NHS Devon

NHS Devon Integrated Care Board (ICB) Meeting

Aperture House, Pynes Hill, Exeter, EX2 5AZ

25 July 2024

09:30 – 14:00

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	ICB24-025	Welcome, introduction and apologies for absence	Kevin Orford, Chair	Discussion	09:30
1.2	ICB24-026	Declarations of interest	Kevin Orford, Chair	Information	
1.3	ICB24-027	Minutes of the meeting held on 30 May 2024	Kevin Orford, Chair	Approval	
1.4	ICB24-028	Citizen's Story	Piers Tetley, Interim Chief People Officer	Discussion	09.35
1.5	ICB24-029	Sexual Safety Charter	Piers Tetley, Interim Chief People Officer	Approval	09.40
2.		**Leadership Reports**	**Lead**	**Action**	**Time**
2.1	ICB24-030	Chair's Report	Kevin Orford, Chair	Noting	09.50
2.2	ICB24-031	Chief Executive's Report	Steve Moore, Chief Executive	Noting	09.55
3.		**National Oversight Framework Segment 4**	**Lead**	**Action**	**Time**
3.1	ICB24-032	Progress Report on the requirements of the NHS Oversight Framework	Bill Shields, Chief Finance Officer Anthony Fitzgerald, Chief Delivery Officer	Assurance	10.00
4.		**For Approval and Endorsement**	**Lead**	**Action**	**Time**
4.1	ICB24-033	Teignmouth Health and Wellbeing Centre	Bill Shields, Chief Finance Officer	Approval	10.15
4.2	ICB24-034	Governance Improvement Plan	Philippa Harding, Company Secretary	Approval	10.40
4.3	ICB24-035	Delegation of decision-making	Philippa Harding, Company Secretary	Approval	10.55
4.4	ICB24-036	2024/25 Annual Plan	Steve Moore, Chief Executive Officer	Approval	11.10
		BREAK			
5.		**Governance, Performance and Assurance Reports**	**Lead**	**Action**	**Time**
5.1	ICB24-037	Children and Young People's Services Recovery	Hannah Pugliese, Director of Women & Childrens	Assurance	11.45

			Commissioning		
5.2	ICB24 - 038	Local Maternity and Neonatal System Stocktake	Hannah Pugliese, Director of Women & Childrens Commissioning	Assurance	12.00
5.3	ICB24-039	Quality Report	John Trevains, Director of Nursing & Quality	Assurance	12.15
5.4	ICB24 -040	Finance Reports i. NHS Devon Finance Report ii. One Devon Finance Report	Bill Shields, Chief Finance Officer	Assurance	12.25
5.5	ICB24 -041	Integrated Quality, Performance and Finance Report	Anthony Fitzgerald, Chief Operating Officer	Assurance	12.35
5.6	ICB24 -042	Board Assurance Framework	Philippa Harding, Company Secretary	Approval	12.45
6.		**Working with Partners**	**Lead**	**Action**	**Time**
6.1	ICB24 -043	Cornwall and Isles of Scilly ICB Update	Kate Shields, Chief Executive Officer Cornwall and Isles of Scilly ICB	Information	13.00
7.		**Committee Chair Reports**	**Lead**	**Action**	**Time**
7.1	ICB24 -044	Quality and Patient Experience Committee – 13 June and 11 July 2024	Thandiwe Hara, Independent Non-Executive Member	Assurance	13.10
7.2	ICB24 -045	Finance and Performance Committee – 13 June 2024	Kevin Orford, Chair	Assurance	13.20
7.3	ICB24 -046	Primary Care Commissioning Transition Committee – 20 June 2024	Judy Hargadon, Independent Non-Executive Member	Assurance	13.25
7.4	ICB24 -047	Audit and Risk Committee – 28 May and 27 June 2024	Graham Clarke, Independent Non-Executive Member	Assurance	13.30
8.		**Closing Items**	**Lead**	**Action**	**Time**
8.1	ICB24 -048	Action Register	Kevin Orford, Chair	Approval	13.45
8.2	ICB24 -049	Questions from Members of the Public	Kevin Orford, Chair	Discussion	
8.3	ICB24 -050	Any Other Business	Kevin Orford, Chair	Discussion	
		Close			**14:00**

NHS Devon Board Declaration of Interest Report - 25 July 2024

NHS Devon

Name	Role	Interest Description	Active / Date Ended	Interest Category	Mitigating Actions
Kevin Orford	Acting Chair	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
Mathew Chetwynd	ICS Strategic Estates Lead	Seconded as Director of Estates for CIoS ICB and lead for their estates strategy and financial recovery	Active	Non-Financial Professional	Interest declared at relevant meetings within both ICB's.
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.

NHS Devon Board Declaration of Interest Report - 25 July 2024

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Name	Role	Interest Description	Active / Date Ended	Interest Category	Mitigating Actions
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	
Anthony Fitzgerald	ICB Chief Delivery 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	
Philippa Harding	Company Secretary	Founding Director of Harding Advisory Ltd, a professional services company providing corporate governance expertise.	Active		The company is currently dormant. Should any conflicts relating to NHS Devon be identified they will be managed as they arise in line with the NHS Devon Standards of Business Conduct Policy
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.
Steve Moore	Chief Executive Officer	Nil Declaration	Active	n/a	n/a
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	

NHS Devon Board Declaration of Interest Report - 25 July 2024

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Name	Role	Interest Description	Active / Date Ended	Interest Category	Mitigating Actions
		Wife is a book-keeper for STEER Eduction	Active	Financial	
		Wife registered Carer for Adopted Child with Learning Difficulties	Active	Financial	
		I attend a monthly online meeting of Primary Care Partner Members, which is organised and Chaired by the NHS Confederation	Active	Non-Financial Professional	
Hannah Pugliese	Director of Women, Children and Young People	Nil Declaration	Active	n/a	n/a
Kate Shields	Chief Executive Officer, Cornwall and Isles of Scilly ICB	Nil Declaration	Active	n/a	n/a
William Shields	ICB Chief Finance Officer and Deputy Chief Executive	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	30/05/2024	Financial	
		Occasional presentations for HMFA, EY, KPMG, Channel 3 Consulting and Deloitte	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.
		Chair, HFMA Financial Recovery Group	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
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
John Trevains	Deputy Chief Nursing Officer	Nil Declaration	Active	n/a	n/a
Samuel Wadham-Sharpe	Director of Performance and Assurance	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 30 May 2024 between 09.30am and 1.00pm	
Name	*Title and organisation*
Board Members:	
Dr Sarah Wollaston	Chair, NHS Devon
Dr Nigel Acheson	Chief Medical Officer, NHS Devon
Professor Sheena Asthana	Non-Executive Member, Health Inequalities and Population Health
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Liz Davenport	Partner Member for NHS Trusts and Foundation Trusts, Chief Executive, Torbay & South Devon NHS Foundation Trust
Dr Thandiwe Hara	Non-Executive Member, Citizen and Community Involvement, NHS Devon
Judy Hargadon	Non-Executive Member, Primary Care, NHS Devon
Dr Ruth Harrell	Partner Member for Local Authorities, Director of Public Health, Plymouth City Council
Dr Frank O'Kelly	Partner Member for Primary Care, GP Partner, Amicus Health
Steve Moore	Chief Executive, NHS Devon
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon
Bill Shields	Chief Finance Officer, NHS Devon
Penny Smith	Interim Chief Nursing Officer, NHS Devon
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Mark Cooke	General Manager, NHS England, South West
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Philippa Harding	Company Secretary and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Jodie Howland	Senior Governance Officer, NHS Devon
Katy Kerley	Head of Organisational Development, NHS Devon
Molly Marcu	Company Secretary, NHS Cornwall & Isles of Scilly
Piers Tetley	Interim Chief People Officer, NHS Devon
Allison Williams	System Recovery Director, NHS England
Apologies for absence	
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Cllr James McInnes	Chair, Devon Integrated Care Partnership

Item	Ref	Discussion
1.		**Introductory Items**
1.1	ICB24 - 001	**Welcome, Introductions and Apologies** The Chair welcomed everyone to the meeting, in particular, Mark Cooke (NHS England, South West) and Molly Marcu who was attending on behalf of Kate Shields. Apologies for absence were noted from Donna Manson, James McInnes and Kate Shields. The Chair extended her thanks to Ruth Harrell who was attending her last meeting prior to stepping down from the Board. The meeting was deemed quorate.
1.2	ICB24 - 002	**Declarations of Interest** The Board **noted** the Register of Interests.
1.3	ICB24 - 003	**Minutes of Previous Meeting** The minutes of the meeting in public held on 26 March 2024 were **approved** as a correct record.
2.		**Leadership Reports**
2.1	ICB24 - 004	**Chair's Report** The Chair introduced her report which provided an update on visits and engagements since the last meeting of the Board in public and also the new NHS dental practice planned for Plymouth city centre. On behalf of the Board, the Chair expressed thanks to Nigel Acheson who was attending his last Board meeting prior to his retirement, noting that this expertise and professionalism, together with his warmth and approachability would be missed. The Board **noted** the Chair's Report.
2.1	ICB24 - 005	**Chief Executive's Report** The Chief Executive introduced his report which included Executive and Senior Leadership Team changes, organisational change and the Annual Plan. The following was highlighted: • Phase 2 of the organisational change programme had commenced. Meetings had taken place with staff with the message being that their views were encouraged and would be considered in an open-minded manner. • Following the retirement of the Chief Communications and Corporate Affairs Officer, Andrew Millward, the role was being covered by Philippa Harding on an interim basis. • Hannah Pugliese had been appointed as Director of Women, Children and Young People's Services. • Formal confirmation was awaited that NHS Devon would remain in Segment 4 of the NHS Oversight Framework (NOF4) and what the revised exit criteria would be. Progress had been made however, with improved governance arrangements and a genuine desire for collaborative working across the Devon system. The Chief Executive also extended his thanks and appreciation to Nigel Acheson for his work and wished him well for the future.

		The Board **noted** the Chief Executive's Report.
3.		**National Oversight Framework Segment 4**
3.1	ICB24 - 006	**NHS Oversight Framework (NOF) – Progress Towards NOF4 Exit** The Chief Finance Officer and Deputy Chief Executive Officer, Bill Shields (BS), together with the Chief Delivery Officer, Anthony Fitzgerald (AF), introduced a report which set out NHS Devon's oversight and assurance mechanisms for exiting Segment 4 of the NHS Oversight Framework (NOF4). The report detailed the assurance reporting on progress against exiting NOF4 against the 5 key domains of leadership, clinical strategy, Urgent and Emergency Care (UEC), Elective Care and Finance and covered the key performance data for The following points were highlighted: • Metrics relating to UEC had improved during March 2024 but remained behind trajectory. As the interface between different services sometimes caused challenges a review of the interface between NHS111 and other services was being undertaken. In addition, learning from the Emergency Recovery Fund initiatives such as the Care Co-Ordination Hub was being reviewed and early stage business cases were being developed in respect of out of hospital care. This learning would be taken through the appropriate Board Assurance Committees for review. • Despite being the most improved system across the region, ongoing issues with activity lost as a result of industrial action continued to impact on recovery of elective activity and performance levels. However, there was now the required depth of planning in place with trajectories that could be tracked week on week to enable mitigation action and the input of clinical leadership when required. • There was an improved position with regard to long waiters, with those remaining on the list being complex cases and some patients preferring to stay in Devon rather than be treated sooner elsewhere. Long waiters were reviewed on a weekly basis to establish whether there were alternatives to the current pathway. • The overall picture for exiting NOF4 was positive as there was growing confidence in leadership, joint working and the tone of discussion now reflected the maturity of joint leadership. Good progress had been made on strategic work which was laying foundations for the long term of the system. The two major improvements that could be seen were the integrity of the planning work and the detailed plans that underpinned the UEC and finance improvement agendas. The NHSE Quality and Performance Committee would review the Devon position on 4 June 2024 and at that point a decision would be made regarding any required refinement to the exit criteria. It should be remembered that the advantage of NOF4 was the support provided in terms of finance and expertise, for example a request was being made to NHSE for support in aligning resources to actions within improvement plans. • Governance and delegated authority had not always been clear within the NOF4 framework and NHSE would be taking a different approach to monitoring progress which placed the focus on providing assurance to Boards rather than to NHSE, so that individual organisations within the One Devon Integrated Care System could be held to account, rather than just NHS Devon. • The recovery focus had moved from financial recovery and savings to workforce controls and now would move to delivering outstanding schemes with grip and control being supported by the newly established Programme Management Office. • The impact on staff morale of not exiting NOF4 in Q1 of 2024/25 as planned and the implications of this for selecting a new target exit date - whilst the first target date may have been over-ambitious the system was now in a different place with there being detailed in-depth planning, stronger governance and performance

		management in place, an improved focus on quality and more mature joint working. Any revised exit date would be based on strong evidence. The Board **noted**: • the current performance position against the NOF4 exit criteria; • the process being undertaken for 2024/25 operating planning; and • that the system can currently not provide assurance of meeting the target NOF 4 exit date of Q1 2024/25.
4.		**For Approval and Endorsement**
4.1	ICB24 - 007 ICB24 - 007i	**Delivering the Joint Forward Plan** The Chief Executive introduced this item which set out proposals for the way in which the Joint Forward Plan would be delivered through the development of an Annual Plan which was supported by revised system oversight and co-ordination. **2024/25 Annual Plan Development** It was noted that further work would be undertaken to develop the detailed delivery plans required to underpin the proposed 2024/25 Annual Plan corporate objectives and that these would be discussed with the Board's Assurance Committees and used to inform their workplans. The following was highlighted: • As a point of accuracy, objective 74 should read "Develop the ICB as an Anchor Organisation by March 2025 to strengthen community ties and improve local health and wellbeing." • Challenge regarding the delay in producing the Annual Plan and whether it was supported by a robust resource plan. It was noted that, whilst resourcing remained an ongoing challenge, the move to system collaborative working, including with Localities, increased be confidence across the system as to what was required and the outputs that could be achieved. • Whether the Plan contained too many objectives and if these should be more strategic, also that the structure seemed to indicate separate agendas for different Chief Officers. It was noted that a matrix working approach would be taken with individual Chief Officers identified as responsible for leading on each objective, which should be delivered by teams across the organisation. • As part of the Plan's development each of the objectives would be quantified so that the level of ambition could be understood and monitoring against progress measured. • As the objectives became more refined a mapping exercise could be undertaken so that they were aligned with NOF4 exit criteria and NHS Devon objectives. This would provide one set of smart objectives that fulfilled all purposes. • Where the prevention and equality and diversity agendas sat within the Plan with it being noted that there were co-dependences for both of these agendas which were being worked through as part of the organisational change programme. Once this had been worked through resources would be identified and included within the Plan. The Board: • **Endorsed** the corporate objectives set out above in pursuit of the 2024/25 Annual Plan, noting that these would be developed and brought back to the July meeting for final approval. • **Note and endorsed** the outlined next steps in the Annual Plan development process. • **Agreed** that Board Assurance Committees should review the objectives and underpinning delivery plans set out in the report.

