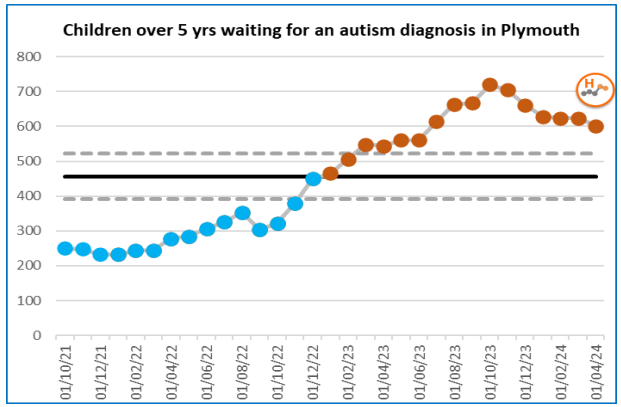
Additional investments for autism: key headlines
- Funding now agreed to support recovery investments.
- Lock-in taking place 10th September to finalise implementation programme for recovery of 52 week waits by end of March.
- Engagement underway with providers to ensure any barriers for implementation are known, and where possible resolved, before lock-in.

Improving visibility of children: key headlines
- System dashboard currently in development, with key metrics agreed.
- INAP data collection pilot underway, which will provide an overview to Devon ICB on how to improve children and young people data and pathways – provider workshop taking place on 2nd October to inform next steps.

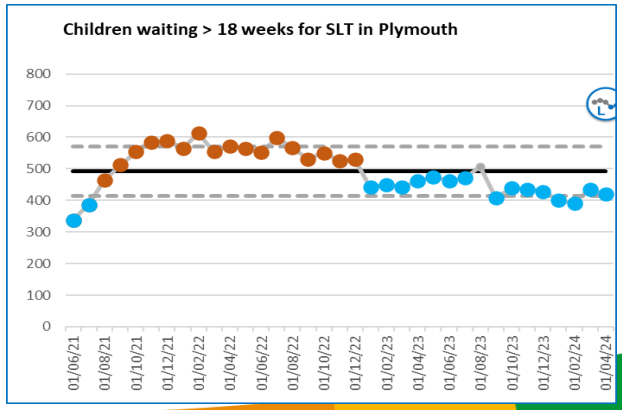
Waiting Well: key headlines
- Programme developed with 4 key areas of focus identified.
- Discussions with MyHealth Devon team on digital platform development approach.
- Neurodiversity Navigators in place in Plymouth; Devon and Torbay Navigators out to advert with aim for interviews in September.
- Development of a community reprioritisation tool underway to support identification of CYP who are most at risk of harm whilst they are waiting for health assessments and ensure health services can respond by offering timely and appropriate appointments.
- Peer-led support workshop to be held to define requirements, agreement for short and medium term investment to be confirmed and longer term sustainability funding.

Only Autism diagnosis and Speech and Language (SLT) waiting times data is currently available from Plymouth (UHP/LSW – data quality improvements are in place.

Autism Diagnosis waiting times – as of April 2024



SLT waiting times – as of April 2024



Quality Overview: Mortality

Key Provider Updates:

UHP:

- The introduction of 2 Senior Clinical End of Life (EOL) Practitioners based in ED has positively impacted the experience of those who sadly die in ED. A business case has been submitted to make this a permanent 7-day service as it is currently a Fixed Term Contract.

LWSW:

- The provider reports using PSIRF has positively improved the way they review cases of death by presumed suicide.
- The provider Patient Safety Team attend the Public Health led Avoidable Deaths Review Group and the learning from this then feeds into their Patient Safety Learning and Improvement Group.

TSDFT:

- The trust has undertaken work to improve coding. This has significantly improved their SHMI position. They are sharing the work with other acute trusts.

RDUH:

- The ICB have asked the trust for a position statement in relation to their mandated reporting Learning from Deaths to their Trust Board

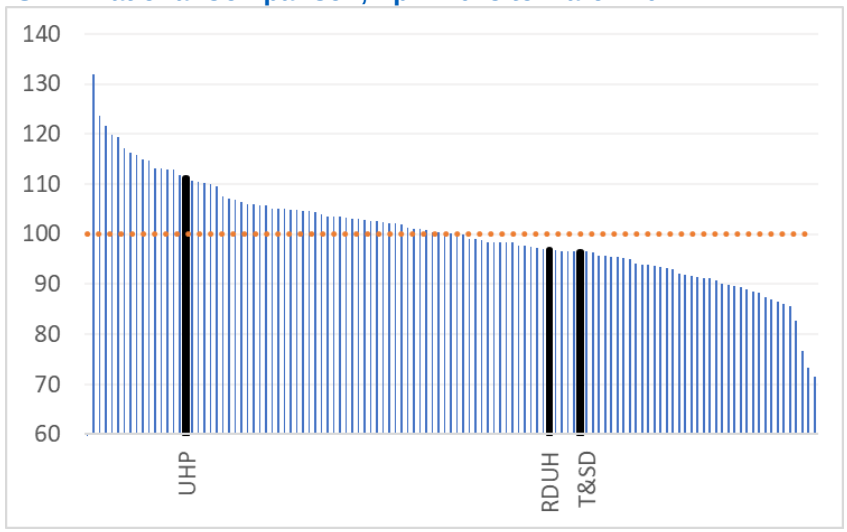
NHS Devon Mortality Group Update:

- The group are now more advanced in their analysis of data, including that related to morbidity, so are in the process of changing the Terms of Reference and group title to 'Morbidity & Mortality Group'.
- The group are inviting the System Coding Group to the October 24 meeting, to share good practice with the aim of developing a more consistent approach to coding across the 3 acute trusts.
- The ICB Safeguarding Team reported an update on Statutory Reviews to the August group.
- The group continue to meet bi-monthly but are challenged by clinical and ICB capacity; a risk is currently being drafted to describe the ICB's risk around leading and developing the mortality work plan.
- SWAFT are unable to attend all ICB groups, so attend that of their lead provider, Dorset ICB. They will join the Devon group for specific agenda items when required.
- The group workplan includes maternity reporting on a quarterly basis, as maternity data is reported through the Local Maternity & Neonatal System Board (LMNS).

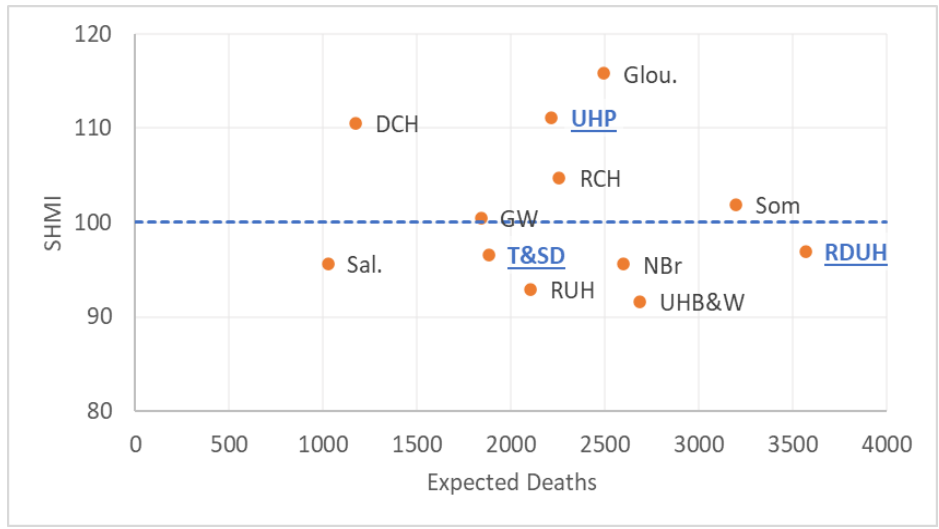
Mortality cont'd: SHMI - National & Regional Comparison:

The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation at the 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 (inclusive) of discharge. The ICB has sought and received assurance on the UHP position reported and it is subject to close monitoring and the Trust is working to improve its data quality in this area of reporting.

SHMI National Comparison, April 2023 to March 2024:



SHMI Regional Southwest Comparison, April 2023 to March 2024:



NHS Devon Integrated Care Board

NHS Devon (ICB) Finance Report Month 4

Date of meeting	Date report produced
18 September 2024	27 August 2024

Author(s)		Report approved by	
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Phone:	07825 027569	**Date:**	27 August 2024
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
The presentation of the NHS Devon Integrated Care Board's (ICBs) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICB for the year ended 31 March 2025. This report details the NHS Devon financial position as at 31 July 2024, 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 £9.5m and £28.4m respectively in accordance with the plan.

This report is presented in a new format that seeks to provide an improved assurance-based review.

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	Limited	No change
Financial risks	Satisfactory	Improvement

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

Considered by the NHS Devon Executive at its meeting on 03 September 2024. Considered by the Finance and Performance Committee at its meeting on 12 September 2024.

Key recommendations and actions requested

AGREE the overall assurance level relating to the financial position of NHS Devon 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 the plan stage.

Impact on NHS Devon objectives

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

Outline the implications of matters covered in this report for the following areas

Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability

Legal	None
Digital and Data	None
Engagement and consultation	None

NHS Devon (ICB) Finance Report Month 4

Executive Summary

1. The presentation of the NHS Devon Integrated Care Board's (ICBs) Finance Report seeks to provide the necessary assurance to the Board on the financial position of the year to date (YTD) 31 July 2024 and the year ended 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. The ICB'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).

Financial Position

5. The following detailed report reflects the budget set compared with the actual commitments against that budget for the period to 31 July 2024 and the year ending 31 March 2025.

As at 31 July 2024	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Total Net Expenditure	962,113	962,113	(0)	2,876,183	2,876,183	(0)
Resource Allocation	971,587	971,587	0	2,904,602	2,904,602	0
Total Commissioned Services	**9,474**	**9,473**	**(0)**	**28,419**	**28,419**	**(0)**

6. Overall, NHS Devon is reporting a YTD and FOT planned surplus of £9.5m and £28.4m respectively.

7. The NHS Devon position sits within an overall system position of a £80.0m FOT deficit.

8. As of month 4, most service lines are balanced or exhibit minor variances. However, there are expected forecasted overspends of £0.5m in both Continuing Healthcare and Mental Health, alongside a £0.1m underspend in Community Health. These overspends have been offset by contingencies held in reserves, which were set a side in the initial plan to manage such fluctuations.

9. Service line variances are detailed in the Detailed Financial Performance section and appendix 3.

Savings Plan

10. NHS Devon's updated 2024/25 plan includes a saving requirement of £80.1m.

11. NHS Devon is currently showing a small YTD £36k savings over achievement relating to Continuing Healthcare and is expecting to meet the planned efficiency savings by the year end.

12. Details are disclosed in the Savings and Efficiencies section.

Risks

13. The revised NHS Devon plan identified risks of £22.0m, with mitigations to present a net zero risk, although £14.3m of the mitigations had yet to be identified.

14. At month 4, the risks are estimated at £18.0m, including risks relating to increases in prescription drug prices, contract costs and efficiency risks. These risks have been partially offset by assumptions for prescribing pricing, review of non-recurrent opportunities, post plan non-recurrent flexibility and an agreement to share system risk with providers. Work is continuing to identify mitigations to cover the remaining risk of £2.9m.

15. In addition to the financial risks within Continuing Healthcare there is concern around the data quality given current staffing levels. Short term recruitment is being sought to provide additional capacity until the new staffing structures have been finalised.

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 July 2024 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	439,068	439,014	53	1,318,503	1,318,505	(2)
Mental Health	107,851	108,020	(169)	324,734	325,282	(549)
Community Health	114,330	114,232	98	350,635	350,497	138
Continuing Care	55,194	55,413	(219)	169,623	170,132	(509)
Primary Care	94,765	94,732	34	282,177	282,177	0
Delegated Primary Care	81,034	81,034	0	232,944	232,944	0
Delegated Dental	25,008	25,008	0	75,025	75,025	0
Delegated Pharmacy	12,212	12,212	(0)	35,607	35,607	0
Delegated Optomotry	4,173	4,173	0	12,520	12,520	0
Other Programme Services	11,780	11,332	447	35,339	35,334	5
Total Commissioned Services	**945,415**	**945,170**	**245**	**2,837,106**	**2,838,023**	**(917)**
Running Costs	6,327	5,712	615	18,980	18,980	0
Net Expenditure	**951,742**	**950,882**	**860**	**2,856,086**	**2,857,003**	**(917)**
Reserves/Contingencies	10,371	11,231	(860)	20,097	19,180	916
Total Net Expenditure	**962,113**	**962,113**	**(0)**	**2,876,183**	**2,876,183**	**(0)**
Resource Allocation	971,587	971,587	0	2,904,602	2,904,602	0
Total Commissioned Services	**9,474**	**9,473**	**(0)**	**28,419**	**28,419**	**(0)**

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. The NHS Devon budget under these financial arrangements has been set to match the payments.

21. At month 4 there is a small FOT overspend. £0.06m overspend in referrals management, off-set by a similar underspend in Any Qualified Provider (AQP) expenditure. This is not considered material enough to warrant specific remedial action at this stage.

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 Family Health Devon through a contract with Torbay and South Devon NHS Foundation Trust (TSD). 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 £23.7m of Service Development Fund (SDF) Transformation funding for Mental Health and Learning Disability & Autism Services.

24. At month 4 there is a FOT overspend of £0.5m, due to growth in Right to Choose ADHD/ASD assessments (£0.4m) and Learning Disability Individual Patient Placements (£0.6m), partially offset by an underspend in Mental Health Individual Patient Placements (£0.5m).

25. Plans are being developed to seek to address the backlog of children's assessments through a procured service with a single provider 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.

26. The net position on Individual Patient Placements is not material but a review of the increasing costs in Learning Disability placements is linked to a targeted savings opportunity which is the subject of a strategic system review of high cost placements.

Community Health Services

27. 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.

28. 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.

29. At month 4 there are various small underspends across Community Health Services both YTD and FOT, with the main year end predicted underspend driven by predictions in Physical Disability Placement costs of approximately £0.1m. This is not considered material enough to warrant specific remedial action at this stage.

Continuing Healthcare

30. 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).

31. The placements budget represents a particular risk to the ICB financial position that requires robust financial management. The key risks relate to local authority disputes to the external provider review programme & breaches from the continuation of 4-week Hospital Discharge Programme.

32. Some examples of other risks include:

    - Fluctuations in the number of clients eligible for financial support
    - Assessments exceeding 28 days
    - Unexpected exceptional levels of support required for some clients
    - Responsible commissioner cases

33. The Month 4 forecast is £0.5m over budget. The current overspend is a result of greater than budgeted End of Life and Funded Nursing Care clients but offset, in part, by an underspend in Interim funding. However, it must be noted that there is significant risk in delivery and concerns around data quality given current staffing levels.

34. Short term recruitment is being sought to provide additional capacity until the new staffing structures have been finalised to mitigate this risk. In addition to this NHS Devon has engaged 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 Programmes

35. 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.

36. Although we are reporting a YTD £0.4m underspend across various services at month 4, it is expected that spend will catch up to result in an overall small £5k underspend by the year end.

Primary Care Services

37. 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

38. Expenditure data for the first two months of 2024/25 was available at the time of reporting however the nationally derived forecast is not provided yet. The spend in the first two months of the year is £1.0m (2.7%) greater than the rate of spend seen in the first two months of the prior year, however a similar value of growth (2.4%) was uplifted into the prescribing budget giving us a breakeven position.

39. Since the time reporting on month 4 we have had the month 3 prescribing data that shows a relative improvement but still a general continuation of this position. The national forecast is still not provided.

40. There are multiple factors influencing our prescribing expenditure at the moment which makes forecasting and comparison to prior periods more difficult than usual. This includes national price changes to Direct Oral Anticoagulant (DOAC) drugs, national changes to Category M and uncertainty surrounding the usage of drugs that are coming off patent.

Delegated GP Commissioning

41. As at month 4 we are reporting a YTD and FOT breakeven position across delegated primary medical care.

Other Primary Care

42. Other Primary Care services include contracts for Enhanced GP Services, Out of Hours GP services, Home Oxygen services and provision for GP IT costs.

43. At month 4, YTD there are minor underspends reported within Out of Hours GP services and Other Primary Care but is expected to breakeven by the year end.

Delegated Pharmacy, Ophthalmic & Dental

44. At month 4 we are reporting a YTD and FOT breakeven position against the delegated POD services. We do however anticipate a potential underspend against the dental allocation even after providing for the dental recovery programme but have not declared this at this stage.

Running Costs

45. 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.

46. 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.

47. NHS Devon's allocation for the year is £19.0m and at month 4 the ICB is reporting a FOT balanced position, with the running costs budgets been set in line with the consultation currently taking place. Further information will be shared in future months.

48. The recent pay award announcement of 5% is above the planning assumption of 2% and unless the difference is funded nationally it will need to be managed as part of finalising the consultation process.

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 fundir	41,869
2024/25 Allocation baseline reset (limited public health exe	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 Recurrent Allocations	112
Recurrent Allocation	**2,782,277**
Service Development Funds	47,812
Elective Recovery Funding	45,437
Adult Long COVID	1,362
Charge exempt overseas visitor and UK cross border adju	(672)
COVID-19 Testing	1,801
Pay Award	875
Repayment of prior year deficit	(11,686)
Delegated ERF	1,808
Delegated Primary Care Allocation	(1,245)
M3 Non Recurrent Allocations	14,035
M4 Non Recurrent Allocations	22,798
Non-Recurrent Allocation	**122,325**
Total Allocation	**2,904,602**

50. The main Month 4 non recurrent allocations include anticipated additional funding for depreciation and amortisation of £18.6m and £3.5m of expected primary care allocations for GP Fellowships, access recover plans and drug rebates.

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 4 is as follows:

Service	Forecast		
	Budget £000	Committed £000	Variance Favourable / (Adverse) £000
System Reserves	23,954	24,203	(249)
Service Development Funding	15,827	15,827	0
Investment Reserves	4,003	3,002	1,001
Allocation Reserves	(23,688)	(23,853)	165
Total Reserves	**20,097**	**19,180**	**917**

53. System reserves relate mainly to undistributed funds from the system plan and will be distributed in year. The net position represents a risk relating to the depreciation funding which there is currently no agreed source of funds.

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 ICB commitments that have yet to be delegated to budgets as well as a small contingency. The contingency is not sufficient to cover the unidentified mitigations set out in the risk section below.

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.

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 4 YTD and FOT position against the £80.1m target. The target represents a 2.8% saving against the ICB overall resource. If the embedded system provider efficiencies are excluded the remaining savings £37.3m target is 4% of the ICB influenceable budget.

Scheme	Plan Status	Risk RAG Status	Recurrent / Non Recurrent	Year to date			Forecast		
				Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable / (Adverse) £000	Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable/ (Adverse) £000
Acute - System provider embedded efficiency	Fully Developed		R	10,524	10,524	0	31,571	31,571	0
Community - System provider embedded efficiency	Fully Developed		R	2,324	2,324	0	6,970	6,970	0
Mental Health - System provider embedded efficiency	Fully Developed		R	1,436	1,436	0	4,308	4,308	0
				14,284	14,284	0	42,849	42,849	0
Non-System provider embedded efficiency	Fully Developed		R	332	332	0	1,000	1,000	0
Prescribing - medicines management	Fully Developed		R	350	350	0	2,732	2,732	0
- secondary care interface	Plans In Progress		R	72	72	0	560	560	0
- specific schemes	Fully Developed		R	99	99	0	768	768	0
Continuing healthcare	Plans In Progress		R	420	456	36	3,000	3,000	0
Learning disabilities and autism placements	Opportunity		R	0	0	0	4,750	4,750	0
Commissioning	Plans In Progress		R	0	0	0	2,500	2,500	0
Digital	Opportunity		R	0	0	0	1,000	1,000	0
Hold back growth	Fully Developed		R	1,276	1,276	0	3,829	3,829	0
Running cost reductions	Fully Developed		R	0	0	0	4,177	4,177	0
In year allocations review	Opportunity		N/R	220	220	0	2,000	2,000	0
Primary care underspend	Plans In Progress		N/R	0	0	0	500	500	0
Primary Care	Opportunity		N/R	0	0	0	5,000	5,000	0
System risk share	Opportunity		N/R	0	0	0	5,412	5,412	0
Total				**17,053**	**17,089**	**36**	**80,077**	**80,077**	**0**

59. 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.

60. The majority of the achievement so far is due to savings already delivered in contracts at tariff.

61. 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.

62. 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.

63. As at Month 3 there were £10.4m of unidentified savings. Since then, £5.4m has been included within a risk sharing arrangement with the other system providers which targets system wide flexibilities outside of individual organisations savings plans. Opportunities to deliver savings against the remaining £5m are being sought within primary care including pharmacy, ophthalmology, and dentistry.

64. Further analysis and detail of the savings plans will be discussed in the coming months.

65. The main risks to delivery of the ICB savings programme are:

- 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. This puts doubt on the ability to deliver in year against this target.
- The previous unidentified saving of £5m mentioned above was originally targeted at Dental slippage after funding the dental transformation programme. We continue to be hopeful that the original plan can be implemented but there is an increasing risk that dental underspends will be clawed back.

66. Based on the above the assurance of full delivery of the ICB efficiency plan is considered **limited.** However, mitigations have been identified to include:

- NHS Devon has adopted a Programme Management Office (PMO) approach to describing updating and monitoring monthly the savings plans and will seek to introduce stretch targets to other programmes. In the first instance this will include the allocations, commissioning, and prescribing schemes.
- The dental position will be reviewed on monthly basis, but alternative opportunities within primary care are being pursued to bridge any gap.

Risks

67. The assessment of financial risk (and mitigations) at month 4 and for the year ended 31 March 2025, is as follows.

Headline	Description	M3 £000	M4 £000	Movement £000	Risk at Revised Plan £000
Prescribing	Risk of additional cost where no cheaper stock is obtainable (NCSO) - Price concessions	2,333	2,000	(333)	2,333
Placements	Inflation/Growth risk on Continuing Healthcare costs	1,314	1,500	186	1,314
Contract Risk	Risk in relation to variabiliy on inter-system API contracts	1,035	0	(1,035)	1,035
Better Care Fund	Risk in raltion to DCC BCF overspend	0	2,300	2,300	0
Learning Disabilities and Autism	Risk to delivery of the £4.8m savings target	3,563	4,750	1,187	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	1,532	0	(1,532)	1,532
System Risk Share	Net system risk at plan	0	1,624	1,624	0
Primary Care	Delivery of stretch efficiency target	0	5,000	5,000	0
Drugs and Devices	Risk of additional volumne/price changes in acute drugs and devices above contract baseline	780	780	0	780
Efficiency Risk	Unidentified savings	10,412	0	(10,412)	10,412
Total Risk		**20,969**	**17,954**	**(3,015)**	**21,969**
Prescribing	Prescribing pricing and Cat. M assumptions	2,000	2,000	0	2,000
Inter-system capacity	Potential for repatriation	1,000	0	(1,000)	1,000
Allocation Review	Hold back further non recurrent allocations above savings target	1,200	0	(1,200)	1,200
System Risk Share	Agreement to share system risk with providers	3,788	310	(3,478)	3,445
Primary Care	Identification of non-recurrent opportunities	0	5,000	5,000	0
Reserves	Post plan non-recurrent flexibility	0	4,712	4,712	
CIP Stretch Opportunities	Identification of non-recuurent opportunities	0	3,053	3,053	0
Unidentified Mitigations	Plans to be identified	12,981	2,879	(10,102)	14,324
Total Mitigation		**20,969**	**17,954**	**(3,015)**	**21,969**
Net Risk		**0**	**0**	**0**	**0**

68. The revised NHS Devon plan identified risks of £22.0m, with mitigations to present a net zero risk, although £14.3m of the mitigations had yet to be identified.

69. At month 4, the risks are estimated at £18.0m, including risks relating to increases in prescription drug prices, contract costs and efficiency risks. These risks have been partially offset by assumptions for prescribing pricing, review of non-recurrent opportunities, post plan non-recurrent flexibility and an agreement to share system risk with providers. Work is continuing to identify mitigations to cover the much reduced level of remaining risk at £2.9m (unidentified mitigations in table above).

70. In addition to the actions mentioned in paragraph 66 above, 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.
- A business case is being prepared by the Nursing directorate address the recommendations of a recent review into continuing care as well as the current lack of internal resource.
- 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.

71. Based on the reduced levels of overall risk and unmitigated risk it is proposed the assurance that the ICB risks can be managed is considered **satisfactory.**

Other Financial Information

Statement of Financial Position

72. The statement of financial position (SoFP) provides a snapshot of the ICB's financial position at that date. The SoFP is made of two parts which must always equal each other: the top part (total assets employed) which shows the ICB's assets and liabilities (what the ICB owns and is owed), and the bottom part (total taxpayers' equity) which shows how the ICB has been financed.

73. NHS Devon's position at 31 July 2024 is shown in appendix 1.

Capital

74. NHSE have approved the NHS Devon 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

75. The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

76. The ICB's current performance against the target of 95% is detailed below:

Better Payment Practice Code	M04	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.87	99.86
NHS Creditors - % of bills paid within target	99.78	100.00

Cash

77. There are several key cash performance targets that ICBs are measured against; these are set out in appendix 2.

Assurance and Recommendations

78. Based on the assessment of the key issues and risks identified the overall level of assurance the ICB 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	Limited	No change
Financial risks	Satisfactory	Improvement

79. The Board is asked to **AGREE** the overall assurance level relating to the financial position of the NHS Devon of **satisfactory assurance** and agree 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 the plan stage.

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Appendix 1: Statement of Financial Position

Statement of Financial Position	M4
Property Plant & Equipment	5,674
Intangible Assets	0
Non Current Assest	**5,674**
Inventories	1,903
Trade & Other Receivables - NHS	689
Trade & Other Receivables - Non NHS	26,079
Cash & Cash Equivalents	1,948
Current Assets	**30,620**
Total Assests	**36,293**
Trade & Other Payables - NHS	(2,997)
Trade & Other Payables - Non NHS	(120,492)
Other Liabilities	(5,521)
Borrowings / Cash in Transit	(3,021)
Provisions	(2,203)
Current Liabilities	**(134,234)**
Total Assets Employed	**(97,940)**
General Fund	(97,940)
Total Taxpayers Equity	**(97,940)**

Appendix 2: Cash

There are several key cash performance targets that the ICB is measured against:

Measure	Month 4
ICBs must operate within their Cash Drawdown Requirement *The cash drawdown requirement is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £2,875m for Devon ICB for the period ended 31st March 2025.*	36.4% of the Cash Drawdown Requirement has been utilised as at month 4 where 33.3% 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.
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 July 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.	The ICB has met the requirement to manage their cash balance at the bank on the last day of the month to be no greater than 1.25% of the drawdown for that month.

**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 July 2024 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	186,721	186,721	0	560,162	560,162	0
NHS University Hospitals Plymouth NHS Trust	107,412	107,411	1	322,235	322,235	0
NHS Torbay and South Devon NHS FT	87,358	87,358	0	262,074	262,074	0
NHS South Western Ambulance Trust	27,514	27,514	0	82,542	82,542	0
NHS Taunton and Somerset	3,720	3,720	(0)	11,159	11,159	0
Independent Sector	11,789	11,773	16	36,606	36,606	0
Low Volume Activity	3,010	3,010	(0)	9,029	9,029	0
Non Contract Activity	1,260	1,261	(0)	4,540	4,540	0
AQP	703	683	20	2,110	2,052	59
Referrals Management	847	863	(16)	2,541	2,601	(60)
Patient Transport	4,200	4,167	33	12,601	12,601	(0)
Other Acute Services	4,535	4,533	1	12,904	12,904	(0)
Acute	**439,068**	**439,014**	**53**	**1,318,503**	**1,318,505**	**(2)**
Devon Partnership NHS Trust	63,220	63,220	0	189,661	189,661	1
Livewell MH Services	2,728	2,728	(0)	8,185	8,185	0
University Hospitals Plymouth MH	15,339	15,339	(0)	46,016	46,016	0
Children and Families Health Devon	7,018	7,018	0	21,054	21,054	0
Individual Patient Placements	5,231	5,287	(56)	15,872	16,040	(167)
Section 117	9,548	9,527	21	29,644	29,581	63
ADHD	514	650	(136)	1,541	1,950	(409)
MH Low Volume Activity and NCA	281	281	(0)	844	844	(0)
Other Mental Health	3,972	3,970	2	11,916	11,952	(37)
Mental Health	**107,851**	**108,020**	**(169)**	**324,734**	**325,282**	**(549)**
Livewell Southwest	167	167	0	502	502	0
Royal Devon and Exeter Community	34,349	34,349	0	103,047	103,047	0
Torbay and South Devon FT	24,230	24,230	0	72,690	72,690	0
University Hospitals Plymouth Community	20,604	20,604	(0)	61,813	61,813	0
Children and Families Health Devon	4,648	4,648	(0)	13,945	13,945	(0)
Individual Patient Placements	653	614	39	2,140	2,023	116
SWAST Tiverton MIU	543	543	0	1,630	1,629	1
MIU Contracts	160	126	34	480	475	4
Hospices	3,135	3,134	1	9,406	9,406	0
Better Care Fund_Plymouth CC	2,861	2,861	0	8,584	8,584	0
Better Care Fund_Devon CC	11,686	11,686	0	42,525	42,525	0
Better Care Fund Torbay	1,364	1,364	0	4,092	4,092	0
Demand and capacity	1,080	1,074	6	3,239	3,235	4
Prevention	1,092	1,086	6	3,276	3,276	0
Other Community Services	7,756	7,743	13	23,267	23,255	12
Community Health	**114,330**	**114,232**	**98**	**350,635**	**350,497**	**138**
Continuing Healthcare	49,050	49,199	(149)	150,789	151,090	(302)
Funded Nursing Care	6,145	6,214	(69)	18,834	19,042	(208)
Continuing Care	**55,194**	**55,413**	**(219)**	**169,623**	**170,132**	**(509)**

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Prescribing	80,113	80,113	(0)	240,338	240,338	(0)
Enhanced Services	4,672	4,672	0	14,015	14,015	0
Delegated Commissioning - Co Comm	80,986	80,986	0	232,799	232,799	(0)
Delegated Commissioning - Optometry	4,173	4,173	0	12,520	12,520	0
Delegated Commissioning - Pharmacy	12,212	12,212	(0)	35,607	35,607	0
Delegated Commissioning - Dental	25,057	25,057	(0)	75,170	75,170	0
GP Out Of Hours	3,202	3,158	44	9,605	9,605	0
GP IT	1,437	1,437	(0)	4,310	4,310	0
Other Primary Care	5,343	5,353	(10)	13,910	13,910	0
Primary Care	**217,193**	**217,159**	**34**	**638,273**	**638,273**	**(0)**
NHS 111	3,935	3,926	9	11,804	11,804	0
Chime Audiology	1,477	1,423	54	4,432	4,432	0
All Other Commisionned Services	6,368	5,983	384	19,103	19,098	5
Other Programme	**11,780**	**11,332**	**447**	**35,339**	**35,334**	**5**
Total Commissioned Services	**945,416**	**945,170**	**245**	**2,837,106**	**2,838,023**	**(917)**
Pay	4,731	3,652	1,080	14,194	14,194	0
Non Pay	1,608	2,061	(452)	4,824	4,824	0
Income	(13)	(0)	(13)	(39)	(39)	0
Running Costs	**6,327**	**5,712**	**615**	**18,980**	**18,980**	**0**
Net Expenditure	**951,742**	**950,883**	**860**	**2,856,086**	**2,857,003**	**(917)**
System Reserves	7,985	8,119	(134)	23,954	24,203	(249)
SDF Reserves	5,276	5,275	1	15,827	15,828	(0)
Investment Reserves	9,732	9,191	541	8,321	3,354	4,967
Non Recurrent ICB Reserves	(12,622)	(11,354)	(1,268)	(28,006)	(24,205)	(3,801)
Total Net Expenditure	**962,113**	**962,114**	**(0)**	**2,876,183**	**2,876,183**	**(0)**
Resource Allocation	971,587	971,587	0	2,904,602	2,904,602	0
Total Surplus	**9,473**	**9,473**	**(0)**	**28,419**	**28,419**	**(0)**

NHS Devon

NHS Devon Integrated Care Board

One Devon (ICS) Finance Report Month 4

Date of meeting	Date report produced
18 September 2024	3 September 2024

Author(s)		Report approved by	
Name and title:	Kirsty Denwood Deputy Chief Finance Officer	**Name and title:**	Bill Shields Chief Finance Officer and Deputy CEO
Phone:	07779 544619	**Date:**	03 September 2024
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary

The presentation of the One Devon Integrated Care System (ICS) Finance Report seeks to provide the necessary assurance to the Board 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 July 2024 against the finance plan submitted for the financial year 24/25 on the 12 June 2024.

NHS Devon carried out financial assurance reviews with all Trusts in August 2024

One Devon

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

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	No change
Workforce	Satisfactory	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 03 September 2024. Considered by the Finance and Performance Committee at its meeting on 12 September 2024.

Key recommendations and actions requested

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.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	All
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas

Area	
Quality of services	None

Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	None
Engagement and consultation	None

One Devon (ICS) Finance Report Month 4

Financial Performance to date

1. The presentation of the One Devon Integrated Care System's (ICS) Finance Report seeks to provide the necessary assurance to the Board on the financial position of the ICS for the year ending 31 March 2025.

2. This report details the ICS financial position as at 31 July 2024.

3. As part of the 2024/25 planning round, the One Devon ICS submitted a final deficit plan of £80m. The ICS forecasting at month 4 is to deliver the plan for the year. The year to date position at month 4 is adverse by £2.8m, reflecting the financial impact of industrial action.

4. The ICS is reporting £33.4m efficiency achievement in the first quarter of the year. This is £0.2m above plan. The forecast is to achieve the savings 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 by month 4 increased to £105m, driven primarily by risks relating to the efficiencies programme. However, total mitigations also rose to £62m leaving a net risk of £43.5m.

6. The committee can take **satisfactory assurance** that the plan to date is delivering, subject to the unforeseen impact of industrial action.

Financial Position

7. As at month 4 the One Devon ICS is reporting a year to date £54.6m deficit against a planned deficit of £51.8m. The cumulative position at month 4 is adverse by £2.8m, reflecting the financial impact of industrial action. The forecast for the year is currently on plan with a £80m deficit. The year to date and forecast position as at 31 July 2024 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	9,475	9,473	(2)	28,419	28,419	0
Devon Partnership NHS Trust	1,398	1,398	0	3,591	3,591	0
Royal Devon University NHS FT	(11,877)	(12,316)	(439)	(9,763)	(9,763)	0
Torbay and South Devon NHS FT	(24,525)	(25,001)	(476)	(47,672)	(47,672)	0
University Hospitals Plymouth NHST	(26,254)	(28,111)	(1,857)	(54,575)	(54,575)	(0)
Total	**(51,783)**	**(54,557)**	**(2,774)**	**(80,000)**	**(80,000)**	**0**

Efficiencies

8. The ICS is reporting £33.4m efficiency achievement in the first quarter of the year. This is £0.2m above plan plan. The forecast is to achieve the plan of £213.3m.

9. The Devon Partnership NHS Trust (DPT) position YTD is impacted by the phasing of schemes as they have matured. Whereas, the University Hospitals Plymouth NHS Trust (UHP) over performance YTD is related to early achievement of non recurrent savings, which is forecast to come back to plan.

10. The ICS has delivered against the significant step-up in planned delivery in month 4.

Organisation	Year to date			Forecast		
	Plan CIP delivery £000	Actual CIP delivery £000	Variance fav / (adv) £000	Plan for the year £000	Forecast £000	Variance fav / (adv) £000
Devon ICB	2,769	2,805	36	37,228	37,228	(0)
Devon Partnership NHS Trust	4,761	3,894	(867)	15,739	15,759	20
Royal Devon University NHS FT	10,651	10,545	(106)	63,610	63,610	0
Torbay and South Devon NHS FT	5,030	5,036	6	39,900	39,900	0
University Hospitals Plymouth NHS Trust	10,054	11,159	1,105	56,801	56,803	2
Total	**33,265**	**33,439**	**174**	**213,278**	**213,300**	**22**

11. The plan for the year identifies 30% of savings as non-recurrent. At month 4, there is a shortfall in recurrent savings of £5m, which has been offset by delivery of non-recurrent savings £5.2m ahead of the plan at this point in the year. Providers expect to return to the planned proportions of recurrent and NR savings by the year-end as schemes mature.

12. None of the efficiencies target remains unidentified at month 4 thus demonstrating scheme maturity progressing. 57% of forecast relates to schemes rated as fully developed, (M03 44%).

Efficiencies	Annual Plan		Year to date				
			Plan CIP delivery		Actual CIP delivery		Variance fav/(adv)
	£000	%	£000	%	£000	%	£000
Recurrent	150,076	70%	25,706	77%	20,661	62%	-5,045
Non-recurrent	63,202	30%	7,559	23%	12,779	38%	5,220
Total	**213,278**		**33,265**		**33,439**		**174**

13. 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 71% of the savings plan profiled for delivery in H2.
- Recurrent CIP has not been delivered fully to plan as at Month 4. The shortfall of £5m (15%) is offset by the non-recurrent savings achievement, which has been recognised earlier in the year than planned.
- High risk schemes are at 23% (M3 25%)

14. Based on the above there is **limited assurance** around delivering the the full efficiency requirement.

15. Proposed mitigations:.
    - The NHS Devon Chief Finance Officer holds monthly Financial Assurance Reviews with all providers where the recurrent vs non-recurrent delivery risk was discussed.
    - Trusts have achieved a reduction in unidentified efficiences to zero by the end of Month 4 and this will be followed by reviewing the progress of scheme maturity monthly.
    - Trusts have been requested to de-risk efficiency plans so that less than 20% of the efficiency plan is high risk by end of Month 5 and are on target to achieve this.

Financial Risks

16. At the planning stage risks of £88m were identified of which £17m were mitigated, resulting in a net risk of £71m. Gross risks by month 4 increased to £105m, driven primarily by risks relating to the efficiencies programme. However, total mitigations also rose to £62m leaving a net risk of £43.5m.

17. There is currently therefore only **limited assurance** regarding management of the financial risks identified by the system as they remain significant.

18. 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).

19. 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.
    - Integrated Care System (ICS) monthly finance report for escalation to Finance and Planning Board (FPB), and Senior Leadership Group.
    - 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.

Workforce, including agency

20. The ICS is reporting a less than 0.1% (£5.8m) adverse expenditure against plan at month 4, of which £1.8m relates to industrial action pay costs. The forecast indicates a £4.3m adverse expenditure, which is offset by additional funding receipts such as consultant pay award funding.

	Year to date (excl capitalised)			Full Year (excl capitalised)			WTE current month		
Class	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	556,569	560,467	-3,898	1,663,036	1,674,178	-11,142	32,045	31,573	472
Bank	28,873	30,487	-1,614	76,062	72,690	3,372	1,257	1,612	-354
Agency	13,808	14,103	-295	37,566	34,064	3,502	469	596	-127
	599,250	605,057	-5,807	1,776,664	1,780,932	-4,268	33,772	33,781	-9

21. Trusts reported an overspent position YTD of £0.3m against plan on agency costs at month 4 (M03 £0.4m adv). The forecast indicates the favourable position has increased to £3.5m (M03 £1.9m fav).

22. Torbay and South Devon NHS Foundation Trust (TSD) is 83% (£1.9m) adverse to plan year to date (M03 75%; £1.3m) and expects improvements from implementation of agency price caps and increased workforce controls (panel and roster scrutiny). Forecast is to achieve plan.

23. Off framework agency staff are low numbers and specific actions are being taken to address each individual. Some instances are due to continuation of contracts to their end to avoid penalties. Situation monitored in detail by Workforce Development Group.

Organisation	Agency expenditure: year to date			Forecast		
	Plan £000	Actual £000	favourable / (adverse) £000	Plan for the year £000	Forecast £000	favourable / (adverse) £000
Devon Partnership NHS Trust	3,411	3,738	(327)	8,506	9,766	(1,260)
Royal Devon University NHS FT	6,350	4,590	1,760	18,530	13,770	4,760
Torbay and South Devon NHS FT	2,322	4,252	(1,930)	5,657	5,657	0
University Hospitals Plymouth NHST	1,725	1,523	202	4,873	4,871	2
Total	**13,808**	**14,103**	**(295)**	**37,566**	**34,064**	**3,502**

24. 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 to £37.6m (2.1% of pay costs). The forecast position indicates that this target will be achieved.

25. Further mitigations are in place through the Workforce Delivery Group 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.

26. The committee can take **satisfactory assurance** that the workforce controls and priority areas will deliver the workforce cost and WTE reductions.

Capital

System Capital (Including impact of IFRS 16)

	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000	Plan Year Ending £'000	Allocation Year Ending £'000	Forecast Year Ending £'000
Devon Partnership NHS Trust	947	422	525	10,333	8,480	10,333
Royal Devon And Exeter NHS Foundation Trust	4,427	3,905	522	50,528	35,827	50,528
Torbay And South Devon NHS Foundation Trust	4,410	3,795	615	22,071	17,472	22,071
University Hospitals Plymouth NHS Trust	14,893	5,160	9,733	54,396	43,597	54,396
Total Provider charge against allocation	**24,677**	**13,282**	**11,395**	**137,328**	**105,376**	**137,328**

27. Year to date providers are £11.4m below plan in relation to capital expenditure, this is in part due to delays whilst plans are reprioritised due to limited capital.

28. Devon providers have a total allocation of £105.4m which includes the £20m system IFRS16 allocation for the first time. Forecast expenditure currently matches the initial plan, however providers are reassessing their priorities in order to manage within the IFRS16 allocation and late £5m capital allocation reduction that was a requirement of the 12th June final plan submission.

Assurance and Recommendations

29. 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 4 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	No change
Workforce	Satisfactory	No change

30. 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

Performance Report

Date of meeting	Date report produced
18 September	28 August 2024

Author(s)		Report approved by	
Name and title:	Dilek Hill Head of Strategic Planning & Performance	**Name and title:**	Anthony Fitzgerald, Chief Delivery Officer
		Date:	28 August 2024
Email:	Dilek.hill3@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 Performance Report provides the NHS Devon Board with assurance on key areas of performance in relation to a range of internally and externally set Key Performance Indicators (KPIs) that are not covered in other assurance reporting presented elsewhere on the agenda for this meeting: Agenda item 5.1 – *Quality Report* Agenda item 5.2 – *Finance Reports* Agenda item 5.4 - *Delivery of the 2024/25 Annual Plan – assurance* Agenda item 3.2 - *NHS Oversight Framework – progress against Segment 4 exit criteria* At future meetings this report will be merged with the "*Delivery of the 2024/25 Annual Plan – assurance"* report to ensure that assurance on Annual Plan delivery

is supported by data and performance metrics. This report is therefore an interim report to provide assurance in respect of key areas of performance not covered in other reporting in August.

Committees that have previously discussed/agreed the report, and outcomes of that discussion

Considered by the NHS Devon Executive at its meeting on 03 September 2024. Considered by the Finance and Performance Committee at its meeting on 12 September 2024.