	ICB24 - 007ii	**System Oversight and Co-Ordination** The Company Secretary, Philippa Harding (PH) introduced the report which outlined a proposal for a robust framework for the oversight and co-ordination of the NHS partners within the One Devon Health and Care System, which was designed to support the system to move from NHS Oversight Framework (NOF) Segment 4 to Segment 3 while maintaining the principles of collaboration and delegated authority. The following points were highlighted: • The current governance structure had not supported rapid recovery, with there being too many meetings and insufficient clarity around authority. The proposed structure would be focused upon the actions being taken. • The development of a Compact with system partners was welcomed as, whilst improvements in collaborative working had been made, there had been a lack of clarity around the governance aspect of this. Provider collaborative engagement meetings were also welcomed. • The place-based focus that would be brought through the Locality-focussed approach would be essential to the success of the proposals, as long as the right people were in the room when discussions took place. • The proposed System Planning, Recovery and Delivery Group would hold a great deal of power and its membership should reflect a range of views including those of primary care, community and population health management. • A key driver for the establishment of the People and Organisational Development Committee was the lack of assurance around workforce controls across the system. • The proposed structure would support the engagement of Local Authorities in strategic planning. • Whilst the proposal for stepping down Tier 1 meeting in favour of local assurance arrangements was a good ambition, this was a decision to be made by the NHSE national team. The Board: • **Endorsed** the proposed Terms of Reference for the One Devon System Planning, Recovery and Delivery Group. • Took **assurance** from the planned Locality approach to the delivery of system recovery in 2024/25. • Took **assurance** from the continuing thematic joint system working approach to address NOF4 priority actions in 2024/25. • Took **assurance** from the planned approach to engagement of the Provider Collaboratives within the One Devon Integrated Care System. • Took **assurance** from the planned approach to oversight of planning and performance within NHS Devon • **Approved** the proposed Terms of Reference for the following Board Committees: o Audit and Risk Committee o Remuneration and Internal ICB Workforce Committee o Population Health Improvement Committee o People and Organisational Development Committee o Quality and Patient Experience Committee o Finance and Performance Committee o NHS Devon Executive • Took **assurance** from the development of a Compact between NHS partners within the One Devon Integrated Care System and an NHS Devon Governance Improvement Plan.
4.2	ICB24 - 008	**Organisational Development Plan** The Head of Organisational Development, Katy Kerley, introduced the report which described a long-term organisational development plan for NHS Devon and highlighted the activity that would be prioritised over the next 12 months which included clarifying and agreeing NHS Devon's purpose and function; a Leadership

		Development programme initially focused on the NHS Devon Board and Executive Team; and determining and embedding organisational culture.
		
		The following points were highlighted:
		• The constant changes that had been experienced by staff since the 2019 merger of Torbay and South Devon Clinical Commissioning Group with North, East and West Devon Clinical Commissioning Group and resulting lack of a sense of stability and safety.
		• The focus upon culture rather than just organisational structure was welcomed and that this needed to come from the top. The perception of behaviours was crucial and staff needed to be assured through actions that they were important.
		• Embedding an improved organisational culture was essential for improvement but would be a lengthy process.
		• The starting point would be with NHS Devon with learning being shared with partners across the system at the appropriate time.
		• At this stage in its development, the Plan required further detail in respect of actions to be taken.
		• The report considered by the Remuneration and Internal Integrated Care Board Workforce Committee in respect of Phase 1 of the organisational change programme had highlighted a range of lessons learned in respect of culture, which these proposals were beginning to address.
		• Whilst many elements of the plan could be delivered in-house there were some areas where external support would be required.
		
		Actions:
		• SM/KK to consider how the information in the report could be presented to staff.
		• Consideration to be given to whether the successful delivery of the Organisational Development Plan should be included in NHS Devon's organisational objectives.
		
		The Board:
		• **Approved** the list of identified actions for organisational improvement and timescales.
		• **Approved** the three areas of focus for 2024/25 which included:
		  ○ Clarity of purpose and function
		  ○ Leadership Development – Executives and Board members
		  ○ Embedding a culture to support the delivery of NHS Devon's purpose and function.
		• **Agreed** to engage in and hold others accountable to engage in the work required to deliver the focus as set out in this paper.
		• **Supported** the principles through which the work will be delivered and implemented.

5.		**For Assurance: Fulfilling our statutory and regulatory duties in respect of children and young people**
5.1	ICB24 - 009	**Citizen's Story** PS introduced a film that centred around 19 year old Lachlan and his experiences of a range of children young people's services, particularly his transition from children's services to adult services where there was a two year gap for those aged between 16 and 18. Issues discussed included: • Lachlan was an asset to Devon and had been accepted to train as an occupational therapist. • Poor care was often expensive care and this was a system issue as it related not just to health but also to social care.

		• Lachlan's experience highlighted so many of the issues that arose from siloed services which were expensive and yet did not meet the needs of the individual. If consideration began with what was best for the individual rather than what services were currently available there would be an improved outcome. • Concern as to the described gap in physiotherapy that Lachlan had experienced between 14 and 18 years of age and whether this could be addressed through the commissioning process. • Commissioning interfaces needed to be better managed to ensure that there were no gaps in provision and there was a clear transition between services. • The voice of service users within the commissioning process would be beneficial. • Multi agency working was the best approach; however, NHS Devon did have to focus on its healthcare responsibilities. Therefore, mainstreaming children and young people into the wider Integrated Care System arrangements would ensure that other elements of social care were picked up. • A prioritised approach that was sequenced over time was the way to improve the services available to children and young people. Whilst there were some principles could be agreed, such as the way in which commissioning was undertaken and that health strategies could contribute to the work of the Childrens Services Improvement Boards, it was important to appreciate the numerous interdependencies across the system. • A "lock in" was to take place with stakeholders so that the challenges around services for children and young people could be fully understood as well as the assets that the system had. The outcomes of this session would contribute towards the development of a detailed plan which would be presented to the Board at a future meeting. **Action:** Decision-making structures in respect of commissioning to be clarified. The Board **noted** the Citizen Voice film and extended thanks to Lachlan for sharing his experiences.
5.2	ICB24 - 010	**Structure and Processes Supporting Children and Young People's Services** PS introduced the report which advised of the legal and regulatory context for children including accountabilities and responsibilities for NHS Devon Board Members and Senior Officers; the multi-agency committee structure to deliver and oversee these; and the current position re regulatory compliance and issues arising from a health delivery perspective. The following points were highlighted: • There was a complex structure around the delivery and monitoring of the services for children and young people which would benefit from being more streamlined. • Whilst resourcing was often cited as a contributor towards the challenges being faced, the way in which services were delivered was just as much of an issue and required a review of workforce requirements. • The challenges experienced when national initiatives such were withdrawn and the benefits that should be seen following the introduction of Family Hubs across Devon which would link an individual to all of the services which could be of assistance, including those provided by the voluntary sector. • Primary prevention was key to improving the experience of young people, which was not just about health care but also other socio-economic factors such as housing, poverty and education. • Proposals for the identification of essential resources to take the agenda forward was currently being developed and would be reported to the Board at a future meeting. • Population Health data would support in the targeting of initiatives and preventative actions.

		The Board **agreed** to: • Hold itself to account for ensuring NHS Devon enactment of the legal and regulatory obligations for children and young people; • Proactively seek assurance regarding implementation of the prioritised plan; and • Receive a further paper that identifies essential resources to address health system responsibilities.
5.3	ICB24 - 011	**JTAI Written Statement of Action** PS introduced the report which outlines the planned action to address the findings of the Joint Target Area Inspection (JTAI) that was undertaken in November 2023 in Torbay. It was noted that the Statement of Action had been submitted on time and feedback from the regulator was currently awaited. The Board **endorsed** the plan set out in the Joint Targeted Area Inspection Written Statement of Action.
6.		**Governance, Performance and Assurance Reports**
6.1	ICB24 - 012	**Integrated Quality, Performance and Finance Report (IQPR)** AF introduced the report which provided a consolidated update on key strategic issues and measures of outcomes, performance, quality, finance, and activity to provide the necessary assurance to the One Devon Integrated Care System (ICS), at both place and system level that issues were being identified and addressed. It was highlighted that the reliance upon numbers in the report was not the most effective means of presenting performance information due to the mismatch of the timings when data was available. Consideration was being given to using trend analysis but the finessing of the report was limited in the short term due to capacity issues It was acknowledged that Independent Non-Executive Members would also welcome it being highlighted where there were considerable changes in performance and why this had occurred. With regard to the specific issue of significant changes in numbers of children moving from acute to community care, it was noted that the change was as a result of some data not being submitted from providers rather than any changes in service delivery. **Action:** A discussion to take place with Board Members as to the presentation of information within the IQPR. The Board **noted** the current performance position against the Key Performance Indicators measured through the Integrated Quality, Finance and Performance Report.
6.2	ICB24 - 013	**Board Assurance Framework** The Company Secretary, Philippa Harding (PH), introduced the report which provided 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. It was highlighted that risk appetite should be guiding views as to the actions that are, or are not, taken by the Board and that ongoing discussions around risk appetite and tolerance would develop alongside the content of the BAF. The Board **approved** the content of the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon.

7.		Working with Partners
7.1	ICB24 - 014	**Cornwall and Isles of Scilly ICB Update** The Board **noted** the Cornwall and Isles of Scilly ICB Update.
7.2	ICB24 - 015	**One Devon Integrated Care Partnership Update** The Chair introduced the report from the Chair of the One Devon Integrated Care Partnership, Councillor James McInnes who was unable to attend the meeting. The Chair extended her congratulations to the Councillor McInnes on his appointment as Leader of Devon County Council and informed the meeting that due to this appointment Councillor McInnes would be standing down as Chair of the One Devon Integrated Care Partnership. The Chair thanked Councillor McInnes for his work and confirmed that as Deputy Chair she would take over the role of Chair whilst the appointment process for a new Chair took place. The Board **noted** the One Devon ICP Update
8.		**Committee Chair Reports**
8.1	ICB24 - 016	**Committee Chair's Reports: Finance and Performance Committee – 11 April and 9 May 2024** The Chair of the Finance and Performance Committee, Independent Non-Executive Member Kevin Orford (KO) introduced the reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 11 April and 9 May 2024. The following was highlighted: • The work that would be undertaken at the June meeting of the Finance and Performance Committee in respect of the Operational Plan. • Going forward there would need to be a balance struck as to the level of detail provided by way of assurance that the appropriate discussions had taken place. The Board Took **assurance** from the Committee Chair's Reports of the Finance and Performance Committee meetings held on 11 April and 9 May 2024.
8.2	ICB24 - 017	**Committee Chair's Report: Quality and Patient Experience Committee – 11 April and 9 May 2024** The Chair of the Quality and Patient Experience Committee, Independent Non-Executive Member for Citizen and Community Involvement, Thandiwe Hara (TH) introduced the reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 11 April and 9 May 2024. The following was highlighted: • The assurance taken by the Committee in respect of the response made by University Hospital Plymouth NHS Trust to the Section 29A Warning Notice issued by the Care Quality Commission. • The Section 31 Notice issued to Devon Partnership NHS Trust in respect of is Additional Support Unit for people with learning disabilities and the evidence that had subsequently been provided to the Care Quality Commission that patients at the unit were safe and well with it being understood that the concerns appeared to principally relate to the quality of information recorded rather than any concerns as to practice. • The view of the Committee that a Board Development session should be held to consider the issue of Quality Equality Impact Assessments and, in particular the

		information required by the Board to be assured that appropriate assessments have been conducted. The Board **took assurance** from the Committee Chair's Reports of the Quality and Patient Experience Committee meetings held on 11 April and 9 May 2024.
8.3	ICB24 - 018	**Committee Chair's Report: Primary Care Commissioning Transition Committee – 18 April 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 18 April 2024. It was highlighted the Primary and Secondary Care Interface had now been agreed by all relevant Boards. The interface was an important device in supporting quality dialogue between primary and secondary care providers and should be used across a range of discussion includes commissioning and finance. The Board took **assurance** from the Committee Chair's Report of the Primary Care Commissioning Transition Committee meeting held on 18 April 2024.
8.4	ICB24 - 019	**Committee Chair's Report: Audit & Risk Committee – 22 April 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 meeting on 22 April 2024. The following was highlighted: • The external audit of the NHS Devon 2023/24 accounts was underway and on schedule. • The 2023/24 Head of Internal Audit Opinion was expected to be one of limited assurance, despite the improvements that had been made during the year. • The Committee had expressed concern that the Environmental Policy review had been extended so that this policy would not be reviewed until August 2025 and was pleased to learn that resources were to be allocated to the green agenda as a result of an agreement with University Hospitals Plymouth NHS Trust. • As a result of concern regarding the ability of the Nursing and Quality Directorate to undertake audit-related activity a meeting had been held with the interim Chief Nursing Officer and assurance was taken as to the action being taken to ensure Executive oversight of internal audit actions and that action was being to address capacity challenges through Phase 2 of the Organisational Change Programme. It was also noted that an additional meeting of the Committee had taken place on 28 May 2024 where internal audit reports within a limited assurance rating in respect of financial management, HR policy compliance and the governance arrangements in place for the pharmaceutical, dentistry and optometry services that had been delegated to NHS Devon had been received. A full report of that meeting would be presented to the July meeting of the Board. The Board **took assurance** from the Committee Chair's Report of the Audit & Risk Committee meeting held on 22 April 2024.
9.		**For Information only: key sections included within item 6.1**
9.1	ICB24 - 020	**Finance Month 12 Reports** The Board received for information only the NHS Devon and One Devon System Month 12 finance reports which sought to provide assurance on the financial position of NHS Devon and One Devon for the year ended 31 March 2024.

		The Board **took assurance** from the information provided with regard to the NHS Devon and One Devon financial position as at the year ended 31 March 2024.
9.2	ICB24 - 021	**Quality Report** The Board received for information only a report which provided oversight of NHS Devon's quality functions and highlighted areas including the National Quality Board Rapid Quality Review Process at Torbay & South Devon NHS Foundation Trust, Patient Safety and Serious Incidents, Special Educational Needs and Disability, Urgent and Emergency Care and Elective Care. It was highlighted that a thematic analysis had been undertaken in respect of the Care Quality Commission reports on the maternity services provided across the system and that the key issues identified and actions required as a result of this work would be presented to the Board at its July meeting. The Board **noted** the current content of the Quality Report.
10.		**Closing Items**
10.1	ICB24 - 022	**Action Register** In respect of Action 37 it was noted that an independent report into the review of the orthopaedic pathway had now been produced and would be circulated to Board members and presented to the Quality and Patient Experience Committee for review. It was also noted that primary care representation on the Urgent Care Board (Action 68) was being considered as part of the wider governance review and would be reported back to the Board in July. The Board: • **approved** the closure of actions 52, 53, 54, 57, 63 and 66. • **noted** the updates in respect of the remaining open actions.
10.2	ICB24 - 023	**Questions from Members of the Public** No questions had been received.
10.3	ICB24 - 024	**Any Other Business** None
		Meeting Closed:

NHS Devon

NHS Devon Integrated Care Board

Sexual Safety Charter

Date of meeting	Date report produced
25 July 2024	15 July 2024

Author(s)		Report approved by	
Name and title:	Collette Eaton-Harris Interpersonal Trauma and Violence Lead	**Name and title:**	Piers Tetley, Interim Chief People Officer
Phone:		**Date:**	17 July 2024
Email:	collette.eaton-harris@nhs.net		

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

Executive summary
Integrated Care Boards (ICBs) and NHS providers have been asked to sign up to fulfilling the standards of NHS England's Sexual Safety Charter. The Charter was 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.

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Committees that have previously discussed/agreed the report, and outcomes of that discussion
NHS Devon Executive reviewed the report at its meeting on 22 May 2024 and agreed to recommend to the Board to approve NHS Devon's adoption of the Charter.

Key recommendations and actions requested
APPROVE that NHS Devon should become a signatory to the Sexual Safety Charter.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Reduced trauma
Improve services and reduced unwarranted variation	Ensure staff and patient safety when delivering and receiving NHS services.
Make more efficient use of our resources	Reduce absence from work and improve staff retention
Develop our culture and how we operate	Improve working environment to create a safe culture

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Patient safety will be improved.
Health inequalities	Charter will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
Workforce	The NHS in Devon will be a safer place to work, improving retention and performance.
Resources and finance	There is a resource implication of meeting the Charter standards which can be reduced by joint working with our providers. There is a potential cost of not taking action; absenteeism, sickness, staff turnover, legal implications.
Legal	We reduce the risk of legal action arising from sexual harassment and misconduct
Digital and Data	N/A

Involvement, Engagement and consultation	How we communicate our intention and commitment to this issue with staff in the ICB and across the wider NHS will be crucial to impact.

3

Sexual Safety Charter

Introduction and Background

1. In May 2023 following a freedom of information request by the Guardian and the British Medical Journal (BMJ), it was reported that more than 35,000 sexual safety incidents were recorded between 2017 and 2022 by 212 NHS trusts in England. 62% of incidents affected staff. Allegations included reports of rape, sexual assault, harassment, stalking and sexualised remarks.

2. This month, national media has reported on sexual assaults by staff against patients in mental health settings.

3. In June 2023, Steve Russell, Chief Delivery Officer for NHS England wrote to Integrated Care Board (ICB) Chief Executives and NHS Trust and Foundation Chief Executives to ask that we *"redouble our efforts to ensure that every part of the NHS takes a systematic zero-tolerance approach to tackle this issue which encompasses prevention, support and decisive action against perpetrators".*

4. Chief Executives of ICBs and Trusts were asked to,

    - Appoint a member of the Executive Team as Domestic Abuse and Violence (DASV) lead and confirm with NHS England by 13th July.

    - Review policies and support with consideration to a dedicated sexual safety policy.

5. Piers Tetley, Interim Chief People Officer, has been confirmed as our DASV lead and the policy review task will be undertaken by the Interpersonal Trauma and Violence Lead and the HR team.

6. On 4 September 2023, NHS England launched its sexual safety charter. Signatories to this charter commit to ten core principles and actions to help achieve this.

7. Signatories were asked to implement the ten commitments by July 2024, but this deadline has shifted due to NHS England experiencing a delay in publishing their guidance and toolkit.

8. Over 100 organisations have signed the Charter. In Devon, all providers are signatories to the Charter. We're seeking approval from the Board for NHS Devon to also sign the Charter (Appendix 1).

9. Progress against the Charter standards is being led by the Interpersonal Trauma and Violence Lead and the HR team with oversight from the Chief People Officer.

The Charter

10. The Charter commits to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards their workforce.

11. In 2023 prior to the Charter being launched we held training for ICB and provider HR teams on *a trauma informed approach to managing sexual harassment allegations.* We have therefore already taken steps towards meeting the Charter standards.

12. NHS Devon has a role in supporting our providers to reach the standards as well as meeting them ourselves.

13. The 10 standards are:

    1) We will actively work to eradicate sexual harassment and abuse in the workplace.
    2) We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
    3) We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
    4) We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
    5) We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
    6) We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
    7) We will ensure appropriate, specific, and clear training is in place.
    8) We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
    9) We will take all reports seriously and appropriate and timely action will be taken in all cases.
    10) We will capture and share data on prevalence and staff experience transparently.

Our Context

14. Our 2023 sexual harassment training responded to feedback from personnel within providers that sexual harassment allegations were increasing, and that the response was not always trauma informed.

15. NHS Devon staff survey asks a specific question on sexual harassment. Our 2023 survey captured 8 respondents indicating that they'd experienced unwanted behaviour of a sexual nature.

YOUR HEALTH, WELL-BEING AND SAFETY AT WORK

q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. - From staff / colleagues?

	Organisation Overall	
Option	Count	Percent
Never	408	98%
1-2	8	2%
3-5	0	0%
6-10	0	0%
More than 10	0	0%
Total Responses	416	100%

16. It is important to stress that staff can be reluctant to report concerns that they have or experiences that they have been subjected to. The purpose of this work is to create a culture that's intolerant of sexual harassment/assault, to improve our response to allegations and these steps will in turn give staff confidence to report.

Previous and proposed activity

17. We have met with Trust representatives with responsibility for achieving the standards of the charter to identify opportunities for collaboration. We have created a Teams space to aid sharing of resources.

18. There was a specific request from Trusts to commission a short film on sexual harassment and sexual safety, similar to one that Devon Partnership NHS Trust has produced, which was focused on patient sexual safety. This would act as a training tool for all NHS staff across the system. The advantage of this approach is that it provides a more efficient and economic alternative to rolling out training to large numbers of NHS staff.

19. The proposed activities in summary are:

- Training for HR team (completed in 2023)
- Training in line with NHS England produced training programme.
- Visible commitment and comms through staff briefings and bulletins from senior leaders within NHS Devon to a zero-tolerance culture.
- Support from HR to review existing policies to ensure they are fit for purpose in regard to sexual harassment and misconduct.
- Guidance for staff on intranet.
- Creation of a mechanism for recording the numbers of allegations received relating to sexual harassment and assault within NHS Devon and NHS providers.

Conclusion

20. The Board is asked to **APPROVE** that NHS Devon should become a signatory to the Sexual Safety Charter.

APPENDIX 1

NHS Devon

Sexual Safety Charter

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work.

Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

As signatories to the sexual safety in healthcare organisational charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.

2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.

3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.

4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.

5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.

One Devon

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6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.

7. We will ensure appropriate, specific, and clear training is in place.

8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.

9. We will take all reports seriously and appropriate and timely action will be taken in all cases.

10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.

Where any of the above is not currently in place, we commit to work towards ensuring it is in place.

NHS Devon Integrated Care Board

Chair's report

Date of meeting	Date report produced
25 July 2024	4 July 2024

Author(s)		Report approved by	
Name and title:	Kevin Orford, Chair	**Name and title:**	Kevin Orford, Chair
Phone:		**Date:**	15 July 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
1. **NOTE** the contents of the report

2. **APPROVE** the membership of the Board's Assurance Committees.

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

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

Chair's Report

Acting Chair appointment

1. I would like to thank Dr Sarah Wollaston who has chaired the Devon Integrated Care Board since its establishment and who stepped down from the role in June. Sarah has been an inclusive and empathetic chair of the ICB and a visible champion of Devon and the NHS and care system more widely. We wish her all the best for the future.

2. I am pleased to have been appointed as Acting Chair. I would like to thank the Board, the ICB team and health and social care system colleagues for their support to me since my appointment.

3. I am fully committed to the vision and objectives of NHS Devon and the One Devon Integrated Care System. I look forward to working with our partner organisations, including NHS England, to continue to address our key challenges and to strengthen system capability and capacity to deliver safe, high quality and accessible services to the people of Devon.

Feedback received from our partners

4. As part of my induction, I have spent the past month meeting with various leaders of our partner organisations and stakeholders. It has been heartening to see and hear at first hand the valuable work they do to support our patients and communities. During these meetings I have heard consistent commitment to the collaborative work across health and care system partner organisations, which is already delivering improved patient experience and outcomes. I have also listened carefully to feedback on how the ICB can further support our partners in our shared objectives.

Board Committee membership

5. Board members will recall that refreshed Terms of Reference for each of the Board Assurance Committees were approved at the Board meeting in public on 30 May 2024. Following this, consideration has been given to the membership of each of these Committees and the following is proposed:

Committee	Membership	Attendance
NHS Devon Audit and Risk Committee	• Independent Non-Executive Member (Chair): **Graham Clarke** • Independent Non-Executive Member: **Thandie Hara** • Independent Non-Executive Member: **Sheena Asthana**	• Chief Finance Officer: **Bill Shields** • Company Secretary & Interim Chief Communications and Corporate Affairs Officer: **Philippa Harding**

Committee	Membership	Attendance
	• Co-opted Member: **Hisham Khalil**	• Representatives of both internal and external audit • Individuals who lead on counter fraud matters
NHS Devon Remuneration and Internal ICB Workforce Committee	• Independent Non-Executive Member (Chair): **Judy Hargadon** • Independent Non-Executive Member: **vacant** • NHS Devon Chair: **Kevin Orford** • Partner Member - Providers of Primary Medical Services: **Frank O'Kelly** • Co-opted Member: **Chair of the ICP**	• Chief Executive Officer: **Steve Moore** • Interim Chief People Officer: **Piers Tetley** • Company Secretary: **Philippa Harding**
NHS Devon Population Health Inequalities Committee	• Independent Non-Executive Member (Chair): **Sheena Asthana** • Independent Non-Executive Member: **Thandie Hara** • Independent Non-Executive Member: **Judy Hargadon** • Partner Member - Providers of Primary Medical Services: **Frank O'Kelly** • Partner Member – Director of Public Health: **Lincoln Sergeant** • Chief Medical Officer (Lead Executive): **Peter Collins** • Chief Operating Officer: **Anthony Fitzgerald**	• Director of Population Health Management and Improvement: **Ginny Snaith** • Company Secretary: **Philippa Harding**
NHS Devon People and Organisational Development Committee	• Independent Non-Executive Member (Chair): **Judy Hargadon** • Independent Non-Executive Member: **Kevin Orford**	• TBC

Committee	Membership	Attendance
	• Independent Non-Executive Member: **Thandie Hara** • Partner Member – NHS Trusts and NHS Foundation Trusts: **Liz Davenport** • Chief People Officer (Lead Executive): **Piers Tetley (interim)** • Chief Finance Officer: **Bill Shields**	
NHS Devon Quality and Patient Experience Committee	• Independent Non-Executive Member (Chair): **Thandie Hara** • Independent Non-Executive Member: **Kevin Orford** • Independent Non-Executive Member: **Sheena Asthana** • Partner Member – Providers of Primary Medical Services: **Frank O'Kelly** • Chief Nursing Officer (Lead Executive): **Penny Smith (interim)** • Chief Communications and Corporate Affairs Officer: **Philippa Harding (interim)**	• Deputy Chief Nursing Officer: **John Trevains**
NHS Devon Finance and Performance Committee	• Independent Non-Executive Member (Chair): **Kevin Orford** • Independent Non-Executive Member: **Sheena Asthana** • Independent Non-Executive Member: **Judy Hargadon** • Chief Financial Officer (Lead Executive): **Bill Shields** • Chief Nursing Officer: **Penny Smith (interim)**	• Chair of Audit and Risk Committee: **Graham Clarke** • Deputy Chief Finance Officer: **Kirsty Denwood** • Director of Planning and Performance: **Sam Wadham-Sharpe**

Committee	Membership	Attendance
	• Chief Operating Officer: **Anthony Fitzgerald**	

6. Board members are asked to approve the membership of the Board's Assurance Committees.

Welcoming new Members of Parliament

7. We welcome our new Members of Parliament (MPs) across Devon following the General Election on 04 July 2024. We are committed to developing good working relationships with our elected representatives and have been sharing with them a One Devon Integrated Care System briefing pack of information.

8. Our Chief Executive, Steve Moore, and I will be holding induction meetings with MPs within their own locality, together with senior leaders from acute and mental health providers. The first of these took place on 12 July 2024 at Torbay Hospital.

Conclusion

9. The Board is asked to:
   - **NOTE** the contents of the report.
   - **APPROVE** the membership of the Board's Assurance Committees.

NHS Devon Integrated Care Board

Chief Executive's Report

Date of meeting	Date report produced
25 July 2024	4 July 2024

Author(s)		Report approved by	
Name and title:	Steve Moore, Chief Executive	**Name and title:**	Steve Moore, Chief Executive
Phone:		**Date:**	18 July 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, including executive and senior leadership team changes and organisational change consultation.

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

Key recommendations and actions requested
NOTE the contents of the report.

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

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

Chief Executive's Report

Acting chair arrangements

1. I am delighted to welcome Kevin Orford to his first meeting as our Acting Chair, following Dr Sarah Wollaston stepping down last month.

2. Having been an Independent Non-Executive Member on our Board for a couple of years, Kevin knows Devon, our Board and our system well. He is an experienced board director who has held Chief Executive, executive director, non-executive director and trustee positions on NHS, charity and government agency boards for over 25 years. I am looking forward to continuing working with him.

3. I'd also like to formally thank Sarah for all she has done as Chair of NHS Devon during the past two years, and we wish her all the best.

4. Colleagues at NHS England South West are responsible for appointing a permanent successor and further details about the arrangements for this will be shared in due course.