Key recommendations and actions requested

The NHS Devon Board is requested to **AGREE** the individual assurance levels relating to the performance criteria contained in this report and **IDENTIFY** any areas that require further assurance on adequate plans to mitigate the risks relating to the delivery.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	none
Improve services and reduced unwarranted variation	Outlines current operational and quality performance and actions that support reduction of unwarranted variation
Make more efficient use of our resources	Outlines current financial performance and actions
Develop our culture and how we operate	none

Outline the implications of matters covered in this report for the following areas

Area	
Quality of services	Outlines current operational and quality performance and Actions
Health inequalities	Outlines areas of work that impacts on health inequalities
Workforce	Outlines current workforce performance and actions
Resources and finance	Outlines current financial performance and actions
Legal	None

Digital and Data	None
Involvement, engagement and consultation	None

Performance Report

Introduction and background

1. This report provides the NHS Devon Board with assurance on key areas of performance in relation to a range of internally and externally set Key Performance Indicators (KPIs) that are not covered in other assurance reporting presented elsewhere on the agenda for this meeting.

Assurance

Elective and Community Care

2. Theatre productivity as of 14 July 2024 shows capped utilisation as a system at 80.3% against a target of 85% which places Devon in the third quartile for performance (second highest). An improvement of 1% will move the system into the best performing quartile. Uncapped theatre utilisation sits at 85%, which is an improvement since June's position of 81%, meaning Devon is now meeting this target, however, remains in the third quartile for performance.

3. The NHS Devon Board can take **satisfactory assurance** that the current plans place and assurance provided from providers on productivity measures.

4. There are currently 36,288 children and adults waiting for community services across Devon. This is 2,442 more than May 2024 (33,846). The table below shows the waiting lists by provider:

Provider	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Monthly Change
LIVEWELL SOUTHWEST	4,170	4,066	4,232	4,162	4,238	4,245	7
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	12,045	13,567	15,199	15,600	15,819	16,330	511
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	10,497	10,785	10,916	10,941	11,127	11,846	719
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	1,052	2,463	2,556	2,709	2,662	3,867	1,205
Grand Total	**27,764**	**30,881**	**32,903**	**33,412**	**33,846**	**36,288**	**2,442**

5. The largest change again has been musculoskeletal system (MSK) services with an increase of 1676 from 8,933 to 10,609. This accounts for 29% of the waiting list.

6. There are now 2,795 Children and Young People (CYP) waiting for community paediatrics, an increase of 189 from last month, this is due to Royal Devon University Healthcare NHS Foundation Trust (RDUH) increase of 275 as they added community Attention Deficit Hyperactivity Disorder (ADHD) paediatric patients to the sitrep in June.

7. Devon community services waiting lists have a reduction target of 5% in Q1 and Q2 followed by further reduction of 10% in Q3 and Q4. Changes to the paediatric service report will require reduction targets to be re baselined. Clinical validation

and prioritisation work is being shared across providers. Torbay and South Devon NHS Foundation Trust (TSD) has resumed reporting Children and Family Health Devon (CFHD) service waiting times.

8. Further mitigations are in place through Chief Operating Officer Directorate Annual Plan delivery reviews.

9. The NHS Devon Board can take **limited assurance** that there are current plans place and assurance provided from providers will enable the meeting of the improvement required in community waiting lists.

Primary Care

	Metric	Target	Latest Date	NHS DEVON INTEGRATED CARE BOARD	East	North	Plymouth	South	West
Primary care	General Practice: appointments seen the same day		Jun 2024	42.9%	41.1%	37.1%	47.9%	43.8%	42.8%
	General Practice: appointments seen within 1 day	35%	Jun 2024	50.1%	48.5%	44.1%	55.1%	51.0%	49.3%
	General Practice: appointments seen within 2 weeks	85%	Jun 2024	80.5%	78.6%	78%	83.3%	82.5%	77.1%
	General Practice: appointments vs pre pandemic	4%	Jun 2024	13.4%					
	General Practice: LMC GPAS Alert		Jun 2024		3	3		3	4
			Jul 2024	3					
	Technology enabling access: Number of online/video consultations against target	83,333	Jul 2024	87,796					

10. The target to increase appointments on pre-pandemic levels of 4% continues to achieve.

11. The target of 85% appointments within 2 weeks was not achieved in any Locality Care Partnership (LCP) area during June. The overall achievement of 80.5% is lower than the previous year (which was 81.8%). Significant contributory factor is the system asking general practice since Autumn 2023 to put greater focus on delivery of same day appointments.

12. The target of achieving 35% of appointments within 1 working day of request is above target and continues to consistently achieve.

13. The NHS Devon Board can take **satisfactory assurance** that the current plans place and assurance provided from providers on primary care access measures.

Mental Health

14. The system is currently reporting on 9 Long Term Plan indicators. Currently, 7 Long Term Plan indicators (LTPs) are either exhibiting improvement and/or have exceeded their in-month target. These include:

    - **Severe Mental Illness (SMI) physical health checks:** Achieved the target (7335/6197) and showing special cause improvement.
    - **Dementia Diagnosis:** Not currently achieving the 65% confirmation target, with a position of 58.2%. However, performance shows special cause improvement.
    - **Perinatal Access:** Not currently achieving the 1115 contacts target with a position of 1100. However, performance shows special cause improvement.

- **CYP Access:** Not currently achieving the 15754 contacts target with a position of 11860. However, performance shows special cause improvement.
- **Transformed CMH contacts:** Achieved the contacts target (17080/8700).
- **Talking Therapies:** Reliable improvement achieved target (67.1%/67%) as well as reliable recovery (48.3%/48%).

15. The NHS Devon Board can take **satisfactory assurance** that the current plans place and assurance provided from providers on mental health measures.

Children and Young People Services

16. Children and Family Health Devon (CFHD) are now providing partial data to NHS Devon although not all metrics have been received. Reporting for Plymouth, shows 574 children waiting for an autism assessment, a continued reduction from October 2023 (720). Referrals were within expected levels.

17. Children waiting for Speech and Language Therapy (SLT) assessments decreased to 405 in June from 407 waiting in May. Referrals have increased and showing special cause concern.

18. The NHS Devon Board can take **limited assurance** that there are current plans place and assurance provided from providers will enable the meeting of the improvement required in children and young persons services.

19. Further mitigations were identified through Executive Committee. The priority areas are:

- Meeting with CEO of TSD to discuss concerns.
- Decision on contract review.
- Continue to work with provider on recovering the data requirements to provide an accurate position on the total waiting list and risk.

Conclusion

20. The NHS Devon Board is requested to **AGREE** the individual assurance levels relating to the performance criteria contained in this report and **IDENTIFY** any areas that require further assurance on adequate plans to mitigate the risks relating to the delivery.

Integrated Quality, Performance and Finance Report (IQPR)

Owner: Performance Team

August 2024

FINAL Version

Table of contents

Executive Summary

Unscheduled Care

Ambulance handover delays above the 15-minute decreased in July to 9,655 from 9,720 in June. 4 hour performance remains below trajectory (70.7%) at 69.4% and remained at the same position as June. Category 2 response times also remained the same in July with an average response time of 48 minutes.

Elective Care and Diagnostics

The system remains behind the national targets for the clearance of 104ww patients with one patients waiting 104 weeks in June. 78ww patients are behind trajectory with 140 patients waiting against a plan of 116. Performance has been impacted primarily through industrial action and staff absence. The system achieved the Cancer 28-day Faster Diagnosis Standard in June with the ICB overall performance attaining 81.2%.

All providers continue to support additional activity through insourcing, running additional clinics, productivity programmes focusing on GIRFT best practice, the use of mutual aid with the ICB supporting in identifying additional out of county capacity as well as additional capacity negotiations with in-county independent providers.

Primary and Community Care

NHS Devon continues to exceed three out of four access targets.GP appointments occurring within 2 weeks was 80.5% against an 85% target. The target of 35% of appointments occurring within 1 working day of request continues to achieve with 50.1% seen within 1 working day during June 2024. There are currently 36,288 children and adults waiting for community services across Devon. An increase of 2,442 from the previous month (33,846). The largest change has again been MSK with an increase of 1676 from 8,933 to 10,609.

Children and Young People Services

CFHD are now providing partial data to the ICB; referral and waiting list information is anticipated for next month to be incorporated with existing reporting. Reporting for Plymouth, shows 574 children waiting for an autism assessment, a continued reduction from October 2023 (720). Referrals were within expected levels. Children waiting for SLT assessments decreased to 405 in June from 407 waiting in May. Referrals are exhibiting special cause concern.

Mental Health

The system is currently reporting on 9 LTP indicators. 7 LTP indicators: SMI physical health checks, dementia diagnosis rate, perinatal access, CYP access, transformed CMH contacts and talking therapies (improvement and recovery) are either exhibiting improvement and/or have exceeded their in-month target.

Quality

IPC: It has been determined an updated Adult Needs Assessment is required to reflect changes within the Devon tuberculosis (TB) picture. The aim is to have completed two Needs Assessments and an adapted service spec by the beginning of October 2024. In addition, there is a plan to hold a TB Exercise at the next regional TB cohort meeting in November 24 utilising the needs assessments.

Safeguarding: The main issues within new S42.2 enquiries started in July 2024 related to quality of care and persons in a position of trust (PIPOT).

The Torbay and Devon Safeguarding Adults Partnership (TDSAP) have published a safeguarding adults review (SAR) into the death of an 18-year-old person with a learning disability. Learning has been identified.

Child focussed reviews are undertaken, depending on criteria being met. Themes from the Devon reviews are non-accidental injuries in infants and neglect spanning infants through to teenagers.

Patient Experience: During July 2024 there were 204 new patient experience feedback (including MP and PHSO (Parliamentary and Health Service Ombudsman) enquiries) received by the ICB. Dental access remains the main theme. For informal contacts, the highest three patient experience concerns received in July 2024 were access to services, communication and quality of care.

Safety Systems: All main Providers in Devon are now actively reporting to LfPSE. This unified approach enhances the ability to identify patterns, address issues, and improve patient safety outcomes. In July 2024, 27 serious incidents were closed, reducing the total number of open incidents to 165, a further decrease from the previous month. 4 never events have been reported since April 2024.

Women's & Children: On 6 August 2024, the charity Birthrights, wrote to NHSE in response to the current and planned violence across the UK. The letter was regards to any action being taken to ensure the rights and safety of women and birthing people during pregnancy and birth. The ICB CNO actioned this request through the Devon CNO meeting.

Finance

As part of the 24/25 planning round, Devon ICS initially submitted a deficit plan of £85.4m. This position has since been revised to a deficit plan of £80.0m, against which month 4 finances have been monitored with the £5.4m improvement being managed through a system risk share.

The ICS forecasting at month 4 is to deliver the plan for the year. The year to date position at month 4 is adverse by £2.8m, reflecting the financial impact of industrial action.

At the planning stage risks of £88m were identified of which £17m were mitigated, resulting in a net risk of £71m. Gross risks by month 4 increased to £105m, driven primarily by risks relating to the efficiencies programme. However, total mitigations also rose to £62m leaving a net risk of £43.5m.

The committee can take adequate assurance that the plan to date is delivering, subject to the unforeseen impact of industrial action.

Workforce

At month 4 (July 2024) agency spending exceeded the YTD plan by £0.215m (1.54% higher than plan). The rise in Devon System agency spending was primarily driven by higher agency spend in TSD (3.6% YTD) and DPT (5.7% YTD). At M04, total workforce YTD spend was £6.65M (1.1%) higher than plan. Last year, the overspend was £10.65m. Demonstrating improved controls over expenditure compared with the previous year. Forecasted overspend is £6.35M against plan to the end of the year.

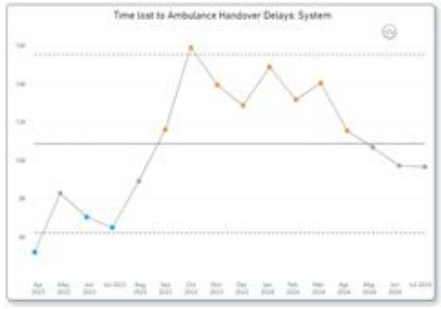
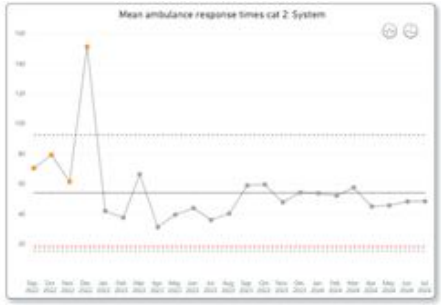
Operational Performance

Urgent and Emergency Care – System Overview

			System				Royal Devon University NHS Foundation Trust			Torbay and South Devon NHS Foundation Trust			University Hospitals Plymouth NHS Trust		
	Metric	Target	Latest Date	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance
UEC	National A&E Type 1 Attendance		Jul 2024	30,482			14,089			7,171			9,222		
	National A&E Type 1 seen within 4 hours	95%	Jul 2024	55.4%			62.7%			55.1%			44.4%		
	National A&E all types seen within 4 hours	95%	Jul 2024	69.4%			71.4%			70.3%			63.4%		
	National A&E 12 hr waits from Decision to admit		Jul 2024	621			15			45			561		
	Attendances Type 1		Jul 2024	30,284			13,953			7,100			9,231		
	Type 1 Admissions (conversion rate)		Jul 2024	29.7%			29.5%			23.4%			34.9%		
	Emergency Admissions via A&E		Jul 2024	8,996			4,115			1,663			3,218		
	4hr Performance Type 1		Jul 2024	53.7%			59.5%			54.5%			44.4%		
	Total patients waiting over 12 hours in department	1	Jul 2024	2,508			393			588			1,527		
	Ambulance arrivals delayed over 15 minutes	0%	Jul 2024	82.5%			76.6%			84.5%			90.1%		
	Time lost to Ambulance Handover Delays		Jun 2024	9,720			1,036			2,488			6,196		
	Mean ambulance response times cat 1	7	Jul 2024	9											
	Mean ambulance response times cat 2	18	Jul 2024	48											
	Patients who do not meet the criteria to reside		Aug 2024	4,274			1,591			350			1,674		
	Average Emergency LOS		Jul 2024	1			1								

Data for July saw minimal improvement, with the majority of system metrics exhibiting a concerning position. All types four-hour reports exhibits improvement with performance at 69.4% and is statistically unable to meet the 95% target without process change. Category 1 response times show improvement but is not capable of meeting the target without process change. Category 2 response times are showing common cause variation, however current performance (48 minutes) is over the local target time (30 minutes).

System UEC NOF

UEC Overview	Metrics
Current Position Metrics relating to urgent care have seen minimal improvement during July 2024. Ambulance handover delays above the 15-minute decreased in July to 9,655 from 9,720 in June. 4 hour performance remains below trajectory at 69.4%, remaining at the same position as May's position of 69.4%. Category 2 response times in July remained the same as June's position with an average response time of 48 minutes and there was a decrease against the 12 hours in department standard to 2,508. The risk to patients is well known; In addition to patient experience being impacted by long waits, safety and harm are well documented; analysis reported by the Royal College of Emergency Medicine (RCEM) in April 2024 reported that there were almost 300 deaths nationally a week associated with long A&E waits in 2023. Trusts continue to mitigate the risk through a variety of processes and report incidents that occur due to delays. Long term harm may not be captured however, for example the impact of a long delay at home waiting for an ambulance may impact on recovery later in the patient's pathway. TSD are planning an appreciative inquiry around UEC.	**4 Hour Performance**  **Ambulance Handover**  **CAT2 Response** 

Devon System Update

Progress
• Half day “sprint events” held for all 6 of the UEC clinical reference subgroups. The aim of the groups were to bring together multi disciplinary teams from across the system to accelerate the work to design a SOP for each focus area, bringing together national guidance and best practice alongside local clinical leaders’ views on the optimal core UEC model to serve our population. • Agreement of a single UEC story that summarises a shared system partners’ view of the Top 3 inter-related causes of Devon’s UEC underperformance. • Community services rapid review completed and signed off by the Unscheduled Care Board.
Planned Activity
Work has continued to develop the single clinical model for Devon, driven through the following key workstreams: 1. Acute Frailty 2. Frailty, Falls and EOL 3. UTCs/MIUs 4. SDEC 5. Virtual Wards 6. Urgent Community Response A first version of Standard Operating Procedures (SOPs) will be completed in August, supported by gap analysis to establish how far from the required model each service is.
Management of the transition to a new Care Coordination contract when the current one expires in September. Parallel process started to develop and agree a shared vision across the system as to the type of Care Co service model that is required.
Instigate strategic review of UTC/MIU contracts that expire in October of next year and progress with a competitive, open procurement process.
A Winter Planning Team - made up of partners for across the system – is being set up. Applying the findings of the UEC story and being led by the single clinical UEC model, this team will develop a Devon-wide winter plan to be presented for approval in September to the Unscheduled Care Board and System Leadership Group and ICB Board.

Barriers	Mitigation
Resources to support delivery of UEC Programme.	Demand and capacity exercise completed for the UEC and Community team, with an assessment of additional temporary resource required to enable the delivery of the work outlined above.
Issues of morale and focus amongst staff affected by the ICB reconfiguration process.	Ongoing support and pastoral care for staff affected by change. Some of these constraints will recede as Phase 2 is completed/ implemented

Area of Escalation	Support Required	Expected Outcome
None.		

Ambulance response times (Cat 1 and Cat 2)

Analytical Summary*

Ambulance response times are influenced by overall levels of demand, call answering times and capacity to respond - which is correlated to hours lost to handover.

Demand:
The number of incidents in July was 21,035, the highest number so far this year (there were 20,220 incidents in June). The percentage of patients conveyed to ED remains low at 37%, this rate has stayed stable since April.

Response capacity:
The SWASFT plan is for 52,500 conveying resource hours per week across the Trust. Resourcing in May, June and July has been challenging, with resourcing closer to 52,000 hours. Across the south-west, resource hours lost to handover in July decreased to 23,565 – the lowest number so far this year. In Devon, there was a further small decrease in hours lost to handover: 9,655 in July, compared with 9.720 hours in June.

Response times:
Category 1 response times have remained stable, category 2 response times have increased for the third month in a row. None of the response standards were met. Of note, in Devon the category 2 mean response time in July was 48 minutes, the same as June (national recovery target of 30 minutes).

** Data sources for analytical and operational summary Report MO32 SWASFT Commissioners Report and SWASFT Commissioner Information Pack. Comparative information for all England ambulance Trusts is available for June.*

Operational Summary*

Causes:

- Devon incident numbers in July were 6% above contract activity, and 10.9% above July 2023.
- July resourcing was below plan. May, June and July saw a higher rates of abstractions, increases in operational sickness and shifts abstracted to cover HALO hours. Third party resourcing was increased and there were additional RRV (car) hours which provided additional operational response. There have been lower levels of overtime uptake in the evenings and weekends, leading to less cover when the pressures on handover delays are worst. A large part of resourcing is still delivered through third party resources; however, the Trust is looking to reduce this as lead and support clinician establishment increases through 2024/5. These are expected to take full effect from quarter 3.
- Ambulance response times have a positive correlation with hospital handover delays. However, through July there was a slight decrease in hours lost to handover, however response times did not improve. High level of demand and the challenging position on resourcing is likely to have contributed to this.
- SWASFT's average handover time continues to be the worst in England. In June*, SWASFT's average handover time was 1 hour and 20 seconds (range 18 minutes to 1 hour). Category 1 response times remain the highest in England – 9 minutes 40 seconds (target 7 minutes) – range 6 minutes 48 seconds, to 9 minutes 40 seconds. Category 2 response times are amongst the highest in England - 43 minutes and 18 seconds (target 18 minutes) – range 16 minutes 42 seconds to 45 minutes.

- Actions described below are focused on increased clinical capacity in the Emergency Operations Centre (EOC) (“clinical hub”), alternatives to ambulance dispatch/conveyance to ED and additional frontline resources to contribute to improvements in response times.

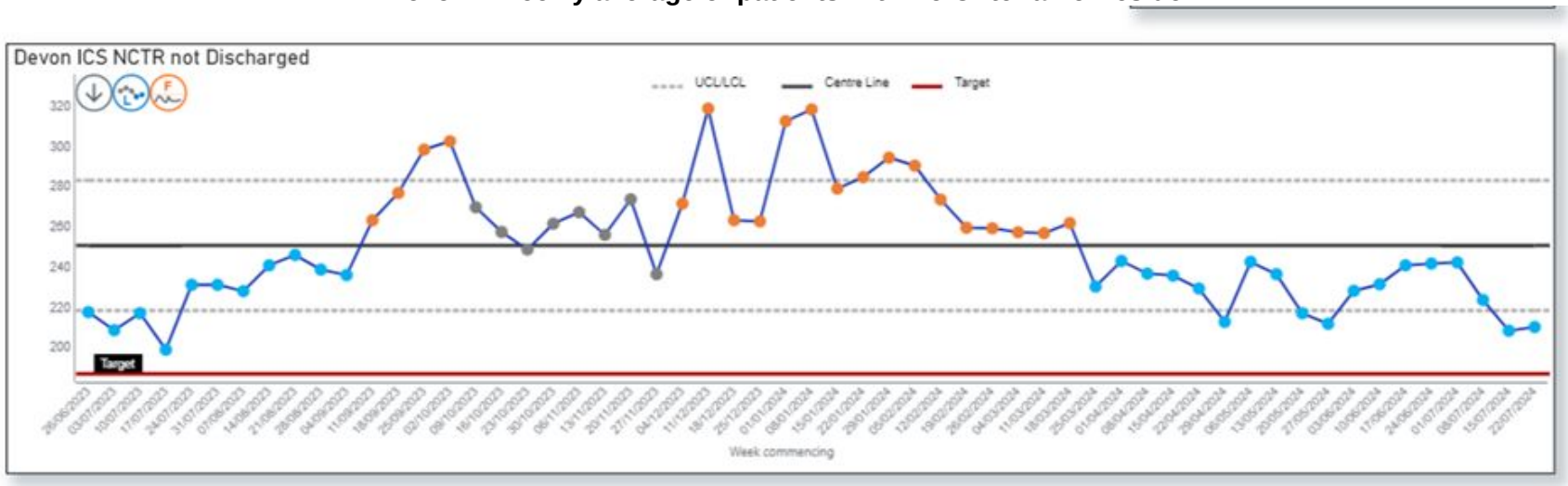
Actions:

- SWASFT continue to recruit to EMD roles to ensure sufficient capacity to maintain good performance on call answering. The monthly establishment position is monitored through the lead commissioner (NHS Dorset).
- Increased clinical capacity in the EOC and category 2 segmentation are key elements of the recovery plan. The monthly clinical establishment in the EOC is monitored by the lead commissioner (NHS Dorset). Category 2 segmentation allows for certain types of incidents to be sent to clinicians for on-going review and some cases will be suitable for clinical validation – which can avoid the need for ambulance dispatch. Category 2 segmentation has been live since May 2023; the number of incidents receiving clinical navigation in Devon through July was 22%, and 14% were clinically validated. Thes rates are staying stable.
- Additional frontline resources hours are being funded through the UEC recovery fund and additional non-recurring funding from NHSE, with the aim to increase resourcing by c500 extra hours per week – up to 53,000 hours per week across the Trust. This includes maintaining and increasing private provider capacity. Recruitment continues in line with “People Plan 4” to deliver a longer-term increase in resource with a focus on increasing capacity in the evenings and overnight, expected to take effect from quarter 3. Sickness reduction schemes are also in place to increase frontline resource; sickness rates are monitored by the lead commissioner (NHS Dorset). Ambulance Vehicle Preparation (AVP) schemes across 14 sites in the south-west have also been implemented to increase capacity for response.
- Handovers continue to be a key interdependency to improving response times. Handover improvement plans are in place and monitored through the locality urgent care boards.
- NHS England has just commenced a programme of work for a system approach to ambulance handovers, recognising the significant impact this has on response times. A regional task and finish group brings together executive system leads to ensure patients can access right care, right place, right time; identify and challenge outputs by provider; understand clinical and operational factors influencing delays; and, improve the patients journey through UEC. There are five working groups that meet weekly and report back to a regional meeting every Friday. Meetings started in the middle of July. The five workstreams are: internal actions to SWASFT, system coordination, access to alternative community pathways; hospital access and timely ED handovers. NHS Devon is represented on the SWASFT actions, alternative pathways and timely handover groups (not all systems have to be on all groups).
- An Annual Work Plan for Ambulance Services has been developed by NHS Dorset with SWASFT. Priorities for 2024/5 include integrated care coordination/SPOA, maximising alternative pathways and hear & treat, review of 999 financial model, handover delays, 111 transfers to 999, digital and development of a five-year transformation plan. Devon is well underway progressing these priorities: we have an integrated care coordination hub with ITK links to SWASFT, a wide range of alternative pathways (and the highest see & convey rates to non-ED locations in the south-west) and increasing referrals from the clinical hub with hear & treat rates above the regional average. Further work is needed to reduce handover delays and agree and engage with regional work on transfers from NHS 111 to 999. Alternative pathways will need to be enhanced further; the Alternatives to ED (AtED) programme facilitated by ECIST has now been completed across Devon and recommendations embedded into the 2024/5 UEC delivery plans.
- The lead commissioner arrangement through NHS Dorset continues. Key meetings through July included the Ambulance Partnership Board, System Touchpoint and Contract Touchpoint meetings. The Finance Working Group continues to meet fortnightly to review proposals for changing the method for costing the 999 contract from 2025/26. Of note, no growth in activity is funded in the contract this year, which poses a risk recognising recent activity levels. The Ambulance Partnership Board have agreed that collective system wide working is required to dampen likely growth in demand.
- The ICB plan to work with Quality Colleagues within Dorset and SWASFT to improve the level of Devon reporting, to ensure learning and improvement can be drawn from incidents and patient experience data.

Hospital Discharge

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
No Criteria to Reside (NCTR)	10.3% (227)	01/07/24 – 31/07/24	10% (221)		

Devon – weekly average of patients with No Criteria To Reside



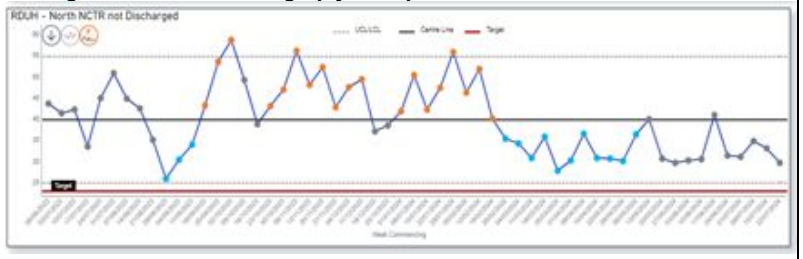
Analytical Commentary:
The Devon target has been adjusted in alignment with this year's Operating Plan. An average of all three acute trusts submissions has been taken for the Devon system target and is to reach no more than 8.5% (187) of General and Acute beds occupied by patients with NCTR be the end of 24/25. For July the average percentage of G&A beds that were occupied with patients who had NCTR was 10% (221), this is 0.3% under the July plan of 10.3%.

Operational Summary:
Actions to address reducing the NCTR will be managed through locality level Bronze Calls and via the individual T&F groups which focus on themed improvement. The actions to be taken by trusts and those which will be maintained include:

- Early discharge planning in place leading into the weekend from Thursdays, with a follow up meeting on Mondays to review failed planned discharges.
- Continued roll out and embedding of CLD to further medical wards within the acutes to support the increase in weekend discharges and earlier in the day discharges.
- Discharge Lounges in place and fully operational seven days a week to increase weekend discharges, targeting wards with lower performance of discharges before midday.
- Regular manual processes to ensure patients are on the correct pathway and still have NCTR.
- 'Think Home First' and 'Home for Lunch' initiatives across all sites continues to be promoted and heavy focus on identifying patients for pre-noon discharges.
- Weekly reviews of patient Length of Stay is in place across multiple trusts.
- Embedding of Care Transfer Hubs and alignment to the national 9 key principles continues with bi monthly updates on progress.

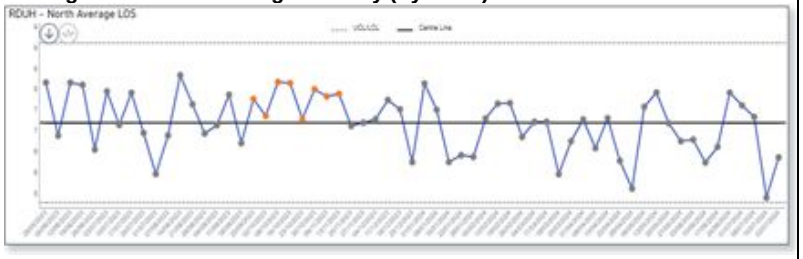
- Following completion of modelling to project demand for discharges in alignment with best practice model plans are now underway to deliver increased capacity to meet projected demand across P1-P3 to reduce the length of discharge delays.
- Actions to focus on earlier in the day discharges with planned Earlier in day Discharges Task and Finish group launched in May as part of 24/25 UEC recovery plans. Trajectories and actions plans to increase earlier in the day discharges to the national standard of 33% are in progress. The Devon position for July is currently an average of 27.4% of total discharges are discharged by midday against a plan of 29.4%.

Average NCTR not Discharge (by week) - RDUH North



Average NCTR not Discharge (by week) - RDUH East

Average Non-elective Length of Stay (by week)– RDUH North



Analytical Commentary: RDUH continue to provide a combined North and East update:

- **NCTR –** During July the average percentage of G&A beds that were occupied with patients who had NCTR was 11% (109), this is 2.3 % under Jul 24 plan of 13.3%. The overall target to be achieved by end of Mar 25 is 9.3%.
- **Length of Delay –** The average LoD target has been baselined from March 24 with expectation to reduced LoD by 1.5 days to support reduction LoS and increase acute flow. The average LoD by pathway for each RDUH site is reported as follows for July:
  RDUH Northern:
  - P1 remained at 3.5 days (target 3.5)
  - P2 increased from 2 to 6.5 days (target 5.5)
  - P3 reduced from 9 to 5 days (target 5.5)

  RDUH Eastern:
  - P1 reduced from 4 to 3 days (target 2)
  - P2 increased from 6 to 8 days (target 5.5)
  - P3 reduced from 9 days to 8.5 days (target 4)

- **Discharges by midday –** The trajectory of improvement to increase pre midday discharges in line with National target 33% is currently in progress with action plan trajectories in place. The position for July remains currently at an average of 24.3% of total planned discharges are discharged by midday against a plan of 28.5%.

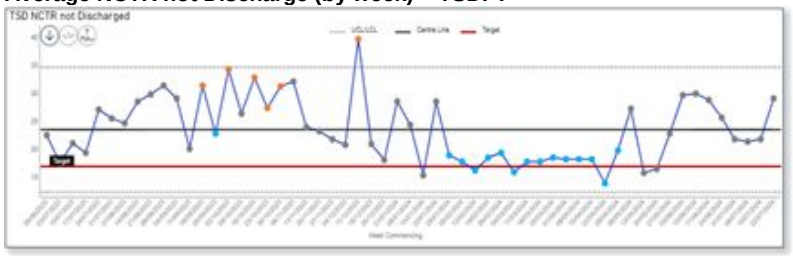
Operational Summary:
Actions to address each of the key metrics and overall reduction in patients with NCTR are detailed below:

- Right size commissioned capacity for complex pathways 1-3 in line with demand modelling – Sustainable pathway 1 care capacity options paper awaiting sign off by ICB / DCC Executive group. Pilot sites for pathway 2 block booked beds are proposed. Commissioners continue to engage with the market to procure these in East and North.
- Discharges by midday & Reducing LoS – Cross RDUH transport meeting in July, will be seeking Cornwall input for RDUH-N complex Cornwall patients. Learn+ training now live and roll out to both sites, to increase adherence to eligibility criteria and minimise cancellations. Discharge Lounge (DL) planning team launched in July '24 with medical and surgical care group leads. Planning for Perfect Week style DL event from 9th September to embed DL as BAU unless patient is contraindicated, and link with CLD to avoid unnecessary additional reviews and secure early movement to DL.
- Criteria led discharge – CLD order is now live on EPIC across both Northern and Eastern sites. Work continues implementing across all sub-areas and Trust-wide comms will follow. There has been delayed momentum due to annual leave.

Average Non-elective Length of Stay (by week)– RDUH East

- Care Transfer Hubs – CTH manage 100% of their complex discharges and all are available to support 7 days a week. In summary there are 9 key principles split into 10 areas which have been developed nationally as key principles to embed for an effective CTH. Latest update from the self-assessment review rated the following: RDUH Northern 2/10 Amber & 8/10 Green and RDUH Eastern 1/10 Amber & 9/10 Green. There are actions and expected dates in place for each to site to bring up to the expected standard. The next review of these key principles will take place in September.
- Effective use of Estimated Discharge Date and Discharge Ready Dates – Ongoing work with ward teams to ensure that EDD is assessed and amended at every board round, once or twice daily and discharge is planned from admission in order to discharge as early as possible and a pre noon discharge. Discharge dependent investigations or specialty reviews continued to be flagged and Care Group and/or site support requested.
- Other actions to support reduction in NCTR – The 10 week NCTR challenge brought newly formed integrated Care Groups together to collectively focus efforts on actions to support more people home from hospital sooner and improving their NCTR performance. The emphasis was on frontline teams identifying and trying different ways of working to learn and transform processes and pathways. Each site & Division identified one continued commitment from the 10 week challenge:
  - Site Team: Focus on top 10 longest stay patients each week
  - Medicine: Increase number of pathways for CLD
  - Surgery: Review process of long stay patients
  - Specialist: Increase referrals to Discharge Medicine Service (DMS)
  - Community: Optimisation of EPIC NCTR delays reporting & data requirements

Average NCTR not Discharge (by week) – TSDFT

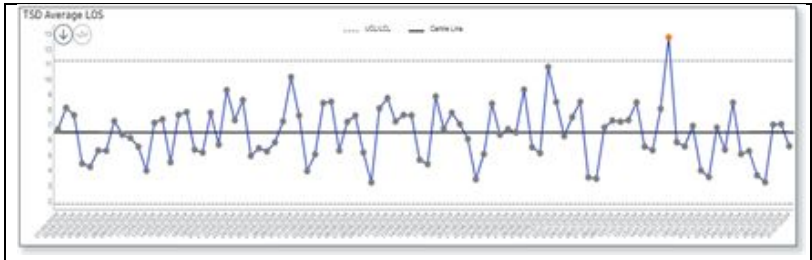


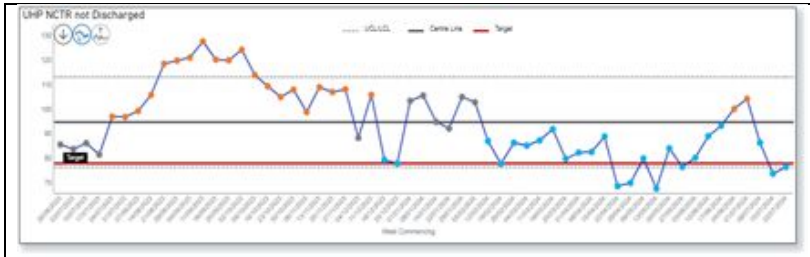
Average Non-elective Length of Stay (by week) - TSDFT

Analytical Commentary:

- **NCTR –** During July the average percentage of G&A beds that were occupied with patients who had NCTR was 6% (22), this is 1.3% over the July 24 plan to maintain 4.7% throughout the year.
- **Length of Delay –** The average LoD target has been baselined from March 24 with expectation to reduced LoD by 1.5 days to support reduction LoS and increase acute flow. The average LoD by pathway is reported as follows for July:
  - P1 increased from 3 to 4 days (target 1)
  - P2 reduced from 5.5 to 5 days (target 10)
  - P3 remained at 5 days (target 3.9)
- **Discharges by midday –** The trajectory of improvement to increase pre midday discharges in line with National target 33% is currently in progress with action plan trajectories in place. The position for July is currently an average of 33% of total planned discharges are discharged by midday against which meets the national target, however this against the total planned discharges within the trusts operating plan.

Operational Summary:

	Actions to address each of the key metrics and overall reduction in patients with NCTR are detailed below: • Right size commissioned capacity for complex pathways 1-3 in line with demand modelling – Replacement role for In reach role has been recruited and will recommence 27th August. All P1-3 referrals are triaged via Hub and P2 reviewed by community band 7 Leads. • Discharges by midday and Effective use of Estimated Discharge Date and Discharge Ready Dates – To standardise ward practices, methods, and care across all hospital wards to ensure consistent, high-quality patient care, patient safety and improve overall operational and discharge efficiency. This project will build on the previous work of projects such as Sick Home Other Patients (SHOP) principles, Home for lunch and the various pieces of work around areas such as weekend discharges. It is hoped that by standardising best practice in relation to discharges across the wards there will be a positive and measurable impact on the key metrics such as pre-noon discharge and weekend discharges. This project is not yet fully initiated. The Improvement team will provide the oversight for this work, taking responsibility for documentation and completion of the project, this is a large piece of work, it is vital that we have involvement from all key stakeholder groups to ensure that we fully understand the challenge ahead and to agree the roles of those in the project team such as clinical lead, operations lead, SRO etc. Therefore, a meeting has been set up for the 6th September 2024 to confirm the project team and agree next steps. • Criteria Led Discharge – Clinical capacity continues to challenge the trust for further roll out. Surgical and community hospitals use CLD. • Reducing LoS – The aim of the ECIST 10-day LOS project is to reduce LOS to 40% or less for 7 day Los, 20% for 14 days or less, 10% for 21days or less, these targets are based on an improvement to the national targets, additionally the aim of improving flow and patient experiences. Initial project led by ECIST with support from the Trust now handed to Trust for BAU. This project is nearing the end of the improvement cycle as it becomes BAU. ECIST carried out initial data review and test of changes on key wards which commenced in March – now at the stage to implement these changes Trust wide, monitor performance and if required implement additional test of change initiatives to drive further improvement, this project is nearing the end of its improvement stage is becoming BAU. • Care Transfer Hubs – TSDFT CTH manage 100% of their complex discharges and all are available to support 7 days a week. In summary there are 9 key principles split into 10 areas which have been developed nationally as key principles to embed for an effective CTH. Latest update from the self-assessment review TSDFT rated the following: 10/10 Green and have evidence how the key principled have been implemented and embedded within their CTH model. • Other actions to support reduction in NCTR – The use of Trusted Placement Assessors is support improving the quality of discharges to Care Homes.
Average NCTR not Discharge (by week) – UHP	**Analytical Commentary:** • **NCTR –** During July the average percentage of G&A beds that were occupied with patients who had NCTR was 10% (85), this is 0.8 % under the July 24 plan of 9.2%. The overall target to be achieved by end of Mar 25 is 9.2%.



Average Non-elective Length of Stay (by week) – UHP

- **Length of Delay –** The average LoD target has been baselined from March 24 with expectation to reduced LoD by 1.5 days to support reduction LoS and increase acute flow. The average LoD by pathway is reported as follows for July:
  - P1 increase from 3 to 4.5 days (target 2)
  - P2 reduced from 7 to 5.5 days (target 5)
  - P3 reduced from 2 to 1.5 days (target 1.5)

- **Discharges by midday –** The trajectory of improvement to increase pre midday discharges in line with the National target of 33% is supported via UHP one improvement plan. The position for July is currently an average of 28.5% of total planned discharges are discharged by midday against a plan of 31.1%.

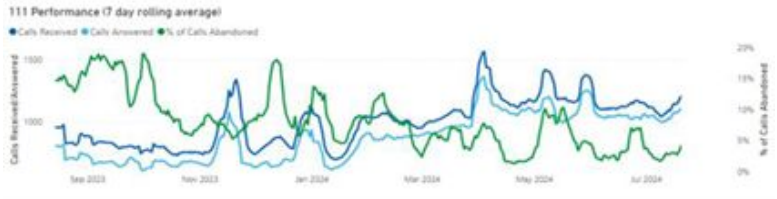
Operational Summary:

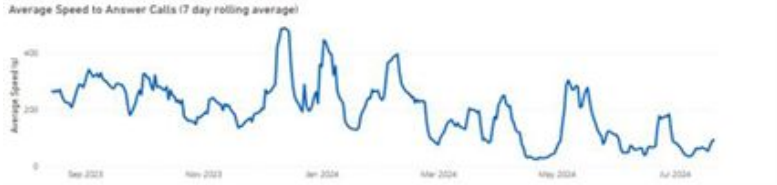
Actions to address each of the key metrics and overall reduction in patients with NCTR are detailed below:

- Right size commissioned capacity for complex pathways 1-3 in line with demand modelling – Peripatetic workforce remains in place - work underway to follow Provider Selection Regime processes for ensuring continued capacity for H2. Refresh of IPACS demand data being finalised to inform capacity requirements beyond Dec 24 (to cover 5 year period). Initial drafts of P1 commissioning intentions and STCC fire stop work completed, shared with relevant partners to inform value for money calculation prior to sharing with broader system partners.
- Discharges by midday – Using Seen, Aim, Flow, Early Discharge and Recovery (SAFER) principles to manage flow through ward round protocols is in place and adhered to including confirmation of early ward rounds and task allocation. Implementation of everyday matters tool kits and work direct with wards.
- Criteria Led Discharge – Successful pilot on respiratory ward, plan to roll out to cardiology ward.
- Reducing LoS – Ward moves being planned for medicine to reduce outliers. Mobilisation of Early Supported Discharge pull to reduce LOS and support more patients home.
- Care Transfer Hubs – UHP CTH manage 100% of their complex discharges and all are available to support 7 days a week. In summary there are 9 key principles split into 10 areas which have been developed national as key principles to embed for an effective CTH. Latest update on from the self-assessment review UHP rated the following: 2/10 Amber & 8/10 Green with action plan in place to move to all principles to Green. Next review will be due in September.
- Effective use of Estimated Discharge Date and Discharge Ready Dates – EDDs in place for patients. EDDs in place for patients. Further work is being undertaken to established if EDDs are accurate set. Tracking DRD and number of patients moved off pathway.
- Other actions to support reduction in NCTR – P1 improvement work continues with single point of referral - Plymouth have moved from 23% home first to 52% home first of complex discharge cohort, gearing now to the 75% but require Cornwall P1 capacity to match run rate need. Home first roadshows commenced and ward packs and home first champions being mobilised.

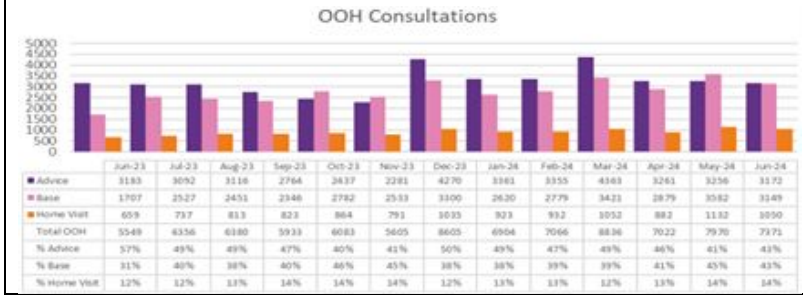
Integrated Urgent Care Service: NHS 111/Out of Hours

Data





ED Validation	Apr-24	May-24	Jun-24
Validation measure	50%	50%	50%
Local KPI	75%	75%	75%
Total ED dispositions	4950	4605	4620
Total ED cases validated	4650	3658	3866
% ED cases validated	93.94%	79.44%	83.68%
C3 & C4 Validation	**Apr-24**	**May-24**	**Jun-24**
Validation measure	75%	75%	75%
Local KPI	85%	85%	85%
Total C3 & C4 dispositions	4695	4778	4421
Total C3 & C4 cases validated	4387	3991	4008
% C3 & C4 validated	93.44%	83.53%	90.66%



	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Advice	3183	3092	3116	2764	2437	2281	4270	3361	3355	4363	3261	3256	3172
Base	1707	2527	2451	2346	2782	2533	3100	2620	2779	3421	2879	3582	3149
Home Visit	659	737	813	823	864	791	1035	923	932	1052	882	1132	1050
Total OOH	5549	6356	6380	5933	6083	5605	8605	6904	7066	8836	7022	7970	7371
% Advice	57%	49%	49%	47%	40%	41%	50%	49%	47%	49%	46%	41%	43%
% Base	31%	40%	38%	40%	46%	45%	36%	38%	39%	39%	41%	45%	43%
% Home Visit	12%	12%	13%	14%	14%	14%	12%	13%	13%	12%	13%	14%	14%

Operational summary

Over 32,000 111 calls from Devon were answered by PPG in June. PPG also handled over 1,400 111 online contacts.