Organisational change staff consultation

5. I'd like to thank all our staff who took the time to share their views in our Phase Two organisational change consultation which closed earlier this month (05 July 2024).

6. The consultation was on our proposed new structures for staff and teams below the executive and senior leadership team level in response to the significant national challenge to reduce our running costs by 30% by 2025/26.

7. The consultation period provided an opportunity for all staff to comment on the proposed structures, and their views will play a crucial role in shaping the way forward. This was a genuine consultation, and I was extremely keen for staff to share their thoughts so we can create the best possible structure for the future.

8. We will be reviewing all the feedback received carefully over the new few weeks, and I look forward to sharing the outcomes with the board and our staff in due course.

9. I remain grateful to the support, understanding and patience of our staff throughout this process.

Executive and Senior Leadership Team changes

Chief Medical Officer

10. Nigel Acheson, Chief Medical Officer (CMO), retired at the end of June and I am pleased to announce that we have appointed Peter Collins as our new CMO.

11. Peter, who will join us on 07 October 2024, is an experienced and skilled chief medical officer and secondary care consultant who has operated at a senior level in the south west for almost two decades.

12. Having originally trained as a liver specialist (hepatologist), Peter worked at University Hospitals Bristol and Weston NHS Foundation Trust for more than 15 years.

13. He has since held deputy and chief medical officer roles for trusts in Bristol, Weston-super-Mare and, most recently, Salisbury, where he led an improvement programme across areas including strategy, operational and culture.

14. I'd like to thank Nigel for all he has done in the two years he has been with us. His compassionate leadership, clinical expertise and kindness has been a great asset to our organisation and system, and we wish him all the best for the future.

15. I'm also pleased to share that Dr Alex Degan has been appointed as our Medical Director for Primary Care. Alex has worked in our organisation for several years, alongside being a GP, and it's fantastic that he will continue to provide his knowledge and expertise.

Senior Leadership Team

16. Having now had the benefit of being in post for five months and having a better understanding of our long-standing challenges in areas such as children and young people and urgent care, it has become clear that we need to strengthen in key areas and have therefore made the following changes to the Phase One structure:

    - establishment of a **Director of Women, Children and Young People's Improvement (Band 9)** – a substantive post working to the Chief Nursing Officer

      It has been clear to me almost from my first day that there is a great deal of work to do with our local authority partners to address long standing and urgent challenges in the delivery of services, particularly to children and young people with special educational needs, disabilities and neurodiversity.

      This role will provide much needed additional capacity and expertise to ensure that the NHS is playing a full role in rising to these complex challenges.

    - refocus and realignment of the post of **Director of Clinical Effectiveness** to become the **Director of Clinical Partnerships** – a senior managerial role reporting directly to the Chief Medical Officer.

The portfolio covers eight areas:

1. Strategic leadership of system-wide collaboration in medicines optimisation
2. Strategic leadership of medicines optimisation within NHS Devon
3. Leadership in our relationship with community pharmacy and in the delivery of the community pharmacy strategy
4. Lead our relationship with regional clinical networks and lead the development of local clinical networks in partnership with provider collaboratives.
5. Leadership of specific cross-sector and cross-system clinical service transformation programmes
6. Clinical and care professional leadership development
7. Research, innovation and improvement, working in collaboration with the South West Health Innovation Network
8. Adoption of the value-based approach

This creates a better balance across the directorate and ensures we can provide the necessary focus on building strong partnerships across the medical and pharmacy community.

- While we are progressing with arrangements for the post of Director of Primary Care and Non-Acute Care, I have agreed with NHS England's Regional Support Team that we will secure additional support to maintain our momentum and enable us to make a secondment to a temporary post of **Director of Transformation for Urgent and Community Care** for a period of 12 months.

  The secondee will lead and drive our in-year out-of-hospital delivery programme as well as the development of a medium-term comprehensive plan to support our local population in their local communities as an alternative to hospital. This post will be funded through NHS England's Recovery Support Programme (RSP) funding and report directly to the chief delivery officer.

- Finally, I have agreed through the RSP process the necessary temporary funding support to bring in an experienced public health specialist as a **Population Health Delivery Lead** to support the work that our population health team are progressing for a period of 6 months.

  The focus of this work will be on long-term conditions, starting with cardiovascular disease (CVD). It will aim to draw together our plans in this area to create a single comprehensive approach to supporting people with CVD to stay well and reduce their need for secondary care interventions.

  As well as the obvious benefits in terms of the quality, safety and experience of those with these conditions, it will help to support our journey towards existing segment four of the NHS Oversight Framework (NOF4).

  The post holder will also provide advice and support to the team regarding the capacity, capability and structures we may need to help us put population

health at the centre of our thinking as part of our on-going organisational evolution post phase two.

17. It is important to note that these changes do not affect the phase two structures or financial envelopes as they are funded by external sources or through the contingency that we set aside for the whole programme.

Devon's planned care collaboration showcased on national stage

18. It was fantastic to see that our collaborative approaches to planned care in Devon were showcased on the national stage last month.

19. John Finn, our Deputy Chief Operating Officer, joined Getting It Right First Time (GIRFT) Chair and NHS England's National Director for Clinical Improvement and Elective Recovery, Professor Tim Briggs, for a learning theatre session at the 2024 NHS ConfedExpo on how to create capacity and reduce patient waiting times.

20. The session focused on GIRFT's Further Faster Programme, which aims to reduce the number of patients waiting over 52 weeks, using standardised pathways across 19 specialties, reducing length of stay and maximising day case surgery.

21. John explained how partners in Devon had reduced the number of people waiting over 78 weeks for spinal surgery by 80%, through collaboration across multiple hospital sites, with additional surgical capacity created by the Nightingale Elective Surgical Hub in Exeter.

22. Thank you so much to everyone who is involved in this important piece of work.

NHS Devon Annual Report and Accounts and Annual Assessment by NHS England

23. I am pleased to be able to confirm that NHS Devon successfully completed its Annual Report and Accounts and submitted these to NHS England in June in line with the required deadline. These will be presented formally to the Board meeting in public on 26 September 2024, together with NHS England Annual Assessment letter, which is expected to be received at the end of this month.

Operational Plan for 2024/25

24. I have received formal acknowledgement from NHS England of the receipt of our final system Operational Plan for 2024/25. This process is now closed for the current financial year. I want to thank our system partners for all the work that they have put into developing this Plan. A summary of the key elements of the 2024/25 Operational Plan is attached as an Annex to this report.

25. The overall priority of the NHS in 2024/25 remains the recovery of our core services and productivity following the COVID-19 pandemic. As we focus on delivering for

patients in 2024/25, we also need to plan for, and take steps towards, transforming the way we deliver care, and create stronger foundations for the future. NHS England's specific ambitions for the NHS in England are set out in the 2024/25 priorities and operational planning guidance, against which our Plan has been reviewed.

26. Our collective focus will remain on delivery and the overall quality and safety of services based on the approach set out in "A shared commitment to quality" and "The NHS Patient Safety Strategy." This includes managing what we know will be another difficult winter which will place further pressure on urgent and emergency care and elective services, and associated finances. Effective oversight of delivery against the system workforce plan will be critical.

27. Further information about these and our other priorities can be found in the 2024/25 Annual Plan proposed elsewhere on the agenda for this meeting.

NHS Devon Executive meeting business

12. 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).

13. The NHS Devon Executive met on 04 June 2024 and 02 July 2024. Set out below is a summary of the business that was transacted.

04 June 2024

14. The Executive reviewed the following performance assurance reports:

- Progress towards NOF4 Exit
- Integrated Quality and Performance Report (IQPR)
- An oral update on quality-related activities
- The Corporate Risk Register

15. The Executive also discussed the following issues at this meeting:

- Better Care Fund (BCF) Planning Addendum 2024/25 - a summary of the background, purpose and requirements of the BCF, highlighting changes to national reporting and monitoring during 2024/25 and the detailed planning addendums for each of the three plans required in Devon (covering each Local Authority Health and Wellbeing Board).
- 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.
- Managing Interests - information about corporate compliance with current NHS Devon policies in relation to the declaration of interests, gifts, hospitality and sponsorship and the processes in place to ensure staff remain compliant with the requirements of these policies, particularly during a period of organisational change.

- The draft minutes and actions arising from the meetings of the NHS Devon Board on 30 May 2024 and the draft agenda for the meeting of the NHS Devon Board on 25 July 2024.
- The draft minutes of and actions arising from the Quality and Patient Experience Committee meeting held on 09 May 2024 and the draft agendas for the meetings of the Committee due to be held on 13 June and 11 July 2024.
- The draft minutes of and actions arising from the Finance and Performance Committee meeting held on 09 May 2024 and the draft agendas for the meetings of the Committee due to be held on 13 June and 11 July 2024.
- Devon Investment Group (DIG) Outcomes – the investments discussed and decisions made at the meeting on 28 May 2024.
- ICS Progress Report on Savings – an initial update on the progress of system CIP/efficiency schemes since the Operational Planning submission on 02 May 2024 organisation.

02 July 2024

16. 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 2 Finance Reports
- Quality Report
- Board Assurance Framework (BAF)

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

- 2024/25 Annual Plan
- Governance Improvement Plan
- Amending the Scheme of Reservation and Delegation
- Infrastructure Strategy
- Children and Young People's Recovery
- Local Maternity and Neonatal System Stocktake

18. The following additional issues were also considered:

- LeDeR Annual Report 2022/23 – approval of the publication of the fourth annual report of the Learning Disability Mortality Review (LeDeR) programme in Devon. Information about this was presented to the Quality and Patient Experience Committee in April 2024.
- Senior Leadership Team Developments – agreement of amendments to the Phase One organisational structure.
- Policy Framework Update - an update on the status of NHS Devon's non-clinical policies.

- Urgent and Emergency Care (UEC) Recovery Plan – an update on progress within the UEC Recovery Programme and proposed next steps, including the development of a system-wide plan to deliver a single UEC clinical model for Devon that incorporates Getting It Right First Time (GIRFT) recommendations, development of a single UEC story, identifying the top 3 causes of harm, a rapid review of community services and development of a clear and comprehensive care coordination delivery and procurement model. Information about this work was also presented to the Finance and Performance Committee meeting in July 2024.
- End of Life Care (EOLC) Task and Finish Group Highlight Report - a high-level overview of the status of the EOLC commissioning plan, including the status of key actions, latest achievements and next steps for the Task and Finish Group.
- Quarterly Contracting and Procurement Update – information about Single Action Waivers, competitive procurement, ongoing work under the Provider Selection Regime and the key focus of the Contracting Team in forthcoming months. Information about this will be presented to the Audit and Risk Committee meeting in September.
- Devon Investment Group outcomes - a quarterly update on the investments discussed and the decisions made by the Devon Investment Group during Q1 of 2024/25. Information about this was also presented to the Finance and Performance Committee in July 2024.

Conclusion

19. The Board is asked to **NOTE** the contents of the report.

ANNEX - NHS DEVON INTEGRATED CARE BOARD SYSTEM OPERATIONAL PLAN COMMITMENTS

Area	Plan commitments
Use of resources	• Deliver the system revenue finance plan limit • Reduce agency spending to a maximum of 2.1% of the total pay bill across 2024/25
Urgent and emergency care	• Improve A&E 4 hour performance to a minimum of 78.0% in March 2025 across your system's provider trust footprint.
Primary and community services	• Increase the % of 2-week GP appointments across the year to 82.6% • Deliver 1,284,004 units of dental activity across the year
Elective Care	• Eliminate 65 week waits by 2024-12-31 • Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 44.2% across 2024/25
Cancer	• Improve performance against the headline 62-day standard to 71.2% in March 2025 • Improve performance against the 28-day Faster Diagnosis Standard to 78.3% in March 2025
Diagnostics	• Increase the percentage of patients that receive a diagnostic test within six weeks to 88.8% in March 2025
Mental Health	• Reduce inappropriate out of area placements to 2 by March 2025 • Deliver the system access targets for adult community health, children and young people services, perinatal mental health and talking therapies completed courses of treatment. • Deliver the talking therapies reliable recovery and reliable improvement target of 48% and 67%, respectively • Ensure at least 64.0% of people with severe mental illness receive a full annual physical health check by March 2025 • Increasing the dementia diagnosis rate to a minimum of 65.0% by March 2025
People with a learning disability and autistic people	• Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025 • Reduce reliance on mental health inpatient care towards the target of no more than 30 adults, with a minimum delivery of 31.2 by March 2025 and 12–15 under 18s for every 1 million population, with a minimum delivery of 13.5 by March 2025
Prevention	• Increase the percentage of patients with hypertension treated according to NICE guidance to 80% by March 2025 • Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025

NHS Devon

NHS Devon Integrated Care Board

Progress Report on the requirements of the NHS Oversight Framework

Date of meeting	Date report produced
25 July 2024	26 June 2024

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe Director of Performance and Assurance Toby Hewlett PMO Director	**Name and title:**	Steve Moore Chief Executive Officer
Phone:		**Date:**	02 July 2024
Email:	s.wadham-sharpe@nhs.net toby.hewlett@nhs.net		

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

Executive summary
This report sets out NHS Devon's oversight and assurance mechanisms for exiting Segment 4 of the NHS Oversight Framework (NOF4). It details the assurance reporting on progress against NOF4 against the 5 key domains of Leadership, Strategy, Urgent and Emergency Care (UEC), Elective Care and Finance. This paper includes the refreshed exit criteria and measures for 2024/25 with progress updates and self-assessment on delivery included against each.

This report will cover the key performance data for May 2024 for UEC, finalised performance for April 2024 for elective, plus a forecast of May 2024 position for elective long waiters. The finance update will focus on a month 2 delivery update and progress against CIP schemes.

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

- NHS Devon Executive reviewed at its meeting on 02 July 2024
- NHS Devon Finance and Performance Committee reviewed at its meeting on 11 July 2024

Key recommendations and actions requested

1. **RECONFIRM** Board commitment to the improvements in patient access to elective, cancer and urgent and emergency care services, which are required to meet the exit criteria of the NOF4 category of the NHS oversight framework.

2. **TAKE ASSURANCE** from progress reported to the end of May that system plans and processes are in place to address the financial and service imperatives of the NHS Oversight Framework.

3. **TAKE ASSURANCE** that risks to compliance with the NHS Oversight Framework requirements are properly identified and that appropriate monitoring processes are in place to facilitate risk mitigation.

Impact on NHS Devon objectives

Objective	Impact
Improve Population Health	Exit from NOF4 impacts on all of the areas.
Improve services and unwarranted variation	
Make more efficient use of our services	
Develop our culture and how we operate	

Outline the implications of matters covered in this report for the following areas

Area	
Quality of services	Exit from NOF4 impacts on all of the areas.
Health inequalities	
Workforce	

Resources and finance
Legal
Digital and Data
Engagement and consultation

Progress Report on the requirements of the NHS Oversight Framework

Introduction and background

1. NHS Devon is currently in Segment 4 of the NHS Oversight Framework (NOF4) and in receipt of mandated support from NHS England (NHSE) as set out in the national Recovery Support Programme (RSP). The criteria to move from Segment 4 to Segment 3 have been agreed and require robust recovery and improvement plans to be in place with clear oversight via NHS Devon's governance framework.

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

3. NHS Devon did not meet its original timeline for NOF4 exit of Q1 of 2024/25 and as such, all NOF4 exit criteria and exit measures have been refreshed for the 2024/25 financial year.

Oversight and assurance mechanisms for exiting NOF4

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

NOF Domains

Devon Improvement Areas (2024-25)

- Demonstrating collaborative decision making
- Deliver Phase 2 of the Acute Services Sustainability Programme
- Make demonstrable progress toward achieving national UEC objectives
- Make demonstrable progress toward achieving the national elective objectives

5. The current segmentation for the One Devon Integrated Care System (ICS) 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**

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

7. The monitoring process set out in the NOF includes a requirement to hold monthly reviews of progress against key performance indicators and exit criteria which will provided in the form of flash reports. The reviews take place at the System Improvement and Assurance Group (SIAG), which is chaired by NHSE. This process will be underpinned by the creation of Locality Planning and Delivery meetings which will ensure accountability for delivery at locality level.

8. To support the delivery of the improvement required across Devon a System Recovery Programme has been embedded to enable the One Devon ICS to become financially, clinically and operationally sustainable over the next 3-5 years. In 2024/25 this programme will be overseen by the System Leadership Group, which is supported by a number of both Locality-based and system-wide groups to drive and monitor the required improvements.

Progress against NOF4 exit criteria – June

9. In June 2024, the NHSE Quality and Performance Committee approved new criteria for the One Devon system to exit NOF4. These broadly align to the domains of the NHS Oversight Framework:

NHS Oversight Framework Domain	NOF4 exit criteria theme
Local Strategic Priorities	Strategy
Leadership and Capability	Leadership
People	-
Quality of Care, Access and Outcomes	Urgent and Emergency Care (UEC)
	Elective Care
Preventing Ill Health and Reducing Inequalities	-
Finance and Use of Resources	Finance

10. The revised exit criteria for each theme are set out in the body of the report below. At its meeting on 02 July 2024, the NHS Devon Executive agreed that the

Senior Responsible Officer (SRO) for each NOF4 exit criteria theme should be as follows:

- **Leadership** – Steve Moore, NHS Devon Chief Executive Officer
- **Strategy** – Steve Moore, NHS Devon Chief Executive Officer
- **Urgent and Emergency Care (UEC)** – Anthony Fitzgerald, NHS Devon Chief Operating Officer & Bill Shields, NHS Devon Chief Finance Officer
- **Elective Care** - Anthony Fitzgerald, NHS Devon Chief Operating Officer
- **Finance** - Bill Shields, NHS Devon Chief Finance Officer

11. The role of SRO has been agreed as follows:

- Accountable to NHS Devon Chief Executive Officer and Board for delivery of actions required to achieve NOF4 exit criteria identified by NHSE.
- Will chair the relevant system-level meeting to oversee the delivery of agreed actions and ensure that if these are not being delivered as anticipated, or do not deliver the anticipated outcomes appropriate corrective action is agreed or escalated to the System Leadership Group (SLG). System level meetings associated with NOF4 exit criteria theme are set out below:
    - System Leadership Group (Leadership and Strategy) – to be chaired by Steve Moore, NHS Devon Chief Executive Officer
    - Finance and Investment Group – to be chaired by Bill Shields, NHS Devon Chief Finance Officer
    - Elective Care Group – to be chaired by Anthony Fitzgerald, NHS Devon Chief Operating Officer
    - Urgent and Emergency Care Group – to be chaired by Bill Shields NHS Devon Chief Finance Officer
- Will be responsible for providing assurance report on progress against relevant NOF4 exit criteria to the SLG, which will indicate the assurance rating of progress towards the achievement of the criteria.

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

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

NOF4 Exit Criteria	Senior Responsible Officer	Rating (self-assessment)
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	Steve Moore, NHS Devon Chief Executive Officer	
Strategy Delivery of Phase 2 of the Acute Services Sustainability Programme	Steve Moore, NHS Devon Chief Executive Officer	
Develop and commence implementation of a plan to eliminate unwarranted duplication of specialist DGH services across Devon		

12. Following final submission of the 2024/25 Operational Plan, a new system delivery governance proposal has been agreed by all system partners. This includes the creation of Locality Planning and Delivery meetings, a refreshed System Leadership Group (formerly System Recovery Board) and a review of the terms of reference for all assurance processes sitting beneath the System Improvement and Assurance Group (SIAG). The System Leadership Group will be established in July, with Locality meetings commencing in August – though the NHS Devon CEO will meet informally with each provider CEO in July at which challenges in performance will be the focus.

13. An NHS Devon Annual Plan, incorporating all NHS Devon and system responsibilities has been developed with priorities agreed and signed off across all NHS Devon directorates. An updated version of this plan will be shared with NHS Devon Board in July and an oversight and assurance process to monitor delivery has commenced.

14. An organisational development process is being established following discussions with chief officers and board members and a Chief Executive away day is planned for 23 July 2024 to embed new system leadership processes.

15. A planning cycle and process for 2025/26 Annual and Operational Plan development will be shared with the NHS Devon senior leadership team in July before being socialised and proposed for adoption by the System Leadership Group. The process will recommend commencement of planning processes from September 2024, building on the progress made in this year's planning round.

16. A follow up Board to board meeting with NHS England is expected in October at which NHS Devon will be expected to update against the actions agreed at the Recovery Support review Board to board including:

- A financial plan for 2024/25 with a control total of 80m deficit and prioritised actions to deliver performance goals
- An integrated finance/operational improvement plan to get to financial balance in 2025/26
- A plan to enhance system and provider collaborative leadership and governance to ensure delivery of short, medium and long-term plans

17. No Peninsula Acute Sustainability Programme (PASP) board meeting was held during May, however a briefing session was held for clinical staff involved in the programme on 23 May 2024 to maintain clinical engagement.

18. A maternity and neo natal significant service change workshop was held on 6 June 2024 with a further workshop planned for 4 July. Modelling support has been secured from NHSE and work is ongoing to model paediatric scenarios to feed the workshops.

19. Further scoping on high complexity and low volume services has been agreed, A draft formal case for change has been completed and a communications and involvement plan has been approved and this will commence post general election.

Key Actions in Strategy and Leadership in next 4 weeks

- Updated assurance reporting approach implemented – Sam Wadham-Sharpe
- Chief Executive Away Day – Steve Moore
- Further maternity and neo natal workshops – Jenny Turner
- Significant Service Change training for boards and senior clinical teams – Jenny Turner

NOF Domain(s): Quality of Care, Access and Outcomes

NOF4 Exit Criteria	Senior Responsible Officer	Rating (self-assessment)
UEC Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement	Anthony Fitzgerald, NHS Devon Chief Operating Officer & Bill Shields, NHS Devon Chief Finance Officer	
Elective Recovery Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters	Anthony Fitzgerald, NHS Devon Chief Operating Officer	

and have in place an agreed system plan to sustain this improvement		

UEC

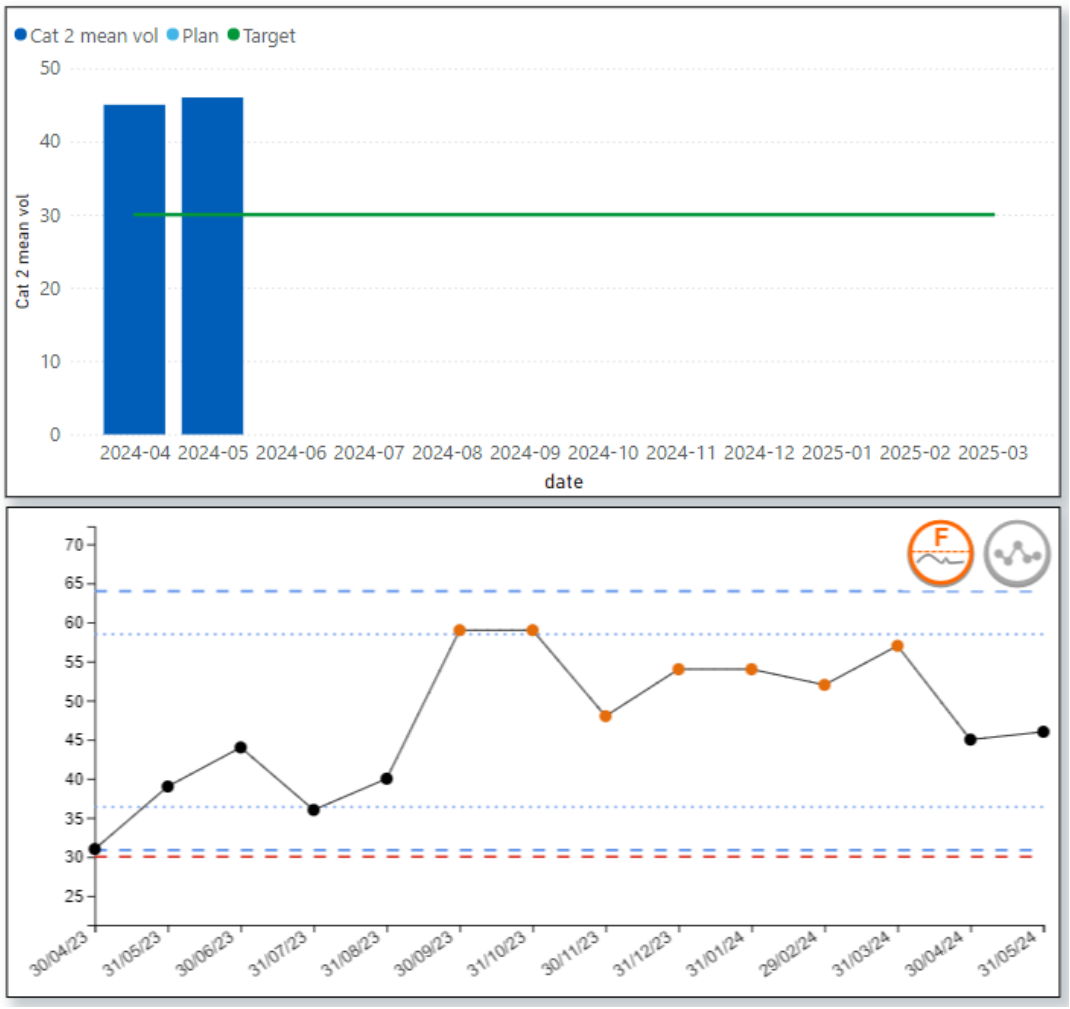
20. Metrics relating to urgent care have improved during May 2024 with the system 4 hour performance position exceeding 70% for the first time since the pandemic with an all type performance of 70.10%. The system met its submitted trajectory in month 1 and while the system narrowly missed its trajectory of 70.40% in May, performance continues to show positive special cause variation as detailed in the SPC chart below. The national average for 4 hour performance in May 24 was 74.0% and a 5% improvement on the Devon position would be required to reach the top 15 systems in the country. In addition to all types 4 hour performance improvements there was a further 1% improvement in type 1 performance, increasing from 55.4% in April to 56.4% in May.

21. The table below details the performance of each provider against their trajectory and also their performance ranking against the other 124 provider footprints in the country for 4 hour performance. The performance table demonstrates that performance improvements have been seen at University Hospitals Plymouth NHS Trust (UHP), Torbay and South Devon NHS Foundation Trust (TSD) and system level, and while Royal Devon University Healthcare NHS Foundation Trust (RDUH) performance has worsened from April 2024, it remains the best

performance in the system.

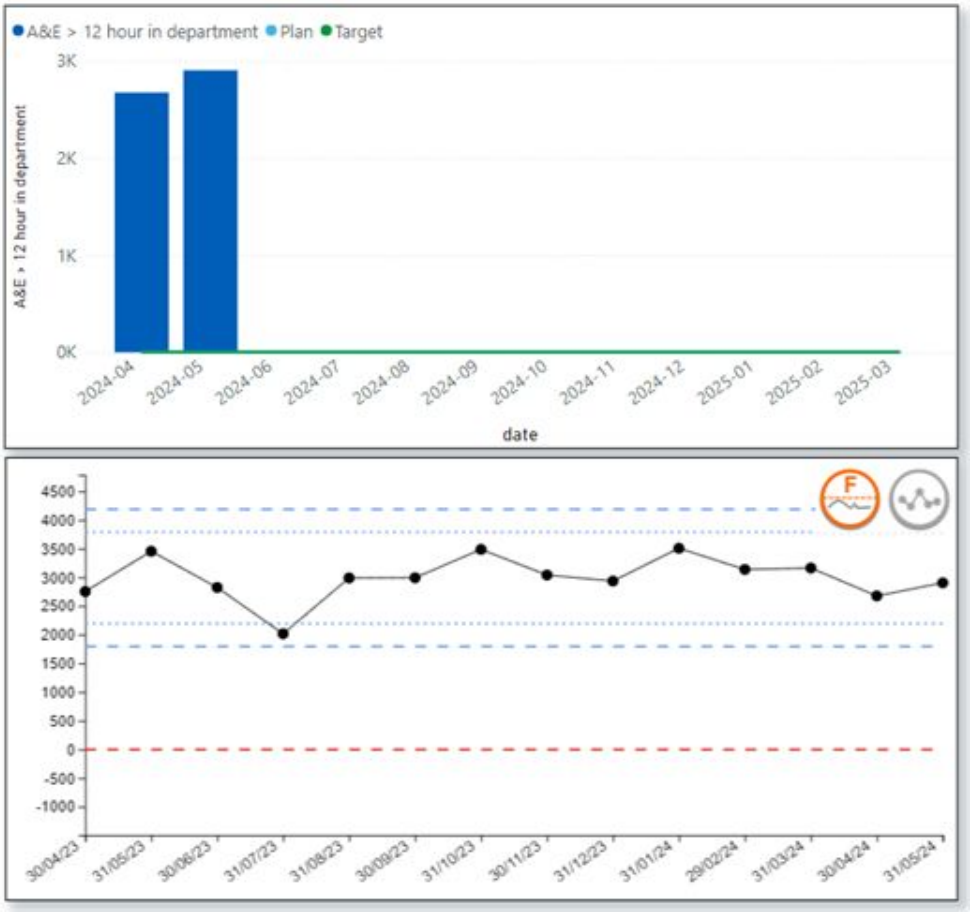
Month 2	Provider	4 Hr Performance	V Trajectory	Ranking
	RDUH	74.0%	75.7%	60/124
	TSD	71.6%	70.0%	86/124
	UHP	63.7%	62.9%	118/124
	SYSTEM	70.10%	70.40%	35/42

22. Category 2 response times worsened in May 2024 with an average response time of 46 minutes per response from 45 minutes per response in April 2024. The Devon system has volunteered to join a regional piece of work looking at improving processes for ambulance handover delays and impacts on category 2 response times.