The number of calls abandoned was low which is excellent. In June, the percentage of calls abandoned was 3.6% (compared to 7.1% in May). PPG in Devon are now consistently performing better than the national average.

The number of 111 calls assessed by a clinician or clinical advisor is an important performance indicator for the Integrated Urgent Care Service. The national target of 50% and local stretch target of 55% continued to be delivered in June with 58.2% of calls assessed by a clinician.

If a 111 assessment leads to an outcome that suggests a patient should be sent to an Emergency Department (ED) or sent an ambulance (category 3 – not immediately life threatening or category 4 – not urgent), the call should be reviewed by a clinician. This process is called validation and is a system priority for the ICB. In June, the ambulance validation rate was 91%, exceeding the local stretch target of 85%, and the ED validation rate was 83.7% exceeding the local stretch target of 75%.

OOH Consultations shows the number of patient consultations undertaken by PPG per month, by cases closed though advice (telephone), appointment at Treatment Centre (base) or Home Visit. PPG continue to provide support to an increasing number of patients in the out of hours period.

Elective Care: System Overview

Data

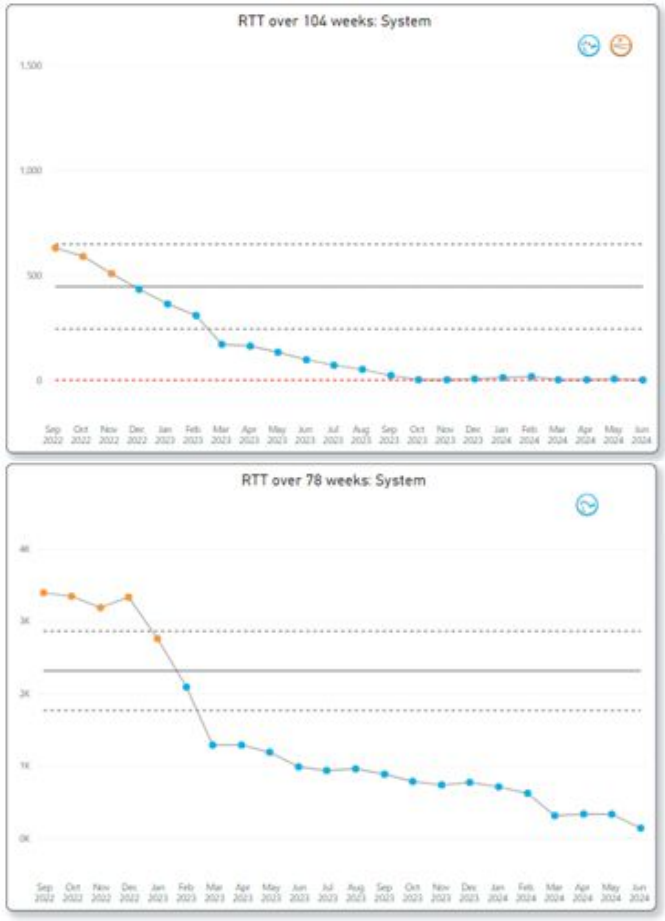
				System		
	Metric	Target	Latest Date	Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		Jun 2024	158,030		
	RTT 18 weeks	92%	Jun 2024	58.3%		
	RTT over 104 weeks		Jun 2024	1		
	RTT over 78 weeks		Jun 2024	140		
	RTT over 65 weeks		Jun 2024	1,835		
	RTT over 52 weeks		Jun 2024	7,434		
Diagnostics	Diagnostics within 6 weeks	99%	Jun 2024	71.5%		
	Diagnostic Total Waiting list		Jun 2024	34,692		
	Diagnostics over 13 weeks		Jun 2024	3,672		
	Diagnostic Total activity		Jun 2024	44,235		
Cancer	Cancer 28 day Faster diagnosis Combined	75%	Jun 2024	81.2%		
	Cancer 28 day Faster diagnosis Urgent suspected cancer	75%	Jun 2024	81.4%		
	Cancer 28 day Faster diagnosis Breast symptomatic	75%	Jun 2024	96.5%		
	Cancer 28 day Faster diagnosis National screening Programme	75%	Jun 2024	57.5%		
	Cancer 31 day Combined	93%	Jun 2024	88.3%		
	Cancer 31 day First	96%	Jun 2024	90.3%		
	Cancer 31 day follow-up drug	98%	Jun 2024	99.7%		
	Cancer 31 day follow-up sugery	94%	Jun 2024	77.5%		
	Cancer 31 day follow-up radiotherapy	94%	Jun 2024	72.6%		
	Cancer 62 day Combined		Jun 2024	68.2%		
	Cancer 62 day urgent	85%	Jun 2024	67.6%		
	Cancer 62 day screening	90%	Jun 2024	49.4%		
	Cancer 62 day Upgrade	85%	Jun 2024	74.2%		

Summary

- In June, the system had one 104ww patient left to treat.
- This patient was unpredicted on the waiting list trajectory and occurred due to an administration error. They were treated early in July.
- Close waiting list scrutiny occurs weekly both with internal provider check and challenge meetings as well as through the regional tier 1 process.
- Further work continues to enhance productivity projects across the system to attempt to bring forward deliverables.
- The Devon system remains behind the NHS national plan for the clearance of 78 week wait cohort patients by the end of July.
- The Clinical Risk & Harm Group undertook work to understand the risk profile in the long waiting ophthalmology patient group, as well as safety processes in place during long waits. The group presented recommendations/ next steps to the Elective Care Improvement Board in July 2024. These included quality leads sharing information on their safety netting processes for long waiters. In September 2024, the group plan to begin a similar exercise in relation to neurology.

Elective Care: System 104/78/65 Week Wait

Data



Analytical Summary

The validated position as at the end of June shows that 104ww is 1, 78ww is 140 and 65ww is 1,835.

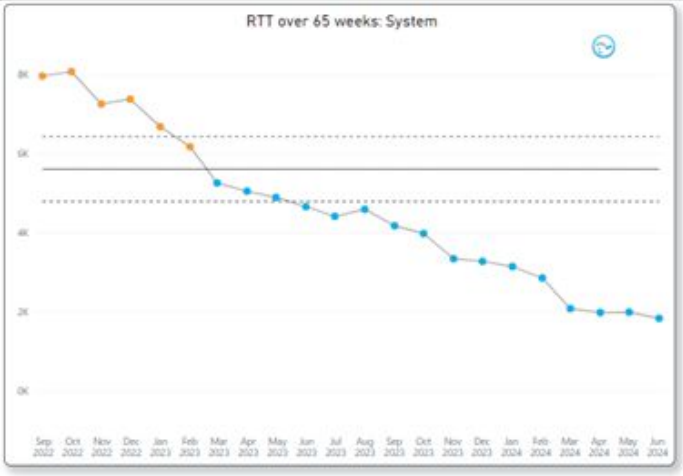
104ww, 78ww and 65ww are exhibiting statistical special cause improvement and are capable of achieving their respective targets.

The system in June is behind the operational plan of zero 104ww, 116 x 78ww and 1,753 x 65ww.

Operational Summary

The unvalidated system position as of 8th August is as below:

- 78ww trajectory for the end of August for the system is 112. This is divided by 92 admitted (71 capacity / 20 choice/ 1 complexity) and 20 non-admitted (15 capacity / 5 choice) against the NHSE target of 0.
- There are 58 x 78ww forecasted for the end of September, this is divided by 39 admitted (5 choice/ 30 capacity / 4 complexity) and 19 non admitted (1 choice/ 18 capacity). This is against an NHSE target of zero 78ww by June and a system operating plan of 0 by August, as such the system is behind plan. This is being driven primarily through industrial action and staff absence. Current trajectory for the system shows that clearance of 78ww patients will be November, however this is being reviewed on a weekly basis. Delays are being experienced in key challenged specialities such as neurology, orthopaedics and cardiology. All providers continue to support additional activity through insourcing and running additional clinics, productivity programmes focusing on GIRFT best practice, the use of mutual aid with the ICB supporting in identifying additional out of county capacity as well as additional capacity negotiations with in-county independent providers.
- The forecasted 65w position for the end of August is 1,552, this is divided by 976 admitted (106 choice/ 1 complexity/ 869 capacity) and 576 non admitted (33 choice/ 543 capacity).
- For September, 65ww trajectory is 753 split between 439 admitted (401 capacity / 3 complexity / 35 choice) and 314 non-admitted (295 capacity / 2 complexity / 17 choice). This is against an NHSE target of zero 65ww patients at the end of September and an operating plan trajectory of 378 by the end of September. As with the previous cohort the system is behind trajectory. This performance is being challenged weekly through the regional tier 1 process.



Regional colleagues are supporting with searching for additional mutual aid out of county.

Theatre productivity as of 14th July shows capped utilisation as a system at 80.3% against a target of 85% which places Devon in the third quartile for performance (second highest). An improvement of >1% will move the system into the best performing quartile. Uncapped theatre utilisation sits at 85%, which is an improvement since June's position of 81%, meaning Devon is now meeting this target, however, remains in the third quartile for performance.

As of March data, performance against the 85% day case target for the system is at 85.8% putting Devon as second highest performing region nationally for this metric. A particular area for improvement in this metric is head and neck which is currently at 69.7% day case.

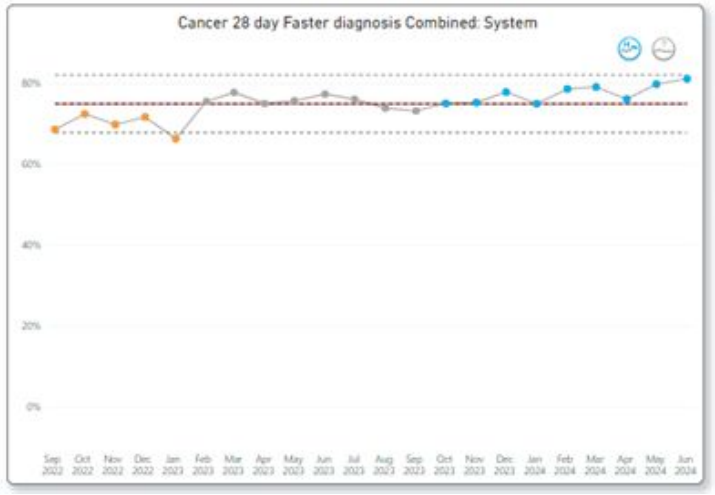
The Gynaecology Specialty Improvement programme now sits under the One Devon Assurance process. One Devon Gynae Improvement Group has been established and will meet for the 1st time on 15th August. These meetings will be extended to include the women's health team to discuss the work happening in the women health hub space, and thereby bringing all the work under one umbrella.

Delays occurring with the specialty improvement areas of Dermatology, ENT, Neurology and Respiratory are due to the system being unable to secure clinical leads. This has been escalated through the Elective Care Improvement Board as well as system CEOs for resolution and a funding paper will be presented to the Devon Investment Group in August. Clinically leadership has proven to be a key success criterion for the One Devon pilot specialties and so will be equally valuable in these challenged specialities making the most progress of 24/25. Provider 1:1 meetings for Dermatology and ENT have now taken place. Meetings with the provider respiratory and neurology teams are being scheduled.

The dermatology enhanced choice pilot has experienced some delays through the month of July and beginning of August due in part to annual leave from key project team members and also queries from the lead clinician when signing off both draft new pathways. This project will support patients being able to access dermatology minor surgery closer to home and in a much shorter time frame depending on their individual clinical circumstances. There was an agreement at the project group meeting on 29th July that the pathway referencing patients on a 2ww pathway could be agreed, with a mobilisation plan being drawn up for ratification on 9th August. The pathway referencing those patients going into the service through advice and guidance is being reviewed with final draft being expected by the 9th August project meeting for sign off.

	Devon continues to exceed the required 21% target for advice and guidance (A&G) requests. Development of A&G checklists for both existing service and implementation of new services have been developed and will shared with two trusts/services who have agreed to trial the checklists. Communication is still active with both primary care and trusts to monitor consequences and impact of around A&G due to industrial action within primary care. NHS Devon system is successfully achieving the 5% Patient Initiated Follow Up (PIFU) target with an August position of 5.5%. As part of the Speciality Improvement Programmes providers are supported to continue to enhance their PIFU offer and meet the target of 5%. Development of principles around emergency care/primary care interface section are in development through work on the primary and secondary care interface. NHSE are arranging a meeting to discuss how they can support systems with improving the primary-secondary care interface and promote best practice. Devon is marginally above the national target of remaining lower than 5% for Did not Attend (DNA) as of 4th August, with a rate of 5.1%. RDUH-N is the best performing organisation with a DNA rate of 3.2% which is an improvement on last month's performance of 4.3%. TSDFT has improved positions of 4.3% rate. RDUH E is reporting 4.9% which is a slight improvement on last month. UHP are recording a worst performance this month of an DNA of 6.3% which is an increase on last month's performance of 5.7%. Focused work taking place at speciality level as part of the Specialty Improvement programme to reduce missed appointments. A meeting held with Bristol Royal Hospital for Children and the ICB to agree a final plan to support appropriate repatriation of children and young people from Devon and Cornwall back to UHP. Bristol are to undertake a review of the potential patients the week beginning 16th August.

Cancer 28-day faster diagnosis: System

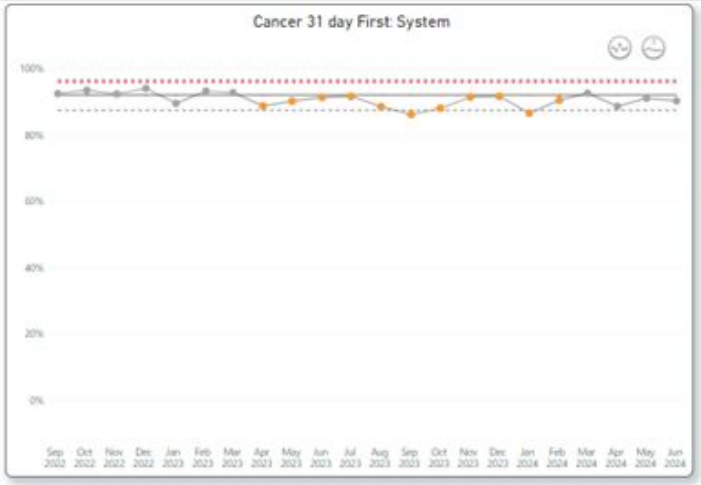
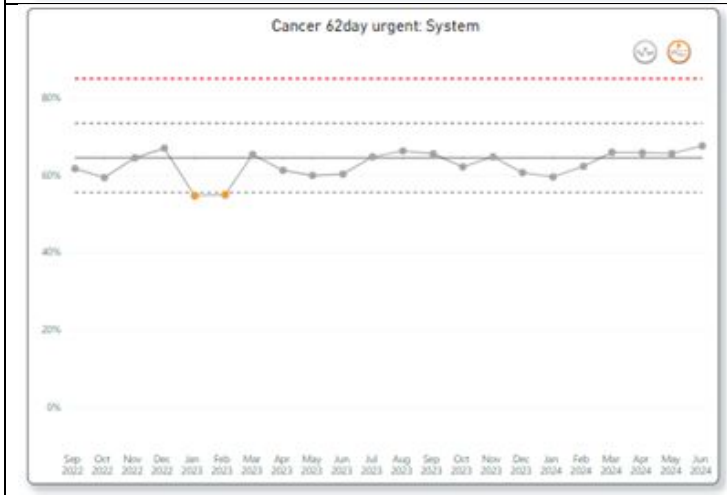
Data	Analytical Summary
	The Cancer 28-day Faster Diagnosis Standard for the system was achieved by the ICB in June with an overall performance of 81.2% with all Trusts meeting the standard. The metric is exhibiting special cause improvement. UHP is ranked 36/140 nationally and is the highest ranking Trust within the system. TSD are showing clear month by month improvement and are ranked 38/140. RDUH are also in the top third nationally for this standard.

Operational Summary

Actions:

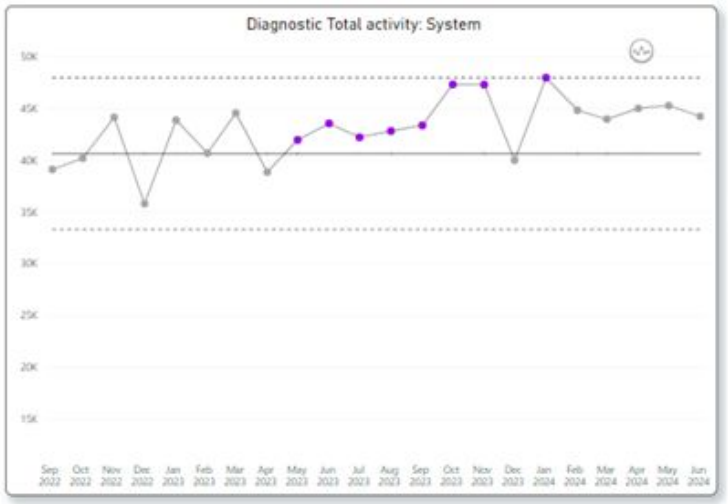
- All Trusts continue to be monitored against delivery of imaging within the standard and have diagnostic recovery plans in place monitored through the elective care board with actions managed through the System Tactical Group.
- Cancer Alliance Operational Assurance plan completed or 24/25 and includes an MoU for funding at each Trust to support the plan objectives.
- All Trusts have a cancer recovery action plan in place. Trusts, ICS, and the Cancer Alliance meet biweekly to monitor and mitigate issues as they arise.
- Endoscopy position continues to improve as new capacity is released.

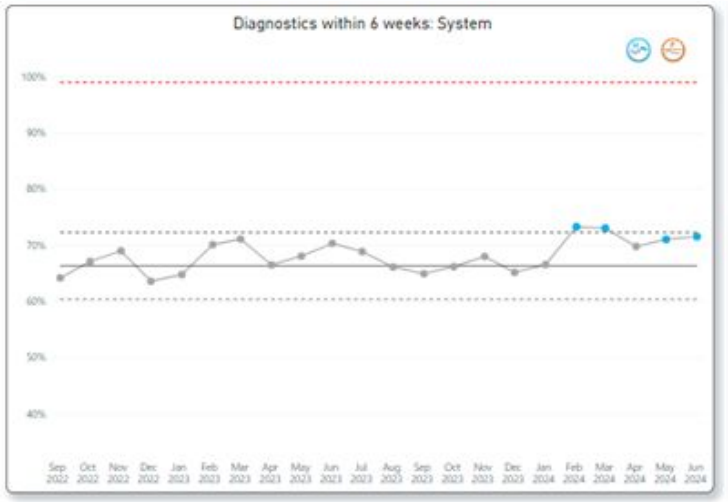
Cancer 31-day first treatment and 62-day urgent treatment: System

Data	Analytical Summary
	The Cancer 31-day metric is currently failing to achieve the standard, there is no significant change or indication of improvement in this across the system. Cancellations of outpatient activity due to industrial action has impacted on this performance. The impact of ongoing industrial action is managed across the system through the Elective Tactical Delivery Group as well as the System Recovery Board. For June 2024, performance improved reduced to 90.3% from 92% against a 96% standard. This performance is relatively consistent across the three Trusts. With Pathology at the front end of the pathway still impacting Trusts ability to achieve the standard.
	The Cancer 62-day metric is consistently failing the target, it displays common cause variation. For June, the Devon system performance reduced to 67.6% from 68.4% against an 85% standard. As the target is above the higher control limit, the system will currently not achieve this objective. This is a nationally acknowledged position, leading to the monitoring of improvements in FDS, reduction in the 62-day breach numbers, and improvements in the NSS pathway. An interim target of 70% has been set within the operational planning guidance for 2024/25. The Cancer Alliance, working with the ICB, continues to support each Trust through its own capacity and monthly assurance meetings.

Diagnostics

Data





Analytical Summary

Performance
Diagnostic performance achieved 68% against a recovery target of 85% and is showing common cause variation.

Operational Summary

Performance against the 6 week standard
All Trusts continue to be monitored against delivery of imaging within the standard and have diagnostic recovery plans in place monitored through the elective care board.

Planned work:
The system continues to deliver its plan for increasing endoscopy capacity as described in the cancer section of this report.
The system continues its plan for delivery of the CDC program.
The contract with CHIME has been renegotiated to recover the audiology performance.

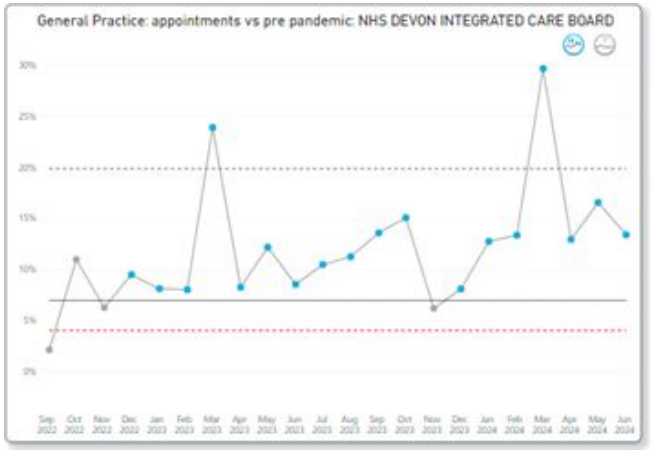
Through the Operating Plan, there is an expected uplift in performance in September. Trust wide assurance meetings have assured the ICB that this is achievable.

Primary and Community Care Performance

Metrics

	Metric	Target	Latest Date	NHS DEVON INTEGRATED CARE BOARD	East	North	Plymouth	South	West
Primary care	General Practice: appointments seen the same day		Jun 2024	42.9%	41.1%	37.1%	47.9%	43.8%	42.8%
	General Practice: appointments seen within 1 day	35%	Jun 2024	50.1%	48.5%	44.1%	55.1%	51.0%	49.3%
	General Practice: appointments seen within 2 weeks	85%	Jun 2024	80.5%	78.6%	78%	83.3%	82.5%	77.1%
	General Practice: appointments vs pre pandemic	4%	Jun 2024	13.4%					
	General Practice: LMC GPAS Alert		Jun 2024		3	3		3	4
			Jul 2024	3					
	Technology enabling access: Number of online/video consultations against target	83,333	Jul 2024	87,796					

Data



Analytical summary

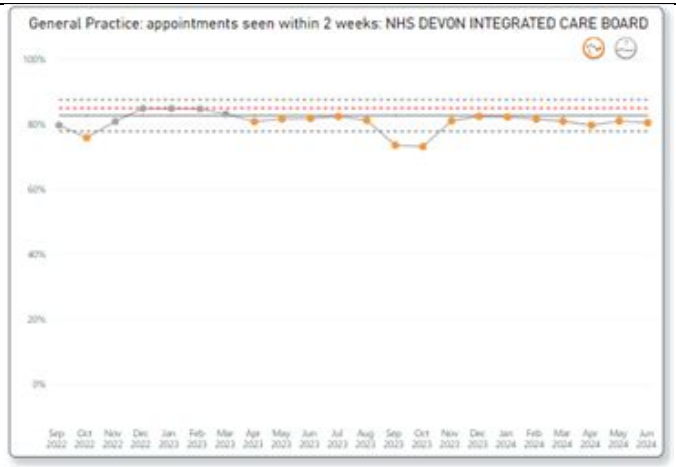
Analytical Commentary:

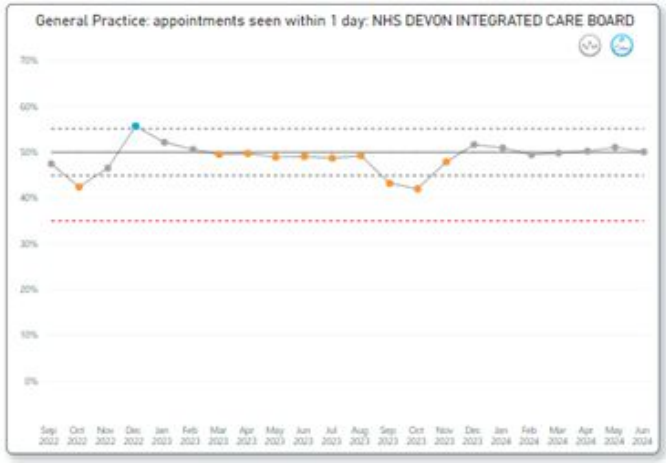
The target to increase appointments on pre-pandemic levels of 4% continues to achieve.

The target of 85% of appointments in 2 weeks has not achieved target during June. Significant contributory factor is the system request to general practice to prioritise within 1 working day levels of activity. Focus on 2 week achievement from new Government noted.

The target of achieving 35% of appointments within 1 working day of request is above target and continues to consistently achieve.

Operational Summary:
Appointments are above pre-pandemic levels and the target of 4% continues to achieve. When comparing June 2024 to June 2019 (pre-pandemic), there is an increase of 13.4%.





Meaningful GP Collective Action commenced circa 1st August 2024, therefore in future periods we will be assessing whether and to what extent this impacts on key performance metrics.

The target of 85% appointments within 2 weeks was not achieved in any LCP area during June. The overall achievement of 80.5% is lower than the previous year (which was 81.8%). Significant contributory factor is the system asking general practice since Autumn 2023 to put greater focus on delivery of same day appointments.

The target of 35% of appointments occurring within 1 working day of request continued to achieve comfortably across every LCP area during June 2024, with 50.1% being seen within 1 day (an improved position compared to the previous year of 49.1%).

A considerable number of practices continued to declare a GPAS OPEL 3 alert state during June/July 2024.

Workforce metrics	Update
All PCNs projected to spend at least 90% of their ARRS allocation based on actual ARRS portal claims YTD	26/31 PCNs projected to spend at least 90% of their allocation based on 2024/25 claims submitted to date (improved from 21/31 the previous month). 1 PCN has yet to submit any claims so far in 2024/25.
Maintain year on year WTE GP per 10,000 population	Removal of national funding for programmes such as Fellowship Programme increases risk of individuals leaving the profession. SDF funding agreed to support local GP and GPN New to Practice Programme. Local funding also agreed to support Visa costs supporting immigrants to stay in Devon. May 2024 data: GP FTE 6.6 per 10,000 weighted population (highest in South West and above all regional FTE rates for the whole of the UK).
Maintain year on year clinical staff per 10,000 population	Number of clinical staff has risen from 18.7 FTE in May 2023 to 18.8 FTE in May 2024. SDF funding will ensure continued support across clinical staff, including GPNs, a known risk owing to age profile.

	In July 2024 the number of online consultation submissions and video consultation usage was 87,796; this is +5.4% above the in-month target of 83,333, however, there has been a reduction from the previous month (June 2024 was 110,446). We currently have 14 practices with no data, therefore the true figure for online consultations will be higher than shown. Cumulative total for this financial year April-July 2024 is 380,556, which is ahead of target. It is possible this reduction during July 2024 may have been an area of early GP Collective Action, so we will continue to monitor carefully over coming months. At August 2024, 97% of practices in Devon (114/118) have a CQC rating of 'Good' or 'Outstanding'. 4 are rated 'Requires Improvement' by CQC and the Primary Care and Quality Teams continue to work closely with these practices and CQC. All NHS providers are transitioning to the Patient Safety Incident Response Framework (PSIRF) and reporting incidents on the Learn from Patient Safety Events (LfPSE) system. Primary Care is in the process of transferring to LfPSE, some are more advanced than others. This will enable full view of all incident reporting from primary care. LfPSE is now included within the IQPR reporting.

Community Performance

Community Services Waiting by Provider
Total Waiting by Service for June 2024

Provider	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Monthly Change
LIVEWELL SOUTHWEST	4,170	4,066	4,232	4,162	4,238	4,245	7
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	12,045	13,567	15,199	15,600	15,819	16,330	511
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	10,497	10,785	10,916	10,941	11,127	11,846	719
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	1,052	2,463	2,556	2,709	2,662	3,867	1,205
Grand Total	27,764	30,881	32,903	33,412	33,846	36,288	2,442

Service	May-24	Jun-24	Monthly Change
Adult	25,794	27,859	2,065
(A) Adult safeguarding	-	-	-
(A) Audiology	1,539	1,718	179
(A) Clinical support to social care, care homes and domiciliary car	17	45	28
(A) Community nursing services	528	567	39
(A) Home oxygen assessment services	7	7	-
(A) Intermediate care and reablement	6	17	11
(A) Musculoskeletal service	8,933	10,609	1,676
(A) Neurorehabilitation (multi-disciplinary)	99	93	- 6
(A) Nursing and Therapy support for LTCs: Continence/ colostomy	1,962	1,991	29
(A) Nursing and Therapy support for LTCs: Diabetes	23	23	-
(A) Nursing and Therapy support for LTCs: Falls	144	138	- 6
(A) Nursing and Therapy support for LTCs: Heart failure	130	98	- 32
(A) Nursing and Therapy support for LTCs: Lymphoedema	36	38	2
(A) Nursing and Therapy support for LTCs: MND	-	-	-
(A) Nursing and Therapy support for LTCs: Respiratory/COPD	108	85	- 23
(A) Nursing and Therapy support for LTCs: Stroke	124	100	- 24
(A) Nursing and Therapy support for LTCs: Tissue viability	35	34	- 1
(A) Podiatry and podiatric surgery	3,064	2,884	- 180
(A) Rehabilitation services (integrated)	3,444	3,495	51
(A) Therapy interventions: Dietetics	350	334	- 16
(A) Therapy interventions: Occupational therapy	783	825	42
(A) Therapy interventions: Orthotics	599	556	- 43
(A) Therapy interventions: Physiotherapy	124	100	- 24
(A) Therapy interventions: Speech and language	532	730	198
(A) Urgent Community Response/Rapid Response team	41	72	31
(A) Weight management and obesity services	3,166	3,300	134
(A) Wheelchair, orthotics, prosthetics and equipment	-	-	-
CYP	8,052	8,429	377
(CYP) Antenatal, new-born and children screening and immunisati	-	-	-
(CYP) Audiology	377	396	19
(CYP) Community nursing services (planned care and rapid respons	22	12	- 10
(CYP) Community paediatric service	2,606	2,795	189
(CYP) Looked after children teams	78	79	1
(CYP) New-born hearing screening	115	92	- 23
(CYP) Safeguarding	-	-	-
(CYP) Therapy interventions: dietetics	74	72	- 2
(CYP) Therapy interventions: occupational therapy	543	553	10
(CYP) Therapy interventions: physiotherapy	113	120	7
(CYP) Therapy interventions: speech and language	3,950	4,133	183
(CYP) Vision screening	83	91	8
(CYP) Wheelchair, orthotics, prosthetics and equipment	18	13	- 5
(CYP) Therapy interventions: Orthotics	73	73	-

Operational Summary

There are currently 36,288 children and adults waiting for community services across Devon. This is 2,442 more than May 2024 (33,846). The table opposite details the numbers of people waiting by provider and the table provides those services with the highest number of people waiting.

The largest change again has been MSK services with an increase of 1676 from 8,933 to 10,609. This accounts for 29% of the waiting list. The 1,181 increase in UHP was due to an error and will show a reduction of 400 from May next month.

Following changes to the Acute RTT guidance Community Paediatrics is now reported only in the Community SitRep.

There are now 2,795 CYP waiting for Community Paediatrics, an increase of 189 from last month, this is due to RDUH Increase of 275 as they added community ADHD paediatric patients to the sitrep in June.

Devon community services waiting lists have a reduction target of 5% in Q1 and Q2 followed by further reduction of 10% in Q3 and Q4. Changes to the Paediatric service report will require reduction targets to be re baselined.

Clinical validation and prioritisation work is being shared across providers. TSDFT have resumed reporting CFHD service waiting times.

Please also note that the children waiting over 104 weeks for Speech and Language therapy have been booked or offered assessment appointments during May and June 2024. The number waiting over 104 weeks has reduced by 18 to 84.

Waiting times for Devon (June 2024) are shown below:

Wait_Time	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Change in Month
Waiting 0-1 weeks	3,261	3,504	2,731	3,328	2,798	3,387	589
Waiting 1-2 weeks	2,908	3,252	3,424	3,361	3,275	3,355	80
Waiting 2-4 weeks	3,206	3,567	4,418	4,292	4,491	5,138	647
Waiting 4-12 weeks	6,119	6,484	7,551	7,665	8,192	9,220	1,028
Waiting 12-18 weeks	3,105	3,280	2,882	3,086	3,396	3,374	- 22
Waiting 18-52 weeks	6,696	8,082	9,021	8,868	8,753	8,636	- 117
Waiting 52-104 weeks	2,272	2,429	2,527	2,457	2,579	2,820	241
Waiting Over 104 weeks	197	283	349	348	362	358	- 4
	27,764	30,881	32,903	33,405	33,846	36,288	2,442

Services with most 104 +Week Waits:

Org_Name	Service	May-24	Jun-24	Change in Month
ROYAL DEVON UNIVERSITY HEALTH	(A) Rehabilitation services (integrated)	248	260	12
	(A) Nursing and Therapy support for LTCs: Tissue viability		8	8
TORBAY AND SOUTH DEVON NHS F	(CYP) Therapy interventions: speech and language	102	84	- 18
Grand Total		350	352	2

Mental Health: System Overview

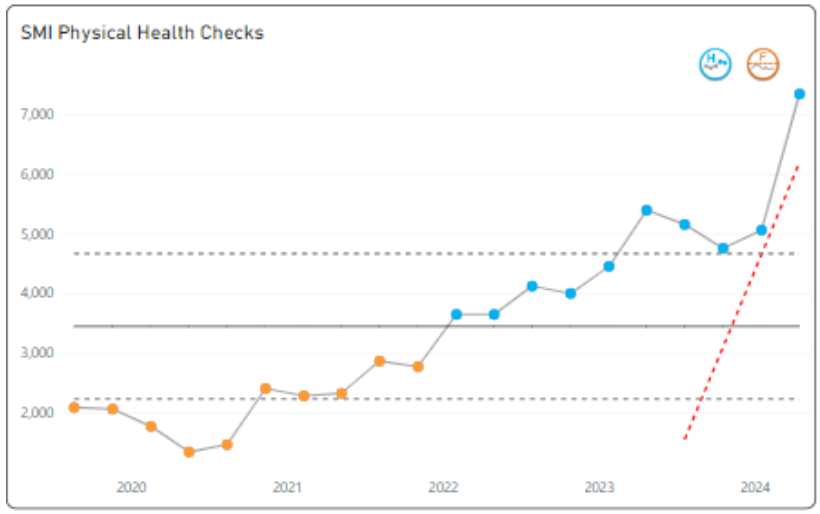
Metrics

Metric	Group	LTP	Data Source	Latest Date	Value	Target	Variation	Assurance	LPL	Mean	UPL
SMI Physical Health Checks	ICS Devon	LTP 2024/25 (IQPR)	MHSDS	Mar 2024	7335	6197			2,228	3,444	4,660
Learning Disabilities Annual Health Checks	ICS Devon	LTP 2024/25 (IQPR)	LD Health Check Scheme Dataset	Jun 2024	11%	75%			-1.79%	26.3%	54.5%
Dementia Diagnosis Rate	ICS Devon	LTP 2024/25 (IQPR)	Primary Care Dementia Dataset	Jun 2024	58.2%	65%			54.7%	55.5%	56.3%
Perinatal Access	ICS Devon	LTP 2024/25 (IQPR)	Provider	Jun 2024	1100	1115			847	935	1,023
Inappropriate Out of Area Placements	ICS Devon	LTP 2024/25 (IQPR)	Provider	Jun 2024	2	9			-1.78	4.92	11.6
Children & Young People Access	ICS Devon	LTP 2024/25 (IQPR)	MHSDS	Jun 2024	11860	15754			8,490	9,555	10,620
Transformed CMH 2+ Contacts (SMI)	ICS Devon	LTP 2024/25 (IQPR)	MHSDS	Jun 2024	17080	8700			16,559	17,283	18,007
Talking Therapies Reliable Improvement	ICS Devon	LTP 2024/25 (IQPR)	Provider	Jun 2024	67.1%	67%			61.5%	65.8%	70.0%
Talking Therapies Reliable Recovery	ICS Devon	LTP 2024/25 (IQPR)	Provider	Jun 2024	48.3%	48%			44.1%	47.7%	51.2%

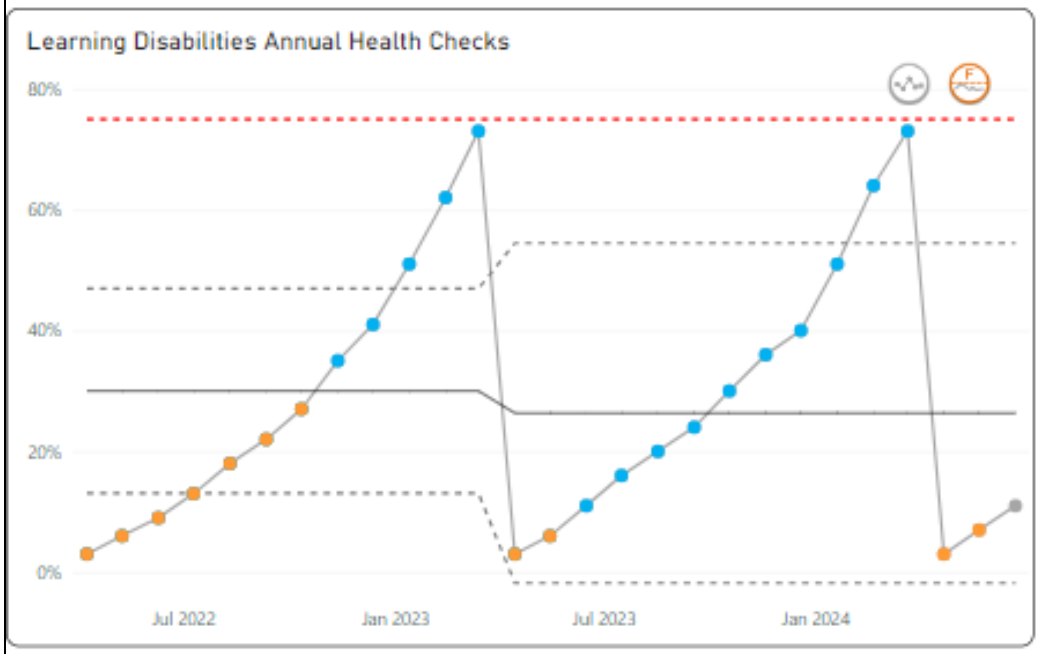
System Summaries

Devon Partnership Trust and Children & Family Health Devon are managing the transition of their Electronic Patient Records to System. This transition will result in improvements in data quality and processes overall. There are a small number of areas where this transition temporarily impacts reporting into MHSDS, these areas have been identified and data fixes are being implemented. Where national data is affected, local data is being used to give assurance that service quality is unaffected. Collaborative plans are in place to support oversight and give assurance regarding progress. At present this impacts children and young people access, children and young people Eating Disorders and EIP reporting, a Data Quality Improvement Plan is being finalised to agree milestones for data quality improvement which will result in improved congruence between local and national reporting; it is expected that this will be contractualised by the end of September 2024.

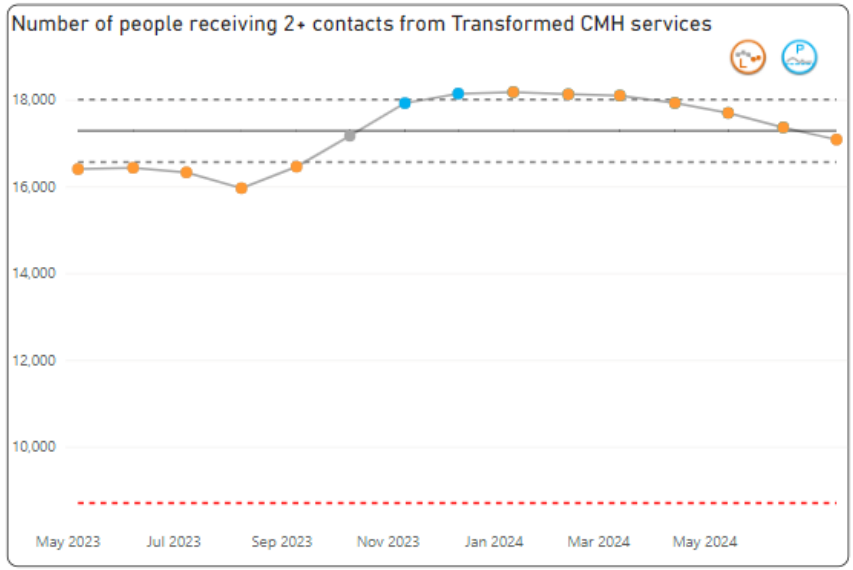
Mental Health: Physical Health Checks for people with SMI

Data	Summary
KPI Description Number of people with severe mental illness (SMI) to receive the complete list of physical health checks in the preceding 12 months.  Data Source: NHS Digital	**Analytical Commentary** This is a quarterly metric reported on nationally. Q1 data is expected in September, subject to national data publication, the most current data relates to Q4 2023/24. As of Q4 2023/24, the indicator exceeded the original target of 6,197 with a total of 7,335 health checks completed over the previous 12 months. The KPI is showing special cause improvement. **Operational Summary** As previously reported, the increase in performance between Q3 and Q4 is significant, both in Devon (45%) and nationally (23.4%). It is likely that the QoF payments in primary care for 2023/24 drove the increase. These additional payments, which directly supported primary care in meeting this standard, are not planned for 2024/25. **Actions and Assurance** A system-wide workshop has been scheduled for 15/08/2024 which will look to finalise arrangements for the Devon model of delivery of physical health checks across Primary and Secondary care which will support the reduction of the mortality gap for those with SMI. In the North-Devon area a delivery plan to pilot a community based, VCSE partnership approach is being finalised to support increased engagement and uptake of SMI physical health checks. It is expected that this will commence delivery in Q3.