23. Time lost due to ambulance handovers improved in May 2024 improved to 9962 hours lost, predominantly driven by improvements at UHP while other providers sustained previous improvements. It should be noted that while time lost to ambulance delays improved, the total number of ambulances delayed beyond 15 minutes did not improve and there was no improvement in category 2 response times as a result.

24. While 4 hour performance continued to improve in May 2024, the numbers of patients spending longer than 12 hours in A&E departments worsened. Areas of NHS Devon- led improvement programmes will focus on some of the key challenges and enablers in this area such as acute frailty pathways, availability of aligned Same Day Emergency Care (SDEC) services and further improvements for patients who fall.



25. The work on Getting It Right First Time (GIRFT) alternatives to Emergency Departments (ED) continues at pace to identify opportunities to divert demand away from EDs. Reviews have now been undertaken at all acute sites with recommendations included within delivery plans. The overall commissioning score for Devon is 51% which identifies opportunities to improve the alternative available. The navigation and access score of 36% provides the opportunity for quick improvement by ensuring South Western Ambulance Service NHS Foundation Trust (SWASFT) colleagues are aware of all services available on the Directory of Services with oversight from the Care Coordination Hub.

26. Work on developing the NHS Devon clinical model continues. Clinical Reference Groups (CRGs) have been established for the key work streams with the aim of ensuring a consistent service model across Devon. Sprint events have been held

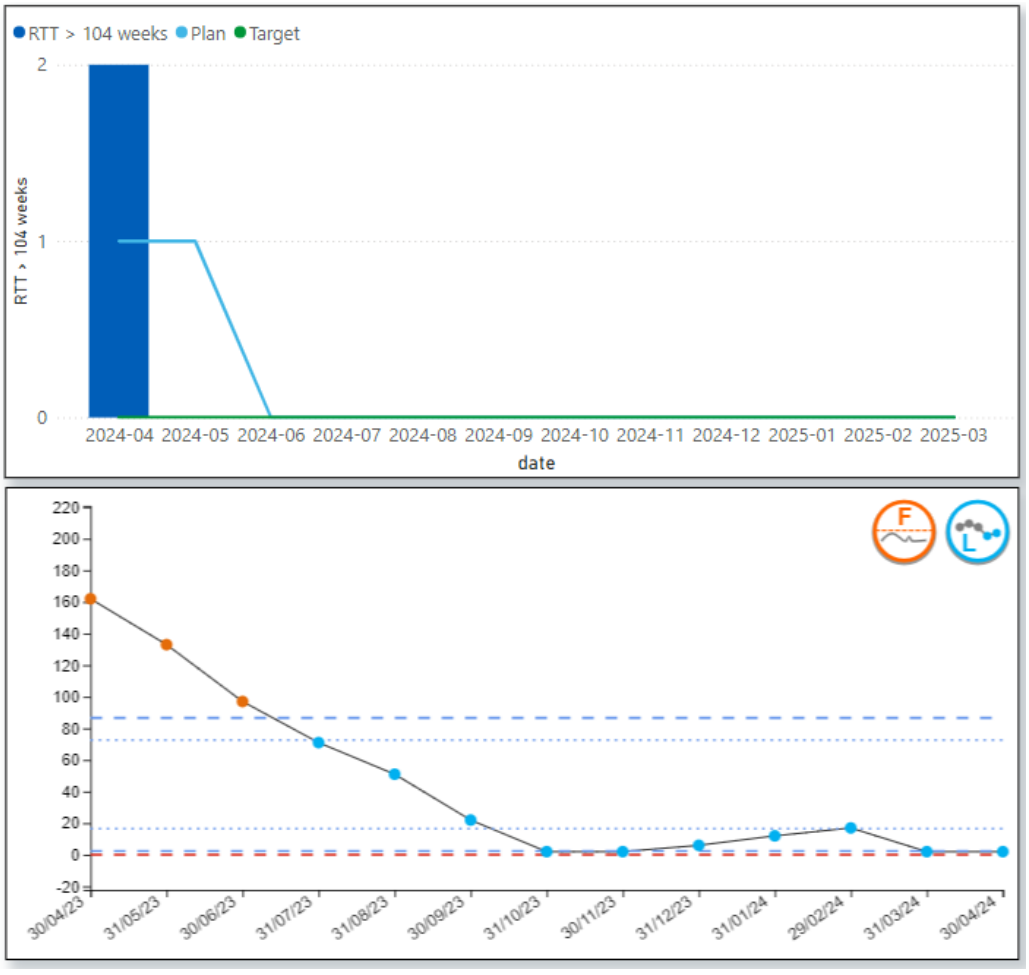
Key Actions in Urgent Care for completion in next 4 weeks

- SDEC review of each provider and gap analysis complete – John Finn
- Delivery plan for 70 hours of acute frailty input to ED and SDEC framework agreed and in progress – John Finn
- Identify opportunity and agree plan for primary care and care home offer for falls and frailty improvements – John Finn
- Increase virtual ward capacity and occupancy within current funding envelope – Anthony Fitzgerald

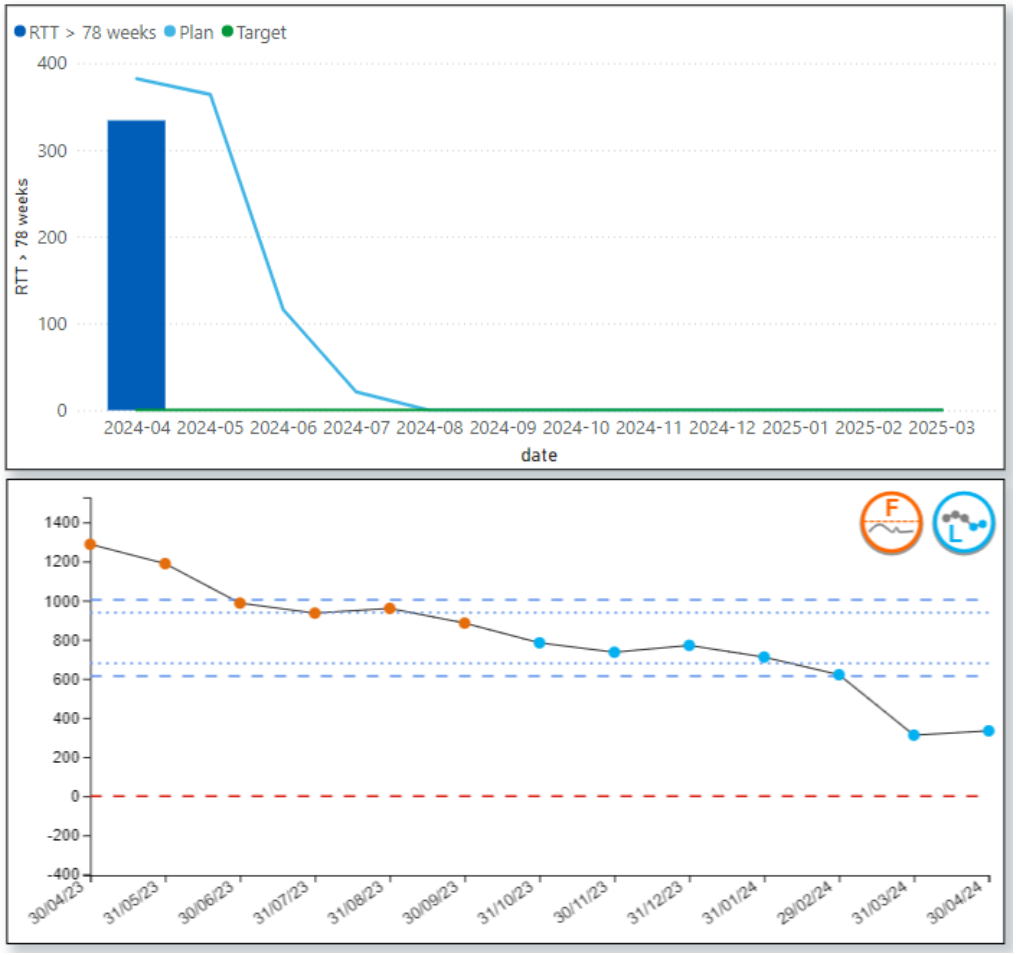
through the month of June for all 6 priority areas of work to ensure that action plans are reflective of the work of the CRGs and to identify further areas requiring CRG input to enable improvements to clinical pathways.

Elective Care

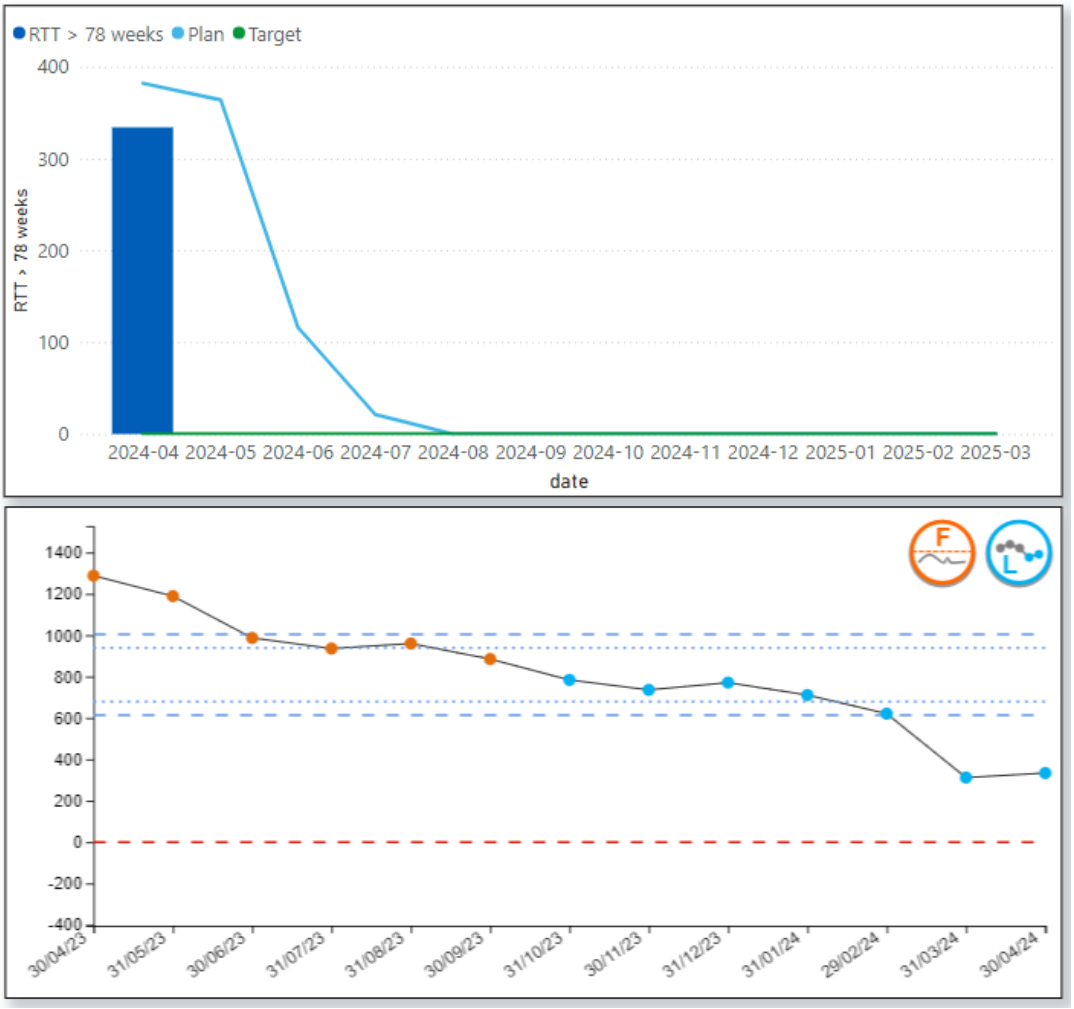
27. The finalised April 2024 position shows that NHS Devon achieved its submitted trajectories for both 78 and 65 week waiters in April 2024. There were two 104 ww patients in the Devon system in April 2024. Performance against all long waiter metrics continue to show positive special cause variation.



28. All providers met their 78 ww trajectory for April 2024 and therefore the system had 334 patients waiting beyond 78 weeks in April against a trajectory of 382.



29. The Devon position for 65 ww in April 24 was 1982 against a trajectory of 2093. UHP did not meet their internal trajectory for the month but the Devon position was supported by an over performance at TSD.



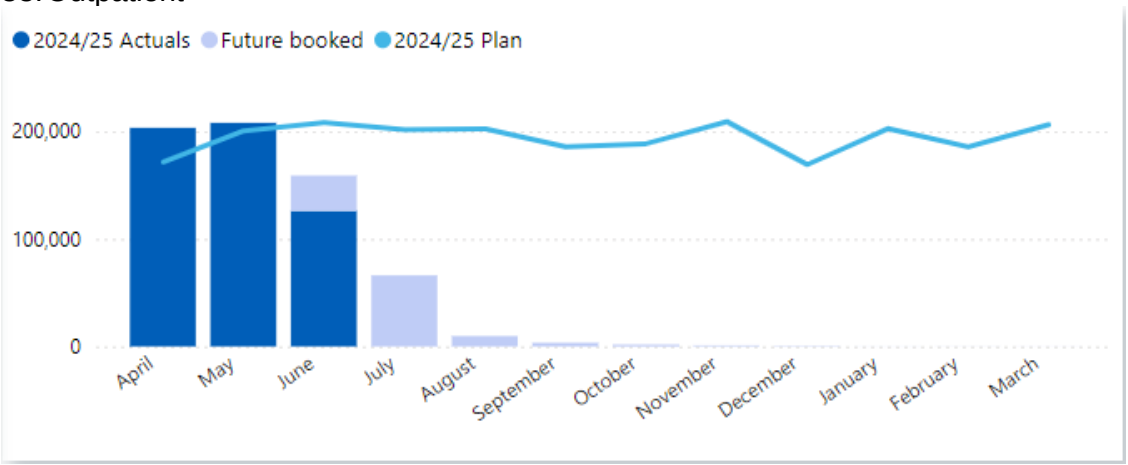
30. The current forecast for 78ww shows a Devon position of 340 which remains ahead of the submitted trajectory of 364. The current forecast for 65ww shows a Devon position of 2045 which would be behind the trajectory of 1874. Both of these positions remain unvalidated at this time and are subject to change.

31. With industrial action scheduled for the end of June the system is working to mitigate the impact that this could have on elective recovery trajectories. Currently the system has identified 39 patients at risk of cancellation due to the industrial with 22 at TSD, 11 at RDUH and 6 at UHP. Work is ongoing to mitigate the impacts to these patients and a further update on the impact of industrial action will be included in the July report.

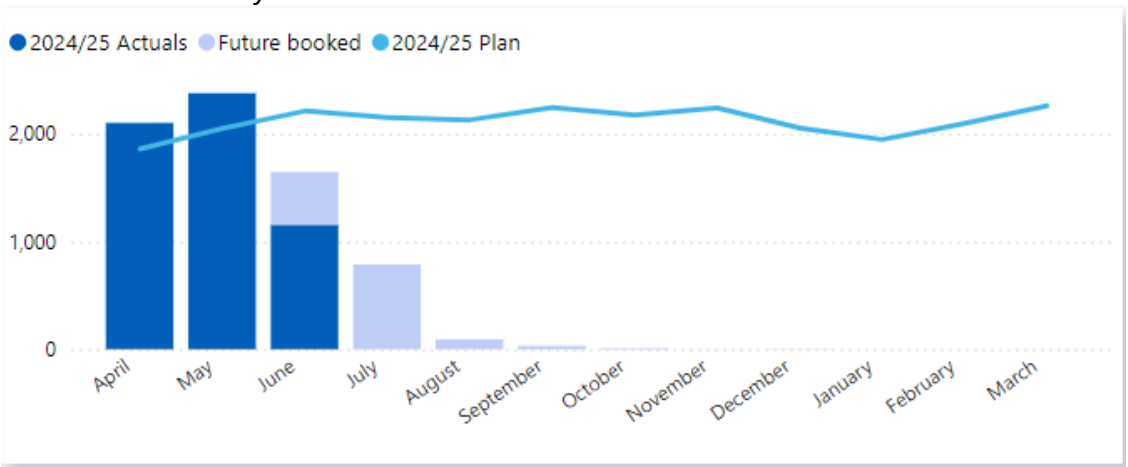
32. As part of the operating plan process for 2024/25 each provider committed to a level of activity increase against both 2019/20 levels and that of the previous year. The charts below demonstrate that the system is currently over achieving the activity plans for outpatients, elective ordinary and elective day case. The over achievement is predominately due to RDUH undertaking greater levels of activity than those in the plan. The charts also demonstrate a future view of what activity is booked in each pod which is enabling processes to mitigate where activity is not due to meet plan. As this process matures there will be the ability to

understand the productivity levels within the capacity and the cost saving elements of the productivity CIP scheme.

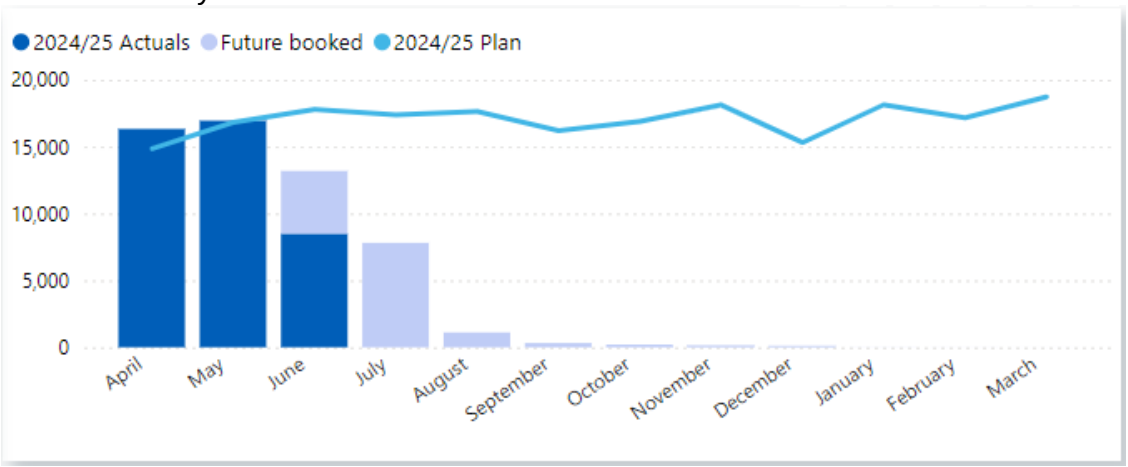
33. Outpatient



34. Elective ordinary



35. Elective Day case



Key Actions in Elective Care to be completed in January.

- Launch speciality improvement programme in ENT and dermatology – Kim Maby
- Finalise urology HVLC modelling and review with Somerset and COIS – Emma Herd
- Finalise cardiology collaborative programme – Claire McMahon
- Elective delivery plan gap analysis – Sean Beeken

NOF Domain(s): Finance and Use of Resources

NOF4 Exit Criteria	Senior Responsible Officer	Rating (self-assessment)
Finance Develop and deliver a short-term financial plan (2024/25) that is signed off regionally and nationally	Bill Shields, Chief Finance Officer	
Deliver reductions in the run rate for each consecutive quarter		
To agree a financial recovery trajectory with NHSE, which includes specific dates for the achievement of non-recurrent and recurrent balance with clear milestones, and the confidence from NHSE as to the deliverability of the plan. This deliverability will be demonstrated through the achievement of key (materially significant) milestones		

36. As at month 2 the One Devon Integrated Care System (ICS) is reporting a year to date £29.7m deficit against a planned deficit of £29.7m. This is in relation to the 02 May Operational Plan submission which shows a year end planned deficit of £85.4m.

Organisation	Year to date		
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000
Devon ICB	3,834	3,834	0
Royal Devon University NHS FT	(6,764)	(6,757)	7
University Hospitals Plymouth Trust	(14,116)	(14,117)	(1)
Torbay and South Devon NHS FT	(13,403)	(13,403)	0
Devon Partnership Trust	747	747	0
Total	**(29,702)**	**(29,696)**	**6**

37. Nationally there were reduced reporting requirements at month 2 as NHS organisations were asked to submit new operating plans on the 12 June 2024 which for NHS Devon showed an improved planned deficit of £80m.

38. For month 3 it is expected that the 12 June Operational Plan submission will be monitored against and full reporting will recommence which will include year-end forecasts and the granular detail previously reported.

39. As at month 2 the Devon ICS had made efficiency savings of £10.9m which is £1.6m adverse to plan. However, no risks to year end forecasts are currently being reported and the variance relates to timing of cash releasing of savings.

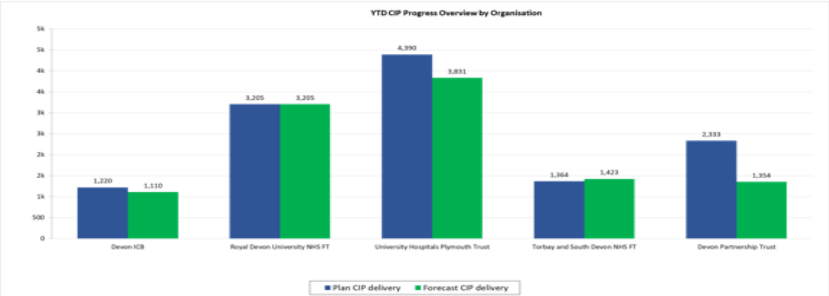
Organisation	Year to date		
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000
Devon ICB	1,220	1,110	(110)
Royal Devon University NHS FT	3,205	3,205	(0)
University Hospitals Plymouth Trust	4,390	3,831	(559)
Torbay and South Devon NHS FT	1,364	1,423	59
Devon Partnership Trust	2,333	1,354	(979)
Total	**12,512**	**10,923**	**(1,589)**

40. Recurrent efficiencies contributed to 64% of year-to-date efficiencies, equivalent to £7m. This contribution is a decrease against the year to date (YTD) planned recurrent savings of £2.7m split between all providers.

41. Early intelligence suggests non-recurrent slippage on Cost Improvement Programmes (CIP) relates to phasing of plans and not a risk to year end delivery. Recurrent efficiencies contributed to 64% of year-to-date efficiencies, equivalent to £7m. This contribution is £2.8m below the year-to-date planned recurrent savings and early intelligence suggests recurrent slippage on efficiencies relates to phasing of plans and not a risk to year end delivery.

42. As at month 2 all providers have seen an improvement in the percentage of fully developed plans and reduction in high-risk schemes as plans are progressed. 12% of plans (£24m) currently have no identified scheme which is an improvement on the 2nd May figure of 18% (£37m).

all figures are in £'000s	M2		
Organisation	**Plan CIP delivery**	**Actual CIP delivery**	**Variance**
Total recurrent efficiencies	9,793	7,027	(2,766)
Total non-recurrent efficiencies	2,719	3,896	1,177
Total Efficiencies	**12,512**	**10,923**	**(1,589)**



43. The year end outturn by organisation as at 31 March 2024 against the break even plan is as follows:

Organisation	**M12**		
	Plan Surplus/ (Deficit) £000	**Actual** Surplus/ (Deficit) £000	**Variance** Favourable/ (Adverse) £000
Devon ICB	48,567	36,425	(12,142)
Royal Devon University NHS FT	(14,900)	(26,845)	(11,945)
University Hospitals Plymouth Trust	(17,589)	(32,791)	(15,202)
Torbay and South Devon NHS FT	(19,377)	(26,974)	(7,597)
Devon Partnership Trust	3,300	3,300	0
Total	**0**	**(46,885)**	**(46,885)**

44. The 02 May Operational Plan submission for the system identified a net deficit of £85.4m, and the control total for the final submission on the 12th June 2024 demonstrated a £80m deficit. The 02 May submission was considered a high risk plan, with £208m Finance Improvement Programme (FIP/CIP), of which £26m was unidentified and £71m was high risk. The organisational profile is £108m deficit in providers and £23m surplus in ICB; extending further to £80m net deficit will change these values, and has not yet been agreed by system boards, and raises the risk profile.

45. 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.
    - ICS monthly finance report for escalation to Finance and Planning Board, and System Recovery Board.
    - 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.
- Weekly system Chief Finance Officer meetings take place in relation to system working arrangements. Issues for resolution are discussed and proposals agreed as appropriate.

46. There are no proposed changes to the risk score following the reported month 2 financial position.

47. As at month 2, the year to date spend on agency at system level is on plan at £7.2m and represents a 17% reduction on the same period last year. These costs are 2.4% of year to date pay costs.

48. The system agency cap is set at 2.1% of pay costs and as agency savings plan come online it is forecast that the year to date spend will reduce to align to the cap.

49. Individually, three providers have expenditure above plan:
    - UHP are above plan by £48,000 due to discretionary pay relating to a reduction in planned recruitment of vacancies. It is expected these costs will decline in month 3.
    - TSD has an agency run rate which is reducing, but is currently above planned levels. Further controls were implemented in month 2 and a weekly monitoring tool is now in use. Therefore, expenditure is expected to reduce further in month 3 and the negative variance to plan to be recovered by March 25.
    - DPT overspend relates to the implementation of NHSP as the new process embeds and £200k to cover community packages of care which is offset by income.

Organisation	Year to date		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Royal Devon University NHS FT	(3,313)	(2,082)	1,231
University Hospitals Plymouth Trust	(872)	(920)	(48)
Torbay and South Devon NHS FT	(1,233)	(2,179)	(946)
Devon Partnership Trust	(1,778)	(2,014)	(236)
Total	**(7,196)**	**(7,195)**	**1**

Key Actions in Finance for completion in next 4 weeks

- Refresh MTFP – Kirsty Denwood
- Continue development of 3 year CIP programme to support LTP – Melvyn Jones
- Refresh Devon System Financial Framework and Financial Risk Share and Reporting process– Kirsty Denwood
- Development of detailed CIP monitoring process at both organisational and system level

Conclusion

50. The Board is asked to:

- **RECONFIRM** Board commitment to the improvements in patient access to elective, cancer and urgent and emergency care services, which are required to meet the exit criteria of the NOF4 category of the NHS Oversight Framework.
- **TAKE ASSURANCE** from progress reported to the end of May that system plans and processes are in place to address the financial and service imperatives of the NHS Oversight Framework.
- **TAKE ASSURANCE** that risks to compliance with the NHS Oversight Framework requirements are properly identified and that appropriate monitoring processes are in place to facilitate risk mitigation.

NHS Devon Integrated Care Board

Teignmouth Health and Wellbeing Centre Development

Date of meeting	Date report produced
25 July 2024	15 July 2024

Author(s)		Report approved by	
Name and title:	Mathew Chetwynd ICS Director of Estates Siobhan Cambridge Head of Primary Care Ben Chilcott Associate Director of Finance	**Name and title:**	Bill Shields Deputy Chief Executive
Phone:		**Date:**	18 July 2024
Email:	mathew.chetwynd@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:
N/A A separate but related paper, which contains information that is commercial in confidence, is being presented to the Board in private session on 25 July 2024.

Executive summary
This paper provides a background to the delivery of Teignmouth Health and Wellbeing Centre project. It provides the Board with information about the funding model for the project, the delays that it has experienced, and the implications of these for the system's ability to finance the project. It concludes that NHS Devon

should not seek the reallocation of system CDEL to fund the project, recognising that this will have significant implications for the patients and staff of the Channel View Medical Group. It also recognises that NHS Devon will need to provide support to the practice. A separate paper with a proposal in relation to this support has been presented to the Board for consideration at its meeting in private on 25 July 2024. This is due to the confidential commercial information included in that paper.

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

NHS Devon Executive – 22 May 2024

Briefing papers have also been provided to the Finance and Performance Committee and Primary Care Commissioning Transition Committee.

Key recommendations and actions requested

1. **AGREE** that there is no viable Devon NHS solution to meet the increased capital requirement for the Teignmouth Health and Wellbeing Centre development.