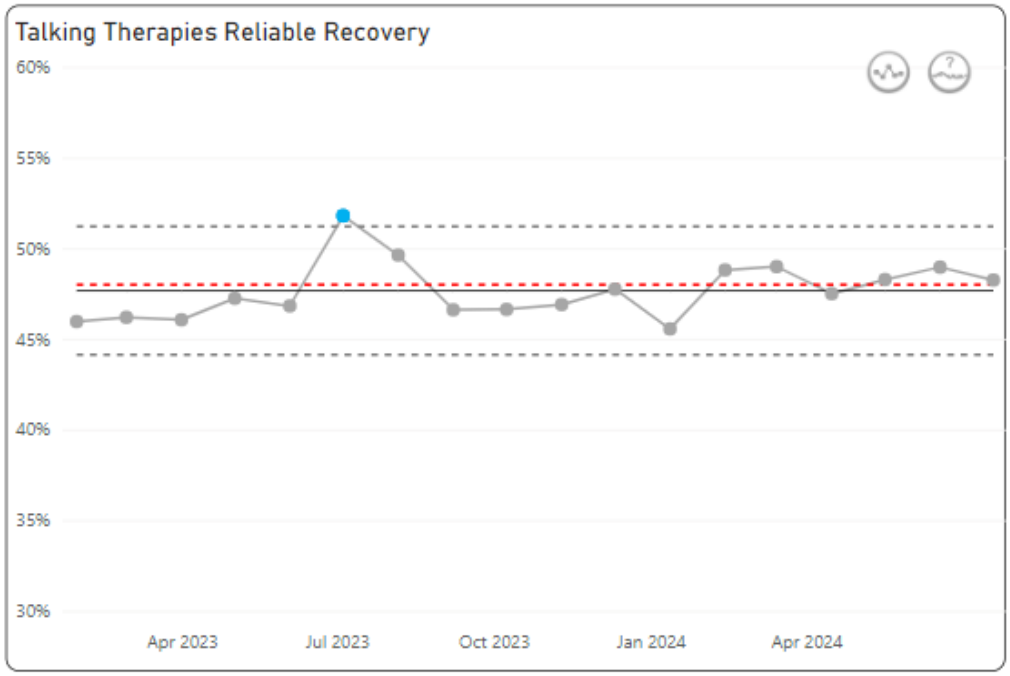
Mental Health: Learning Disabilities Annual Health Checks

Data	Summary
KPI Description Number of annual health checks carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period. Monitored quarterly, cumulative for 12 months. The National target is that by the end of each financial year, 75% of people aged 14 or over on the Learning Disability Register will have had an Annual Health Check in the previous 12 months.  Data Source: Learning Disabilities Health Check Scheme, NHS Digital	**Analytical Commentary** The indicator is in common cause variation with no significant change to note. The indicator is on a similar trajectory as the previous year with 11% checks completed in June 2024. **Operational Summary** Between 2023 and 2024 the LD register size increased by 399 individuals and will continue to grow. The number of checks completed in June 2023 were 367, compared to 323 in June 2024 representing a decrease. As consequence we have increased our email communication to all practices, offered support to those rag rated red on delivery and reached out to struggling practices. Reduction in percentage performance due to increased register size and residue of a national coding issue. Due to the cyclical nature of AHC completion which is tied to the financial year-end. The majority of health checks are undertaken and recorded in the latter part of the year. This is mirrored across both the SW region and nationally. **Actions and Assurance** To individually contact 25% of Practices with lowest prevalence to support increasing register. Ongoing webinars and primary care champions, on track to achieve 75% target by financial year end.

Mental Health: Access to Transformed Community Mental Health

Data	Summary
KPI Description Number of people who receive two or more contacts from transformed NHS or NHS commissioned community mental health services (in transformed PCNs) for adults and older adults with severe mental illnesses. Rolling 3-months.  Data Source: Mental Health Services Monthly Statistics/ MHSDS	**Analytical Commentary** This is a monthly metric reported on nationally, the most current published data relates to June 2024. The variation is of concern due to several points showing a small decline in performance (between January and the latest data, June 2024). However, the indicator is well above target, and this performance is likely to continue. **Operational Summary** As expected and understood as part of the operational planning for 2024/25, NHS Devon continues to significantly exceed the national target in relation to this KPI, currently achieving 203% of the requirement. This relates to successful accelerated implementation of the Community Mental Health Services framework (CMHF) in Devon. **Actions and Assurance** Noting the observations in the analytical commentary, commissioners are working with providers via the MHLDN Provider Collaborative Data & Business Intelligence Group in the first instance, to understand the nature and cause of the reduction (i.e. if there is a data quality challenge) of c300 people per month (from March 2024), whilst recognising that performance remains c8,400 above the current requirement in June 2024. The outputs from the Q1 system-wide workshop are being analysed and the learning and recommendation being completed by the end of September 2024. In relation to the specialist pathway for eating disorders, which is one of the specified specialist pathways of the Community Mental Health Services Framework, workshops have been scheduled for August 2024 to identify how the mental health and physical health needs of people with eating disorders can be effectively supported across Devon. Commissioners are working with providers to understand possible disparity in provision to ensure consistent service provision across Devon, this is being undertaken in response to reported increased demand and acuity. This work is in progress and plans will be finalised by mid-September 2024.

Mental Health: Talking Therapies Reliable Recovery

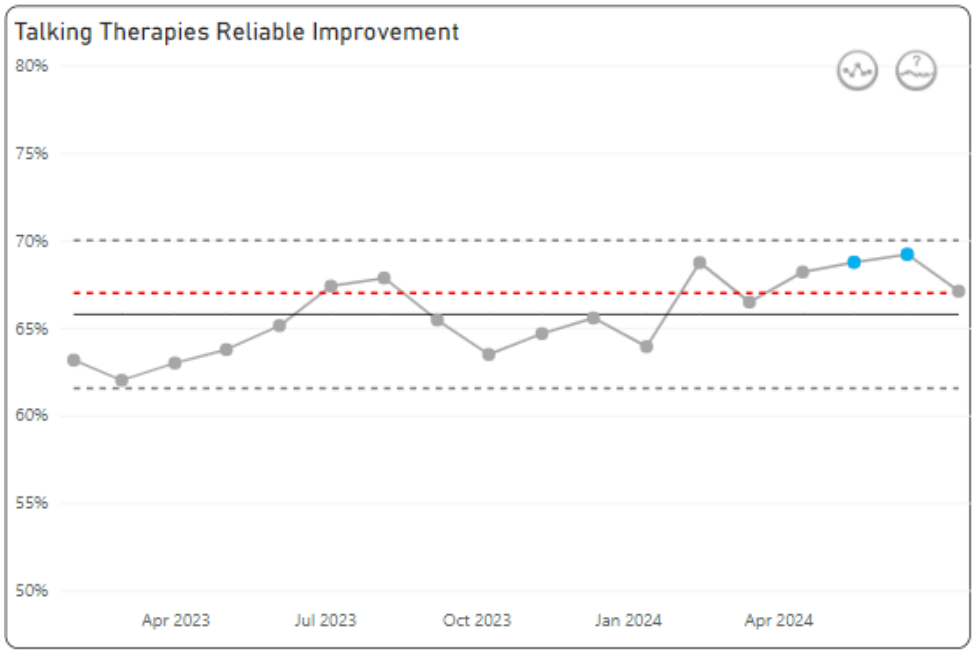
Data	Summary
KPI Description Reliable recovery rate for those completing a course of treatment and meeting caseness.  Data Source: Provider data	**Analytical Commentary** The indicator is in common cause variation with no significant changes to note. The system has been above target since January 2024, however, with the target in between the process limits random variation could cause the indicator to pass or fail. **Operational Summary** In accordance with the operating plan 2024/25 and the nationally established definition, Devon is achieving the standard overall. Reliable recovery means, that an individual met a clinical definition of 'caseness' at the start of their treatment but recovered by the end of treatment. **Actions and Assurance** The outcome of previous requests for training places aligned to Talking Therapies to Workforce Training and Education has been shared. Commissioners are working with NHS England to understand the impact of potential changes in national allocation of funded training which could impact delivery in future.

Mental Health: Talking Therapies Reliable Improvement

Data

KPI Description

Reliable improvement rate for those completing a course of treatment.



Data Source: Provider data

Summary

Analytical Commentary

The indicator is showing common cause variation. The indicator has been meeting the target of 67% since March 2024, however, with the target in between the process limits random variation could cause the indicator to pass or fail.

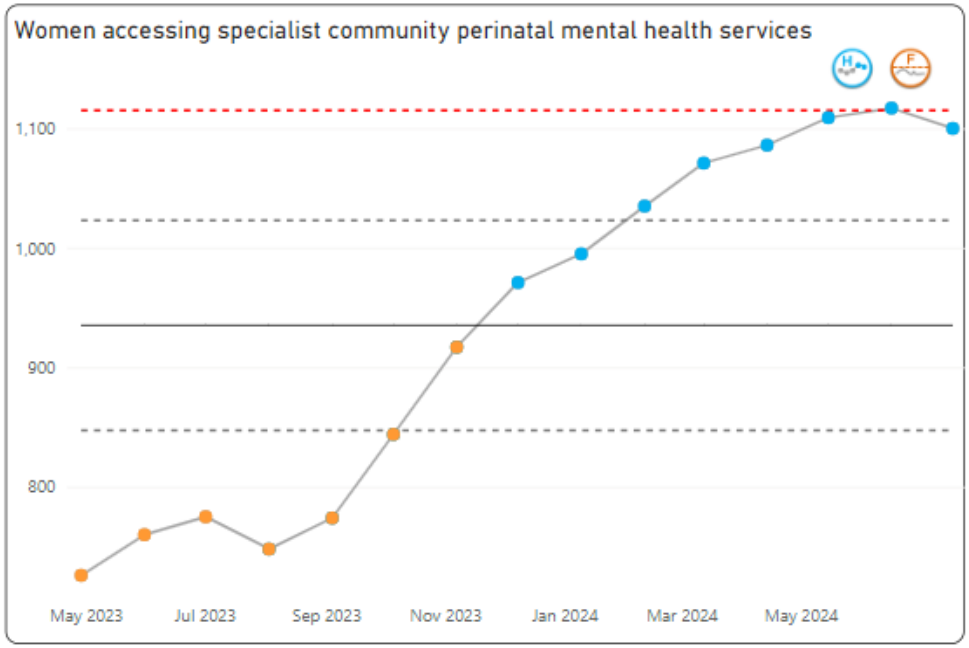
Operational Summary

In accordance with the operating plan 2024/25 and the national definition, Devon is achieving the standard.

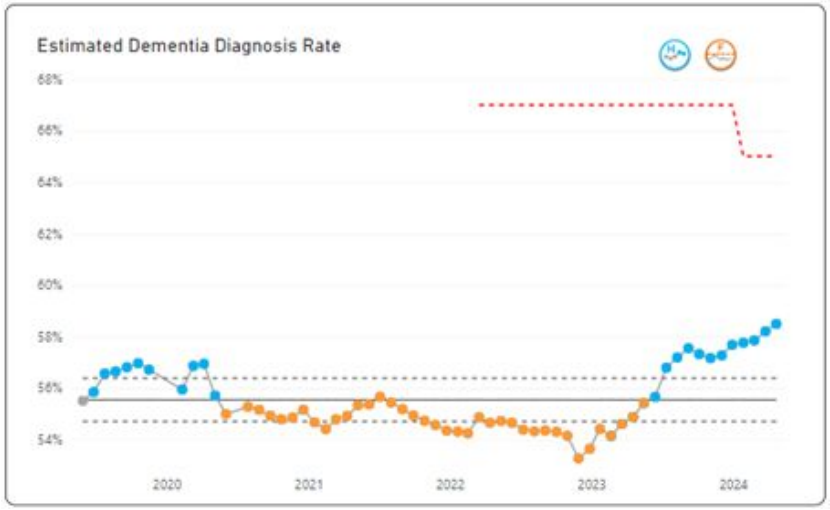
Actions and Assurance

The outcome of previous requests for training places aligned to Talking Therapies to Workforce Training and Education has been shared. Commissioners are working with NHS England to understand the impact of potential changes in national allocation of funded training which could impact delivery in future.

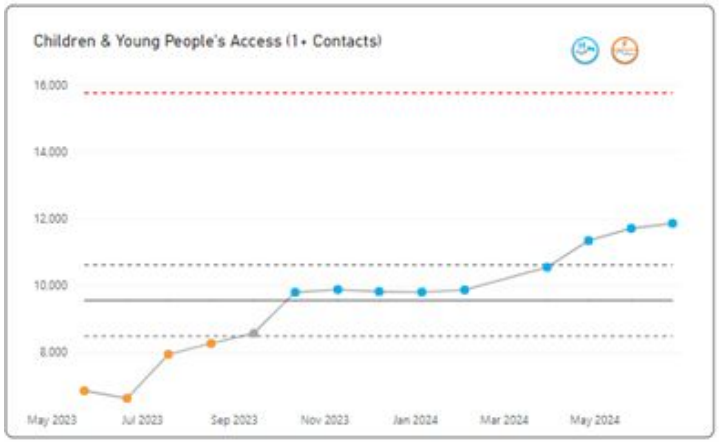
Mental Health: Perinatal Access

Data	Summary
KPI Description Number of women accessing Specialist Community Perinatal Mental Health and Maternal Mental Health Services in the reporting period. Rolling 12 months (from 2024/25)  Data Source: Provider data	**Analytical Commentary** The indicator is experiencing variation of an improving nature and is close to target as of June 2024 with 1,110 women accessing services (target of 1,115). **Operational Summary** In accordance with the operating plan 2024/25, Devon is on track to achieve the required standard. **Actions and Assurance** There are agreed plans in place with each provider to maintain target. There are some workforce challenges which are being mitigated and these are not anticipated as being required from October 2024. A commissioner -provider meeting is scheduled for mid-September to review the position and to determine whether longer term mitigations may be required. Commissioners and the Provider will continue to closely monitor performance in relation to this metric via the MHLDN Collaborative Data & Business Intelligence Group.

Mental Health: Dementia Diagnosis Rate

Data	Summary
KPI Description Diagnosis rate for people aged 65 and over, with a diagnosis of dementia recorded in primary care, expressed as a percentage of the estimated prevalence based on GP registered populations.  Data Source: Primary Care Dementia Dataset	**Analytical Commentary** The indicator is showing variation of an improving nature with 12 data points outside the upper control limit. As of July 2024, the estimated diagnosis rate is 58.5%, the national average is 65%. This is an improvement from last year's July position which was 55.4%. The rate is a very slight improvement from the May 2024 rate of 58.2%. **Operational Summary** Performance has been improving since August 2023. Devon is not yet achieving the standard identified in the operating plan submission of 59.3% (currently achieving 58.2%). **Actions and Assurance** There has been a data quality project in place with a selection of GP practices in Devon to compare the dementia data held by Devon Partnership NHS Trust. Some anomalies have been identified and corrected with a view to include more practices within the project. This will likely support further increase in terms of numbers of diagnosis recorded accurately. However, this work has needed to be temporarily paused in response to the proposed collective action within primary care. This decision will be reviewed in September to assess and agree next steps. Progress is continuing through the established system-wide Dementia working group to develop a Dementia strategy for Devon, the strategy is planned for completion by end of Q4 2024/25. The expert by experience engagement and engagement with organisations who support those with dementia and their carers is still continuing with an anticipated end date of September 2024.

Mental Health: Children & Young People's Access

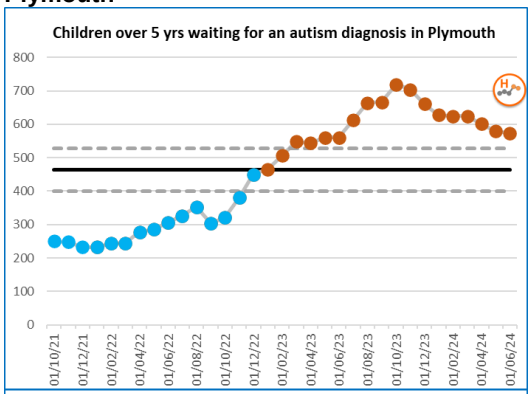
Data	Summary
KPI Description Number of Children and Young People (CYP) aged 0-17 supported through NHS funded mental health services receiving at least one contact. Access activity is monitored using 12-month rolling time periods. **Statistical Process Chart**  Data Source: Mental Health Services Dataset (MHSDS)	**Analytical Commentary** Please note, due to ongoing data quality issues with both locally and nationally submitted data this is dataset is incomplete, so it is not currently possible to reliably report against NHS Devon's Access target. According to the current national data the indicator is showing improvement with 11,860 contacts made in June 2024. **Operational Summary** At present Devon is not identifying achievement of the requirement. There are a number of data quality issues impacting upon performance reported locally and nationally. **Actions and Assurance** Data Quality Improvement Plans (DQIP) with the provider are being finalised which establishes milestones for improve data quality which will positively impact on congruence between local and national reporting. The DQIP will be formalised into contracts in September 2024. Following the transition to a new electronic patient record system it has been agreed that for the same provider data reporting into the ICB will resume from September 2024. The transition to the new electronic patient recording system has presented an opportunity to review and amend metrics aligned to service delivery. Commissioners and provider are working together to finalise. These changes will be incorporated into the DQIP. In relation to the VCSE provider who also delivery services that contribute to the access target, the data quality issue affecting national reporting only, has been identified and corrected. It is expected that this will result in the recovery of national reporting performance for this provider over the next the rolling 12 months. This should increase performance by c1,175. Commissioners are working with NHS England's data liaison team to understand and address data quality issues which are impacting upon national reporting in relation to activity for a locally commissioned digital offer in Devon (circa 1,820). Due to the mechanisms agreed with the provider at a national level, it is not possible for this to be addressed locally.

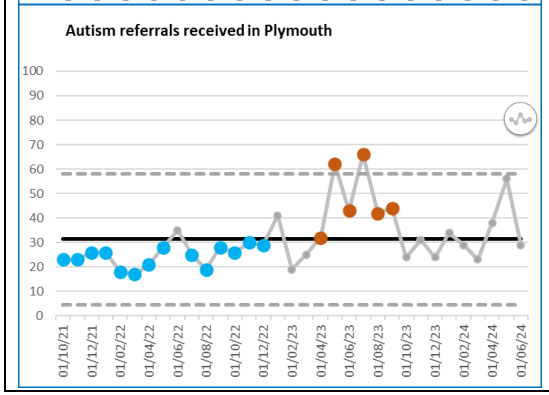
Children & Young People (CYP): Autism Diagnosis waiting times

Key Performance Indicator	Target/ Plan	Latest Period	Actual (provider averages)	Variation	Assurance
Autism Diagnosis (Waiting)	<18 weeks.	June 2024	Plymouth 76.7 weeks	H	F

KPI Description
NICE guidance for CYP to be seen within 18 weeks from referral to start of assessment.

Plymouth





Operational Summary – Devon (CFHD), Torbay (CFHD) & Plymouth (UHP/LSW)
Demand:

In Devon and Torbay there are continued high levels of referrals, 243 in June 2024 and significant numbers continuing to wait for an assessment. The numbers of children waiting 4828 of which 4385 are >18 weeks with East (1948) South (1057), Torbay (796) North (734). The longest wait has increased from 201 to 211 weeks, in part due to staff availability, vacancies, annual leave and sickness. this.
In Plymouth, whilst numbers of children waiting remain high there are signs of continued improvement across LSW and UHP.

Capacity:

- CFHD continues to recruit to posts. Vacancy factor reduced from 45% in December 2023 to 30.7% in July 2024. Hard to fill roles include Mental Health practitioners, Occupational Therapy and Clinical Psychology.
- Demand and capacity modeling of autism shows that capacity to assess is less than half of what is required to meet the increased level of demand. Proposals to be made as part of 2025/26 plannning.
- ND resource paper presented to ICB executive. Agreed support for non recurrent investment to address wait list and meet the agreed target set with DfE and NHSE as part of the Devon SEND inspection (no one waiting longer than 52 weeks for ASD assessment by end of March 2025). Ambitious target with plans being developed.

Actions:

- Review of CFHD waitlist to identify those who have had private assessments completed and offered to be removed continues to progress. Letters to parents/carers drafted and awaiting sign off by parent carers. Online questionnaire developed and tested. Communication plan being developed. This is due to start mid-September 2024.
- Investment being identified by the ICB (currently LD SDF). Plans to utilise and address waits through a) New Virtual MDT assessment team across providers; b) additional staffing capacity to provide assessment. Planned mtg 11.09.2024 for lead clinicians and operational managers to agree plan of mobilisation for delivery October to March.
- Improving the support offer through; c) ND Navigation key worker roles which are out to recruitment; d) Peer support model of care; e) digital offer which has been scoped and currently being shared with wider group for comment.

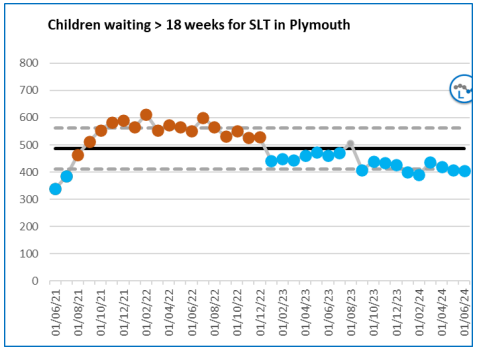
When is improvement expected?
Non recurrent funding up to £960k to address waits in Devon & Torbay - no one waiting longer than 52 weeks for ASD assessment by end of March 2025. It is acknowledged that the level of demand will exceed the commissioned capacity with the continuing rate of referrals despite action to address legacy numbers waiting. Further proposals will be required to be worked up.

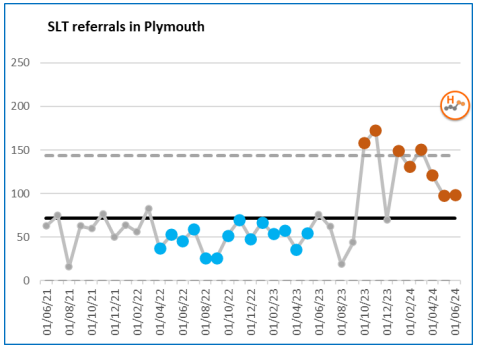
Children & Young People (CYP): Speech & Language waiting times

Key Performance Indicator	Target/ Plan	Latest Period	Actual	Variation	Assurance
Speech and Language waiting times	< 18 weeks	June 2024	Average wait - LSW 25 weeks. Longest wait – LSW 68 weeks.		

KPI Description: NICE guidance for CYP to be seen within 18 weeks from referral.

Plymouth





Operational Summary

Demand: Highest percentage of children referred to CFHD speech and language continues to be in the 2-4 year age group.

Capacity:

LSW: Positive impact of new additional posts. Demand rate is slowing. Numbers waiting slight decrease down from 689 in April 2024 to 652 in June. 46 waiting over 52 weeks, none waiting over 78 weeks or 104 weeks. Still too early to tell if this is sustained improvement.

SLT leadership is part of the Family Hub delivery planning supporting early identification and appropriate intervention avoiding increased escalation and needing for referral to specialist services.

CFHD – Vacancy rate of 4%. Vacancies have reduced further from 5.4 WTE Band 5 vacancies across the pathway in February 2024 to 1.68 (0.88wte in North and 0.6wte in East) in July 2024. Recruitment approved and advertisement in process.

All children waiting over 104 weeks have been offered/booked assessment appointments in May and June 2024.

New Parent and setting information and training videos for use at universal level available online and offered to appropriate referrals to support early intervention and upskilling have been recorded and be live on website form September 2024.

Children are RAG rated on referral to ensure those with priority needs are seen first, acceptance letter to CFHD includes advice line phone number for families/carers to call if required or if their situation changes.

Number on waiting list: 3487; with 2658 waiting over 18 weeks. The longest wait on the pathway is 129 weeks, with the average wait of 39 weeks.

Actions

Kick starts the case for resource investment to SLT services in the 2025/26 planning round as supporting evidence shows workforce capacity is insufficient to meet actual and predicted levels of need.

SLCN steering Group meetings set up in Plymouth and Torbay - support from Better Communication CiC, to improve service design and delivery using an evidenced based framework which has been used in other systems and had positive impact on waiting lists and identifying and meeting CYP SLT needs.

Finalise the online Early Language and Speech Development resource offer for families and referrers which can be signposted to following screening at the Getting Help and Getting Advice level.

Continue with training offer to Early Years Staff; SENCO forums to improve early identification and intervention at this universal level. Agreement reached in Torbay to develop a common toolkit of identification tools and resources for EYS and Primary.

When is improvement expected?

Some impact in Livewell trajectory on track, dependant on additional resource committed to improve trajectories within a shorter time period and progress of multi-agency work to implement the agreed improvement changes ie school link therapist, early years language support and family hubs.

Pending recruitment to vacancies, induction and training (as many will be newly qualified) some improvement is predicted in 2024.

Significant improvement can only be expected if additional resources are allocated through operational planning in addition to ensuring transformation of service design and delivery. Consideration will need to be given for the model of recovery outside of existing contracts.

Local Maternity & Neonatal System: Three Year Delivery Plan Theme 2: Growing, supporting & retaining our workforce

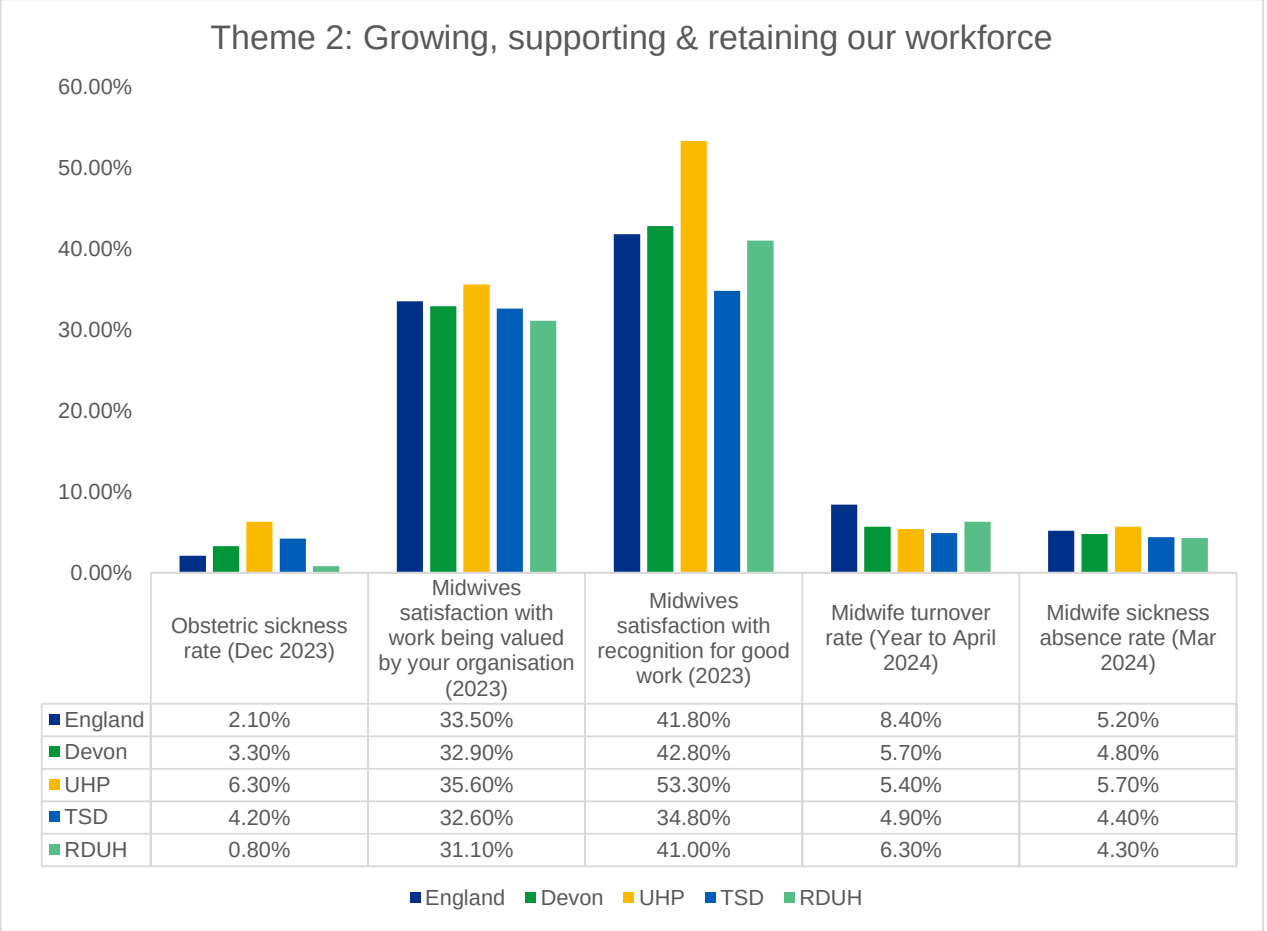
Devon performs better than the England average in 3 domains- Midwifery sickness absence & turnover and 'Midwives satisfaction with recognition for good work' (NHS Staff Survey 2023)

At Trust level, all Trusts perform better than the England average for midwifery turnover.

The measure with the greatest variation from England average is obstetric sickness rates. UHP has a 3x higher rate and TSD has a 2x higher rate than the England average. RDUH figures are approximately two thirds lower than the England average, however this is due to recognised workforce data issues.

All Trusts will receive a workforce diagnostic review as part of the Maternity Safety Support Programme*

*The MSSP is a targeted programme of support for maternity units that receive 'Requires Improvement'. All Trusts in Devon are on the programme as a result of CQC ratings & system NOF4 status.



	Obstetric sickness rate (Dec 2023)	Midwives satisfaction with work being valued by your organisation (2023)	Midwives satisfaction with recognition for good work (2023)	Midwife turnover rate (Year to April 2024)	Midwife sickness absence rate (Mar 2024)
England	2.10%	33.50%	41.80%	8.40%	5.20%
Devon	3.30%	32.90%	42.80%	5.70%	4.80%
UHP	6.30%	35.60%	53.30%	5.40%	5.70%
TSD	4.20%	32.60%	34.80%	4.90%	4.40%
RDUH	0.80%	31.10%	41.00%	6.30%	4.30%

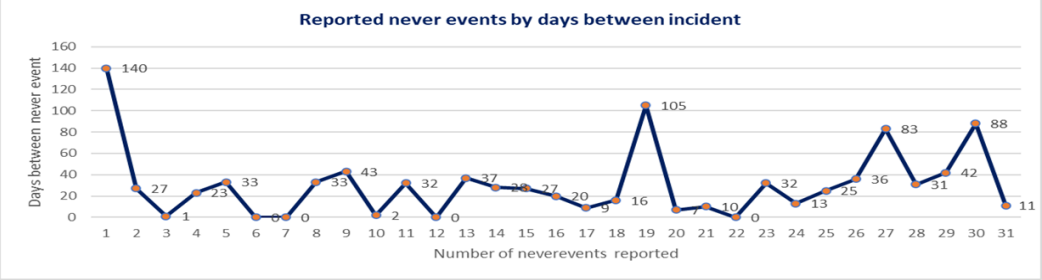
Quality

Serious Incidents (all providers)

Learning From Patient Safety Events (LfPSE)	Serious incidents	Never events
In July, UHP began reporting incidents live to the LfPSE system. This milestone means that all main Providers in Devon are now actively reporting to LfPSE. This unified approach enhances the ability to identify patterns, address issues, and improve patient safety outcomes. Each month, NHS Devon reviews the data reported to LfPSE to identify overarching themes and trends. When significant patterns are observed, it provides a foundation for discussions with colleagues across the system. The overarching aim is to collaboratively improve patient safety and quality of care through enabling the sharing of insights, the development of action plans, and the implementation of best practice.	Due to the implementation of LFPSE all providers have set timelines for closing their open serious incidents, and the goal is to have all incidents resolved by November 2024. In July 2024, 27 serious incidents were closed, reducing the total number of open incidents to 165, a further decrease from the previous month. Of these 165 open incidents, 25 investigation reports have been completed and submitted to NHS Devon for review and approval. 29 serious incidents are still classified as high profile.	Never events were recorded under the old serious incidents 2015 framework and continue under the new PSIRF framework as a national priority, allowing trend and themes analysis to continue. 4 never events have been reported since April 2024, two from TSDFT, 1 from UHP and 1 from an independent provider (Mount Stuart). There are currently 19 open never events awaiting investigation. The below chart reports on the number of days between each never event reported as a measure of improvement.

Never events by days between incident reported

This chart illustrates the intervals between each never event reported for the Devon system. An increase in the number of days between reported never events indicates improvement. The data spans from April 2022 to the present.



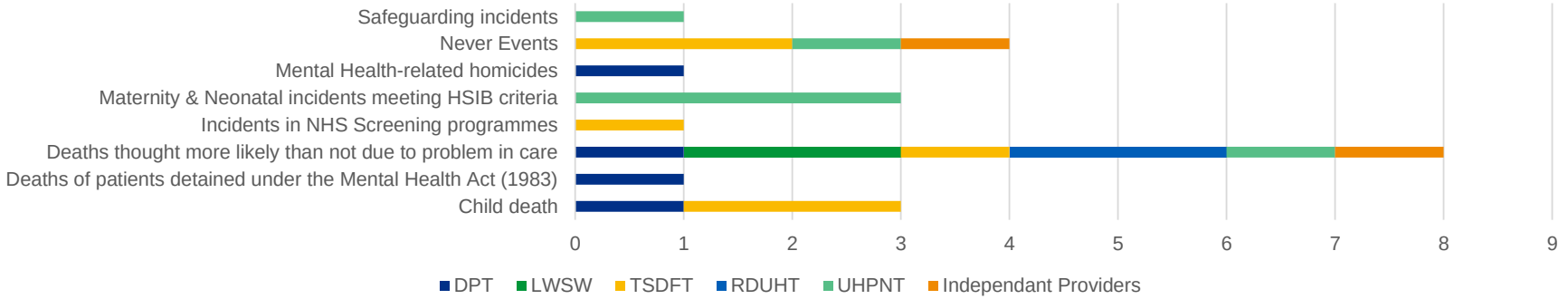
National and local priorities

The Patient Safety Incident Response Framework (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. 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.

Since April 2024 to date a total of 22 national priorities have been reported and a further 8 local Provider priorities. The highest reported national priority is incidents concerning deaths thought more likely than not, due to problems in care.

All reported national priorities are illustrated in chart 2.

Chart 2: National priorities reported by Provider

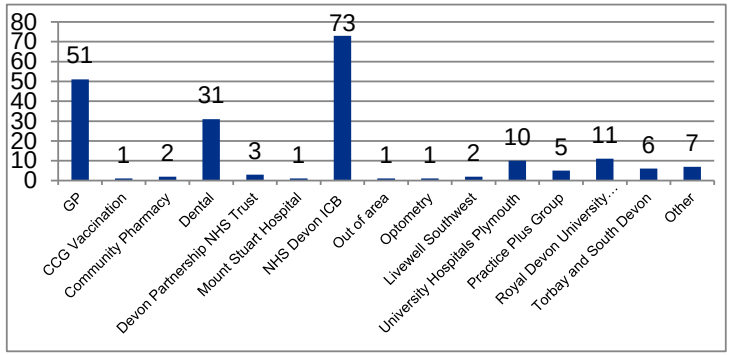


Provider	DPT	LWSW	TSDFT	RDUHT	UHPNT	SWASFT	Independent Providers
National Priority Incidents	0	0	3	1	1	0	1
Local Priority Incidents	0	0	0	0	3	1	0

Patient Experience (NHS Devon): Patient Contacts

Patient Experience: Received cases

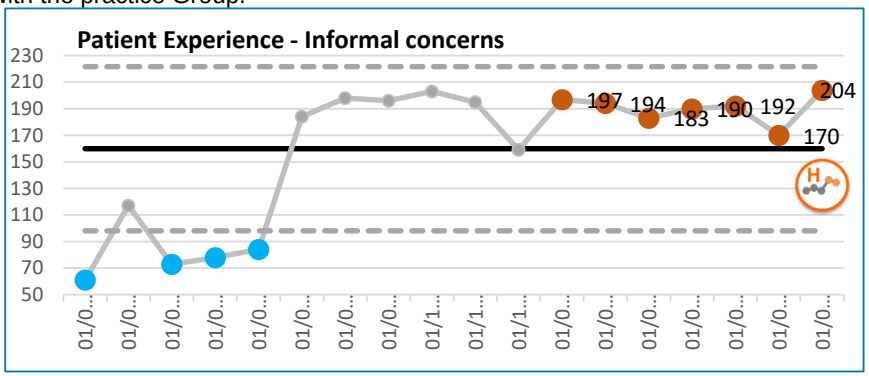
During July 2024 there were 204 **new patient experience** feedbacks (including MP and PHSO (Parliamentary and Health Service Ombudsman) enquiries) received by the ICB these are shown by Provider in the graph below:



There has been little change during July; dental access remains the main theme. Progress has been made to secure a dentist to support patients in South Devon following an immediate dental practice closure.
Devon's Postural Tachycardia Service (POTS) services with University Hospital Plymouth continues to be high profile.

Patient Experience: Informal Concerns

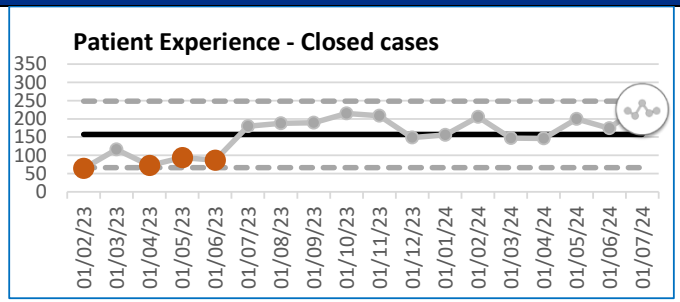
There was significant contact relating to a Western GP group where access to appointments and prescriptions are namely impacting patients. This appears to be also impacting on emergency departments due to delayed responses. Both Patient Safety and Quality and Primary Care Commissioning are aware and working closely with the practice Group.



The **highest three patient experience concerns received in July 2024** were:

- Access to Services **(113) -** Increase mainly relating to Plymouth GP services
- Communication **(51) –** Varying subject area, no major themes
- Quality of care **(45) –** Varying subject area, no major themes

Patient Experience: Closed cases



Patient Experience: Summary

- There was 1 new formal **complaint** raised during July for NHS Devon, with a total of **17 that remain open**.
- There are 3 **Primary Care complaints** pending review and sign off.
- There were 2 **Primary Care complaints** signed off in July.
- There are 8 **open requests for information** from the **Parliamentary Health Care Ombudsman (PHSO).**

Safeguarding: Adult Enquiries

Issue: Safeguarding Adult Enquiries (Section 42.2) are undertaken when concerns about abuse and neglect within health care settings are raised. The statistics below are in relation to the new S42.2 caused out by the 3 local authorities in Devon and the primary themes of the concerns.

Data				Underlying cause
	May	June	July	**Themes:** The main issues within new S42.2 enquiries started in July 2024 related to: - • Quality of care • Persons in a position of trust (PIPOT)
Total number of new S42.2 enquiries	8	6	6	
Total number of Closed S 42.2 enquiries	7	3	2	

Initial learning from new safeguarding enquiries, closed safeguarding enquiries and safeguarding adult reviews:	Assurance
The Safeguarding Adult Team continue to seek assurance that the learning from safeguarding enquiries is embedded into practice by the provider. **Issues raised in Section 42 Enquiries July 2024:** • There is a new Whole Service Safeguarding (WSS) Investigation regarding a domiciliary company providing services in Devon. This is affecting 1 CHC funded individual with Diabetes. • Person in Position of Trust (PiPoT): Investigations are ongoing to determine if there has been Professional misconduct. • Culture of care delivery remains a focus of quality assurance. **Learning Outcomes from Section 42 closed cases:** • Robust discharge planning and the inclusion of all relevant details regarding care management to be documented within Discharge Summaries for onward care settings. • Inappropriate use of chemical restraint resulted in policy revision and staff training/education across the organisation. A new checklist is in place for staff to complete prior to administration of prescribed medications. **Safeguarding Adult Review (SAR):** The Torbay and Devon Safeguarding Adults Partnership (TDSAP) have published a safeguarding adults review (SAR) into the death of Ruth, aged 18 and with a learning disability. Learning has identified the need for revision of transition pathways for children, an identified lead for transition into Adulthood and better support for parents during the transition period. For the full report and identified learning please use this link: SAR Ruth - Devon Safeguarding Adults Partnership	The safeguarding adults team review individual safeguarding cases with provider safeguarding leads to gain assurance of the quality of care provided to patients. WSS: Diabetes Management training has been shared with the domiciliary care provider and the CHC team are reviewing the patient care and care plan. External consultancy has been employed by the Provider to support clinically. There has been attendance by ICB safeguarding Team members at each WSS meetings. The safeguarding team are working closely with the providers and local authorities to ensure patients remain safe whilst investigations are undertaken, and mitigating actions are taken to prevent further harm. Revision of Policy and development of Check list protects Patients and staff.

Actions for next month/s	Intended impact	Date impact will be realised
To continue to monitor and report S42.2 activity across Devon.	Raise awareness of learning from S42.2's and safeguarding adult reviews to promote safer patient care.	Quarter 2 2024 - 2025

Safeguarding: Children focused reviews

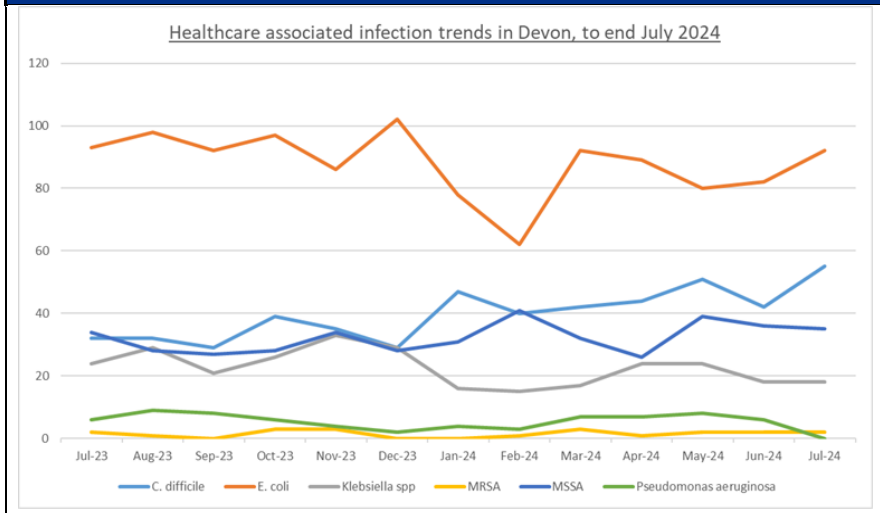
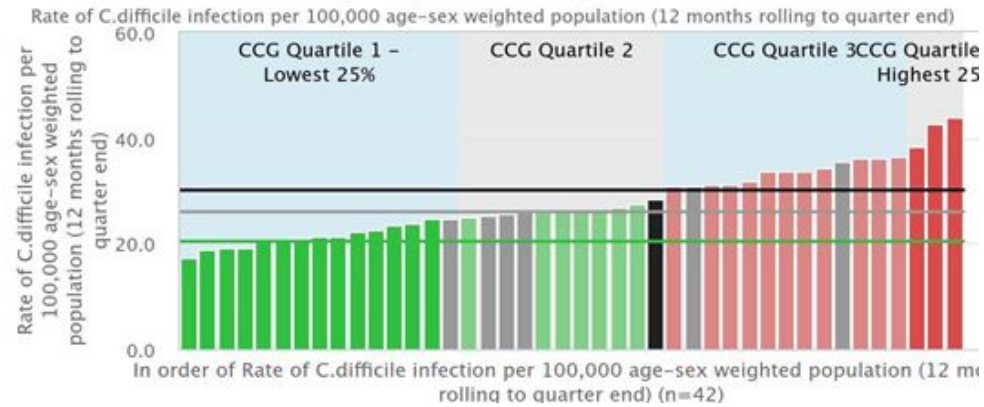
Issue: Whenever a child is seriously harmed or dies as a result of abuse or neglect, the local authority is required to notify OFSTED and the national child safeguarding practice review panel of this serious incident (SIN). The three statutory partners meet to decide whether the criteria are met for a rapid review and if, from that review meeting it is deemed there is relevant multi-agency learning, a child safeguarding practice review will be commissioned. Not all cases meet the criteria for a statutory review if the child or their family are not known to all statutory partners, however it may be deemed there is value in undertaking a multi-agency learning event to explore how agencies might have responded or worked together differently, and to identify improvements in practice.

Data				Underlying cause
	May	June	July	**Themes:** • Non accidental injuries in infants • Neglect spanning infants through to teenagers
Total number of new Serious Incident Notifications (SIN)	3	2	2	
Total number of SIN that progressed to Rapid Reviews	1	2	1	
Total number of Child Safeguarding Practice Reviews	0	2	tbc	

Initial learning from statutory safeguarding reviews and learning events related to children:	Assurance
Joint Targeted Area Inspection (JTAI): Work to address the JTAI is in progress, led by the ICB Director of Nursing. Updates are to be reported to the ICB Quality & Patient Experience Committee (QPEC) and System partners.	

Actions for next month/s	Intended impact	Date impact will be realised
Designated Nurses for Safeguarding Children will maintain oversight of statutory review progress through attendance at and contribution to the Partnership CSPR Groups. They will also ensure relevant health partners contribute to support identification of learning and good practice. There is a plan to draft a closure report for the JTAI action plan, this sits with the Head of Safeguarding and the DoN Nursing & Quality		

Infection Prevention and Control

Data	Infection Highlights
 *(graph locally produced from HCAIDCS dataset dated 12/08/24)*  *(C. difficile detail graph from Model Hospital age/sex standardised dataset dated 12/08/24)*	**Tuberculosis (TB)** Following a meeting with UKHSA, it has been determined an updated Adult Needs Assessment is required to reflect changes within the Devon TB picture in the following areas: • Adult Devon population • Paediatric population • ASR as well as migrants – health inequalities • Those with No Recourse to Public Funding • DOT/VOT model needed Note: This has been completed re the Paediatric Service. The Needs Assessments are key to understanding the time, finance and assessments required. UKHSA are undertaking this with ICB assistance with a 2-week time frame to follow up. Currently MDRTBI and standard paediatric cases are managed in Bristol. The aim is to have completed two Needs Assessments and an adapted service spec by the beginning of October 24. In addition, there is a plan to hold a TB Exercise at the next regional TB cohort meeting in November 24 utilising the needs assessments. Currently the system is dealing with several HCW cases of TB which is putting additional pressure on an already challenged system and the number of cases continues to rise.

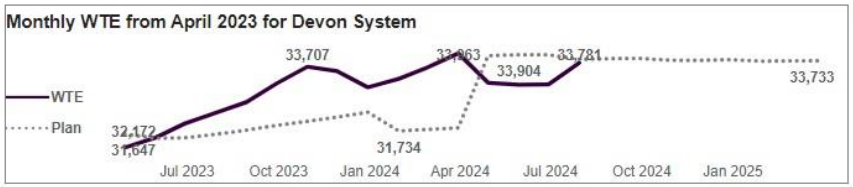
Infection Highlights
C. difficile The National thresholds numbers for 2024-25 have still to be published by NHSE. Currently all Devon acute Trusts exceed the thresholds for 2023-24, which are the levels being used until advised by NHSE. There has been both a national and regional increase in C. Difficile Infections (CDI), including within the NHS Devon system. However, Devon's position is central when assessed against other ICBs nationally, as well as our peers. (see chart). All our Acute Trusts continue to monitor and undertake reviews of cases to identify the themes and trends. NHSE Region are examining COCAs cases alongside the Trusts own HOHAs cases. A deep dive identified no practice failures. The deep dive also evidenced no concern re primary Care practice prescribing regimens. Of note, at a regional level, there is an emerging significant increase in the number of elderly males (aged over 75yrs) with COCA's. The SouthWest regional meeting will consider this and other CDI issues.

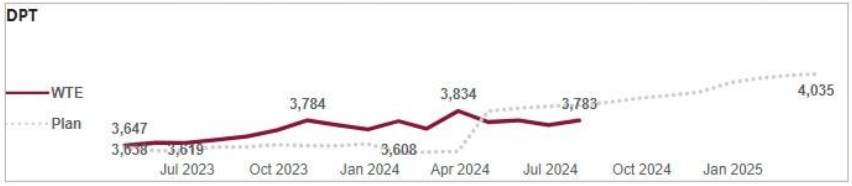
Actions undertaken in last month	Impact
LTBI business case for screening	Business case to be submitted for LTBI screening of specific ASR cohorts at the end of August.
Antimicrobial resistance agreement and work distribution	Peninsular Antimicrobial resistance Devon and Cornwall group (PARG) agreed workstreams in line with SW IPC strategy; invites sent to the participants.
Involvement with initial scoping & purchase decisions for intermediary care site	No further requests for input.

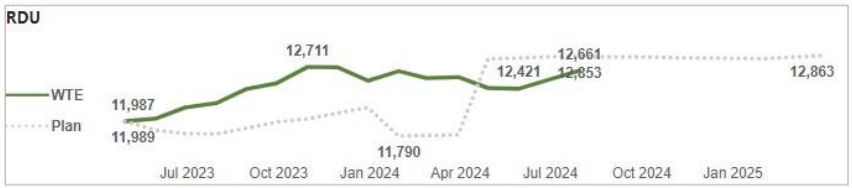
Actions for next month/s	Intended impact	Date impact will be realised
Tuberculosis commissioning pathway.	Consistent provisioned service for tuberculosis, including video observed therapy and directly observed therapy, as well as screening capacity.	September 2024
Rewriting of service specification for community infection management service.	Improved service outcomes, improved cross-locality working. Delayed from original August deadline due to ongoing funding and re-procurement discussions.	October 2024
Avian flu service commissioning	Commissioning of services across Devon for response to avian flu cases. Delayed from original August deadline due to complexities working with multiple providers for the service.	September 2024
Winter planning of IPC related services	Clear guidelines to reduce the effects of IPC on general winter issues with e.g. • Admission avoidance with IPC as the rationale • Clearer guidance on isolation need	September 2024

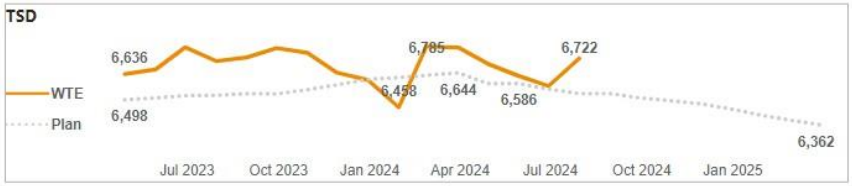
Workforce

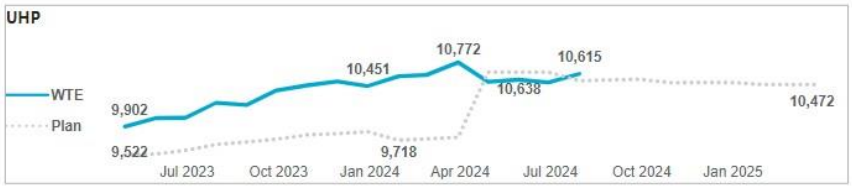
WDG August 2024 dashboard | WTE | July 2024 data











Planned WTE type	DPT	RDU	TSD	UHP	System Total
Substantive	3,545	12,137	6,178	10,186	32,045
Bank	231	444	284	298	1,257
Agency	89	271	69	39	469
Trust Total	**3,865**	**12,853**	**6,531**	**10,523**	33,772

Actual WTE

Substantive	3,458	11,906	6,167	10,041	31,573
Bank	203	480	385	544	1,612
Agency	122	276	170	29	596
Trust Total	**3,783**	**12,661**	**6,722**	**10,615**	33,781

Variance WTE

Substantive	87	231	10	144	472
Bank	28	(36)	(100)	(246)	(354)
Agency	(33)	(4)	(101)	10	(127)
Trust Total	**82**	**191**	**(191)**	**(92)**	(9)

The M4 WTE position shows a total of 472 WTE under plan for substantive. However total Bank WTE has significantly increased from M3 to M4 and agency is over plan by 127 WTE. This has put the system over plan in total WTE by 9 WTE in M4.

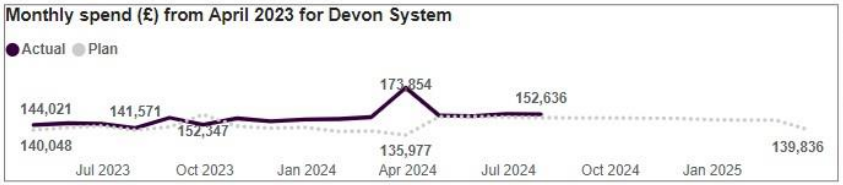
DPT : Substantive is under plan by 87 WTE with continued progress on recruitment, but increased use of agency compared to M3 by 33 WTE.

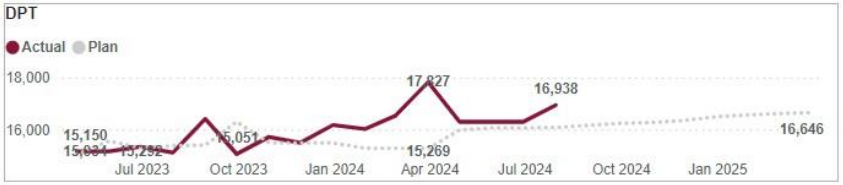
RDU : RDU are 191 WTE below plan. Agency is over plan by 4 WTE but improved on M3 but bank use has increased in M4 by 36 WTE.

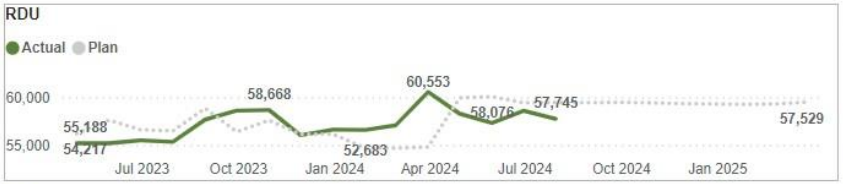
TSD: TSD have also increased bank by 100 WTE use compared to M3 and continues to be over plan with agency by 101 WTE.

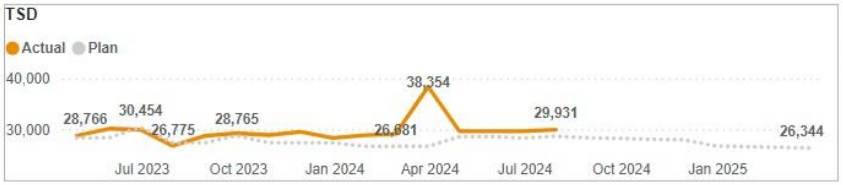
UHP: UHP are under plan for substantive by 273 WTE, but increasingly over plan for bank (354 WTE).

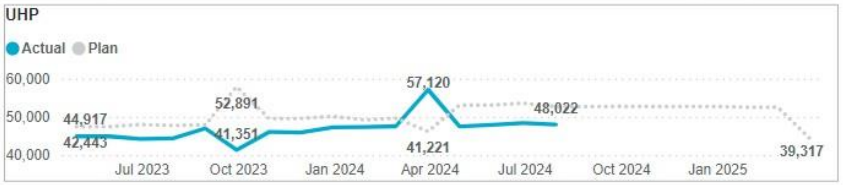
WDG August 2024 dashboard | Spend (£000) | July 2024 data











Planned Spend(£000)

type	DPT	RDU	TSD	UHP	System Total
Substantive	57,764	214,284	106,206	180,603	558,857
Bank	3,006	10,114	5,623	10,137	28,880
Agency	3,411	6,498	2,322	1,724	13,955
Trust Total	**64,181**	**230,896**	**114,151**	**192,464**	601,692

Actual Spend (£000)

Substantive	58,502	217,916	107,274	179,989	563,681
Bank	3,578	9,425	7,271	10,213	30,487
Agency	3,738	4,590	4,252	1,590	14,170
Trust Total	**65,818**	**231,931**	**118,797**	**191,792**	608,338

Variance Spend(£000)

Substantive	(738)	(3,632)	(1,068)	614	(4,824)
Bank	(572)	689	(1,648)	(76)	(1,607)
Agency	(327)	1,908	(1,930)	134	(215)
Trust Total	**(1,637)**	**(1,035)**	**(4,646)**	**672**	(6,646)

The M4 pay spend has worsened by £3.9M in M3 to £6.6M in M4.

This is being investigated in detail with continued ESR and ledger reconciliation with provider finance and workforce teams. ICB Executives have requested provider finance teams to provide full clarity on actual worked WTE and have confirmed this will be in place for M5. In addition, finance are working with providers on a bridge to show what additional WTE is being worked in relation to activity.

WDG August dashboard | Spend (£000) Deep Dive | July 2024 data

Analysing Variances YTD Spend (£000) per Substantive Staff Group in Relation to the Plan (excl Capitalised staff costs)

Trust	Any other staff	NHS infrastructure support	Registered ambulance service staff	Registered nursing, midwifery and health visiting staff	Registered Scientific, therapeutic and technical staff	Support to clinical staff	Total medical and dental	Total per Trust
DPT	68 ▲	(305) ▼	0 ▬	(150) ▼	(261) ▼	(133) ▼	(1) ▼	(782) ▼
RDU	0 ▬	1,311 ▲	(66) ▼	(180) ▼	601 ▲	(3,964) ▼	(1,254) ▼	(3,552) ▼
TSD	16 ▲	(535) ▼	0 ▬	228 ▲	(334) ▼	832 ▲	(467) ▼	(260) ▼
UHP	(3) ▼	24 ▲	1 ▲	3,680 ▲	(2,006) ▼	(2,508) ▼	1,506 ▲	694 ▲
Total per Staff Group	81 ▲	495 ▲	(65) ▼	3,578 ▲	(2,000) ▼	(5,773) ▼	(216) ▼	(3,900) ▼

DPT: A reconciliation of the YTD cost to plan is expected to be provided to identify what proportion of the adverse position is unfunded. WTE numbers have improved in M04 to just below plan. Agency numbers are ahead of plan, but in-month costs have fallen. This needs to be investigated, but is due in part to accruals in previous months.

RDU: YTD expenditure is above plan (£1.1m). Substantive staff expenditure is £3.6m adverse, offset by £2.4m underspends in temporary staffing. This pattern is forecast to continue for the year, with the overall position improving to £0.3m adverse WTE numbers are below plan, including in substantive staff. The reason for the disconnect between substantive pay expenditure and wte needs to be understood.

- YTD substantive expenditure is above plan and includes (from Q1) consultant pay award not in plan (£1.4m) specific unplanned enhancement payments (£0.3m) from 2023/24 and the consequence of industrial action (£0.3m). The adverse position has improved slightly in M04 at £3.6m (*M03 £3.8m*)
- Bank and agency expenditure is below planned levels by £2.4m (*M03 £3.0m*) and will include elements of cost transfer to substantive.
- The forecast position has deteriorated to £0.3m adverse (*M03 no variance*). There is still a sizeable overspend forecast for substantive staff of £8.0m (*M03 £9.6m*), offsetting underspend forecasts for bank and agency.

TSD: Pay costs YTD are adverse to plan by £3.8m (M03 £2.8m). Of this, £1.3m is offset by additional income identified in Q1. Industrial action pay impacts in Q1 accounts for £0.3m. Pay CIP slippage has reduced to £0.5m (*M03 £0.8m*).

Shared Corporate Services – 38.68 WTE -

- Identified but yet unallocated CIP 36.0WTE
- Non-medical, non-clinical spend, the overspends are spread across shared corporate services with largest variances being seen within Hotel Services – Catering who are 2.70 WTE over budgeted establishment required to support operational pressures across urgent and emergency care and Procurement who are reporting an over establishment of 1.60 WTE.

Family & Communities – 20.22 WTE driven by:

- Nursing (Registered & Support) - 14.53 WTE –areas to cover vacancies and maintain safer staffing

AHP – 3.88 WTE In Adult Social Care to assist managing waiting lists (Torbay Council funding partially offsetting some of this).

Medicine & Urgent Care – 21.66 WTE driven by:

- Nursing – 10.89 WTE – Urgent & Emergency Care due to increased demand pressures, vacancies & sickness.

Support to clinical staff (nursing) – 7.32 WTE – Urgent & Emergency Care due to vacancies & sickness.

Planned Care and Surgery – 17.63 WTE driven by:

- Surgery Division - Within Consultants 10.25 WTE, key drivers are back fill to run Urology clinics and maintain on call arrangements at weekends ahead of Exeter picking up in October and also due to vacancies and sickness, plus additional Ophthalmology clinics and theatre sessions to meet demand.

Nursing – 15.91 WTE TIF posts vacancies require backfill plus other substantive vacancies, sickness and specialising across the Theatres and Trauma services

UHP: Expenditure shows favourable variance against plan of £0.8m (M03 £1.1m). WTE totals have moved ahead of plan by 92 wte (M03 138 wte below plan). Agency wte and costs are below plan.

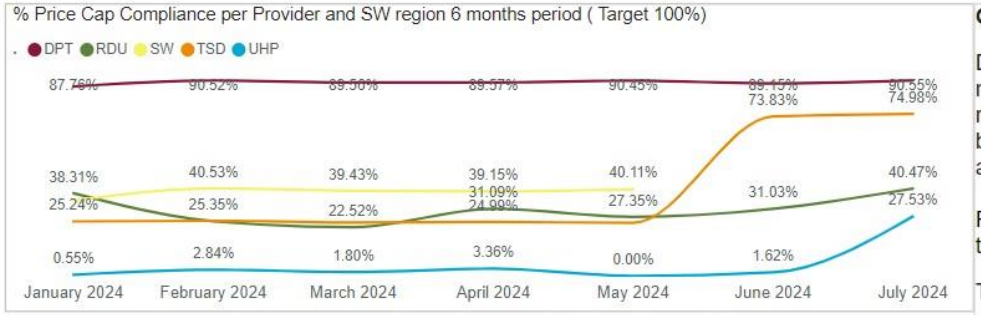
Analysing Variances YTD Spend (£000) per Bank Staff Group in Relation to the Plan (excl Capitalised staff costs)

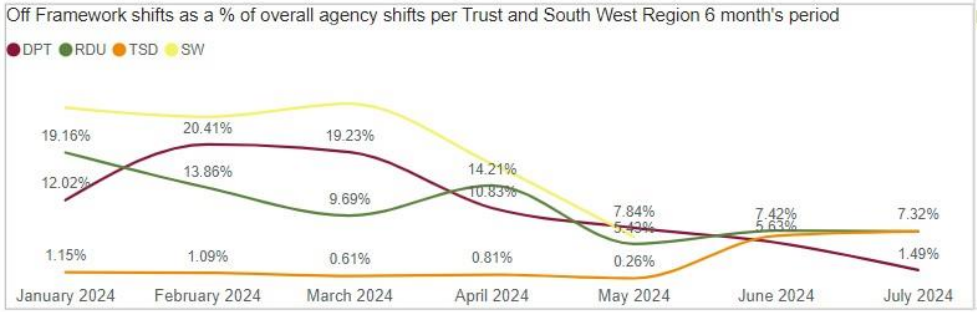
Trust	Any other staff	NHS infrastructure support	Registered ambulance service staff	Registered nursing, midwifery and health visiting staff	Registered Scientific, therapeutic and technical staff	Support to clinical staff	Total medical and dental	Total per Trust
DPT	0 ▬	(13) ▼	0 ▬	(95) ▼	(140) ▼	(324) ▼	0 ▬	(572) ▼
RDU	0 ▬	658 ▲	0 ▬	447 ▲	(78) ▼	(560) ▼	222 ▲	689 ▲
TSD	0 ▬	(900) ▼	0 ▬	296 ▲	522 ▲	(244) ▼	(1,322) ▼	(1,648) ▼
UHP	0 ▬	400 ▲	0 ▬	(294) ▼	308 ▲	(349) ▼	(150) ▼	(85) ▼
Total per Staff Group	0 ▬	145 ▲	0 ▬	354 ▲	612 ▲	(1,477) ▼	(1,250) ▼	(1,616) ▼

WDG August 2024 dashboard | Over Price Cap & Off Framework | July 2024 data

Price cap compliance and off framework split by medical and non-medical shifts three-month snapshot

Date	Provider Staff Group	DPT total agency	DPT price cap	DPT off framework	RDU total agency	RDU price cap	RDU off framework	TSD total agency	TSD price cap	TSD off framework	UHP total agency	UHP price cap	UHP off framework	Total total agency	Total price cap	Total off framework
31 May 2024	**Total**	**2156**	**206**	**169**	**2227**	**1,618**	**121**	**2741**	**2,067**	**7**	**494**	**494**		**7618**	**4,385**	**297**
	Medical & Dental	248	206	72	500	473		216	216					**964**	**895**	**72**
	Non- Medical	1908		97	1727	1,145	121	2525	1,851	7	494	494		**6654**	**3,490**	**225**
30 June 2024	**Total**	**1917**	**208**	**108**	**2330**	**1,607**	**173**	**2614**	**684**	**174**	**433**	**426**		**7294**	**2,925**	**455**
	Medical & Dental	248	208	72	463	412	33	235	235					**946**	**855**	**105**
	Non- Medical	1669		36	1867	1,195	140	2379	449	174	433	426		**6348**	**2,070**	**350**
31 July 2024	**Total**	**2412**	**228**	**36**	**2582**	**1,537**	**189**	**2394**	**599**	**175**	**356**	**258**		**7744**	**2,622**	**400**
	Medical & Dental	272	228	36	515	462	29	258	258					**1045**	**948**	**65**
	Non- Medical	2140			2067	1,075	160	2136	341	175	356	258		**6699**	**1,674**	**335**





Off framework usage

DPT have made significant progress and have a contract issue with one final medic outstanding where they have booked shifts ahead and have obtained regional and national advice from NHSE and now require local legal advice to be able to agree an end date with the agency, with the individual in agreement already.

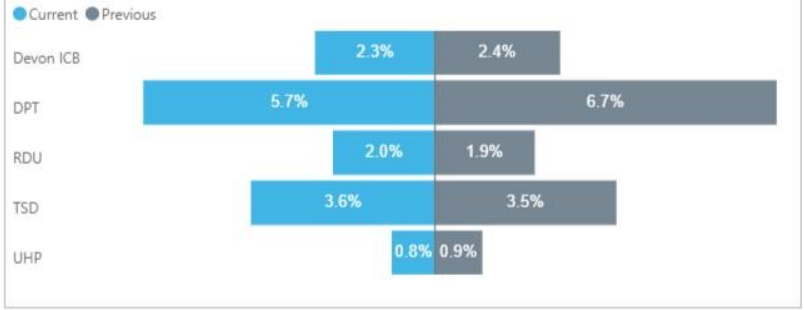
RDU have made progress with further discussions required to ensure locum in the Medicine Care group will move onto a FTC.

TSD – all outstanding usage has September and October end dates

UHP – no off framework use

WDG august 2024 dashboard | Agency Spend | July 2024 data

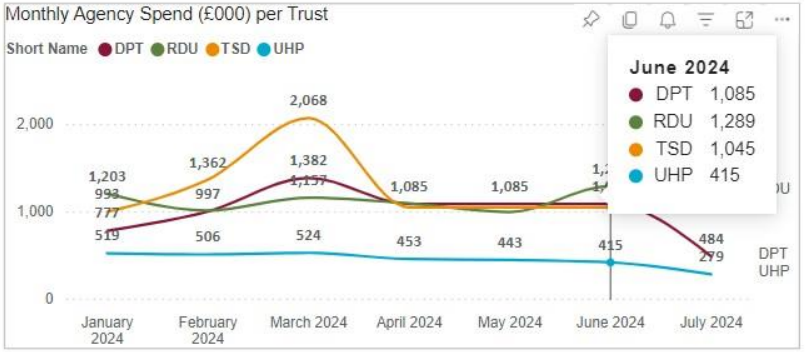
Agency Spend YTD as % of overall pay per system and Trust (Regional data not available)
System M4 Target- 2.3% System M12 Target - 2.1%



Agency ,Off framework and Off framework spend as % of agency spend by Month and Trust (excl UHP)
Overview for the last three months

Trust	Date	Agency (£)	Off framework (£)	%
Grand YTD Total		**9,360,333**	**503,431**	**5.38%**
DPT	**YTD Total**	**2,653,333**	**275,501**	**10.38%**
	31 May 2024	1,084,667	115,735	10.67%
	30 June 2024	1,084,667	99,926	9.21%
	31 July 2024	484,000	59,840	12.36%
RDU	**YTD Total**	**3,500,000**	**178,234**	**5.09%**
	31 May 2024	992,000	25,265	2.55%
	30 June 2024	1,289,000	76,523	5.94%
	31 July 2024	1,219,000	76,446	6.27%
TSD	**YTD Total**	**3,207,000**	**49,696**	**1.55%**
	31 May 2024	1,045,000	1,750	0.17%
	30 June 2024	1,045,000	23,549	2.25%
	31 July 2024	1,117,000	24,397	2.18%

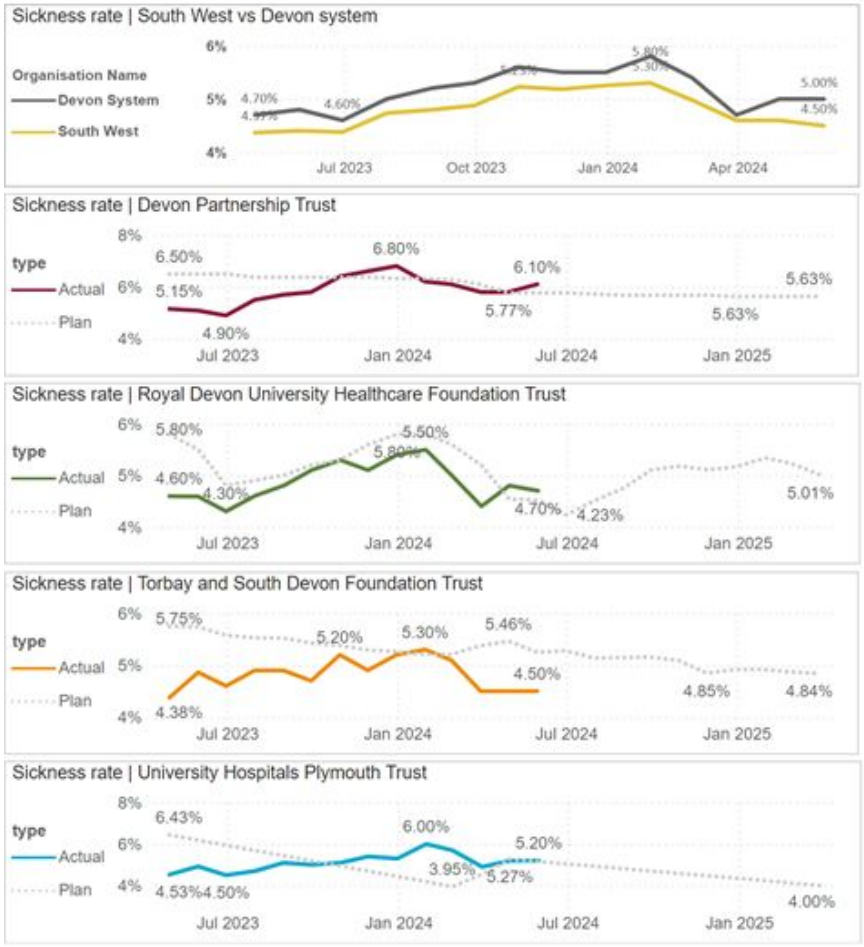
Monthly Agency Spend (£000) per Trust



Off Framework Spend per Trust

DPT: Agency numbers are ahead of plan. Recently recruited to North Devon and Exeter HTT vacancies and are going back out to advert to attempt recruit to South Devon HTT, which uses locums to cover vacancies.

WDG July 2024 dashboard | Sickness | May 2024 data



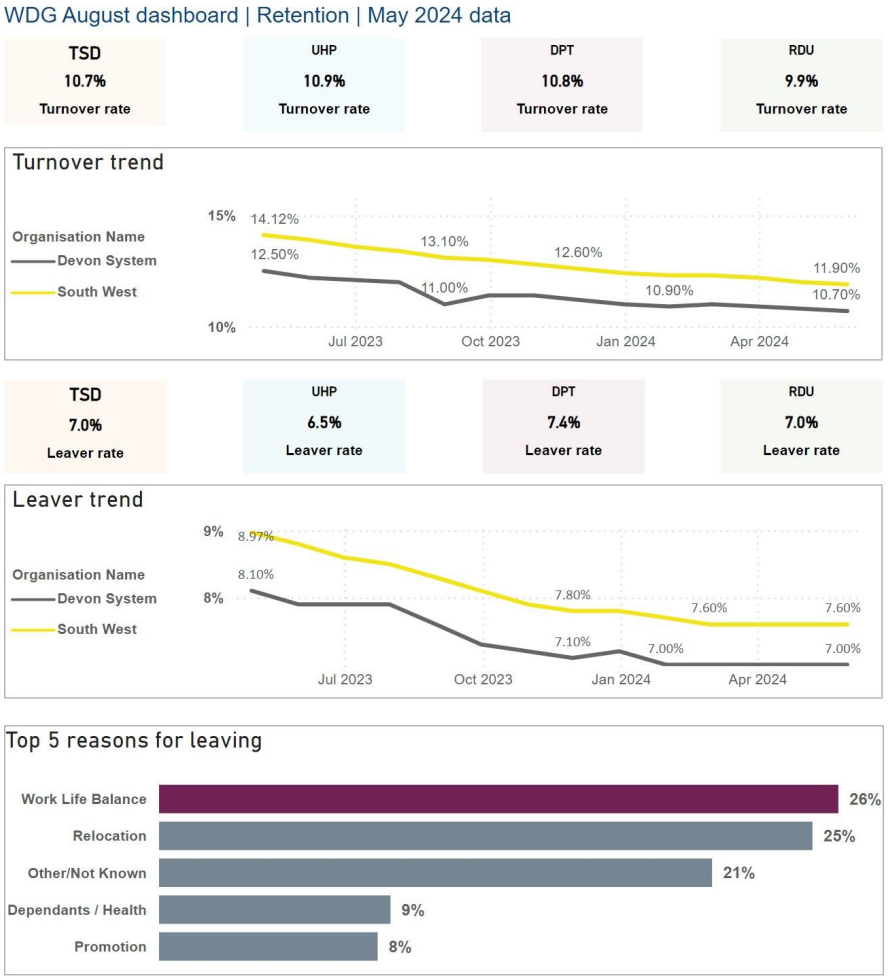
There was a 0.3% increase in sick leave in Devon in May 2024, with a reported 5% of cases.

The South West area has had a decline since January 2024. Recent data indicates that the region's sickness rate decreased by 0.1% from 4.6% in April to 4.5% in May.

With a reported 5% sick leave rate, or 52,357 days lost in May 2024, the Devon System now holds the highest percentage in the South West.

Out of which 1.4% of sick days are attributable to Mental Health issues. This adds up to 14291 missed days for the month.

Other causes of sick leave include Minor illnesses, which account for 0.6% of sick leave days, or 6,565 days, and Musculoskeletal problems, which account for 0.8% of sick leave days and 8629 days off.



The turnover rate for the Devon System in May 2024 was 10.70 % (0.1%▼), indicating a decline from the previous month. Furthermore, there has been evidence of a reduction in the South West's turnover rate, currently 11.90 % (0.1%▼).

In May 2024, 267.6 WTE left the Devon System* of those, 29 % (76.6 WTE) have left the NHS.

UHP and TSD have the highest percentages of employees leaving the NHS, 44% and 38%, with a WTE of 27 and 24, respectively.

21 % (55 WTE) of individuals departing this month are retiring from the Devon System. The biggest percentage of retirees (19.6 WTE) is reported in TSD (31 %).

The primary cause of departure was Work Life Balance (Devon System 26 %) .

The highest percentage of cases where this reason has been given for leaving is reported at TSD and UHP , 50% or 17 WTE and 28% or 12 WTE , respectively.

*including Livewell and Devon ICB

Key Headlines :

- At M04, total workforce YTD spend was £6.65M (1.1%) higher than plan.
- Forecasted overspend is £6.35M against plan to the end of the year
- With organisation YTD overspend of £4.65 M, TSD accounts for 70% of the system overspend.
- DPT is overspent by £1.63M as the second highest proportion, RDU with £1.03M overspent and UHP the only provider who is underspent by £0.67M
- The majority of the overspend is in the substantive staff category, (£4.82M YTD) primarily due to overspending in the "Support to Clinical Staff" area.
- At M04 agency spending YTD exceeded plan by £0.215M (1.54% higher than plan)
- At M04 agency spend as a percentage of total pay bill YTD at 2.3%, which is in line with the 2.3% target for that month, but over the YE target of 2.1%.
- The rise in agency spending was primarily driven by higher agency spend in TSD (3.6% YTD) and DPT (5.7% YTD)
- Three of the four trusts have seen an increase in substantive spend (total of £5.44M) , whereas UHP reports underspending in that area (under plan by £0.62M).
- At M4 last year, the system was £10.65M overspent vs current position of £6.65M overspend

#OneDevon

Finance Recovery Programme

Progress Summary

By Workstream June:

- Non – Medical Temporary Staffing
- Workforce Transformation
- Rostering
- Medical Productivity
- Workforce Controls
- Medical Temporary Staffing

By Workstream July:

- Non – Medical Temporary Staffing
- Workforce Transformation
- Rostering
- Medical Productivity
- Workforce Controls
- Medical Temporary Staffing

Key:

	Workstream is off plan.
	Workstream is off plan but can be recovered.
	Workstream is running to plan.

While the deliverable target dates are not imminent nor are they deemed as ambitious, it is reflective in the reporting this month from the workstream reporting as 'off plan but can be recovered'. This is because most RAGs associated with workstream outputs have moved from green to amber in month and several milestones in the delivery plan have moved to 'off track-recoverable'. This is due to;

- stocktaking exercises being broader than initially anticipated.
- Slow-moving or lack of engagement from provider stakeholders
- capacity for workstream group members alongside BAU.

By Deliverable:

- 48 deliverables in total
- 1 was already **complete** in June
- 23 deliverables remain **in progress / on track**
- 4 have moved from **not started** to **in progress / on track**
- 4 have moved from **in progress / on track** to **off track / recoverable**
- 6 remain as **not started**
- 6 remain **on hold**
- 2 remain **off track / escalate**
- 2 have moved from **in progress / on track** to **complete**

Key:

Complete	Complete.
Off track / escalate	Off track by planned target and a risk. Should be escalated to WDG.
Off track / recoverable	Emerging risk of inability to meet target date / could be recovered within a reasonable timeframe.
On track / in progress	On track by planned target date.
Not started	Not started by workstream.
On hold	On hold due to legitimate reason.

One Devon

Workforce: Learning, Education and Strategy

- **Advanced Practice:** 35 new advanced practice posts built across the Devon system in primary and secondary care. New areas include cancer, imaging, cardiology, neo-nates, frailty, MSK and paediatrics. 100% return of governance matrix for new and existing trainees. Workforce planning and scoping of new areas underway for September 2025.
- **Apprenticeships:** System wide day held to develop apprenticeship plans at provider level. Levy shared across primary care and the voluntary sector supporting nursing supply, pharmacy technicians. Levy process drafted at system wide day; next step sign off with CPO's.
- **Learner Experience:** Launch of trailblazer pilot project for national Educator Workforce Strategy mapping tool. Strong feedback and engagement across providers and professional disciplines. National team highlighted and thanks Devon for leading the trailblazer project with Somerset ICB, yielding rich narrative and feedback to further develop national programme. Consistent theme of no overarching person responsible at Executive level for the Educator Workforce and associated programmes of work and National Policy and Strategy implementation at local level. Presentation at regional network regarding Educator Workforce Strategy work as an enabler and driver for the Safe Learning Environment Charter. Work continues to develop system response across professional disciplines and providers.
- **Placement Expansion:** Primary Care working group received data and metrics to map placement capacity – work commenced to map educator workforce, Business Intelligence capability within group to drive work forward. TSD AHP pilot expansion project under development; 4 key priority areas identified (Physiotherapy, Podiatry, SALT, Dietetics) to generate options for expansion within TSD – first workshop booked. Approval secured from Devon County Council to collaboratively work with Careers Hubs to embed T level offering within Careers Hubs and improve connections between providers and different workforce supply routes. Nursing and Midwifery Professional Lead Placement Expansion group established, first working group booked for August. Ongoing engagement with SWAST (paramedicine Trust) – approval and agreement gained to host a range of T level learners including health, digital, business administration and vehicle maintenance. First industry placements expected in 2025 – preparatory work (e.g. team preparedness, mentor training, policy, safety and quality audits and documentation preparation) and key relationships being built in readiness for industry placements in 2025. Discussions to development of audiology industry placements including progression post T level into L4/5 apprenticeship and promoting audiology as a career to young age group, identifying T levels as vehicle to widen participation and youth engagement at school level. Exploration of employing under 18s on T level qualification to bank and alignment of Industry Placement periods to release of nursing apprentices to minimise loss of operational capacity due to apprenticeship placement requirements.
- **Retention**: Hub now has 381 service users. Hub closes end September and integrating work with People Promise exemplar sites. All People Promise Managers now appointed, and PIDs/plans submitted. Flexible working group up and running and first best practice exchange now in progress on tracking flexible working. Conversation also started on career pathway platform software to assist with integrated career pathways.

Acronyms

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
A&E	Accident and Emergency	**GIRFT**	Getting It Right First Time	**PPG**	Practice Plus Group
A&G	Advice & Guidance	**GP**	General Practice	**PSII**	Patient Safety Incident Investigations
ADHD	Attention Deficit Hyperactivity Disorder	**GPAS**	GP Alert State	**PSIRF**	Patient Safety Incident Response Framework
AHC	Annual Health Checks	**GPN**	General Practice Nurser	**QOF**	Quality Outcomes Framework
AHP	Allied Healthcare Professional	**HALO**	Hospital Ambulance Liaison Officer	**QPEC**	Quality & Patient Experience Committee
ARRS	Additional Roles Reimbursement Scheme	**HCAI**	Health Care Associated Infection	**RAG**	Red Amber Green
ASD	Autism Spectrum Disorder	**HCW**	Health Care Worker	**RCEM**	Royal College of Emergency Medicine
ASR	Asylum Seeker and Refugee	**HOCA**	Hospital Onset Community Acquired	**RDUH**	Royal Devon University Hospital
AtED	Alternative to ED	**HOHA**	Hospital Onset Hospital Acquired	**RDUH/N/E**	Royal Devon University Hospitals/North/East
AVP	Ambulance Vehicle Preparation	**ICB**	Integrated Care Board	**RRV**	Rapid Response Vehicle
BAU	Business As Usual	**ICS**	Integrated Care System	**RTT**	Referral To Treatment
CDC	Community Diagnostic Centre	**IPACS**	Improving Patient flow between Acute, Community and Social care	**SAFER**	Seen Aim Flow Early discharge and Recovery
CDI	C. Difficile Infection	**IPC**	Infection Prevention Control	**SAR**	Safeguarding Adult Review
CEO	Chief Executive Officer	**IQPR**	Integrated Quality and Performance Report	**SDEC**	Same Day Emergency Care
CFHD	Children and Family Health Devon	**ITK**	Interoperability ToolKit	**SDF**	Service Development Funding
CIC	Community Integrated Care	**JTAI**	Joint Targeted Area Inspection	**SEA**	Significant Event Audit
CLD	Criteria Led Discharge	**KPI**	Key Performance Indicator	**SENCO**	Special Educational Needs Co-Ordinator
CMH	Community Mental Health	**LCP**	Local Care Partnership	**SEND**	Special Educational Needs and Disability
CMHF	Community Mental Health Services Framework	**LD**	Learning Disability	**SHOP**	Sick Home Other Patients
CNO	Chief Nursing Officer	**LfPSE**	Learn from Patient Safety Events	**SI**	Serious Incident
COCA	Community Onset Community Acquired	**LOD**	Length Of Delay	**SIN**	Serious INcident
COHA	Community Onset Hospital Acquired	**LOS**	Length Of Stay	**SLCN**	Speech, Language and Communication Needs
CPO	Chief People Officer	**LSW**	Livewell South West	**SLT**	Speech and Language Therapist/Therapy
CQC	Care Quality Commission	**LTBI**	Latent Turberculosis	**SMI**	Severe Mental Illness
CTH	Care Transfer Hubs	**LTP**	Long Term Plan	**SOP**	Standard Operating Procedure
CYP	Children and Young People	**MDT**	Multi-Disciplinary Team	**SPOA**	Single Point Of Access
DCC	Devon County Council	**MDRTBI**	Multi-drug resistant TB Infection	**SRO**	Senior Responsible Officer
DCC	Direct Clinical Care	**MHLDN**	Mental Health Learning Disability and Neurodiversity	**STCC**	Short Term Care Centre
DL	Discharge Lounge	**MHSDS**	Mental Health Services Data Set	**StEIS**	Strategic Executive Information System
DMS	Discharge Medicine Service	**MIU**	Minor Injuries Unit	**SW**	South West
DNA	Did Not Attend	**MOU**	Memorandum Of Understanding	**SWASFT**	South West Ambulance Service Foundation Trust
DOT	Directly Observed Therapy	**MP**	Member of Parliament	**TB**	Tuberculosis
DPT	Devon Partnership Trust	**MSK**	Muscolar-SKeletal	**T&F**	Task & Finish
DQIP	Data Quality Improvement Plan	**NCTR**	No Criteria To Reside	**TB**	Tuberculosis
DRD	Discharge Ready Date	**ND**	Neuro-Development	**TSD**	Torbay and South Devon Foundation Trust
ECIST	Emergency Care Improvement Support Team	**NHSE**	NHS England	**TSDFT**	Torbay and South Devon Foundation Trust
ED	Emergency Department	**NICE**	National Institute for health and Care Excellence	**TDSAP**	Torbay and Devon Safeguarding Adult Partnership
EDD	Expected Date of Discharge	**NOF**	National Oversight Framework	**UEC**	Urgent and Emergency Care
EIP	Early Intervention in Psychosis	**NSS**	No Specific Symptom	**UHP**	University Hospitals Plymouth
EMD	Emergency Medical Dispatcher	**OOH**	Out Of Hours	**UKHSA**	UK Health Security Agency
ENT	Ears Nose and Throat	**OPEL**	Operational Pressures Escalation Levels	**UTC**	Urgent Treatment Centre
EOC	Emergency Operation Centre	**PARG**	Antimicrobial resistance Devon and Cornwall group	**VCSE**	Voluntary Community Social Enterprise

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
EOL	End of Life	**PCN**	Primary Care Network	**VOT**	Video Observed Therapy
ESR	Electronic Staff Record	**PHSO**	Parliamentary and Health Service Ombudsman	**WDG**	Workforce Delivery Group
EYS	Early Years Staff	**PID**	Project Initiation Document	**WSS**	Whole Service Safeguarding
FDS	Faster Diagnosis Standard	**PIFU**	Patient Initiated Follow Up	**WTE**	Whole Time Equivalent
FTE	Full Time Equivalent	**PiPOT**	Person in Position of Trust	**YTD**	Year To Date
FTC	Fixed Term Contract	**PITCH**	Peer Improvement Tips for Care and Health		
G&A	General & Acute	**POTS**	Postural tachycardia syndrome.		

Key to Variance & Assurance Icons

	Variation/Performance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

	Assurance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

NHS Devon

NHS Devon Integrated Care Board

Delivery of the 2024/25 Annual Plan – assurance

Date of meeting	Date report produced
18 September 2024	26 August 2024

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe Director of Performance and Planning Lucy Pare Deputy Director of PMO	**Name and title:**	Bill Shields Deputy CEO and 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
This report sets out oversight and assurance for the delivery of each NHS Devon Directorate's 2024/25 Annual Plan objectives. It provides details of the objectives where the Programme Management Office (PMO) and Performance team have either no or only partial assurance with respect to progress being made to deliver the Plan. The content of the report is created through the detail provided by each Directorate in their highlight reports and the outputs of the review and assurance process chaired by the Director of Performance and Planning.

One Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Considered by the NHS Devon Executive at its meeting on 03 September 2024. Considered by the Quality and Patient Experience Committee at its meeting on 11 September 2024. Considered by the Finance and Performance Committee at its meeting on 12 September 2024.

Key recommendations and actions requested
NOTE the assurance report summary and assurance levels for each Directorate.
APPROVE the proposed amendment of the Annual Plan.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Positive
Improve services and reduced unwarranted variation	Positive
Make more efficient use of our resources	Positive
Develop our culture and how we operate	Positive

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	
Health inequalities	
Workforce	
Resources and finance	All
Legal	
Digital and Data	
Engagement and consultation	

Delivery of the 2024/25 Annual Plan – assurance

Introduction

1. The Annual Plan is a comprehensive set of corporate objectives designed to address NHS Devon's response to all relevant local and national requirements, both internal and external.

2. It directly addresses local needs outlined in the One Devon Integrated Care Strategy, as well as national policy objectives in the NHS Long Term Plan, NHS England's operational planning guidance, and the NHS Oversight Framework.

3. By tracking the delivery of our Annual Plan at a Directorate level and working with our partners at place, we will ensure that NHS Devon is meeting all relevant priorities and requirements, including our performance, oversight, and commissioning responsibilities in relation to NHS providers in Devon.

4. 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 129 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 local Integrated Care Strategy.

5. The Annual Plan is 'high level' but contains clear deliverables, impact statements and timelines, and supports accountability by linking objectives to Chief Officer portfolios.

Delivering our Annual Plan

6. To deliver our Annual Plan, the Director of Performance and Planning has established monthly NHS Devon Planning and Delivery Meetings with each member of the NHS Devon Senior Leadership Team.

7. These monthly meetings, conducted via the Programme Management Office (PMO) Delivery Room, will focus on the delivery of our 2024/25 Annual Plan and key corporate objectives. They provide oversight of the Board Assurance Framework, track performance improvements against the NHS Oversight Framework (NOF) and mitigate risks on the corporate and programme risk registers. The PMO has developed highlight reports to support these meetings, so progress can be monitored against key performance indicators (KPIs) and agreed impact metrics. The highlight reports are considered ahead of the delivery review meetings and Key Lines of Enquiry (KLOEs) agreed and shared with Senior Responsible Officers.

8. The outputs from these performance meetings have been collated into this assurance report. This will enable all Directorates to understand corporate delivery against NHS Devon and system priorities, reducing the risk of silo working.

Proposed amendment of the Annual Plan

9. At its meeting on 25 July 2024 the Board, emphasising the need to recognise and respond to NHS Devon's corporate parenting responsibilities within NHS Devon's Annual Plan, agreed that an additional objective should be included to reflect these. This has been incorporated into the plan under the Chief Nursing Officer's objectives in the Children and Young People section, as follows:

   The ICB will address significantly poorer outcomes for care-experienced children and young people by tackling access and equity issues in care delivery.

10. The Board is asked to **AGREE** the addition and note that further objectives may be added throughout the year as new priorities emerge. Any additional objectives or significant material changes to the wording of current objectives will be brought to the Board for approval through the Annual Plan update report.

Our Annual Plan 2024-25

The report will provide the following by directorate:

- Summary and overview of assurance of delivery
- By exception the details of those objective not fully/partially assured
- Highlighted risks and escalations for noting by Executive Committee

Following this months Delivery Review meetings there have been interdependencies highlighted between objectives/workstreams within different directorates and will require a matrix style working approach, these are identified within this report and have been shared by the PMO with appropriate Chief Officers.

Planning objectives which are amended, updated or added within a directorate between months will be noted within this report and require agreement from the Executive Committee.

Chief Nursing Officer

Overview of assurance – Partially assured.

There are a total of 16 objectives set out within the Chief Nursing Officer (CNO) directorate of which 31% (5) are fully assured to deliver within the expected timescales, 63 % (10) are partially assured and <1% (1) which is unknown as ownership of the objective is not agreed.

Objectives by exception

AP Section	Objective	Status	Narrative and comments
Quality & Safety	Safeguarding Improvement	Partially assured	Agreement regarding the benefits of a One Devon Local Safeguarding Partnership (LSP) being sought. Meeting planned for September to further explore.

Quality & Safety	Review and enhance the Continuing Health Care (CHC) function to deliver value and improve efficiency	Partially assured	Presentation to Executive Committee (ExCo) re revised structure achieved. Findings will inform phase 2.2 of the change process. Consideration of the impact of digital transformation being explored.
Maternity, Neonatal and Women's Health	Implement the three-year maternity and neonatal delivery plan	Partially assured	Objectives on track, other than those impacted by the gap of dedicated business intelligence (BI) support. Working group has been established to understand and address data and intelligence gaps
Maternity, Neonatal and Women's Health	Implement the 10 year national Women's Health Strategy in Devon	Partially assured	
Children and Young People	Develop Family Hub and Early Help models across Devon by 2026	Partially assured	
Children and Young People	Implement a neurodiversity offer for children and families with neurodiverse, emotional and communication needs	Partially assured	
Children and Young People	Improve outcomes for CYP with long term conditions, focussing on a reduction in health inequalities	Partially assured	
Children and Young People	Prioritise the Special Education Needs and Disabilities (SEND) of children and families across Devon ICS, embedding SEND reforms in line with local inspection findings within mandated timeframes	Partially assured	
Children and Young People	Develop a comprehensive plan to support the recovery of community services, with a target to reduce the autism pathways waits over 52 weeks by April 2025.	Partially assured	Funding now agreed to support recovery investments. Lock-in taking place 10th September to finalise implementation programme for recovery of 52 week waits by end of March. Update on lock in outcome to be provided at September Delivery Review Meeting
Children and Young People	Address significantly poorer outcomes for care experienced children and young people by tackling access and equity issues in care delivery	Partially assured	Objectives on track, other than those impacted by the gap of dedicated BI support. Working group has been established to understand and address data and intelligence gaps

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
Maternity, Neonatal and Women's Health	Gap in dedicated BI support to progress maternity system dashboard.	Delay in the maternity system dashboard.	Working group established to address risk and understand what progress can be made without full BI solution	yes
Maternity, Neonatal and Women's Health	ICB capacity to progress Women's Health Hub development to all 8 core areas of the national service specification.	Unable to meet NHSE requirement for full Women's Health Hub by December 2024.	None identified at present	yes
Children and Young People	The In-Reach Discharge Support Service is at risk of cessation without long term funding identified.	Impacts for CYP will be seen in a wider context including days missed from education, social isolation, development and longer term on adult life course and services.	Steve Moore visiting the VCSE provider in August.	yes
Children and Young People	Gap in dedicated BI support to progress CYP system dashboard.	Delay in the CYP system dashboard	Working group established to address risk and understand what progress can be made without full BI solution	yes

Chief Medical Officer

Overview of assurance – Fully assured.

There are a total of 42 objectives set out within the Chief Medical Officer (CMO) directorate of which 62% (26) are fully assured to deliver within the expected timescales, 33% (14) are partially/not currently assured and 5% (2) which are unknown as ownership of the objective is not yet agreed.

Objectives by exception

AP Section	Objective	Status	Narrative and comments
Mental Health	Reduce inequalities in mental health care by increasing the rate of annual physical health checks so that 75% of people with severe mental illness (SMI) are receiving a full annual physical health check, with at least 64% receiving one by March 2025 ensuring appropriate follow-up care for all those who need it.	Partially assured	Work in progress to align in year SDF to antipsychotic initiation and PH monitoring in place – programme stepped up at pace following GP ballot and key partners engaged Population Health Management (PHM) via GP (annual health checks) positive uptake at end of QRT 4 due to QAF payment – Local Medical Committee (LMC) clear this is a primary care. Need to revise the original plans following the GP ballot and information received about GP collective action – possible significant system risk requiring system oversight
Mental Health	More children and young people will have timely, coordinated access to NHS-funded mental health support, care, and treatment, including through mental health support teams in schools. This will mean that at least 15 754 CYPS will access NHS services.	Partially assured	Business case to be considered in August DIG if approved will be on track.
Mental Health	Develop a business case for a community-based alternative to hospital admission for individuals with severely disordered eating with atypical features or which is secondary to neurodiversity &/or trauma-based issues	Partially assured	Business case under development.
Mental Health	Ensure that commissioned mental health services are of high quality, safe, effective and well led.	Not currently assured	Directorate have advised red as not a specific action to be assured on and is a risk, this is included on the appropriate risk log, need to confirm if this should remain within the annual plan.

Mental Health	Establish a framework for quality assuring the standards expected of any digital services that children and young people can access; with a central resource that children and young people can be signposted to	Partially assured	Project brief has been drafted. A circulation of project brief to T&F group for formal adoption and agreement is planned for august.
Mental Health	Work to ensure that all acute hospital trusts across the ICB work to the same protocol of medical admissions for “Physiological rescue” admissions with rapid admission and rapid discharge within a 14-21 day time frame and similar criteria for NG feeding, enhanced nursing, restraint, sedation, use of legislation and working with liaison psychiatry.	Partially assured	Incorporated within development of a wider programme.
Learning Disability and Autism	Reduce reliance on mental health inpatient care for people with learning disabilities and autistic individuals, achieving a target of no more than 30 adults or 12–15 under 18s per 1 million population	Partially assured	More inpatients than projected due to impact of the closed beds at the ASU and national changes to how placements are recorded.
Learning Disability and Autism	Test and implement improvements in autism diagnostic assessment pathways, including actions to reduce waiting times by March 2028.	Partially assured	Work ongoing: Developed accreditation process to develop "Patient Choice" pathway for Autism and ADHD including Service Specification, Devon Tariff and Quality Schedule. ICB Priority focus on the Children's recovery and investment to decrease diagnostic waits by March 2025. Continued pathway development for adult pathway to recommence in the new financial year.
Learning Disability and Autism	Develop integrated workforce plans for the learning disability and autism workforce to support the delivery of objectives outlined in national Workforce Plan	Not currently assured	Recognise a commissioning gap in ASC specific workforce and how we develop this expertise in the community offer. There is no current funding available. Commissioning intentions and the operational guidance on Autism to be a check and measure for providers.
Learning Disability and Autism	Reduce health inequalities by reducing over-medication through the STOMP and STAMP programmes and taking action to prevent overprescribing.	Not currently assured	Without any allocated additional resource, it will not be easy to achieve measurable change in STOMP. Awareness raising and support continues locally.

Learning Disability and Autism	Continue to implement the LeDeR programme to enhancing care, reducing health inequalities, and preventing premature deaths among individuals with learning disabilities and autism.	Partially assured	Partially assured and not fully on track due to the impact of workforce and absence. Band8a post currently advertised.
Learning Disability and Autism	Support the delivery and use of the reasonable adjustment digital flag to reduce health inequalities among people with learning disabilities and autistic individuals	Partially assured	Due to long term absence, we are behind schedule but there are clear plans on future progress. Resource has now been allocated to take this objective forward.
Population Health	Implement the national Inclusion Health Framework to ensure health equity and support the needs of the most vulnerable groups.	Partially assured	Progress will be made where possible within existing resources although progress is limited by available capacity and funding.
Medicines Optimisation	Implement CIP projects in line with national best practice to improve the clinical and cost-effective use of medicines across all sectors in the Devon system.	Partially assured	A financial analysis is needed

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
Mental Health	**Physical Health Monitoring:** GP collective action ballot has again highlighted the significant risk regarding eating disorder services (EDS) pathway and antipsychotic prescribing, therefore workplan has been required to change.	High risk: Understanding the challenges and impact of GP action is imperative. There is data in relation to the two key areas re: what the current prescribing and follow up numbers are and there is no funding for additional resource. There is a risk of patient harm (eating disorder only).	Both DPT and LSW are reviewing their business continuity plans (BCP) SDF for population health management (PHM) is available for DPT/LSW to step up anti-psychotic initiation. Work to understand the most high-risk ED patients in progress, however, no obvious funding stream.	Yes
Population Health	Insufficient capacity to undertake work in Population Health Team and wider ICB	Slow progress and limited impact on population health	Approval to appoint staff using prevention budget is required to increase capacity	Yes

Chief Operating Officer

Overview of assurance – Fully assured.

There are a total of 35 objectives set out within the Chief Operating Officer (COO) directorate of which 66% (23) are fully assured to deliver within the expected timescales, 23% (8) are partially/not currently assured, 5.5% (2) which are unknown and require further information from directorate/been deemed as not a current priority and 5.5% (2) which is unknown as ownership of the objective is not agreed.

Objectives by exception

AP Section	Objective	Status	Narrative and comments
Primary Care and Community Pharmacy	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels	Partially assured	Mitigating actions being taken, directorate to provide further details

Primary Care and Community Pharmacy	Support Devon Primary Care Network (PCNs) to adopt an integrated, proactive approach to care and support	Unknown	This was identified by the Directorate SLT as 'priority 3' area and therefore not currently being prioritised for action.
Primary Care and Community Pharmacy	Implement personalised care across integrated teams, focusing on the most benefiting groups such as end-of-life, frailty, and dementia.	Unknown	This was identified by the Directorate SLT as 'priority 3' area and therefore not currently being prioritised for action.
Primary Care and Community Pharmacy	Expand and innovate the Independent Prescribing (IP) programme within Devon	Partially assured	The 5 remaining IP Pathfinder sites are dependent upon national digital developments and the launch of CLEO solo (electronic prescribing system) – this has caused a delay. There is no risk to the ICB should this not deliver within the timescale agreed.
Primary Care and Community Pharmacy	Improve the sustainability of general practice and increase dedicated urgent primary care capacity through the implementation of a new Same Day General Practice model.	Partially assured	Urgent and emergency care (UEC) – timelines 1 month delayed due to Devon investment group (DIG) deferring business cases until August. Implementation likely to be pushed back by 1 month.
Elective Care	We aim to reduce waiting times for community services, focusing specifically on significant reductions in long waits	Not currently assured	A recovery plan in 3 phases has been agreed which has established a recovery programme using the programme management office (PMO) to develop a mandate covering service development improvement plans (SDIP) and data quality improvement plans (DQIP). Inputs will include commissioning (community, elective and localities), children and young people (CYP) directorate, quality & safety, business intelligence and contracting.

Elective Care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Partially assured	Weekly tier 1 reporting process in place with NHS England South West Weekly FOT reporting in place Key risk, issue and barriers reported on a weekly bases to region along with mitigations Robust in and out of county mutual aid process in place Additional scoping for mutual aid supported by NHSE SW and GIRFT DMAS mutual aid review weekly by providers and ICB at operational meetings (three weekly at UHP) Discussions at regional and national level of reducing the tiering level for Devon taking place in September due to the significant level of improvement and assurance across the system
Elective Care	Increase the percentage of cancers diagnosed at stages 1 and 2 to align with the 75% early diagnosis ambition by 2028.	Not currently assured	National staging reporting is not available until Q3 to support assurance.
Elective Care	Reduce the number of long waiting patients for elective care and return to waits of less than 18 weeks by 2027 by increasing productivity and maximising elective capacity in Devon	Unknown	This will be delivered via the operational plan for 25/26.
Elective Care	Support achieving upper quartile performance and best practices as per Getting It Right First Time (GIRFT) recommendations.	Unknown	This will be delivered via the One Devon Project programme in 24/25 and 25/26.
Elective Care	Complete contract reviews: - - Audiology procurement - Improving abortion care - GP with Extended Roles (GPwER) x 13 - Sentinel x 8 services	Not currently assured	The elective team is constantly flexing capacity to meet organisational requirement. The requirement to focus on the investment review had resulted in the need to move the timeline for Sentinel and GPwER review into the next quarter. .
Elective Care	Take on formal delegation of specialised commissioning functions (was moved from CFO)	Not currently assured	There is an agreed process and timeline in place to bring the necessary governance to ensure delegation of specialised functions through the board in line with national process and timeline

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
Elective Care	There is a risk in delivering the contract/service review for GPwER contracts and Sentinel in that there isn't currently any identified commissioner resource. NOTE: - 1 x B8a whole time equivalent (WTE) aligned to programme of work. Capacity focused on Audiology procurement and Improving Abortion Care (NHSE mandated) work. No additional resource available to support delivery of programme.	The impact of not delivering the reviews in a timely way is that the ICB continues to rely on the use of SAWs. Doing so creates a risk to legal challenge and non-compliance with PSR procurement regulations. If a SAW was not used and the contract ceased, there would be no mitigation for service provision and patient care.	This risk is currently unmitigated if the use of SAWs is not possible.	No – scheduled for August Elective Care risk meeting. Also links to risk EC017/Corporate Risk 167 (risk is held on programme risk register at present)

Chief Communications and Corporate Affairs Officer

Overview of assurance – Fully assured.

There are a total of 8 objectives set out within the Chief Communications and Corporate Affairs Officer (CCO) directorate of which 75% (6) are fully assured to deliver within the expected timescales and 25% (2) are partially assured.

Objectives by exception

AP Section	Objective	Status	Narrative and comments
Equality, Diversity and Inclusion	Work with system partners to agree on shared Equality, Diversity, and Inclusion (EDI) priorities and initiate actions based on the NHS England EDI Improvement Plan's six high-impact areas	Partially assured	This action has been delayed due to insufficient capacity and internal risk has been logged.
Equality, Diversity and Inclusion	Through the NHS Devon governance review, identify opportunities to incorporate the six high-impact actions from the NHS England EDI Improvement Plan	Partially assured	This action has been delayed due to insufficient capacity and internal risk has been logged.

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
Governance	Insufficient capacity	Delay	New members of governance team recruited	Yes

Chief People Officer

Overview of assurance – Fully assured.

There are a total of 9 objectives set out within the Chief People Officer (CPO) directorate of which 100% (9) are fully assured to deliver within the expected timescales.

Objectives by exception

There are no objectives to review by exception as fully assured and on track.

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
System Workforce	Providers raised concerns re capacity to deliver some of the FRP deliverables	Slippage on delivery dates, reduction of efficiency savings	MS developing a business case to bring in a clinical lead to support medical productivity workstream and provide additional clinical support to workforce transformation	Yes, FRP workstream risks
	Off framework removal not met by 1st July timeframe	Increased costs of agency staff working with off framework providers. Reduced assurance around governance for those agency providers who have not been through a formal review and approval process	New off framework tracker by individual, which includes exit and migration plans	Yes, on the temp staffing workstream

Chief Finance Officer

Overview of assurance – Fully assured.

There are a total of 11 objectives set out within the Chief Finance Officer (CFO) directorate of which 91% (10) are fully assured to deliver within the expected timescales and 9% (1) which is unknown and requires update from directorate however is linked to System Recovery CIP plans.

Objectives by exception

AP Section	Objective	Status	Narrative and comments
Finance and Use of Resources	Support reduction of total procurement cost by driving 'at scale', cross-system procurement, enabling greater efficiency and minimising unwarranted variation.	Unknown	Linked to CIP

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
Digital and Data	Staff Capacity due to long term sickness and ICB cuts	Delay to delivery	Use of Channel 3 consulting to support TOM convergence roadmap	Yes

Deputy Chief Executive

Overview of assurance – Fully assured.

There are a total of 8 objectives set out within the Deputy Chief Executive (DCOE) directorate of which 75% (6) are fully assured to deliver within the expected timescales, 12.5% (1) are partially assured and 12.5% (1) which are unknown as awaiting for a clinical strategy to be developed.

Objectives by exception

AP Section	Objective	Status	Narrative and comments
Performance and Planning	Develop a rolling Annual Planning cycle to support the ongoing development, refresh, and alignment of key strategic and operational plans, including necessary annual updates to One Devon's Integrated Care Strategy and NHS Devon's 5-Year Joint Forward Plan, organisational-level Annual Plans, and NHS Operational Planning submissions	Partially assured	The need to re-focus resource on the rapid development of the MTFP has limited capacity to commence 25-26 planning. Action is being taken to mitigate as part of resource prioritisation across the planning and performance team.
Estates	Commence delivery of the implementation plans that will support each area of the Estates Strategy	Unknown	Awaiting clinical strategy and service change proposals to respond to.

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on riate risk register?

Performance and Planning	Finance/BI/Strategy support to ongoing MTFP and system recovery programme	Ability to understand financial impact and benefits realisation of programmes and opportunities	Being addressed through weekly CEO meetings	No

Interdependencies between objectives and directorates

Following this months Delivery Review meetings there have been interdependencies highlighted between objectives/workstreams within different directorates, these are listed below, these will be shared by the PMO and appropriate Chief Officers:

Directorate	Objective/Workstream	Comments	To be linked to
CMO	Develop integrated workforce plans for the learning disability and autism workforce to support the delivery of objectives outlined in national Workforce Plan	New inpatient unit which is classified for Learning Disability and Autistic people will mean that the community delivery has to be very different. Will see a significant change in the In Reach Outreach team development at DPT	CPO (Workforce CIP System Recovery)

Changes to objectives and updates to the Annual Plan

This section will be used to describe any additions, updates and removals to/from the Annual Plan. The Board will be asked to agree the proposed changes and note that further objectives may be added throughout the year as new priorities emerge. Any additional objectives or significant material changes to the wording of current objectives will be brought to the Board for approval through this report:

Directorate	Objective/Workstream	Rationale	New Addition / Amendment / Removal

CNO	The ICB will address significantly poorer outcomes for care-experienced children and young people by tackling access and equity issues in care delivery.	At its meeting on 25 July 2024 the Board, emphasising the need to recognise and respond to NHS Devon's corporate parenting responsibilities within NHS Devon's Annual Plan, agreed that an additional objective should be included to reflect these. This has been incorporated into the plan under the Chief Nursing Officer's objectives in the Children and Young People section	New Addition

NHS Devon

NHS Devon Integrated Care Board

Winter Plan – process and principles

Date of meeting	Date report produced
18 September 2024	29 August 2024

Author(s)		Report approved by	
Name and title:	Colin Bradbury, UEC Programme Director.	**Name and title:**	Anthony Fitzgerald, Chief Operating Officer.
Phone:	07825 724206	**Date:**	30 August 2024
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive summary
This paper describes a collective, system wide approach to winter planning in Devon for 2024/25. A Winter Planning Team - made up of partners for across the system – has been set up. Applying the findings of the Urgent and Emergency Care (UEC) story and being led by the single clinical UEC model, this team is developing a Devon-wide Winter Plan to be presented for approval in September to the Unscheduled Care Board.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Devon Unscheduled Care Board – 06 August 2024. Gave approval to set up the Devon Winter Planning Team, using the approach outlined above.

Considered by the NHS Devon Executive at its meeting on 03 September 2024. Considered by the Finance and Performance Committee at its meeting on 12 September 2024.

Key recommendations and actions requested
TAKE ASSURANCE from the approach that the One Devon Integrated Care System is taking to winter planning.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Focus on the sections of our population that we know are most affected by winter.
Improve services and reduced unwarranted variation	Development of a core, consistent approach during the winter period.
Make more efficient use of our resources	Pre preparing plans for additional winter money (if it becomes available) rather than reactively developing plans at short notice.
Develop our culture and how we operate	Building a system wide consensus, based on evidence.

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Avoiding non elective admissions, especially within frail / elderly patients is known to reduce the harm of deconditioning.
Health inequalities	Health inequalities vary across the Localities, and local planning should be tailored to population need.
Workforce	As part of the winter planning process, any schemes would need to be tested for deliverability in terms of workforce.
Resources and finance	No additional winter money is currently available. If any were to be released, the Winter Planning Team could support a transparent and equitable process, focussed on schemes that are in keeping with the UEC Devon core clinical model and Story.
Legal	No specific legal issues have been identified or raised in the preparation of this paper.
Digital and Data	Robust BI support will a key requirement of this work.

Involvement, Engagement and consultation	No public consultation is planned for this project. Media campaigns will be run locally and nationally as usual for winter.

Winter Plan – process and principles

Introduction and Background

1. This paper sets out the proposed approach to planning for and managing winter pressures at a system level. This includes:

    i. Convening a system-wide virtual team to ensure single winter planning and management arrangements for Devon.
    ii. A description of the roles and remit of this Winter Planning Team.
    iii. Areas for focus and development (drawn from the work of the Urgent and Emergency Care (UEC) clinical subgroups and our shared UEC Story[1]).
    iv. A description of the work of the System Control Centre in managing day to day operational pressures during winter.

System Winter Planning Team

2. It is proposed that a system-wider Winter Planning Team (WPT) is convened, to meet weekly in the Devon UEC Engine Room. Supported by NHS Devon, the group is made up of made up of winter planning leads from our acute, community, mental health, ambulance, IUCS, the Devon Collaborative Board and representatives from the voluntary, community and social enterprise (VCSE) sector, Local Authorities and NHS England (NHSE). The WPT's responsibilities include:

    a) Ensuring a single, coordinated overview of partners' individual winter plans are held by the Unscheduled Care Board.
    b) Conducting a rapid review of the effectiveness of Devon's 2022/23 Winter Plan.
    c) Developing a single, system-wide winter plan[2] on areas for additional support/ resilience to be presented for sign off in September at the Unscheduled Care Board and System Leadership Group.
    d) Working closely with the System Control Centre, respond to any emerging trends in real time over winter that require additional action/ support.
    e) Interpreting and applying national guidance as it is released, and contribute to NHSE's H2 planning return, which will require a winter planning element.
    f) Should any winter money become available, supporting an equitable and transparent process to allocate targeted resources, compliant with the single UEC clinical model for Devon.

[1] The UEC Story is a piece of work done by the Unscheduled Care Board to build a shared underlying across partners, based on data and evidence, as to what they key drivers of Devon UEC performance challenges are. The Story identifies the top 3 causes as: (1) Time spent in ED, (2) Beds, Length of Stay and an Aging Population, and (3) Navigation and Access of services that are an alternative to ED.
[2] Broken down to locality/ provider level where helpful.

Focussing our winter plan

3. The UEC Story tells us that there is no correlation in Devon between numbers of Emergency Department (ED) attendances and 4hr performance (r = -0.24). There are, however, very strong correlations between 4hr performance and bed occupancy (r = -0.90) and inpatients with >21 days Length of Stay (LoS) (r = -0.91). We also know that the number of ED attendances typically drops during winter. Therefore, the additional seasonal pressure that the system sees in hospitals is due to increased acuity, not volume.

4. This increased acuity is concentrated in frail/ elderly patients. Again, the UEC story shows that older adults are more likely to spend a long time in ED, are more likely to be admitted and then are more likely to have a lengthy stay in hospital. We see the impact of age/ frailty being amplified at each stage in the pathway.

5. Therefore, winter schemes that focus particularly on supporting frail/ older adults to avoid an admission through ED are likely to be the most impactful. The UEC Clinical Reference Group and its six subgroups have started to identify the aspects of work that are likely to address the needs of this groups most directly. This overlaps significantly with the recently released list of 10 high impact UEC interventions that NHS England have recently released. The WPT will take a lead on completing the maturity assessment against the following areas (to be completed by 16 September 2024).

   <u>NHS England 10 high impact initiatives</u>

   1) Same Day Emergency Care
   2) Acute Frailty Services
   3) Acute Hospital Flow
   4) Community Hospital Flow
   5) Care Transfer Hubs
   6) Intermediate Care
   7) Virtual Wards
   8) Urgent Care Response
   9) Acute Respiratory Illness Hubs

System Coordination Centre

6. The System Coordination Centre (SCC) of NHS Devon will be instrumental in identifying emergent themes as they develop, both positive and negative. This intelligence can then be cascaded as appropriate in a timely fashion, allowing us to become more agile in our response. The SCC will be the first point of challenge at a Tactical level, holding Trusts and Providers to account for the plans they have submitted and agreed, but also to act as an additional tier of support, guidance and escalation whenever required.

7. The SCC function is intrinsically linked to NHS Devon's EPRR team, allowing us to benefit from their experience and expertise should it be needed, this provides

an additional tier of support across the system through winter and beyond. In essence the SCC will be the eyes and ears of the system, drawing information from its component parts and ensuring the right people act upon it.

Next steps

8. The first iteration of the Devon Winter Plan will be presented to the Unscheduled Care Board on 17 September and will be monitored fortnightly though that group for the duration of the winter.

Conclusion

9. The NHS Devon Board is asked to **TAKE ASSURANCE** from the approach that the Devon Unscheduled Care Board is taking to winter planning.

NHS Devon Integrated Care Board

Board Assurance Framework

Date of meeting	Date Report Produced
18 September 2024	28 August 2024

Author(s)		Report Approved By	
Name and title:	Victoria Williams Risk Manager NHS Devon	**Name and title:**	Philippa Harding, Company Secretary and Interim Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:	01392 675 101	**Date:**	02 September 2024
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A

Executive Summary
This paper provides the NHS Devon 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
N/A

Key recommendations and actions requested
AGREE the third iteration of the 2024/25 BAF.

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 Executive Committee 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 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 own 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.

NB: *The wording above is a revision of the original risk articulation that was agreed by the Board at its meeting on 30 May 2024.*

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.

Main BAF Headings	Explanation of BAF Headings
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.
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. Individual BAF risks were reviewed with Chief Officers / Director Leads mid-August 2024 as part of the PMO Delivery Room meetings (see paragraph 20 of this report). 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	
ExCo	Executive
QPEC	Quality and Patient Experience Committee
FPC	Finance and Performance Committee
PHIC	Population Health Improvement Committee
ODC	Organisational Development Committee

Key - Movement in Risk Scores		
↑	↔	↓
Increased	No Change	Decreased

			Historical and Current Risk Scores							
NHS Oversight Framework Theme – Risk Entry	**Board Committee**	**Inherent Risk Score**	**Q1 (2024/25)** Residual Risk Score	**Q2 (2024/25)** Residual Risk Score	**Q3 (2024/25)** Residual Risk Score	**Q4 (2024/25)** 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		↔	AVOID	8 - 12	Aug-24
2. Preventing Ill-health and Reducing Health Inequalities	PHIC	25	12	16	16		↔	AVOID	8 - 12	Aug-24
3. Finance and Use of Resources	FPC	20	12	12	12		↔	OPEN	15	Aug-24
4. People	PODC & FPC	20	12	12	12		↔	SEEK	20 - 25	Aug-24
5. Leadership and Capability	EXCO	20	16	12	12		↔	SEEK	20 - 25	Aug-24

17. There are no proposed changes following the outcomes of the strategic risk reviews in June 2024 which were reported to the Board at its meeting on 25 July 2024.

18. The Finance and Performance Committee was tasked by the Board at its meeting on 25 July 2024 to consider whether the strategic risk in relation to Finance and Use of Resources was appropriately scored. This is due to be considered at the Finance and Performance Committee meeting on 12 September 2024. As this meeting takes place after the date of Board papers being despatched, an oral update will be provided to the Board meeting on 18 September 2024 if the Committee considers that the risk should be amended.

Heat Map Showing Current Risk Scores:

19. 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 August 2024:

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	Interim 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	Interim CPO	PODC & FPC	SEEK										
5. Leadership and Capability	CCA & CO	EXCO	SEEK										

Chief Officer Abbreviations:	
CNO	Interim Chief Nursing Officer
CMO	Chief Medical Officer
CFO	Chief Finance Officer
CPO	Interim Chief People Officer
CCA&CO	Interim Chief Corporate Affairs & Communications Officer

Key – Risk Score Symbols and Shapes	
	Tolerance Level – Residual Risk
	Current Residual Risk Score

Developments Since the Last Consideration of the BAF

Mapping of 2024/25 Annual Plan Priorities to BAF Risks

20. The Corporate Governance team has completed an exercise to map 2024/25 Annual Plan priorities to BAF risks. The Annual Plan sets out what NHS Devon needs to deliver in the next 12 months to continue to improve 'in-year' alongside what it needs to do this year to deliver its longer-term strategic priorities to stay on track and to deliver the 5 Year Joint Forward Plan (JFP). This mapping exercise is informing mitigating actions required to help further minimise materialisation of BAF risks and in addition, is helping inform and enhance the risk information recorded and tracked at this latest iteration and each future iteration of the BAF in 2024/25.

21. As a result of the mapping exercise the content of the BAF has grown significantly. It is being presented to the Board with all mitigating actions in this current iteration, to provide the Board with assurance in respect of all the actions

that are taking place to mitigate the risks identified in the BAF. Further work is required ahead of the next iteration of the BAF to link these actions to control and assurance gaps and to group the actions into "themes" to reduce the level of information provided to the Board and make it easier to engage with.

Linking with PMO Delivery Room Meetings

22. Following Board approval of the 2024/25 Annual Plan and the development of the Delivery Plans that underpin this, Directorates have been participating throughout August 2024 in a first round of review meetings with the Director of Planning and Performance. Each of these meetings have also been attended by the Corporate Governance team. The focus of these meetings has been on obtaining the latest position in terms of delivery against actions, measuring impact against the oversight framework metrics, identification of risks to delivery of key priorities, and on oversight and assurance in terms of NHS Devon's performance and the management of its strategic risks. The outcome from each of these meetings has been used to inform this latest iteration of the BAF, particularly in relation to mitigating actions for each BAF risk.

BAF 2023/24 Closure

23. With a different approach being taken to the BAF for 2024/25, it is important that the risks contained on the 2023/24 BAF are not lost. This being the case, the Corporate Governance team are currently in the process of transferring these risks to the Corporate Risk Register for ongoing management and monitoring as appropriate. This work is nearing completion and it is envisaged that a finalised position will be reported to the NHS Devon Executive meeting taking place on 01 October 2024. The only outstanding areas left to consider are Primary Care, Mental Health, Learning Disabilities and Neurodiversity (MHLDN) and Community Services.

Conclusion

24. The Board is asked to **AGREE** the third iteration of the 2024/25 BAF.

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
1. Quality of Care, Access and Outcomes	Penny Smith - Interim Chief Nursing Officer	Quality & Patient Experience Committee; and Finance & Performance Committee	August 2024

Principal Risk

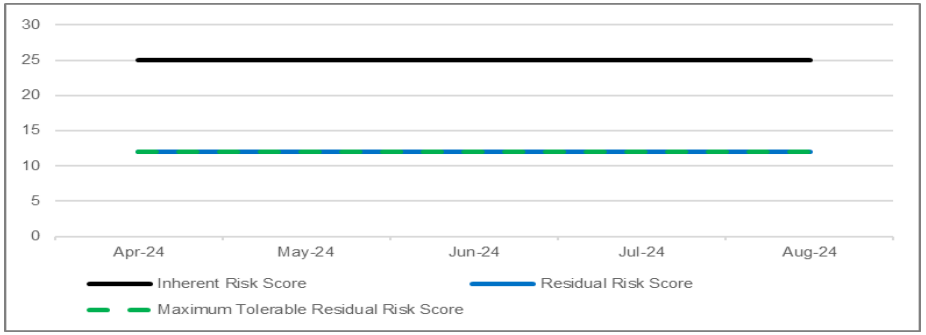
IF NHS Devon does not work with system partners to deliver NHS service performance in line with national standards and quality requirements, **THEN** we will fail to deliver on one of our key statutory purposes (improve outcomes in population health and healthcare), **RESULTING IN** patients across the 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?
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.	
2.	**Quality Management System (QMS)** in place to support delivery of high quality healthcare.	
3.	**2024/25 Annual Plan** priorities agreed and delivery plan in place to ensure achievement of these.	
4.	**NHSE Quality and Accountability Framework** implementation.	
5.	**Equality and Quality Impact Assessment (EQIA)** framework in place to help inform commissioning decision-making processes, business cases, projects and other business plans.	

	Current Key Control Gaps
CG1	**Quality Strategy** needs to be developed, in line with proposed priorities set out in draft 2024/25 Annual Plan.
CG2	**QMS** – monitoring systems need refinement to include improved visibility of system risks where NHS Devon oversight is required.
CG3	**2024/25 Annual Plan** priorities agreed by the Board at its meeting on 30 May 2024; final iteration to be approved by the Board on 25 July 2024.
CG4	**NHSE Quality and Accountability Framework** published May 2024. A gap analysis is in the process of being undertaken.
CG5	**EQIA** framework in place but is currently being refined to ensure that it is as effective as possible with regular monitoring and updates for Board assurance.

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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.	AG1	**SQG** is in existence, but still requires development to become fully effective.
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 QPEC and the NHS Devon Board at agreed intervals throughout the year.	AG3	**Quality Report** is being improved to better illustrate risks in the system and report efficacy of mitigation.
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.	AG4	**System planning and delivery assurance structures** need to be implemented.
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	Action Status	Update Since Last Review
CG1: Quality Strategy needs to be developed.	Penny Smith	Start of Q1 2025/26	On Plan	Development work set out in Directorate Annual Plans for 2024/25.
CG2: Quality Management System Improvement Process Implementation: ▪ To improve and develop the ICB's Quality processes, governance and reporting. ▪ Alignment to NQB guidance / requirements. ▪ To support the JFP/Operational Plan/ ICB Annual Plan delivery.	John Trevains	End Q4 2024/25	On Plan	Update paper reported to QPEC (July) 24 which described scoping and development work undertaken to form new QMS in Q1, as aligned to plan. Iterative improvements to content of Quality Report and IQPR – work on going. Q1 Plan achievements – new QPEC ToR and Work plan in place.
CG3: 2024/25 Annual Plan to be approved by the Board	Sam Wadham-Sharpe	Start Q2 2024/25	Behind Plan	N&Q section completed and submitted May 2024. Priorities have been agreed with Chief Officers and a refresh has been asked from all by 28 June 2024. Many gaps remain in terms of delivery plans to meet priorities which means this cannot be presented in line with timeframe at public board. Internal review process continues with each directorate throughout each month and plan is to present current progress and issues at Senior Leadership Team (SLT) in July 2024.

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CG4: NHSE Quality and Accountability Framework – published May 2024. Gap analysis being undertaken.	John Trevains / Natasha Goswell	Start Q3 2024/24	On Plan	-
CG5: EQIA framework needs refinement.	Natasha Goswell	End Q3 2024/25	On Plan	Updates provided to QPEC in June 2024. Summary provided of the current position of EQIAs. Quarterly EQIA position papers are to be provided to FPC and QPEC. CNO, DCNO and delegated senior nursing and quality members to attend provider quality committees for oversight of EQIA development for 2024/25 and in-year plans. Work continues with the EQIA improvement plans for implementing and embedding for 2025/26.
AG1: SQG requires development to become fully effective.	Penny Smith	Q2 2024/25	On Plan	Development work being undertaken, refreshed agenda, workshop planned for July 2024.
AG2: QPEC forward plan to be informed by 2024/25 Annual Plan.	Philippa Harding	End Q2 2024/25	On Plan	Updated forward plan to be presented to the QPEC in August reflecting final Annual Plan priorities approved by the Board at its meeting in July 2024.
AG3: Quality Report is being improved to better illustrate risks in the system and report efficacy of mitigation.	John Trevains	Monthly Updates	On Plan	Improvements underway. Iterative updates in each new edition.
AG4: System planning and delivery assurance structures to be agreed and implemented.	Philippa Harding	End Q2 2024/25	On Plan	Structures to be established during July 2024, with initial meetings taking place no later than August 2024.
Safeguarding Improvement: ▪ Delivering high standard of compliance with Working Together Safeguard Children (2023) statutory guidance. ▪ Delivery of the ICB's duties under The Care Act (2014) with regard to safeguarding adults.	Penny Smith	End Q4 2024/25	TBC	Q1 Plan achievements -Safeguarding Annual report reported to QPEC + Board development seminar.
Continuing Health Care (CHC) Function - Review and enhance the CHC function to deliver value and improve efficiency.	Penny Smith	End Q4 2024/25	TBC	CHC review is near completion inclusive of staffing review , aligned to annual plan Q1 objective. Q1 performance report provided to QPEC in July 2024.
Maternity, Neonatal and Women's Health (3 Year Plan) - Collaborate with system partners to implement the three-year maternity and neonatal delivery plan, focusing on safety, personalisation, and workforce development. The Core20PLUS5 approach for women and birthing people will be implemented as part of the core programme.	Penny Smith	End Q4 2024/25	On Plan	Completion of Q1 **SBLCB** review with each maternity unit. **Maternity deep dive** presented to Board. Programme plan developed for alignment of **peninsular LMNS.** Governance for monitoring and assurance with region of **post CQC MNIPs** in development. Identification of **complex social factors** in pregnancy methodology ready for testing. **MNVP procurement** launched. **Ockenden Final:** Development of draft maternal death process for test & learn approach. **Perinatal Pelvic Health:** Internal launch of self-referral service for PPHS (24/06). Working with identified provider to develop specification for a **Devon menopause service.**
10 Year National Women's Health Strategy - Collaborate with system partners to implement the 10 year national Women's Health Strategy in Devon. This will include delivery of a Women's Health Hub model by March 2025.	Penny Smith	End Q4 2024/25	On Plan	

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				NB: Objectives on track other than those impacted by the gap in dedicated BI support and midwifery lead now being recruited.
Family Hub and Early Help Models - Develop Family Hub and Early Help models across Devon by 2026 to provide coordinated early support services for families.	Penny Smith	End Q4 2024/25	On Plan	*NB: Objectives on track other than those impacted by the gap in dedicated BI support.*
Children and Young People Long Waits - Reduce the number of children and young people on long waiting lists for paediatrics acute and surgery procedures to eliminate waits of over 65 weeks for elective care.	Penny Smith	End Q4 2024/25	On Plan	3rd surgical unit in UHP now operational, working with Bristol Children's Hospital to identify children for repatriation. Pilot surgery reprioritisation tool to be rolled out following ICB sign-off. *NB: Objectives on track other than those impacted by the gap in dedicated BI support.*
Neurodiversity Offer for Children and Families - Implement a neurodiversity offer for children and families with neurodiverse, emotional and communication needs to improve access and support.	Penny Smith	End Q4 2024/25	On Plan	Programme plan has been developed. 4 key areas identified under 'waiting well' programme to take forward and develop. Co-production workshop held with stakeholders on 15 July 2024. Neurodiversity Navigators in place in Plymouth; Devon and Torbay Navigators out to advert. *NB: Objectives on track other than those impacted by the gap in dedicated BI support.*
Children and Young People with Long Term Conditions - Improve outcomes for CYP with long term conditions, focussing on a reduction in health inequalities by understanding differences for our Core20Plus5 populations.	Penny Smith	End Q4 2024/25	On Plan	NHSE funding now confirmed for HCL, work progressing to allocate to Trusts. *NB: Objectives on track other than those impacted by the gap in dedicated BI support.*
Special Education Needs and Disabilities (SEND) - Prioritise the SEND of children and families across Devon ICS, embedding SEND reforms in line with local inspection findings within mandated timeframes.	Penny Smith	End Q4 2024/25	On Plan	improvement plan in place for EHCP recovery and T&F group established to support delivery. Draft Commissioning Policy for 'Meeting the health needs of Children in Education, to be shared for comment. *NB: Objectives on track other than those impacted by the gap in dedicated BI support.*
Children and Young People Community Services Recovery - Develop a comprehensive plan to support the recovery of community services, with a target to reduce the autism pathways waits over 52 weeks by April 2025.	Penny Smith	-	TBC	Board paper presented on Autism recovery and finance to support being identified. Pilot INAP data collection developed. *NB: Objectives on track other than those impacted by the gap in dedicated BI support.*
Hospital Admissions (Adults and Older Adults) Mental Health - Adults and older adults who need to be admitted to hospital for treatment of a mental illness will be treated in a hospital in Devon whenever it is clinically safe. By March 2025 there will be no more than 2 people inappropriately out of area, for acute care.	Penny Smith	End Q4 2024/25	On Plan	▪ EOI submitted nationally. Response from national team – not supported however DPT (DPT footprint) chosen as an Associate site. ▪ Strategy signed off and submitted with positive regional feedback who are submitting to national team as an exemplar. ▪ Culture of care programme commenced.

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				▪ Submitted monthly out of area report to regional team – on track for delivery. ▪ Review of MH high cost placements complete – no concerns – key areas for ICB to consider are LDA and children, CHC and Section 117.
Perinatal Mental Health - People and families to get help early in development of perinatal mental health need. A minimum of 1115 will access the service. System recommendations aligned to supporting infant -care giver relationships will be known.	Chief Medical Officer	End Q4 2024/25	TBC	Indications are that the rolling target of a minimum of 1115 people accessing services has been maintained. Data currently released and being reviewed..
Transformed Models of Community Mental Services - As a minimum 8700 adults and older adults with Severe Mental Illness (on a rolling 12 month period) will have timely access to transformed models of community mental services.	Chief Medical Officer	End Q4 2024/25	On Plan	▪ Meeting national standard - See IQPR. ▪ Meeting in month with DMHA to revise specification or years 4&5 completed with agreement to refocus provision on SMI as set out in the original blueprint. ▪ Agreed in month in year SDF to be allocated to support DMHA to reduce wait lists for service allowing the option to refocus efforts on SMI.
Adults and Older Adults with Severe Mental Illness and Support with Health and Social Care Needs (including housing and physical health as close to home as possible).	Chief Medical Officer	End Q4 2024/25	On Plan	Collaborative have received final report from independent housing organisation commissioned to review housing needs for MHLDA in Devon. This work will form next steps in setting out case for change/needs analysis for 25/26.
Mental Health Crisis - Enable people of all ages experiencing a mental health crisis to access the necessary help as early as possible without the need to visit A&E.	Chief Medical Officer	End Q4 2024/25	On Plan	▪ Short term funding until the end of March 2025 has been identified to enable the In-reach Service to be maintained. ▪ Initial data set of analysis of CYP presenting to Ed has been completed. Workplan drafted to address needs identified. ▪ Crisis Café re-procurement process on track. ▪ Commencement of options paper in development re: MH vehicles (significant system risk to deliver due to cost). ▪ Providers are reviewing psychiatric liaison provision, and a system overview will be provided by MEN health self-assessment work underway with completion of recommendations due in October 2024. ▪ SWAST have begun recruitment of 24/7 mental health desk .
NHS Talking Therapies - Enhance treatment outcomes for anxiety and depression through improved NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.	Chief Medical Officer	End Q4 2024/25	On Plan	Agreed operational planning workforce (24/25) completed and recruitment completed.
Dementia Diagnosis - Provide more timely dementia diagnoses and coordinated care planning by increasing the dementia diagnosis rate to 65% by March 2025.	Chief Medical Officer	End Q4 2024/25	On Plan	▪ Dementia and Memory reference group set up with good partnership engagement.

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				▪ Paper in progress for review at DIG on 27 August 2024 in relation to programme support required set against the allocated budget held for Dementia support with the ICB. ▪ Development of the strategy in progress. ▪ Data quality work understood and agreed next steps with ICB BI team – likely to improve DDR by a small percentage but put on hold till post the national discussions to resolve the GP work to rule challenges.
Devon Health and Social Care Dementia Strategy development.	Chief Medical Officer	End Q4 2024/25	On Plan	In development and work has commenced. ICB to recognise there is NO resource allocated to the delivery of the strategy and work is being led by experts on top of their day to day duties. First draft due in September 2024 with a system workshop planed for December 2024. *NB: On Plan but delivery is fragile due to the lack of any system resource to deliver (PMO, Communications, BI, etc.).*
Children and Young People's Timely, Co-ordinated Access to NHS Funded Mental Health Support, and Treatment (including through mental health support teams in schools. This will mean that at least 15 754 CYPS will access NHS services).	Chief Medical Officer	End Q4 2024/25	On Plan	Confirmation has been received of funding allocation to enable recruitment to wave 11 of MHSTs. Providers are undertaking relevant recruitment. Data issues identified that are impacting on providers flowing reliable and valid data into MHSDS. DQIP drafted. Business case Presented to DIG.
High Quality, Safe, Effective and Well Led Commissioned Mental Health Services	Chief Medical Officer	End Q4 2024/25	TBC	The Collaborative has well defined governance and assurance processes alongside operating to an agreed draft Partnership Agreement. All required CRMS have taken place. Where funding decisions have been received, aligned contracts have all had updated services specifications and aligned reporting. CYP crisis line within Devon and Torbay: commissioning and PSQ have been working together with provider to undertake a review using KLOE.
Mental Health Quality Assurance Framework - Establish a framework for quality assuring the standards expected of any digital services that children and young people can access; with a central resource that children and young people can be signposted to.	Chief Medical Officer	TBC	TBC	Project brief drafted.
Medical Admissions Protocol for 'Physiological Rescue' - Work to ensure that all acute hospital trusts across the ICB work to the same protocol of medical admissions for "Physiological rescue" admissions with rapid admission and rapid discharge within a 14-21 day time frame and similar criteria for NG feeding, enhanced nursing, restraint, sedation, use of legislation and working with liaison psychiatry.	Chief Medical Officer	End Q4 2024/25	-	Objective not recognised.

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Governance and Due Diligence with Contracting for the ADHD Patient Choice Pathway - Develop governance and due diligence with contracting for the Patient Choice pathway for ADHD. Compliant with "Patient Choice" Legislation whilst protecting local delivery and quality.	Chief Medical Officer	End Q4 2024/25	On Plan	Lots of activity in this area with the ICB Steering group and contracting Team. Provision is developing and we have had the first round of CRM to map out quality measure and schedules. Symposium date held for 14 October 2024 and the Theatre Conference room is booked. Clinical Lead and Primary Care Lead to arrange webinar for the General Practice area. Paper to DIG regarding shared care onward pathway.
ADHD Pathway and Models of Care - ADHD Pathway develop access to support closer to home in models of care yet to be designed by clinical group, Engage with the national taskforce and GIRFT.	Chief Medical Officer	End Q4 2024/25	On Plan	Pathway developments have focussed to date on the Patient Choice Agenda. Clinical Lead and commissioning team meeting regularly to think wider on adult pathway.
Oliver McGowen Mandatory Training (OMMT) - Standardised training developed for the purpose of education health and social care staff on Learning Disability and Autism. Statutory requirement in the Health and care Act 2022 regulating service providers in compliance.	Chief Medical Officer	End Q4 2024/25	On Plan	SRO role picked up program as part of the LDAP system Program Support and administration identified within the team. Representation at the regional steering group. Devon ICS system “Program Group” agenda formed and dates identified for quarterly meetings. Regular monthly meetings with Living options as provider of training. Meeting with Livewell regarding booking email. Booking platform being developed by Sue Windley Program lead before handing over.
Stabilisation of Fragile Acute Services	Chief Medical Officer	End Q3 2024/25	TBC	<u>Fragile Services:</u> Has reached an agreed service model for stroke and OMFS, moving into operational planning and implementation phase for delivery. Under consideration for prioritisation next are: - IR in-hours services - Neurology - Dermatology - ENT - Microbiology & histopathology
Clinical Pharmacy Services Expansion - Expand clinical pharmacy services, including Hypertension Case-finding and Oral Contraceptive provision.	Anthony Fitzgerald	End Q4 2024/25	On Plan	Launched public engagement for Devon Community Pharmacy Strategy. Local ICB campaign for national Pharmacy First Service went live. Devon Pharmacy First Implementation Group took a proposal to the Peninsula Community Pharmacy Development Group to recruit to the role of Community Pharmacy PCN Engagement Lead.

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				Regional hypertension event took place.
Access to Primary Care Facilities - Enhance the patient experience by improving access to primary care facilities.	Anthony Fitzgerald	Not Stated	On Plan	Going forward this action sits within Estates team under CFO directorate Minor Improvement Grant (MIG) schemes 2023/24 completion. MIG schemes 2024/25 approached practices for initial scheme proposals in accordance with national timeline. Notes storage removal to increase capacity – 9 practices confirmed of which 3 have been completed, 4 underway, 2 yet to commence.
Plan for Recovery and Reform of NHS Dentistry - Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels.	Anthony Fitzgerald	End Q4 2024/25	TBC	Recruitment of first member of NHS Devon POD Team (Senior Officer), commenced 29 July 2024. Recruitment of Dental Clinical Advisor. Started making contractual changes at contractor level where 'quick win' opportunities exist to lift UDA. Started contractor (CDS) engagement to better understand provider side barriers.
Integrated Approach to Care and Support - Support Devon Primary Care Network (PCNs) to adopt an integrated, proactive approach to care and support.	Anthony Fitzgerald	-	-	This was identified as priority 3 area and therefore there is no action to update on currently.
Personalised Care - Implement personalised care across integrated teams, focusing on the most benefiting groups such as end-of-life, frailty, and dementia.	Anthony Fitzgerald	-	-	This was identified as priority 3 area and therefore there is no action to update on currently.
Independent Prescribing Programme (IP) - Expand and innovate the Independent Prescribing (IP) programme within Devon.	Anthony Fitzgerald	End Q4 2024/25	TBC	3 of 8 Devon IP Pathfinder community pharmacy sites are live for minor ailments and have started to complete patient consultations.
General Practice Sustainability - Improve the sustainability of general practice and increase dedicated urgent primary care capacity through the implementation of a new Same Day General Practice model.	Anthony Fitzgerald	End Q4 2024/25	TBC	UEC Plymouth: 7 out of 8 PCNs in Western have prepared and submitted business cases to the Devon Investment Group (DIG) for approval. Each business case outlines PCN level additional capacity to Same Day Urgent Care Provision in General Practice, aligning with the national Modern General Practice Model. PCNs include Mayflower, West Devon, Beacon, Mewstone, Waterside, Sound and Pathfields. Access: Devon has two General Practice Improvement Programme (GPIP) cohorts of practices in train, with a further potential 2-3 cohorts identified as our delivery partner opens additional phases of the programme. The programme supports practices in adopting the Modern General Practice Access Model to improve equity of access, practice

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				sustainability and patient/staff experience. Initial review and analysis of GP Patient Survey results for 23/24 has been conducted with a presentation prepared for Primary Care Commissioning Transition Committee along with an action plan for factoring findings in conjunction with other Access and Resilience metrics.
A&E Response Times - Increase the proportion of A&E patients seen within four hours to at least 78% by March 2025.	Anthony Fitzgerald	End Q4 2024/25	On Plan	These are contained within individual Trust actions, however the system position for UEC has seen improved performance in some areas during June 2024 and some areas where performance worsened from the May 2024 position. The system 4 hour performance position worsened from 70.40% in May to 69.40% in June 2024. The system did not meet its submitted trajectory (70.72%) for the second consecutive month although University Hospitals Plymouth NHS Trust (UHP) and Torbay and South Devon NHS Foundation Trust (TSD) met their respective improvement trajectories in month and therefore for Q1 as a whole. Royal Devon University Healthcare NHS Foundation Trust (RDUH) 4 hour performance worsened for the third consecutive month and did not meet the required trajectory. A briefing on internal improvements will be provided to the Unscheduled Care Board in August and oral assurance was received on recovery versus trajectory in the System Leadership Group on 23 July 2024.
Category 2 Ambulance Response Times - Achieve an average response time of 30 minutes for Category 2 ambulance calls during 2024/25.	Anthony Fitzgerald	End Q4 2024/25	On Plan	
Standardise UTC Provision Across Devon and divert attendances from ED and optimise UTCs and MIUs by building resilience into current delivery across UEC within the estates, workforce and funding limits.	Anthony Fitzgerald	End Q4 2024/25	TBC	-
Care Coordination Hub - Establish and deliver a Care Coordination Hub to enhance patient navigation within the Urgent Care System.	Anthony Fitzgerald	End Q4 2024/25	TBC	
Same Day Emergency Care (SDEC) - Standardise SDEC across One Devon using a Devon-wide, nationally recognised specification to handle up to 40% of acute medical cases at Type 1 organisations, reduce ambulance attendances at ED, and improve ambulance handover times.	Anthony Fitzgerald	End Q4 2024/25	TBC	-
Virtual Wards - Ensure consistent delivery of Virtual Wards across Devon, achieving 80% occupancy and a 4-5 day average Length of Stay (LoS), fully aligned with NHSE recommendations, to maximise existing financial investment.	Anthony Fitzgerald	End Q4 2024/25	TBC	-

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Acute Frailty Services - Implement Acute Frailty Services operating 70 hours per week (10 hours per day) at all three acute trust organisations, ensuring alignment with Virtual Wards and community-based services for individuals aged over 65.	Anthony Fitzgerald	End Q4 2024/25	TBC	-
Urgent Community Response (UCR) - Standardise Urgent Community Response (UCR) operations to national specifications (8-8, 7 days per week) and increase referrals by 15% monthly to reduce ED attendance.	Anthony Fitzgerald	End Q4 2024/25	TBC	-
Care Homes - Establish consistent proactive clinical care in care homes, aiming for a 20% reduction in unplanned admissions for people aged 65+, 85% coverage of Electronic Treatment Escalation Plans, and improved pathways for End of Life and falls and frailty by 2025.	Anthony Fitzgerald	End Q4 2024/25	TBC	-
Acute Bed Occupancy and Length of Stay - Reduce acute bed occupancy and hospital Length of Stay by ensuring timely discharges and optimal capacity across discharge pathways (P1-P3), supporting the system target of achieving 6.4% NCTR by March 2025 and improving acute hospital flow.	Anthony Fitzgerald	End Q4 2024/25	TBC	Devon system target is to achieve no more than 8.5% patients with NCTR by end of March 2024. Target for July 2024 is an average of 10.3%. The average position for July 2024 exceed planned trajectory at 10%. Discharge demand modelling for next 5 years is in development. Broken down by LA footprint. Plymouth draft data is no available for initial review following July. Pre midday discharges – Actions plans have been submitted by TSD and RDUH to improved pre midday discharges and plan to increase to national target by end of September 2024 as 33% of total discharges, discharge before midday. The average Devon position for July 2024 is 27.3% against a plan of 29.4%. Care Transfer Hubs - A review against the 9 key principles has been completed last week. There has been a slight adjustment to last week's report due to further comment/clarity from providers. Devon have now fully implemented the key principles in 7 areas out of 10 areas across the 9 key principles. The remaining 3 areas are rated Amber and partially implemented. No areas are rag'd as Red. TSDFT have fully implemented/embedded all 10 areas. RDUH and UHP have action plans in place to move these principles to Green. Data - Discharge dashboard via Power BI has been developed for the DCC patch through the DCC HD Transformation group. Need to agree ICB BI resource to support roll out to Plymouth and Torbay.
Children and Young People Inclusion in UEC Recovery Plans - Ensure that children and young people are included explicitly in the UEC recovery plans, incorporating specific interventions such as paediatric virtual wards and the Paediatric Early Warning System - need to establish exec ownership.	Anthony Fitzgerald	End Q4 2024/25	TBC	

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High Intensity Users (HIUs) - Expand and develop High Intensity User (HIU) services and establish system working arrangements to support ongoing learning and development.	Anthony Fitzgerald	End Q4 2024/25	TBC	-
Community Services Waiting Times - We aim to reduce waiting times for community services, focusing specifically on significant reductions in long waits.	Anthony Fitzgerald	Not Stated		-
Elective Care Waits - Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties).	Anthony Fitzgerald	End Q4 2024/25	TBC	Revised capacity meetings and agreements with IS providers to support long waits, increased IAP deal agreed with Mount Stuart and Exeter Medical, productivity updates below.
Elective Care Long Waits - Reduce the number of long waiting patients for elective care and return to waits of less than 18 weeks by 2027 by increasing productivity and maximising elective capacity in Devon.	Anthony Fitzgerald	No Milestones Stated		-
System Specific Activity Targets - Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 103%.	Anthony Fitzgerald	End Q4 2024/25	On Plan	RDUH orthopaedic pathway at PPG now live, RDUH urology at MSH live, service specification review underway (first draft completed for Nuffield Plymouth, revised capacity meetings and agreements.
Outpatient Attendances - Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25.	Anthony Fitzgerald	End Q4 2024/25	On Plan	Initial analysis of trust comparison of discharged at first appointment shared with identified challenged specialities within improvement programmes to explore variation and share learnings. Using the conditions/procedures identified by GIRFT as suitable for one stop clinics explored with trusts their current position to identify possible opportunities and sharing of best practice within the system.
Improve Patient Experience of Choice at Point of Referral	Anthony Fitzgerald	End Q4 2024/25	TBC	-
Continued Expansion of Patient Choice at Point of Referral, offering a choice of five providers where appropriate and facilitating access to non-local NHS or independent sector providers to shorten wait times.	Anthony Fitzgerald	Not Stated	On Plan	Dermatology enhanced choice pilot task and finish group started, pathways designed (2ww pathway agreed, A&G pathway for further discussion 09 August 2024).
62 Day Cancer Treatment Standard - Improve performance against the headline 62-day cancer treatment standard to 70% by March 2025.	Anthony Fitzgerald	End Q4 2024/25	TBC	-
Cancer Diagnosis % - Increase the percentage of cancers diagnosed at stages 1 and 2 to align with the 75% early diagnosis ambition by 2028.	Anthony Fitzgerald	No Fixed Milestones Set	TBC	-

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Diagnostic Tests % - Increase the percentage of patients receiving a diagnostic test within six weeks to 95% by March 2025.	Anthony Fitzgerald	End Q4 2024/25	TBC	-
Patient and List Management - Improve patient and list management, ensuring at least 90% of patients waiting over 12 weeks are validated at any time.	Anthony Fitzgerald	Ongoing (Monitor and Mitigate Against Any Deviation from Plan)	TBC	Discussions with TSD that they will prioritise gynae for validation when NetCall is in place due to low numbers in this speciality being validated. Validation monitored via speciality improvement programmes.
Getting It Right First Time (GIRFT) - Support achieving upper quartile performance and best practices as per Getting It Right First Time (GIRFT) recommendations.	Anthony Fitzgerald	Not Stated	TBC	Gynaecology submitting monthly highlight reports monitoring these KPIs. Work under way with Mary Stocker and 1st One Devon Gynae Improvement Group booked for August 2024 to support trusts with their action plans to achieve these targets. Integrating women health hubs work into gynae improvement programme. Productivity improvement plans at Nightingale in place and agreed through ECIB. Meeting held with Bristol team and ICB to agree final plan to support appropriate repatriation of CYP from Devon and Cornwall back to UHP. Continue to support joint working on the development of the clinical prioritisation tool following SEND inspection for community services. Provisional agreement at ECIB of paediatric stratification tool. Ophthalmology Network and image sharing to maximise workforce ToR drafted. Digital actions to support image transfer process underway as phase 1, phase 2 to align with PenRad solution. Develop and implement UAN wide delivery model for HVLC and PCNL, demand and capacity data generated for Devon, awaiting data sharing agreement from leads in Somerset and Cornwall (escalated at oversight meeting on 12 July 2024). Review of hip and knee primary care pathway implemented Radial lounge implemented in TSD and RDUH providing 1 extra case per list.
Theatre Utilisation - Make significant improvements towards the 85% day case and 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings.	Anthony Fitzgerald	End Q4 2024/25	TBC	
Referrals to Secondary Care - Establish an approach to ensure referrals to secondary care are appropriate, including through increased use of advice and guidance (A&G) to avoid unnecessary referrals.	Anthony Fitzgerald	End Q4 2024/25	On Plan	-
Review of Neurology Headache Clinics	Anthony Fitzgerald	End Q4 2024/25	On Plan	Project group now in place with key actions.

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				Draft system stopping criteria circulated to clinical leads for comments. CRG being drafted, to be completed and shared in August 2024.
Diagnostic Capacity - Increase diagnostic capacity, including through Community Diagnostic Centres.	Anthony Fitzgerald	End Q4 2024/25	TBC	-
GP Contract Reviews - Complete contract reviews for GP with Extended Roles (GPwER) and Sentinel.	Anthony Fitzgerald	End Q4 2024/25	TBC	Audiology procurement – PIN published on 05 July 2024. Proposed procurement questions approved by PSR steering group on 24 July 2024 ahead of ITT launch. Service specification for specialist element of procurement revised and worked through with subject expert. Improving abortion Care – MSI tariff uplift request paper to DIG on 24 July 2024 Progress against actions submission to NHSE on 31 July 2024.
Specialised Commissioning - Take on formal delegation of specialised commissioning functions (was moved from CFO).	Anthony Fitzgerald	Not Stated	TBC	-

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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	August 2024

Principal Risk

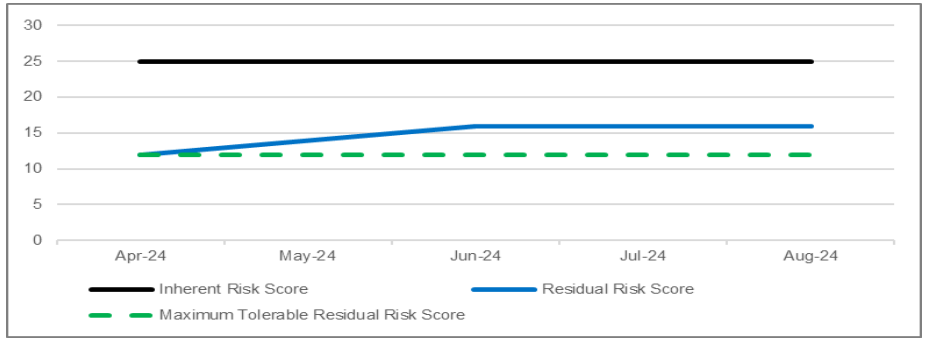
IF NHS Devon is unable to embed a focus on population health management across all of its own activities and those of its partners, **THEN** we will fail to deliver on our key statutory purposes (improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, 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	5	5	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?
1.	**Population Health Objectives** are set out within the Joint Forward Plan (JFP).	
2.	**Funding for Population Health** agreed at a level that enables a full programme of work to be established.	
3.	**Population Health Programme of Work** agreed and in place in line with available funding.	
4.	**Quality and Equality Impact Assessments (QEIAs)** in place to help inform commissioning decision-making processes, business cases, projects and other business plans. *(Links to NHS Oversight Theme 1: Quality of Care, Access and Outcomes*	

	Current Key Control Gaps
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).
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.
CG3	**Quality and Equality Impact Assessments (QEIAs)** may not be fully effective and / or being monitored.
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.

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5.	**Clear One Devon PHM Dataset** to which all Primary Care and Voluntary Community and Social Enterprise Sector (VCSE) are signed up to.			-	-

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.		AG2	**Population Health Improvement (Board Assurance) Committee** Terms of Reference (ToRs) agreed by the NHS Devon Board at its meeting on 24 May 2024. First meeting due to take place in September 2024.
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**	**Action Status**	**Update Since Last Review**
CG1 Funding for Population Health to be explored with the Finance team.	Chief Medical Officer			
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.	Chief Medical Officer			
CG3 Equality and Quality Impact Assessments (EQIAs) framework needs refinement.	Natasha Goswell	End Q3 2024/25	On Plan	Updates provided to QPEC in June 2024. Summary provided of the current position of EQIAs. Quarterly EQIA position papers are to be provided to FPC and QPEC. CNO, DCNO and delegated senior nursing and quality members to attend provider quality committees for oversight of EQIA development for 2024/25 and in-year plans. Work continues with the EQIA improvement plans for implementing and embedding for 2025/26.

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CG4 One Devon Dataset to be improved with access to Primary Care and VCSE data.	BI Team / Sam Wadham-Sharpe			
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.	Philippa Harding	End Q4 2024/25	Not Yet Started	Structures to be reviewed quarterly and earlier if required. No later than 31 March 2025. Review currently scheduled for December 2024.
AG2 Population Health Improvement (Board Assurance) Committee to be formally established.	Philippa Harding	End Q2 2024/25	On Plan	Initial meeting scheduled to take place 26 September 2024.
Children & Young People - Address significantly poorer outcomes for care experienced children and young people by tackling access and equity issues in care delivery.	Penny Smith	End Q4 2024/25	On Plan	Care Experienced Children – Established improvement TAFS and plans in each local authority to improve RHA and RHA performance.
Infection Management System: ▪ ICBs are responsible for developing integration and collaboration, and for improving population health across the system. ▪ Under the Civil Contingencies Act 2004, NHS England and ICBs are identified as Category 1 responders.	Penny Smith	End Q4 2024/25	On Plan	Formation of ICB Led Health Protection Delivery Group.
Vaccination Delivery Improvement	Penny Smith	End Q4 2024/25	On Plan	
Mental Health Annual Physical Health Checks - Reduce inequalities in mental health care by increasing the rate of annual physical health checks so that 75% of people with severe mental illness (SMI) are receiving a full annual physical health check, with at least 64% receiving one by March 2025 ensuring appropriate follow-up care for all those who need it.	Chief Medical Officer	End Q4 2024/25	TBC	Work in progress to align in year SDF to antipsychotic initiation and PH monitoring in place – programme stepped up at pace following GP ballot and key partners engaged. PHM via GP (annual health checks) positive uptake at end of QRT 4 due to QAF payment – LMC clear this is primary care.
Community Physical Health Monitoring Services to be developed for eating disorder patients to enhance outpatient support.	Chief Medical Officer	End Q2 2024/25	TBC	Aligned to the Anti-Psychotic initiation there is a similar Eating Disorder physical health programme set up however no funding allocation and will require ICB review in light of recent GP intention to pull away from providing PHM for this group of people.
Community Based Alternative to Hospital Admission - business case to be developed for a community based alternative to hospital admission for individuals with severely disordered eating with atypical features or which is secondary to neurodiversity and / or trauma based issues.	Chief Medical Officer	End Q4 2024/25	-	Objective not recognised.
Learning Disability and Autism (LDA) Annual Health Checks - Ensure 75% of individuals aged 14 and over on GP learning disability registers receive an Annual Health Check (AHC) by 31 March 2025.	Chief Medical Officer	End Q4 2024/25	On Plan	Programme of work continues with fortnightly SITREP meetings. We are seeing continued growth in the LD Register. We have updated the 2023/24 data and aligned with the national data.

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				Liaising with the national team over coding queries and decline codes. Contact has been made to low performing practices, collating their feedback. Next webinar planned for delivery to stakeholders and partners.
Reliance on Mental Health Inpatient Care (LDA) - Reduce reliance on mental health inpatient care for people with learning disabilities and autistic individuals, achieving a target of no more than 30 adults or 12–15 under 18s per 1 million population.	Chief Medical Officer	End Q3 2024/25	TBC	LDAP Inpatient Numbers: ▪ ICB 24 over target of 20 ▪ SWPC 13 over target of 8 ▪ CYP 3 under target of 5 ▪ CETR/CETRS completed x6 – 100%compliance ▪ Safe & Wellbeing visits x8 CTR/CETR overnight panel ToR completed by first team panel in September 2024.
Autism Diagnostic Assessment Pathways - Test and implement improvements in autism diagnostic assessment pathways, including actions to reduce waiting times by March 2028.	Chief Medical Officer	End Q3 2024/25	TBC	-
STOMP and STAMP - Reduce health inequalities by reducing over-medication through the STOMP and STAMP programmes and taking action to prevent overprescribing.	Chief Medical Officer	End Q3 2024/25	TBC	Due to diminished resource, we have merged the Health Inequalities agenda to the LDAP Partnership Group. STOMP/STAMP is on the agenda to continue clinical conversations with the system.
LeDeR Programme Implementation - Continue to implement the LeDeR programme to enhancing care, reducing health inequalities, and preventing premature deaths among individuals with learning disabilities and autism.	Chief Medical Officer	End Q3 2024/25	TBC	Due to workforce restrictions in absence and loss of resource there is insufficient work to take the LeDeR programme forward in its full robust approach. We are continuing to share national learning and local conversations in our system. DCNO active in seeking temporary resource to no avail locally LeDeR reviewer attending LDAP to share update.
LDA Reasonable Adjustment Flag - Support the delivery and use of the reasonable adjustment digital flag to reduce health inequalities among people with learning disabilities and autistic individuals.	Chief Medical Officer	End Q3 2024/25	TBC	IG and BI support has been identified in the team to support the system implementation of the DRF programme.
Population Health and Evidence Based Resources - Support Local Care Partnerships (LCPs) and Provider Collaboratives with evidence-based resources to empower them to make informed decisions and implement change at the local level.	Chief Medical Officer	End Q3 2024/25	On Plan	Population Health Data and Digital Group have reviewed ACS admissions to identify potential for preventative work.
National Inclusion Framework - Implement the national Inclusion Health Framework to ensure health equity and support the needs of the most vulnerable groups.	Chief Medical Officer	End Q4 2024/25	Behind Plan	Limited progress due to capacity. Cannot obtain approval to appoint post to undertake the work.

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Population Health Charter - Develop and implement a Population Health Charter to articulate and guide the collective health priorities and strategies across the system.	Chief Medical Officer	End Q4 2024/25	On Plan	Draft Charter produced for discussion at Population Health Steering Group in September 2024.
National Digital Inclusion Framework - Implement the national Digital Inclusion Framework to increase accessibility to digital health resources among underserved populations.	Chief Medical Officer	End Q4 2024/25	On Plan	-
Peninsula Research and Innovation Programme (PRIP) - Continue to contribute to the PRIP with partners across the Peninsula to foster collaborative improvements and innovation in healthcare.	Chief Medical Officer	End Q4 2024/25	On Plan	PRIP meetings.
Peninsula Research and Innovation Strategy (PRIS) - Work with Cornwall and Somerset to implement key deliverables in the PRIS, enhancing regional healthcare research and development.	Chief Medical Officer	End Q4 2024/25	On Plan	PRIP meetings are reviewing the strategy and plan.
Research Engagement Network (REN) - Continue to support the development of the REN to increase opportunities for people to participate in health and social care research, including those working in primary care.	Chief Medical Officer	End Q4 2024/25	On Plan	REN4 bid approved.

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
3. Finance and Use of Resources	Bill Shields - Chief Finance Officer	Finance and Performance Committee	August 2024

Principal Risk

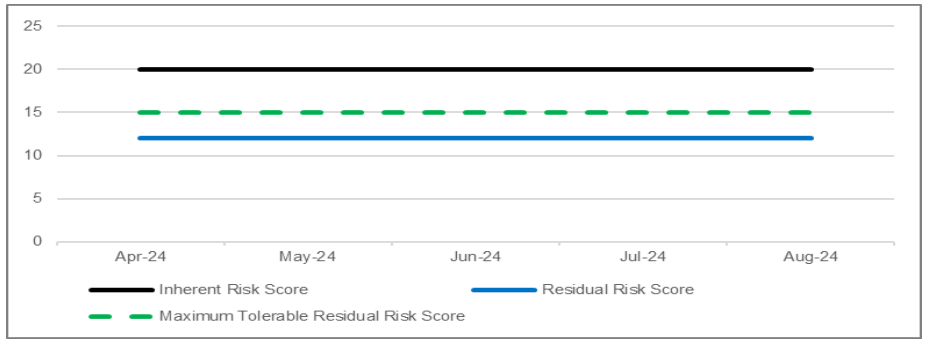
IF NHS Devon does not work effectively with system partners to deliver financial recovery plans, **THEN** we will fail to deliver on one of our key statutory purposes (enhance productivity and value for money), **RESULTING IN** patients across the One Devon Integrated Care System potentially not receiving 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?
1.	**Financial Plans** in place that underpin the Operating Plan for 2024/25.	
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.	
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.	
4.	**Devon Investment Group (DIG)** in place and responsible for ensuring the adoption and application of best practice	

Current Key Control Gaps	
CG1	**Medium-Term Financial Plan** requires updating.
CG4	**ICB PMO** needs to be adequately resourced.
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-	-

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	governance and decision-making for investments by NHS Devon.				
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.			-	-
6.	**System Vacancy Control Panel (VCP)** in place to prevent an increase in workforce growth and to support a reduction in running costs.			-	-
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.			-	-
8.	**ICB Programme Management Office (PMO)** established.			-	-

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.
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.		AG3	Monthly monitoring of full-time equivalents (FTEs) but **no assurance that system partners have workforce controls in place** or how well they are engaging with workforce controls.
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**	**Action Status**	**Update Since Last Review**
CG1: Medium-Term Financial Plan to be updated to reflect latest known changes	Kirsty Denwood	End Q2 2024/25	On Plan	Model that underpins the MTFP will be updated by the end of June 2024 / early July 2024. A high level review of strategic transformation programmes is currently being undertaken.
CG2: System Recovery Plan (which is encapsulated within the 2024/25 operational and financial plans) to be revised to ensure that the system returns to financial balance	Kirsty Denwood	End Q1 2024/25	Complete	

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CG3: CIP Programme / Schemes to be profiled / profiled appropriately to reflect in-year delivery	Kirsty Denwood	End Q1 2024/25	Complete	Profiling of the CIP Programme / Schemes included in the plan submitted on 12 June 2024.
CG4: Resourcing of ICB PMO to be considered through Phase 2 of the organisational change programme	Sam Wadham-Sharpe	Start Q2 2024/25	On Plan	Feedback is being provided as part of consultation feedback. Once received, this will be reviewed as part of the process.
AG1: Closer Aligned Reporting to System Financial Plans	Kirsty Denwood	Start Q3 2024/25	Not Yet Started	Awaiting revised financial reporting templates to be issued by NHSE.
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	Sam Wadham-Sharpe	On-going Through 2024/25	On Plan	Assurance process in place with highlight reporting and delivery review meetings with each Senior Responsible Officer (SRO) on a monthly basis. Finance involved in the review process to evidence savings alongside actions. Process still in its infancy and difficulty reconciling plans to meet the financial savings opportunity. Progress report to be taken to System Leadership Group (SLG) in July 2024. Currently looking to identify opportunities for additional savings to offset any risk for example, medicines alignment, in year contract reviews and claw back etc.
AG3: Workforce Controls Assurance required from system partners that workforce controls are in place and are working effectively.	Piers Tetley	Ongoing 2024/25	On Plan	First grip and control dashboard and monthly dashboard for system workforce produced and due to be presented to the Workforce Delivery Group (WDG) on 24 June 2024. This demonstrates that we now have the data to seek assurance from system partners. The level of assurance will be demonstrated over time as we monitor progress against plan over the coming months.
Delivery of 16 National Medicines Optimisation Opportunities	Chief Medical Officer	End Q4 2024/25	On Plan	Set-up the preparation for the September IMOC priorities (antimicrobials). Continue to progress the meetings on Valproate Safety following April IMOC.
Peninsula Aseptic Hub (PAH) – Develop the PAH to centralise and optimise the preparation of sterile medications.	Chief Medical Officer	End Q4 2024/25	On Plan	
Peninsula Radiopharmacy Strategy (PRS) - Develop the PRS to enhance the provision and distribution of radiopharmaceuticals.	Chief Medical Officer	End Q4 2024/25	On Plan	Submitted Business Case to region. Regional queries being progressed.
Integrated Medicines Optimisation Committee (IMOC) - Develop the IMOC and associated work programme to oversee and enhance medicines use across the health system.	Chief Medical Officer	End Q4 2024/25	On Plan	No IMOC in July 2024, next meeting early September 2024.
Community Pharmacy - Develop Community Pharmacy, including improved resilience and the expansion of Pharmacy First services, to enhance accessibility and efficiency of pharmaceutical care.	Chief Medical Officer	End Q4 2024/25	On Plan	CPDG meeting. Evening meeting re. CP and GP collaboration. Strategy engagement continued. PNA meeting being arranged.

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Acute Services Transformation - Transform acute services to ensure workforce, clinical and financial sustainability.	Chief Medical Officer	End Q4 2024/25	TBC	**Low Volume High Complexity (LVHC)** First meeting of the LVHC Steering Group on 17 July 2024. The view of the group was that we should commence a 'rapid data review' of 3 services where there was general agreement of sub-optimal scale across the Peninsula: - Gynae cancer - Complex Head & Neck, Endocrine Tumours - Sarcoma **Strategic Service Change** **Significant Service Change Training:** For Trust Boards and lead clinicians – 09 July 2024 Agreement to hold virtual training (2 x 1 hour session) for clinicians in September and October 2024. **Maternity and Neonatal:** 2nd Workshop held with identified clinicians to explore possible solutions 04 July 2024. **Case for Change:** Discussions with OSCs regarding approach to public engagement (July 2024). **Scenario Modelling:** Modelling resource confirmed and arranged through national GIRFT team. Senior leadership discussion held 16 July to describe scenarios in more detail to enable modelling to scenarios into options. Available data provided to modelling team. First meeting of the PASP Modelling Sub Group on 24 July 2024. **Programme Infrastructure** Went out to advert for the Programme Team, including Managing Director, Programme Director, Project Manager, and Business Support Manager.
Efficiencies and Consistency in Business Processes - Deliver significant efficiencies and ensure consistency in business processes across Trusts and the ICB through technological and digital advancements, aiming to save £19 million over five years, contributing to system financial recovery.	Piers Tetley	End Q4 2024/25	On Plan	▪ Develop and agree workstream deliverables and milestones for the 6 workforce FRP workstreams – fully live and implemented. ▪ Develop and agree reporting methodology – complete and two WDG meetings held in July 2024. ▪ Assurance against delivery plan – WDG dashboard and grip and control dashboard live and implemented. Operational Plan position reviewed at WDG where assurances explored along with rigorous check and challenge. At M3, are under plan for WTE but £3.9m overspent against plan. Overspend
One Devon Workforce Strategy - Implement the One Devon Workforce Strategy and development of case for change to inform a new financially sustainable workforce model and plan to meet local and national objectives and comply with the 10	Piers Tetley	End Q4 2024/25	On Plan	

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regulatory requirements of an Integrated Care System (ICS) People function.				mostly held within TSD although still working to understand full granular level detail across all Trusts. Some of the overspend can be accounted for by the Industrial Action and Consultant pay award. ▪ Collation and review of workforce data outputs from Optionerring to inform Case for Change – complete. ▪ Development of first draft of Case for Change – roadmap development in progress, with aim to complete by end of Q3.
30% Running Cost Reduction - Reduce running costs by 30% while continuing to evolve the ICB's functions and form to effectively meet its strategic and statutory responsibilities.	Piers Tetley	End Q4 2024/25	On Plan	▪ Over 800 pieces of consultation feedback reviewed by Chief Officers. ▪ Structures and job descriptions reviewed by Chief Officers. ▪ Final structure and job descriptions developed. ▪ Presentations created for 'check and challenge' session on 31st July 2024. ▪ 31st July 2024 – check and challenge sessions for Chief Officers to review final proposed structure and process. ▪ Continued communication with staff and SFP/TUs.
Strategic Client Function for Business Intelligence (BI) - Provide the Strategic Client function for Business Intelligence (BI), developing and agreeing on the ICB requirements of the external BI function.	Bill Shields	Discharged Reactively Through 2024/25	-	First review of available data items to measure annual plan delivery undertaken. Further work of creating central repository of data measures to continue in August 2024. Contract review also scheduled.
Estates - Drive collaboration between provider service departments where possible to create resilience, efficiencies, and succession planning. (EFM and SPV are vehicles to deliver).	Bill Shields	End Q4 2024/25	TBC	
Estates Strategy - Commence delivery of the implementation plans that will support each area of the Estates Strategy.	Bill Shields	-	-	Awaiting clinical strategy and service change proposals to respond to.
Electronic Patient Records (EPRs) - Support implementation of Electronic Patient Records (EPRs) in TSDFT and UHP by 2026.	Bill Shields	End Q3 2024/25	On Plan	TSDFT and UHP FBCs locally approved and submitted to Regional Office for the next stage in the process.
Peninsula Laboratory Information Management System (LIMS) - Procure and implement the Peninsula LIMS solution for the clinical network by 2025.	Bill Shields	End Q3 2024/25	On Plan	TSDFT implementing the shared Beaker LIMS with RDUH and on track for a December 2025 go live.
Devon and Cornwall Care Record - Support core health and care organisations to implement the Devon and Cornwall Care Record by 2028.	Bill Shields	End Q4 2024/25	On Plan	RDUH finalising go live of the DCCR by September, with TSDFT making progress towards a December go live.
Data Centres - Rationalise data centres subject to business case approval.	Bill Shields	End Q4 2024/25		

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Contract Reviews – Undertake contract reviews to achieve non-pay contract savings.	Bill Shields	End Q2 2024/25	On Plan	This is ongoing work and linked in with the Procurement workstream.
Shared Service Arrangements – Progress shared service arrangements within ICB and across system to increase efficiency and productivity and reduce costs.	Bill Shields	End Q4 2024/25	On Plan	-
Long Term Financial Plan – Produce the long-term financial plan to achieve sustainable financial balance by system and by organisation.	Bill Shields	End Q3 2024/25	On Plan	High level scenario model built.
Cross System Procurement – Support reduction of total procurement cost by driving 'at scale', cross-system procurement, enabling greater efficiency and minimising unwarranted variation.	Bill Shields	End Q4 2024/25	TBC	-

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
4. People	Piers Tetley – Interim Chief People Officer	People and Organisational Development Committee Finance and Performance Committee	August 2024

Principal Risk

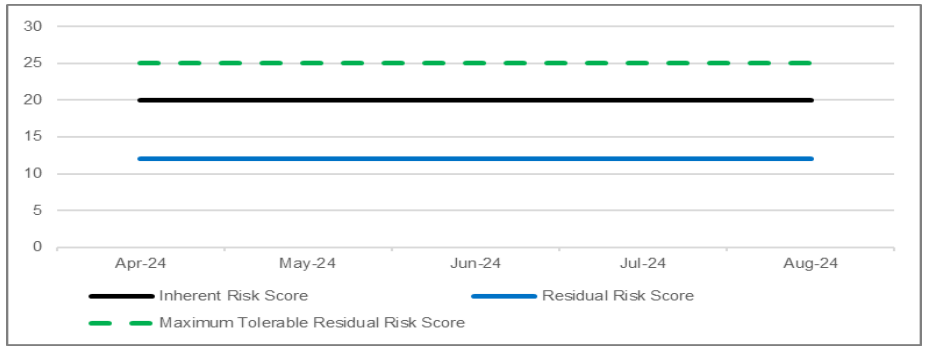
IF NHS Devon does not work with system partners to ensure an appropriate NHS workforce, **THEN** we will not be appropriately resourced to deliver safe and effective services, **RESULTING IN** patients across the One Devon Integrated Care System not receiving the services that they need.

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?
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.	Previously Amber
2.	**System Workforce Strategy** designed, approved and in place.	Amended Control
3.	**5 Year Workforce Numerical Plan** outlining the size and skill mix of the NHS provider workforce required to meet population demand.	Amended Control
4.	**Workforce Programmes** in place to support wider service transformation. These focus on specific services / areas of greatest concern e.g. Urgent & Emergency	

	Current Key Control Gaps
CG2	**5 Year Workforce Numerical Plan** not yet agreed by System Partners.
CG3	**NHS Devon's ability to lead system partners** – Phase 2 of the NHS Devon organisational change process yet to be completed.
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	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.			-	-

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.		AG1	**Governance Architecture** – first meeting of People and Organisational Development Committee yet to take place (scheduled 26 September 2024)
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.		AG2	**National People Plan for Devon** – System People Board to be established. Proposed to form part of the ToR of the People and Organisational Development Committee.
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**	**Action Status**	**Update Since Last Review**
CG1: Workforce Recovery Programme - Full programme to be considered by each system partner organisation in accordance with their specific governance structure	-	-	Complete	-
CG2: 5 Year Workforce Numerical Plan – Skill mix reviews to be complete to inform development of the programme.	Mark Sowden	End Q2 2024/25	On Plan	-
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	On Plan	Consultation launched 22 May 2024 for Phase 2 of NHS Devon's organisational change programme.
AG1: Governance Architecture – NHS Devon People and Organisational Development Committee to be established.	Philippa Harding	End Q2 2024/25	On Plan	People and Organisational Development Committee Terms of Reference approved by the Board at its meeting on 20 May 2024. First meeting of the Committee is due to take place on 26 September 2024.

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AG2: National People Plan for Devon – System People Board to be established to oversee the People Plan for Devon	Philippa Harding	End Q3 2024/25	On Plan	Proposed to be incorporated in the Terms of Reference of the People and Organisational Development Committee. For discussion at the first meeting of the Committee.
Learning Disabilities and Autism - Develop integrated workforce plans for the learning disability and autism workforce to support the delivery of objectives outlined in national Workforce Plan.	CMO	End Q3 2024/25	TBC	▪ The Commissioning Team are actively part of the Clinical Reference Group designing the end to end pathway of the new unit and how the community teams will support admission prevent and discharge.
System Workforce - Improve management and productivity of workforce resources (WTE and financial) across all System providers, delivering activities aligned with the 6 workforce Financial Recovery Programme (FRP) workstreams.	Piers Tetley	End Q4 2024/25	On Plan	▪ Develop and agree workstream deliverables and milestones for the 6 workforce FRP workstreams – fully live and implemented. ▪ Develop and agree reporting methodology – complete and two WDG meetings held in July 2024. ▪ Assurance against delivery plan – WDG dashboard and grip and control dashboard live and implemented. Operational Plan position reviewed at WDG where assurances explored along with rigorous check and challenge. At M3, are under plan for WTE but £3.9m overspent against plan. Overspend mostly held within TSD although still working to understand full granular level detail across all Trusts. Some of the overspend can be accounted for by the Industrial Action and Consultant pay award. ▪ Collation and review of workforce data outputs from Optionerring to inform Case for Change – complete. ▪ Development of first draft of Case for Change – roadmap development in progress, with aim to complete by end of Q3.
Staff Retention and Attendance - Improve the working lives of all staff, thereby increasing staff retention and attendance at work.	Piers Tetley	End Q4 2024/25	On Plan	▪ Over 800 pieces of consultation feedback reviewed by Chief Officers. ▪ Structures and job descriptions reviewed by Chief Officers. ▪ Final structure and job descriptions developed ▪ Presentations created for 'check and challenge' session on 31st July. ▪ 31st July – check and challenge sessions for Chief Officers to review final proposed structure and process/ ▪ Continued communication with staff and SFP/TUs.
Clinical Placements and Apprenticeship Pathways - Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan.	Piers Tetley	Not Started	On Plan	<u>Advanced Practice:</u> 35 new posts have been developed across the system this equates to 19% expansion which is over achieving the 10% target. These will commence training in September 2024. Workforce planning and transformation has started for September 2025 educational pathways. The emerging areas of
Advanced Practice Posts - Increase the number of Advanced Practice posts across Devon by implementing a governance matrix and enhancing education and recruitment	Piers Tetley Penny Smith	End Q4 2024/25	On Plan	

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strategies, aiming to recruit 10% new trainees in new and emerging areas of advanced practice.				advanced practice breast, imaging, cancer, neonates, Musculoskeletal, paediatrics.
Placement Capacity - Increase placement capacity across the system to enable an increase of supply of domestic nursing and AHP. Specifically the aim is to: • Reduce placement under-utilisation by 30% • Increase placement capacity by 20% • Increase range of placement experiences by 30%	Piers Tetley Penny Smith	End Q4 2024/25	On Plan	<u>Placement:</u> Placement under-utilisation monitoring processes being developed along with understanding scale of demand affecting utilisation rates. Increase placement capacity – net capacity consistent for pre-registration learners however additional capacity being sourced to recover lost capacity (due to turnover/sickness rates) small increase in T level placement capacity - % to be confirmed Increased range of placement capacity work developing new areas for T levels including healthcare science and AHP - % to be confirmed. Pilot projects and working groups established with professional leads to expand range of placement opportunities within providers to pre-reg learners. Agreement secured for rotational/shared placements with SWAST for business administration/health T levels to commence in 2025 to allow for workforce mentor preparation and audit assessments. Initial discussions regarding ICB hosted pre-reg learner and T level placements. % range metrics to be determined with BI analyst.

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
5. Leadership and Capability	Philippa Harding, Interim Chief Communications & Corporate Affairs Officer	Executive Committee	August 2024

Principal Risk

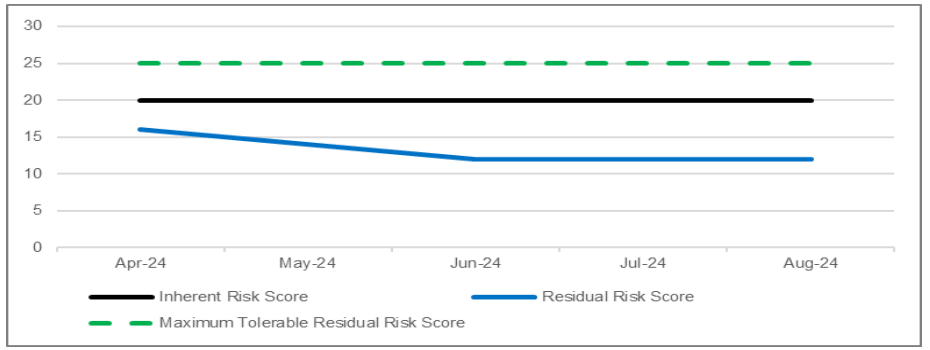
IF NHS Devon does not sufficiently develop its own leadership capability and that within system partners (particularly clinical leadership), **THEN** we will fail to deliver transformational change in relation to service delivery, **RESULTING IN** patients across the One Devon Integrated Care System 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?
1.	**Clear Leadership Structure within NHS Devon** with a coherent vision for the organisation.	
2.	**NHS Devon Leadership to System Partners** – There is a clear vision for how NHS Devon will provide leadership to its system partners.	
3.	**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	

	Current Key Control Gaps
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.
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.
CG3	**NHS Devon's ability to lead System partners** – Phase 2 of the NHS Devon organisational change process yet to be completed.

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	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.			-	-
5.	**ICB Governance Improvement Plan** in place and approved, ensuring governance structures are robust, up-to-date, and responsive to evolving organisational needs.			-	-
6.	**System Planning, Delivery and Assurance Structures** for the 2024/25 governance approach within the ICB now implemented.			-	-
7.	**NHS Devon Programme of Organisational Development Activities** – There is a clear programme of organisational development activities in place for NHS Devon.			-	-
8.	**System Programme of Organisational Development Activities** – There is a clear programme of organisational development activities for the system.			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.			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.			CG7	**Equality, Diversity and Inclusion** priorities to be identified, agreed and embedded.
11	**Clinical and Professional Leadership Framework** in place and operating effectively.			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.			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.	-	-
3.	**System Planning and Delivery Assurance Structures** are clear and in place to ensure oversight of key risks and issues.	-	-

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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	Action Status	Update Since Last Review
CG1: Organisation Change Programme – Develop a workforce with the skills and capability to fulfil the strategic and statutory responsibilities of the ICB in a sustainable and affordable manner.	Steve Moore	End Q4 2024/25	On Plan	▪ Over 800 pieces of consultation feedback reviewed by Chief Officers. ▪ Structures and job descriptions reviewed by Chief Officers. ▪ Final structure and job descriptions developed ▪ Presentations created for 'check and challenge' session on 31st July. ▪ 31st July – check and challenge sessions for Chief Officers to review final proposed structure and process/ ▪ Continued communication with staff and SFP/TUs.
CG2: Compact and Articulation of Shared Vision for the System – Create a compact to formally articulate the shared vision of system partners and establish a set of reciprocal behaviours for effective delivery, supporting the Devon single operating model.	Philippa Harding	End Q2 2024/25	On Plan	Initial draft Compact shared with System Leadership Group at its meeting on 23 July 2024.
CG5: System Organisation Development Action Plan to be developed for the system focusing on implementing high-impact actions to address challenges identified in ICS maturity assessments, supporting the development of a single operating model for Devon. Action plan to be signed off by each of the system partners via the appropriate governance routes.	Katy Kerley	End Q3 2024/25	Not Yet Started	OD plan to be revised for presentation to a half day session amongst system CEOs on 08 October 2024.
CG6: One Devon Involvement Platform to be established to enhance engagement and participation across the healthcare system.	Nicola Bonas	End Q4 2024/25	On Plan	Specification for online drafted and in development. Engagement with system partners on concept undertaken and further development conversations will take place.
CG6: Integrate Healthwatch into NHS Devon ICB Governance to enhance public accountability and consumer insight.	Nicola Bonas	End Q3 2024/25	On Plan	ICB governance proposal drafted. People and Communities Strategy Framework drafted and ready to be shared for engagement with system partners.
CG7: Agree on Shared Equality, Diversity and Inclusion (EDI) Priorities with system partners and initiate actions	Philippa Harding	End Q3 2024/25	Behind Plan	Initial consideration of organisational resource to be made available for EDI work at Executive Check and Challenge meeting in relation to Phase 2 of the Organisational Change

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based on the NHSE EDI Improvement Plan's six high-impact areas. Through the NHS Devon governance review, identify opportunities to incorporate the six high-impact actions from the NHSE EDI Improvement Plan.				Programme. EDI approach to be agreed by the NHS Devon Executive meeting on 03 September and presented to the People and Organisational Development Committee for assurance on 26 September.
CG8: One Devon Clinical and Care Professional Leadership Framework to be developed to enhance clinical and care professional leadership and involvement in strategy development and delivery across the system.	Chief Medical Officer	End Q3 2024/25	On Plan	CCPL framework has informed Phase 2 Clinical Advisor structures.
CG9: Rolling Annual Planning Cycle to be developed to support the ongoing development, refresh, and alignment of key strategic and operational plans, including necessary annual updates to One Devon's Integrated Care Strategy and NHS Devon's 5-Year Joint Forward Plan, organisational-level Annual Plans, and NHS Operational Planning submissions.	Deputy Chief Executive Officer	Q4 2024/25 ('Process Live')	Behind Plan	• Draft planning cycle created. A list of key decisions to be presented to Ex Co in August 2024. • MTFP work will delay this process but is critical to the development of ongoing planning cycle.
CG9: System Delivery Governance PMO Approach to be developed, including a PMO Delivery Room to support the delivery of corporate objectives.	Deputy Chief Executive Officer	End Q4 2024/25	On Plan	• PMO Delivery Room Standard Operating Procedure approved and communicated to support annual plan and system recovery assurance. • Delivery Room process established to support programme leads and feed internal and external assurance processes.

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:

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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

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting	Date of committee covered in this report
18 September 2024	11 September 2024

Chair	
Name and title:	Thandie Hara, Independent Non-Executive Member for Citizen and Community Involvement

BAF updates or escalation

The Committee received this report which informed it of the current position relating to the Board Assurance Framework (BAF) risk for which the Committee has responsibility for oversight.

The Committee did not identify any matters during the course of the meeting that suggested a new strategic risk should be raised on the BAF. However, it noted that the risk score for the risk within its remit might not yet reflect the latest position. The risk – around quality of care, access and outcomes – was rated at 12, which did not appear to reflect positions around achievement of in-year targets that had been reported to the Committee at this meeting. The Committee was assured that RAG ratings for all BAF risks were subject to regular review and that the next iteration of the BAF would reflect the most up to date position.

Risk register review updates/escalation

The Committee requested the ICB Quality Directorate to further consider assurance information available for s117 arrangements, inclusive of consideration for a risk register entry if appropriate. The background to this request is detailed below in this report.

Delivery of the 2024/25 Annual Plan

The Committee received a report setting out progress towards achieving the 129 priorities set out in the Annual Plan. The Committee noted that 60% of the Plan was described as assured in terms of delivery within year, but also noted that a significant number of individual objectives were RAG rated as red or amber.

The Committee received assurances that this was because this was the first iteration of this progress report, which was based to some extent on subjective evaluations. The Committee was also assured that work was underway to embed quantitative performance measures against which performance could be assessed objectively going forward. An action was taken to review Annual Plan objectives to ensure that they were SMART (specific, measurable, achievable, relevant, and time-bound).

Deep Dive – Section 117 assurance of delegated duties

The Committee received a report which provided an update arising from a review of the section117 (S117) aftercare duties that are delegated to Devon Partnership NHS Trust (DPT).

The ICB has undertaken a review of Trust S117 policies and practices; and reviewed governance arrangements for internal and external oversight. The report provided assurance on current process and policies. The report identified that there were historical cases on the Trust register with no recorded activity on recent electronic record systems with regard to S117 updates. This was currently being further reviewed by the Trust to update teams and systems and will be further reported on in future updates to ascertain with accuracy if there are any unmet risk issues. Newly implemented systems greatly reduce the risk of this occurring in the future. The report also identified actions where the ICB can improve assurance on delegated responsibilities for S117 through improved internal reporting, monitoring and policy. These actions are currently being worked on and progress will be reported at the next update to the committee.

The Committee agreed the following actions:

- An update report to be presented to the next meeting of the Committee (scheduled for November 2024) with an update on improvement actions.
- Consideration to be given to raising a risk on the Corporate Risk Register if the planned update on assurance levels indicate it is required.

Other reports received by the Committee

The Committee received and noted the following reports:

- **Performance Report:** This report was now part of the suite of reports around performance, focusing specifically on indicators from the Integrated Quality and Performance Report – which was being replaced – that were not currently captured elsewhere. The Committee noted that there was only limited assurance around achievement of in-year targets for community services waiting lists, and neurodevelopmental services for Children and Young People.

- **Quality Report:** The Committee agreed that the overall level of assurance relating to quality was satisfactory, and that adequate plans were in place to mitigate quality risks.

- **Report from the System Quality Group:** The Committee noted the results of a review of effectiveness and the actions that had resulted. The Committee was pleased to note that the overall result had been towards re-establishing and embedding the significance of the quality agenda across the system.

- **Deep Dive – Mental Health:** The Committee received this report, which provided a broad overview of quality issues within Mental Health, with an overall assurance level of satisfactory, noting variation at a detailed level. Committee members asked for further future assurance around specific points in the report – the incidence and management of nasogastric tube feeding via restrictive practices of Children and Young People; the effectiveness of crisis intervention services; and inequalities in access to Mental Health services by some groups given known national disparities (e.g for young black men). The Committee received additional oral assurances and requested that the next scheduled Deep Dive into Mental Health services should include a focus on health inequalities in mental health. A date for a future update will be agreed and added to the committees work plan and schedule.

- **Equality and Quality Impact Assessments:** The Committee received and noted the Annual Report for 2023/24, and the quarter 1 report for 2024/25. The Committee was pleased to note progress made in including EQIA assessments in bids presented to the Devon Investment Group. The Committee also noted that there remained work to be done to ensure that meaningful EQIAs accompanied all relevant and significant proposals. It was reassuring that only 1 out of 40 EQIAs completed identified negative impacts. The committee however also stressed the importance of ensuring that the process is effectively identifying all negative impacts and not missing some.

- **Maternity Safety Support Programme:** The Committee took assurance that arrangement were being developed to oversee maternity improvement plans for each acute provider in Devon.

- **Patient and Public Engagement – activities and assurance:** The Committee agreed to recommend Board approval of a proposal to transfer responsibility for oversight of Patient and Public Engagement from the Quality and Patient Experience Committee to the Population Health Improvement Committee, subject to comments and approval by the latter Committee. Responsibility for oversight of Patient Experience to remain with the Quality and Patient Experience Committee.

Committee decisions

None

Escalation to the Board – for information

With reference to Section 117 assurance of delegated duties report: Committee concern about assurance levels and data quality regarding the number of S117 cases on the Trust register set against recorded evidence of S117 updates on Trust electronic systems. Further information gathering and detail on levels of assurance and mitigation to be reported at next meeting of the Quality and Patient Experience Committee.

Escalation to the Board – for action

None

Recommendations for the Board

The Committee recommends approval of a proposal to transfer responsibility for oversight of Patient and Public Engagement from the Quality and Patient Experience Committee to the Population Health Improvement Committee, subject to comments and approval by the latter Committee.

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
18 September 2024	11 July 2024

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation

The Committee received this report which informed it of the current position relating to those Board Assurance Framework (BAF) Risks, for which the Committee has responsibility for oversight. The report included the same information that had been presented in the BAF to the Board meeting in June 2024.

The Committee did not identify any matters during the course of the meeting that suggested a new strategic risk should be raised on the BAF. The Committee took assurance from the current content of the BAF and noted the report.

Risk register review updates/escalation

None

Progress towards NOF4 exit

The Committee received a report setting out progress towards exiting Segment 4 of the NHS Oversight Framework (NOF4). The Committee considered the key areas in turn, and the level of assurance it could take that plans for 2024/25 would

be delivered. The Committee also noted that the NOF4 exit criteria had been refreshed, and that all areas were proposed to be RAG-rated as amber against the refreshed criteria.

The Committee noted that leadership and clinical strategy were weaker in terms of the level of assurance that could be provided, but that this was improving due to recent developments – progress with the Annual Plan, the introduction of a new governance structure below the System Integrated Assurance Group, and further developing of the system planning process and cycle.

The Committee discussed the overall positions for Urgent and Emergency Care (UEC), and Elective Care, as well as considering performance against some of the individual underlying criteria. Some positions had improved, whilst others had deteriorated, with the underlying reasons not always being clear. The report was based on Month 2 positions and as such it was still too early in the year to draw any firm conclusions, and there were areas where additional assurances would need to be sought from providers.

The Committee agreed that some assurance could be taken around UEC and Elective Care, but less assurance around leadership and strategy. It also identified the work of the collaboratives, in particular the Peninsula Acute Sustainability Programme, as areas where the Committee was not fully sighted.

Reports received, discussed, and noted

Integrated Quality, Performance and Finance Report
The Committee's discussion of this report focused on the Workforce data. The Committee noted that:

- Agency spending across the system was only £1K off target, representing a 17% reduction compared with the same point in 2023/24.
- WTEs were 538 under plan, but the spend on substantive and bank staff stood at £1.8m above plan. All organisations were reviewing their positions with a view to identifying corrective actions at both organisation and system level.
- All organisations other than Torbay and South Devon FT were below planned WTE, and support was being provided.
- Across Devon providers turnover was 10.9% compared with the regional average of 12.2%.
- Sickness was running at just under 0.5% above regional average, and all providers had robust sickness management processes in place.

Deep Dive – Urgent Care
The Committee received this report and discussed a number of concerns around frailty. It also considered the levels of assurance around process, metrics, and delivery and noted that:

- There was an internal PMO process in place to monitor delivery of core strategic priorities. There were fortnightly meetings to discuss progress

against plans, and to highlight any risks to delivery. The intention was for highlight reports to go to ICB committees as and when required.
- There were weekly external UCB Tier 1 meetings with regional and national input.
- Performance against the 4 hour target, and on ambulance handovers had improved, as already discussed during the NOF4 discussion. However, as also mentioned during that discussion, Category 2 responses had not improved, despite the better performance on handovers.

The Committee took assurance around the processes that had been put in place and the reported improvements in performance against trajectory.

NHS Devon (ICB) Finance Report Month 2
The Committee took assurance about the delivery to Month 2 of the 2024/25 Financial Plan.

One Devon (ICS) Finance Report Month 3
The Committee took assurance that the system plan was being delivered to Month 2, noting that this month the report was based on national key data returns only. The Committee was also advised that a letter had been received from NHSE Region requesting additional assurances based on the Month 2 position.

Devon System Financial Risk Share Agreement
As part of the approval of the 2024/25 Operational Plan all Devon organisations had committed to enter into a risk share agreement to manage an additional £5.4m improvement. The risk share set out how the £5.4m would be distributed across the system should the agreement need to be enacted, with the ICB's maximum exposure being £1.6m. All Trust CFOs had signed up to the agreement at the July Finance and Planning Board.

The Committee noted the report and progress to date in identifying additional savings opportunities to mitigate the £5.4m risk.

Devon Investment Group Report Quarter 1 2024/25
The Committee noted this report.

Committee decisions

None

Escalation to the Board – for information

- The levels of assurance taken around the NOF4 exit criteria, as noted above.

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

NHS Devon Integrated Care Board

Committee Chair's Report – Finance and Performance Committee

Date of meeting	Date of committee covered in this report
18 September 2024	8 August 2024

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation

The Committee noted the report which informed it of the current position relating to those Board Assurance Framework (BAF) Risks, for which the Committee has responsibility for oversight. The report included the same information that had been presented in the BAF to the Board meeting in July 2024.

Risk register review updates/escalation

None

Progress report on the requirements of the NHS Oversight Framework

The Committee received a report setting out progress towards exiting Segment 4 of the NHS Oversight Framework (NOF4). The Committee considered the key areas in turn, and the level of assurance it could take that plans for 2024/25 would be delivered.

The Committee noted that leadership and clinical strategy both remained amber-rated following review by the NHS Devon Executive the previous week.

There was concern about the ability of the system to achieve the agreed year-end positions for Urgent and Emergency Care (UEC), and for Elective Care.

As a result of the reported position on four hour waits and ambulance handovers, and the limited assurance available about actions being taken to recover these positions, the Executive had agreed to revise the RAG-rating for UEC to red.

The Executive had recommended that Elective Care should remain amber-rated, given that all providers were now forecasting risk against plan for Quarter 2, and concerns about the ability to protect Elective Care capacity into Winter.

The Committee concluded that whilst it appeared from the report that only limited assurance could be taken for UEC and Elective Care, the position would be clearer following the Locality Planning and Delivery Meetings that were to take place the following week. The Committee would review the level of assurance that could be taken at its next meeting, in September, and requested that the content of future reports be revisited to focus more on actions being taken in response to underperformance and their expected impacts.

Reports received, discussed, and noted

Response to NHSE assurance requirements set out in Month 2 Financial Position letter

The Committee received a report setting out the detailed response to NHSE Region's request for additional assurances, based on the Month 2 position. At Month 2 the system was on plan to achieve its required year end position but NHSE had expressed concerns about the run rate and the risk this presented to achieving the year end position. NHSE had requested a system-assured bridge from their forecast deficit of £180m to the planned deficit of £80m, which had been provided and was fully aligned to the original plan approved by NHSE.

Additional assurances had also been requested and provided around the level of risk in the efficiency plan, investments, cash flow management, and a timeline for producing a financial improvement plan for 2025/26.

Details had also been requested of how the system was assured that there was sufficient capacity and capability to deliver the efficiency plan. NHS Devon was unable to provide that assurance, in part because a request for £4m of Recovery Support Programme (RSP) funding had resulted in only £1.5m being allocated.

A review of Workforce controls had also been requested, but NHSE had accepted that an earlier review carried out by the RSP Team was satisfactory and the exercise did not need to be repeated.

The Committee was advised that there had been some discussion with NHSE Region about the possibility of the ICS being moved from Tier 3+ of the Financial Oversight Programme into Tier 4.

Integrated Quality, Performance and Finance Report
The Committee noted the report.

NHS Devon (ICB) Finance Report Month 3, and One Devon (ICS) Finance Report Month 3
The Committee discussed the issues in these reports under the NHSE assurance requirements item and took limited assurance that the agreed year-end positions would be achieved.

Committee decisions

None

Escalation to the Board – for information

- Based on the reports presented to it, the Committee took limited assurance on the achievement of agreed year-end positions for UEC, Elective Care, and finance. However, Locality Planning and Delivery Meetings were due to take place the week after the Committee meeting which would provide greater clarity around the positions for UEC and Elective Care. Similarly, a range of conversations and meetings was due to take place the following week around the financial position, which would provide greater clarity about the reliance that could be placed on provider assurances around the delivery of plans.

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

Committee Chair's Report – Finance and Performance Committee

Date of meeting	Date of committee covered in this report
18 September 2024	12 September 2024

Chair	
Name and title:	Kevin Orford, Independent Non-Executive Member for Finance and Remuneration

BAF updates or escalation

The Committee noted the report which informed it of the current position relating to those Board Assurance Framework (BAF) Risks, for which the Committee has responsibility for oversight. The Committee reviewed the inherent and residual risk scores relating to Finance and Use of Resources and agreed to maintain the current risk rating. The Committee will revisit this decision at the next meeting.

Risk register review updates/escalation

None

Assurance Updates

NHS Oversight Framework – progress against Segment 4 exit criteria

The Finance and Performance Committee gave thorough scrutiny to progress on NOF4 domains, and **AGREED** the overall assurance level as **satisfactory** and **AGREED** that adequate plans were in place to mitigate the risks relating to the delivery of NOF4 exit criteria identified at the Locality Planning and Delivery Meetings, and the System Leadership Group.

Delivery of the 2024/25 Annual Plan – assurance

The Finance and Performance Committee **NOTED** the proposed amendments to the Annual Plan. The Committee also noted the processes in place for monitoring and tracking of delivery and decision making. The Committee welcomed the enhanced ICB planning and monitoring processes represented by the report.

Finance Reports

(i) NHS Devon (ICB) Finance Report Month Four

(ii) One Devon (ICS) Finance Report Month Four

The Finance and Performance Committee **AGREED** overall satisfactory assurance on both reports for Month Four, relating to the financial position of NHS Devon and of One Devon.

IQPR Performance Report

The Finance and Performance Committee **AGREED** the assurance ratings recommended in the report. The Committee focussed on the limited assurance provided on both Community Services access and on Services for Children and Young People. The committee will follow up at the next Finance and Performance Committee meeting.

Reports received, discussed, and noted

Development of the Medium-Term Financial Plan

The Finance and Performance Committee reviewed the Medium-Term Financial Plan and approved the four recommendations presented to the committee:

- **ENDORSE** phasing of financial recovery over the next 5 years as per the financial model.
- **ENDORSE** the range of "Signature Moves" as the basis for strategic delivery of recovery.
- **ENDORSE** the resultant ask of organisations to deliver the balance of savings required, in a differential manner.
- **NOTE** the development of a Transformation plan to deliver the MTFP and that the governance of Signature Move workstreams will come through established governance routes.

Winter Plan – process and principles

The Committee reviewed the processes for the Winter Plan and took assurance from the approach of the Winter planning Team.

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

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NHS Devon Integrated Care Board

Chair's Report - Primary Care Commissioning Transitional Committee

Date of meeting	Dates of committee covered in this report
18 September 2024	18 July 2024

Chair

BAF and Corporate risk updates or escalation

None

Risk register review updates/escalation

None

Integrated Quality, Performance and Finance Report (please provide summary of discussion for Board assurance)

The **Finance Report** updated the meeting on matters as at the end of June and gave information on the primary care contingency budget and service development funding budget.

The **Quality report** highlighted concern raised by sickness in the small PC quality team. There is some turbulence at a Plymouth practice whilst changes are being made in order to bring the practice more in line with expected funding norms.

Reports received, discussed, and noted

The **Deputy Director's Report** highlighted ICB preparation with regard to possible collective action from GPs. The patient survey, which has just been published shows Devon's figures are good compared with the national picture. The questions and methodology of the survey have been updated this year so that direct comparison to previous years is not possible. The survey will be considered in more detail in the next meeting of the Committee.

The **NHSE Optometry, Dental & Pharmacy Monthly Report** from the regional Hub team was noted. A dental clinical advisor has been appointed to the primary care team, extra dental stabilisation and urgent dental slots have been commissioned and a significant amount of interest has been shown in filling the loss of capacity left by pharmacy closures.

The **contracting and resilience** report provided a progress update regarding the improvement in 6 out of the 36 Practices currently being supported in the resilience programme with the audit of the programme showing the workstream is robust.

An update was received on the **estates issue** in a South Devon Practice. The committee were given an update on the position, and noted the matter would be discussed at the next ICB a week later, Concern was expressed over the position of the practice and the need for swift funded decisions was noted.

Committee decisions

After due consideration of a recommendation from the Primary Care senior leadership team the committee **approved the reconfiguration of 2 mid Devon Primary Care Networks,** with a practice moving from one to the other, on the basis of a merger between two practices.

Escalation to the Board – for information

None

Escalation to the Board – for action

The Committee is concerned about primary care being expected to contribute to cost improvement plans as primary care is still funded below its national level and funding has been cut relatively in recent years.

Recommendations for the board

None

Recommendations for other committees

To the Quality and Patient Experience Committee:

- To consider the ICBs position on GPs being asked to work above what the British Medical Association state are the safe working limits.
- To consider the concern regarding the length of time it is taking to embed the new patient's safety framework.

Terms of reference or other committee effectiveness issues

None

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NHS Devon Integrated Care Board

Chair's Report - Primary Care Commissioning Transitional Committee

Date of meeting	Dates of committee covered in this report
18 September 2024	15 August 2024

Chair	
Name and title:	Judy Hargadon Independent Non-Executive Member for Primary Care

BAF and Corporate risk updates or escalation
None

Risk register review updates/escalation
The meeting was updated on the latest **risk reporting** including that of Primary Care estates and potential GP collective action. The proactive work being undertaken to challenge residual risk scores and to identify any barriers preventing effective treatment of risks was noted. The de-escalation of the risk around the capacity of the Primary Care team risk was noted and that this was due to new posts being recruited to for Pharmacy, Optometry and Dental delegated commissioning areas. However, the committee considered that the problems with primary dental care remained a significant risk that needed mitigation.

Integrated Quality, Performance and Finance Report (please provide summary of discussion for Board assurance)

The **Finance Report** updated the meeting on matters of delegated primary care funding. The Committee discussed the criteria for the use of remaining development and non-committed budget on schemes to be put in place by the end of the year and the need for pace, noting the delays now fed in by additional internal vetting processes.

During consideration of the **Quality Report** the committee expressed concern that the monitoring of safety in primary care might be affected by changes in national reporting systems and the ICB restructure.

Reports received, discussed, and noted

The **Deputy Director's Report** highlighted the work being undertaken to monitor and communicate across the system regarding GP collective action; and the good news of improved management of demand due to a Total Triage pilot, best practice from which can be disseminated.

The committee was updated on the latest **Strategic Metrics** progress.

The **contracting and resilience** lead reported good news and progress taking place especially in financial robustness and increased access in a Plymouth practice by a new provider despite some initial challenges**.** The practice will be urged to improve their communication with patients about these improvements.

A presentation was given with the initial analysis of data from the **Annual GP patient survey.**

An initial discussion took place on how to identify **safe** levels of staffing in primary care.

Committee decisions

Devon Collaborative Board Memorandum of Understanding which has now been agreed across Devon was given a final review by the Committee with approval being given to the Deputy Director to sign on behalf of the ICB.

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

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NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Audit and Risk Committee

Date of Meeting	Dates of Committee Covered in this Report
18 September 2024	02 September 2024

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 25 July 2024, was received. The Committee noted further planned developments to the BAF for 2024/25, including closer alignment of it to NHS Devon's Annual Plan priorities.

Risk Register Review Updates / Escalation

The Committee was assured on the progress that is being made in relation to the implementation of Risk Management software, following a successful procurement exercise. In addition, it was also assured of the systems and processes currently 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

System Audit, Assurance and Risk Committee Chairs' Forum
The Committee received an update on the work of the System Audit, Assurance and Risk Committee Chairs' Forum and noted that there has been agreement for three Internal Audit Reviews to be undertaken during the 2024/25 financial year. These are in relation to Ambulance Handover / Waiting Times, Clinical Negligence Scheme for Trusts (CNST) Maternity Standards and System Cost Improvement Programmes (CIPs). ASW confirmed that work is well underway in terms of the latter and it is envisaged that a draft report with indicative findings will be available ahead of the meeting taking place with NHSE on 17 October 2024 to consider the One Devon Integrated Care System's financial sustainability.

Policy Framework – Status of NHS Devon Non-Clinical Policies
The Committee considered the current status of NHS Devon's Non-Clinical Policies and required further assurance with regard to the number of HR related policies (15 out of 18) that are outdated and which require 'material changes'. Whilst the Committee noted that the Interim Chief People Officer and the NHS Devon Executive believe there is a risk in changing policies during a period of organisational change, it is concerned that the organisational change process may be proceeding based on inadequate policies. The Committee was advised that these policies are from legacy organisations and are generally considered to remain appropriate. The Committee has requested assurance in relation to the timeline for reviewing the outdated HR policies.

Quarterly Petitions Report
The Committee received the Quarterly Petitions Report and noted that there had been no formal petitions received by NHS Devon during Quarter 1 of the 2024/25 financial year. There had been one informal petition; however. The Committee agreed that it will consider the Quarter 2 and possibly Quarter 3 positions before taking a view on future monitoring and assurance arrangements.

Internal Audit Progress Update Report
The Committee received the Internal Audit Progress Report, noting that eight final reports have been issued (six relate to 2023/24 work (of which one is a Devon System Audit Review), and 2 relate to 2024/25 work). The Committee was assured that good progress is being made in relation to the areas of work included on the approved 2024/25 Internal Audit Plan and that it is at a much more advanced stage compared to this time last year. Good progress is also being made on implementation of Internal Audit recommendations.

External Audit Progress Report
The Committee noted an oral update that was provided by KPMG in respect of external audit work. No significant work will be undertaken until Month 9 balances are available as this is when there is an indication of the likely year-end financial position; KPMG are currently in a risk assessment phase. Work has been completed on the Mental Health Investment Standard (MHIS) for 2023 and will be presented to the Committee at its meeting scheduled for January 2025. MHIS work for 2024 is planned to take place in November / December 2024.

Counter Fraud Interim Report
The Counter Fraud Interim Report covering the period June 2024 to August 2024 was received and noted by the Committee and provided assurance of the work undertaken in accordance with the Government Function Standard 013 Counter Fraud.

Counter Fraud Annual Quality Report
The Committee received the Counter Fraud Annual Quality Report covering the period April 2023 to March 2024 and were assured of the work undertaken in accordance with the Government Function Standard 013 Counter Fraud which had resulted in the awarding of a green RAG rating.

Freedom to Speak Up (FTSU)
A great deal of work has been undertaken in the FTSU space within the last 6 months, including the successful outcome from interviews for a new lead FTSU Guardian. A key message for the Board, other than the strengthening of resources is that there continues to be a very low number of FTSU cases being raised. This may be indicative of the fact that there has not been a formal lead FTSU Guardian in place until now, but could also be as a result of the organisational change process, with people tending to want to wait for completion of the process before raising any concerns.

The Committee was assured that NHS Devon has formal channels in place for raising concerns, of which FTSU is just one, and that these are being managed appropriately. The Board's responsibility is to create an appropriate environment / culture within which individuals feel confident to report concerns in the knowledge that they will be treated fairly, confidentially and without personal risk. Cultural issues are being picked through a number of different routes, including the Governance Improvement Plan and the Organisational Development Plan. The Committee has agreed that a progress update is required on the former at its meeting scheduled for January 2025.

Data Protection and Security Assurance Report
The Committee received the Data Protection and Security Assurance Report, and took assurance that NHS Devon is in compliance with the statutory and regulatory duties placed upon it in respect of data protection and security. It noted that new reporting in respect of data security and protection is being developed and that this along with the details of the new Data Security and Protection Toolkit (DSPT) released this year will be presented at the January 2025 meeting of the Committee.

Quarterly Contracting and Procurement Update
The Audit and Risk Committee noted the content of the report.

Losses and Special Payments
The Committee noted that there have been no losses or special payments made for the year-to-date.

Forward Plan for Future Meetings
The Audit and Risk Committee noted its workplan for future meetings.

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 Meetings in Public - Action Log						
Action Reference	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**Status**
59	06.12.2023	The NHS Lead for Dentistry, once appointed, should liaise with Local Authority colleagues around the engagement with children and young people in care about how they access dental services.	07.02.2024	Anthony Fitzgerald	09.09.2024 - Head of POD now in post. New postholder is picking up dental agenda for children fully including contact with key stakeholders. All stakeholder meetings will be set or have taken place by the end of September 2024. Propose to close. 10.7.24 Dental clinical lead post appointed to following interview process in June; with HR to progress and start date TBC. Will be in post 2 sessions/week for 6 months and induction plans will need to include all priority areas of the Devon dental plan. 06.05.2024 - Recruitment is being progressed and in the interim the Dental Lead position is being held by the Chief Medical Officer. Anticipated that detailed updated in respect of team recruitment and finalisation of the commissioning approach to children in care will be available July 2024. 13.03.24 - Approval to recruit to 3 posts received - anticipated to be in post by June 2024. Expression of interest for additional dental provision for Looked After Children has been published. 10.01.24 - No dental lead identified as yet. However, discussions are ongoing and a business case has been approved by the Devon Investment Group. This approval has enabled NHS Devon to instigate an Expression of Interest for dental care for Looked After Children. An update on this exercise and whether any providers have been identified should be available in approximately one month.	Propose to close
61	07.02.2024	A report be brought to a future meeting of the Board which provides an update on the action plan resulting from the Nous Group work and the progress made in respect of the NHSE Ethnic Minority Action Plan for Nurses.	30.09.2024	Philippa Harding	09.09.2024 - This will be considered by the People and Organisational Development Committee on 26.09.2024 and will be reported back to the Board as part of the Chair's Assurance Report. Propose to close. 17.07.2024 - Remains on target for September 2024. Will also be reviewed at first meeting of the People and Organisational Development Committee. 02.05.2024 - Deferred as a result of changing resources. Provisionally scheduled for September 2024. 20.02.24 - Scheduled for May 2024.	Propose to close
62	07.02.2024	The report of the System Improvement Director in respect of progress against NOF4 criteria to be presented to a future meeting of the Board.	30.09.2024	Allison Williams	09.09.2024 - Included on agenda for 18.09.2024. Propose to close. 12.07.2024 - Item to be included on agenda for 26.09.2024 meeting 02.05.2024 - Due to changing requirements from NHSE, item deferred. Provisionally scheduled for July 2024. 20.02.24 - Scheduled for May 2024. Tba as to whether this is for a public meeting or private meeting / development session.	Propose to close
ICB24 008a	30.05.2024	Consideration to be given as to how the information in the Organisational Development Plan could be presented to staff.	31.07.2024	Steve Moore / Katy Kerley	09.09.2024 - OD Plan presented to Senior Leadership Forum on 30 August 2024 with senior managers being asked that it is cascaded to their teams. Propose to close. 10.07.2024 - The OD plan has been shared with the Staff Partnership Forum. This was followed by a meeting to answer questions and gather feedback. Work is taking place to add detail to an OD programme plan, once timescales are further established the intent is to present at a staff briefing to advise staff on the high level activities planned to take place.	Propose to close
ICB24 012	30.05.2024	A discussion to take place with Board Members as to the presentation of information within the IQPR.	30.09.2024	Anthony Fitzgerald	09.09.2024 - Performance Report including proposed amendments presented to Board on 18.09.2024. Propose to close. 17.07.2024 - Consideration is being given to this with the Acting Chair of the Board in the first instance and a proposed new approach will be shared with Assurance Committees in September 2024.	Propose to close
ICB24 029	25.07.2024	The People and Organisational Development Committee to consider the issues raised during consideration of this item and how the agenda around sexual safety can be taken forward.	30.09.2024	Piers Tetley	09.09.2024 - Included in the workplan for People and Organisational Development Committee which will be presented to that Committee for approval in October 2024. Propose to close.	Propose to close
ICB24 032	25.07.2024	The next iteration of the NOF4 progress report should focus upon the implementation of plans and include a summary page.	30.09.2024	Anthony Fitzgerald	09.09.2024 - NOF4 progress report updated. Propose to close.	Propose to close

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**
ICB24 033	25.07.2024	The Teignmouth Health and Wellbeing Centre report to be updated at paragraph 30 with technical details provided in respect of the Independent Reconfiguration Panel.	30.09.2024	Mat Chetwynd	09.09.2024 - Report updated and minutes of meeting also reflect the technical details provided. Propose to close.	Propose to close
ICB24 036a	25.07.2024	Updates on progress in delivering the 2024-25 Annual Plan to be presented to each meeting of the Board.	30.09.2024	Steve Moore	09.09.2024 - Annual Plan updates now included as standing item for each meeting of the Board in public. Propose to close.	Propose to close
ICB24 036b	25.07.2024	Reference to corporate parenting to be included in the next iteration of the 2024-25 Annual Plan	30.09.2024	Jon Taylor	09.09.2024 - The following objective has been included in the Annual Plan - "The ICB will address significantly poorer outcomes for care-experienced children and young people by tackling access and equity issues in care delivery." Propose to close.	Propose to close
ICB24 037a	25.07.2024	£960,000 of cost savings needed to deliver the improvement plan for Children and Young People's services to be identified or an investment commitment de-prioritised, and confirmation made that the investment required to deliver the plan was available.	30.09.2024	Bill Shields	09.09.2024 - Information included in Chief Executive's Report for 18.09.2024 Board meeting. Propose to close.	Propose to close
ICB24 040	25.07.2024	The Finance and Performance Committee to review the monthly trajectory of the financial plan to see assurance on delivery by year end and also review the presentations used at assurance meetings with providers that includes the profiling of the CIP.	30.09.2024	Bill Shields	09.09.2024 - To be included from October onwards. Propose to close.	Propose to close
68	07.02.2024	Primary Care representation on the Urgent and Emergency Care Board be considered when its Terms of Reference were being reviewed and an update be provided.	30.09.2024	Philippa Harding	17.07.2024 - UEC Group due to review its terms of reference by the end of September as part of work on system structures. The princple of primary care representation has been incorporated into all of this work. 14.03.24 - The systems and frameworks sitting below the System Recovery Board are currently being reviewed and this will be incorporated into that review. To be completed by April 2024.	In progress
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	Anthony Fitzgerald	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 report will be made to the Board in September 2024 as scheduled.	In progress
71	26.03.2024	A Board Development Session to be held in respect of the longer term strategy for Primary Care across Devon.	31.10.2024	Nigel Acheson / Philippa Harding	09.09.2024 - This will now be considered at the Development Session on 19.12.2024 following on the from the meeting with the Collaboratives on 31.10.2024. 17.07.2024 - Session moved to October 2024 in light of request from primary care collaborative colleagues. 02.05.2024 - Scheduled for August 2024.	In progress
ICB24 009	30.05.2024	Decision-making structures in respect of commissioning to be clarified.	30.09.2024	Steve Moore / Philippa Harding	09.09.2024 - Work on operational scheme of delegation ongoing. Position to be presented to the Board in November 2024. 17.07.2024 - Being picked up as part of work on operational scheme of delegation. Position to be presented to the Board in September 2024.	In progress
ICB24 037b	25.07.2024	A review of the impact of a patient's right to chose upon costs, waiting lists and the private sector's involvement in the area of children and young people's services to be undertaken.	30.09.2024	Bill Shields / Penny Smith		In progress
ICB24 037c	25.07.2024	The Quality and Patient Experience Committee to undertake a deep dive into the "waiting well" offer for children awaiting an autism diagnosis.	30.09.2024	Su Smart	09.09.2024 - To be scheduled into Committee Work Plan.	In progress
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	09.09.2024 - Provisionally scheduled for January 2025.	In progress

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**
ICB24 039	25.07.2024	The Quality and Patient Experience Committee to seek assurance around the work being undertaken to improve data quality and whether the current data highlighted any patient experience or clinical effectiveness issues.	30.09.2024	Penny Smith	09.09.2024 - To be scheduled into Committee Work Plan.	In progress