2. **AGREE** that immediate action is required to provide support to the Channel View Medical Group to enable continuity of primary care services in Teignmouth and **NOTE** that options in relation to this will be presented to the Board meeting in private on 25 July 2024.

3. **TAKE ASSURANCE** that a comprehensive stakeholder management plan is in place to ensure that that the patients, staff and key stakeholders of the Channel View Medical Group are kept informed of the situation and plans to support the practice.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Deliver a fit for purpose sustainable estate that meets future needs of our patients, staff and service delivery
Improve services and reduced unwarranted variation	Strategic development of the estate and infrastructure in a sustainable way to improve the quality and delivery of care
Make more efficient use of our resources	Ensure best use of system capital resources

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	There would be many benefits to bringing services together in the Teignmouth Health and Wellbeing Centre – including offering better opportunities to train new GPs and other clinical staff (resulting in better professional development for senior staff) and facilitating 'integrated care' by bolstering relationships between health and care professionals. The building would be built to modern environmental and accessibility standards and would provide a better working environment compared to the existing locations for the primary and secondary care services that would move there.
Health inequalities	None
Workforce	It was intended that moving to the new health and wellbeing centre would help Channel View Medical Group recruit and retain primary care staff in Teignmouth.
Resources and finance	The current scheme is not fully funded and CDEL coverage is inadequate. This paper articulates some of the difficulties in the financial modelling of the Teignmouth scheme and why it is not affordable to proceed.
Legal	None
Digital and Data	None
Involvement, Engagement and consultation	Statutory consultation on service changes took place in autumn 2020. Stakeholder engagement has continued since then. A public and stakeholder communication plan is in place to support the publication of this paper.

Teignmouth Health and Wellbeing Centre development

Background

1. Public involvement and work to develop services has been ongoing in the Teignmouth and Dawlish area (also known as the Coastal Locality) for at least ten years – see Annex A. Among the main factors influencing the inception of this work was a strategy by Torbay and South Devon NHS Foundation Trust (TSD) and the then South Devon and Torbay Clinical Commissioning Group (SDT CCG) to move care closer to home and reduce the use of hospital beds, along with integrating services through health and wellbeing centres. This is in line with national NHS strategy.

2. This work led to a vision for health and care services in the Teignmouth and Dawlish area: *To provide excellent integrated services* – and a Health and Wellbeing Centre was identified as the best way to deliver this vision. The proposal was that a Health and Wellbeing Centre would be built by a developer on behalf of TSD, who would then take the head lease as superior landlord on the building and sub-let space to Channel View Medical Group (the main GP practice in the town) and to the local voluntary sector. NHS Devon (and before that Devon Clinical Commissioning Group) would support the funding model by covering the practice's rent, in line with national primary care funding rules. There would be many benefits to bringing services together under one roof. As well as meeting environmental and energy efficiency standards, the new building would offer better opportunities to train new GPs and other clinical staff (resulting in better professional development for senior staff and improved opportunities to encourage new GPs and nurses to work in Teignmouth in the long term). It would also facilitate 'integrated care' by bolstering relationships between health and care professionals and attract staff by providing a great place to work.

3. Under the proposed health and wellbeing centre scheme, land in Brunswick Street, in Teignmouth town centre, would be purchased from Teignbridge District Council (TDC) by TSD.

4. In 2020 when the partners in one of Teignmouth's GP practices (Teignmouth Medical Practice (TMP)) wished to retire, Channel View Medical Group agreed to take over their contract and the lease on TMP's Den Crescent premises, on the understanding that the Health and Wellbeing Centre would be developed in the foreseeable future. The Den premises is a large, converted seafront house suffering from condition issues, is undersized and would not be large enough for future expansion of patients or staff. A purpose-built building would allow Channel View Medical Group to consolidate its two outdated town centre premises (the other one being at Courtenay Place) into one modern site. A third site in Teignmouth, used for non-clinical purposes

(storage and administration) by the practice would also be relocated into the new building.

5. The proposed new Health and Wellbeing Centre was the backdrop for the autumn 2020 formal public consultation. As the Consultation Document stated: *A new, modern facility gives us a great opportunity to consider the best way to deliver other local services*. In December 2020, further to the public consultation, Devon Clinical Commissioning Group (Devon CCG) approved the relocation of the most-used outpatient clinics from Teignmouth Community Hospital to the new health and wellbeing centre. Devon CCG also decided to relocate other services from the hospital to Dawlish Community Hospital and continue with the community-based model of care in the area. This meant reversing a previous decision to establish 12 rehabilitation beds in Teignmouth Community Hospital – the success of the community-based model of care in focussing on looking after people in their own homes had meant that the proposed rehabilitation beds had not been needed at the hospital and they had not been implemented.

6. Since then, the scheme has faced a series of significant challenges meaning that it is now unaffordable, even though increased capital and revenue support has been approved for the scheme during that period in an attempt to overcome the challenges. TSD has specified that circa £9 million of system Devon NHS capital financing (known as Capital Departmental Expenditure Limit (CDEL)cover) is needed in order for the scheme to proceed.

Summary of the proposed funding model

7. The upfront capital funding needed to build the centre would be provided by the developer. They would then grant a head lease to TSD and would see a return on their investment over the term of the lease through the rent. TSD would sub-let part of the building to the Channel View Medical Group.

8. Channel View Medical Group is the largest GP practice in Teignmouth. It has a patient list of approximately 17,500 and mainly serves people in Teignmouth town, but it also covers the neighbouring communities of Bishopsteignton and Chudleigh. It has five premises and offers services from four of them: Courtenay Place and The Den in Teignmouth town centre, and branch sites at Bishopsteignton and Chudleigh.

9. There is one other practice in Teignmouth called Teign Estuary, which has a list of 5,300 and operates from one site in the town and a branch site in Shaldon, a short ferry ride away. Teign Estuary opted not to be part of the plans for the health and wellbeing centre development.

10. The overall size of the proposed building is 2,654m^2. The GP practice would occupy 59% (1,483m^2); the Trust 39% (929m^2) and the balance for a retail unit.

11. Under nationally agreed funding arrangements (the Premises Costs Directions), rent/mortgage costs for GP practices are paid for by ICBs up to a maximum amount set by the District Valuer (to ensure value for money).

12. The initial proposed lease term was for 25 years.

13. The District Valuer was willing to support £230/m^2 for the primary care space, with an exceptional mechanism for rent reviews based on Consumer Price Inflation uplifts due to the current market circumstances being difficult for investors, with pressure on construction costs and yields.

14. In terms of revenue costs met by NHS Devon, there is an expectation that the annual rental charge to the GPs would be £382k (incl VAT).

15. The £382k level is agreed and planned for by NHS Devon to fund through the primary care budget. This represents an increase of £278k per annum (which is in line with District Valuer's assessment) and is built into NHS Devon plans for future use of primary care premises funding.

16. Increases in the overall cost of the building mean the approved maximum amount is no longer sufficient.

17. The original estimated cost of the Health and Wellbeing Centre development, as shared during the 2020 consultation, was approximately £8 million and at that stage, the proposed rent for the GP practice was within District Valuer limit.

Estates and Technology Transformation Fund

18. The project was given £1.1 million from NHS England's Estates and Technology Transformation Fund.

19. £850k of this was received by TSD towards the development costs and has been fully expended. Two planning schemes were taken through full design stages and planning submission.

20. £250k was assigned to Channel View Medical Group and was invoiced directly by the developer to support the costs associated with the second planning application.

21. All of the £1.1 million fund has now been spent on a combination of design and planning costs.

Scheme delays

22. The costs have risen during the development phase of the project and the current estimated cost of the centre is £19.3 million.

23. Between 2020 and now, construction and borrowing costs have increased significantly as a result of the pandemic and changes in financial markets.

24. The need to develop two complex and detailed schemes for the two planning applications (see below) also increased the cost of the project overall.

25. Multiple challenges are associated with the development of the health and wellbeing centre. These challenges can be summarised as follows:

NHS pandemic response

26. The pandemic response had an impact on progress as resources were focussed towards responding to the pandemic within the NHS.

Statutory scrutiny work by Devon County Council's Health and Adult Care Scrutiny Committee (OSC)

27. In December 2020, following full public consultation, Devon CCG approved the relocation of the most-used outpatient clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre. Devon CCG also decided to continue with the community-based model of care in the area and relocate other services from the hospital to the modern Dawlish Community Hospital.

28. During any change project, the NHS works with the local Health Overview and Scrutiny Committee. The committee is made up of elected Devon County Councillors, who represent local people and their views.

29. The primary aim of health scrutiny as stated in Government guidance is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of services and that those services are effective and safe.

30. As part of its statutory scrutiny role, Devon County Council's Health and Adult Care Scrutiny Committee has considered the issue at a number of its meetings. A summary of OSC activity in connection with the project is set out below:

- In **January 2021**, members of Devon County Council's Health and Adult Care Scrutiny Committee (OSC) first voted on a proposal to refer Devon CCG's decision on service changes to the Secretary of State – the motion was not passed.
- In **March 2021**, OSC members held another vote and a motion to refer the CCG's decision to the Secretary of State was passed. Between March and November, the OSC clarified aspects of its referral to the Independent Reconfiguration Panel (IRP), who, in November 2021, announced they would investigate the OSC's referral.
- In March 2022, the IRP and Secretary of State found that the Devon CCG had consulted adequately and made a series of recommendations – see Appendix 2.
- In **June 2022**, the OSC held another vote on re-referring Devon CCG's 2020 decision, which was not passed.

- In March 2023, members started a process to look at re-referring the decision to the Secretary of State. This process continued through to **January 2024**, when a proposal to re-refer was not passed.

Planning process and the pre-election period at Teignbridge District Council (TDC)

31. As a district council TDC has a statutory responsibility as the local planning authority.

32. Plans for the new centre on the original plot in Brunswick Street (Brunswick 1) were developed by TSD and its partner, South Devon Health Innovations Partnership (SDHIP), through extensive engagement with the planning authority and landowner (TDC) in 2020. A conservation and heritage report effectively ended the scheme in April 2021 by saying the planned building was too large for the site.

33. In September 2022, following a further period of engagement with TDC, new plans were submitted for a centre on a different plot on the same site in Brunswick Street (Brunswick 2) after the hotel that was originally due to develop it ended its plans due to the pandemic. The design process was restarted and negotiations on the application were extensive with the planning authority.

34. A decision on the planning application had to be delayed due to the pre-election period for TDC in spring 2023 and the authority's planning committee approved the application in the summer of 2023.

Financial challenges summary

35. The financial challenge relates materially to two issues. The cost of the development has increased from £8 million to £19.3 million and there is a new requirement for the financial element of long leases to be accounted for on balance sheet (therefore required to be within the TSD capital limit).

36. The capital limit for a trust is known as the Capital Departmental Expenditure Limit (CDEL). It is a regulatory value over which NHS trusts cannot overspend.

37. The process for allocating CDEL over the period of this project has changed several times. At the start of the project, CDEL was managed nationally and not limited by geography or population.

38. In 2020/21, CDEL limits were set at trust and system level, which restricted the amount that can be capitalised within the system. The system has responsibility for distributing CDEL limits to trusts, which is a system decision and not the sovereign responsibility of the ICB. The NHS system in Devon has not previously used its powers to agree a virement to primary care, although this is technically permissible.

39. CDEL for trusts is therefore committed to essential maintenance and is not sufficient to allow for high-cost developmental projects. For TSD, the total capital CDEL limit is currently £15 million to cover all costs. In April 2022 when the build cost was £9 million, and the TSD (capital) element of that likely to be £3-4 million, which would have been manageable within the Trust CDEL plan. As costs have escalated to £19.3m, and the Trust CDEL exposure is £9 million – this is no longer affordable.

Work to resolve the financial challenges

40. As the CDEL constraint became apparent and project costs increased significantly due to the effects of the pandemic on supply chains and changes in borrowing costs, NHS Devon finance and estates teams have continued to explore solutions and investigate ways to mitigate financial challenges.

41. This has included negotiating changes to the lease arrangements and taking on additional liability for costs connected with the project. At one stage, there was also an agreement to bridge the financial gap facing the project, but costs continued to escalate and went past a level that would be acceptable to system partners.

Use of system CDEL

42. NHS Devon has held discussions with NHS England (NHSE), a health minister, and the Department of Health and Social Care (DHSC) at regional and national level to try and resolve the issue; however, no opportunity has been identified. The NHS in Devon has been consistently advised that a solution can only be agreed locally by using the trust's own CDEL coverage or pooling and reallocating system CDEL coverage. It is technically permissible to reassign system CDEL to primary care projects but it would require the backing of system partners. At the level of £9 million, this is very unlikely to be approved.

Current position

43. NHS Devon has no flexibility to finance the capital and revenue implications as they now present. For the scheme to proceed in its current form, at the time of producing this report the following would be required:

- £2.9 million capital contribution from system CDEL to enable a revenue rent reduction to keep the scheme affordable.
- £9.0 million coverage reallocated from the system to TSD, or coverage from within the TSD's CDEL limit.
- NHS Devon to absorb the risk of inflation during construction period and further potential implications from final planning approval, which in total may impact a further £750,000.
- Agree a revenue rental value in excess of the District Valuer's recommendations for value-for-money.

- Additional cost risks to be guaranteed, such as further planning considerations and increasing the rent cap from 4% to 5%.

44. The developer is only prepared to proceed if we contribute a capital sum or agree the revenue rental payments at the level required, which is well in excess of those permissible by the District Valuer. Therefore, the scheme can only proceed with the developer if a subsidy is provided.

45. There is currently no viable solution to these issues and considerable work has been undertaken to explore all avenues.

46. Condition, capacity and a remaining short lease tenure with The Den building all present significant risks.

47. NHSE regionally and nationally has assessed the situation and no further CDEL coverage has been forthcoming. In April 2024, NHSE confirmed to NHS Devon that NHSE cannot find a way to assist and that the decision can now only be made locally. Since the NHSE outcome was received, NHS Devon has reassessed again but cannot find a financial or technical accounting solution.

Impact on primary care provision

48. If the Health and Wellbeing Centre project is stood down, it will create a significant challenge for Channel View Medical Group as the lease runs out on the practice's The Den premises in March 2025, meaning a viable accommodation solution must be found very soon.

49. There is no obvious suitable alternative primary medical services provider in the vicinity that could provide the capacity required. However, it is also important to note that Channel View Medical Group has demonstrated its commitment to the town over a long period, is rated Good by the CQC in all areas, is training practice for GPs and there is no intention to seek an alternative provider.

50. NHS Devon, which is responsible for commissioning general (primary medical) practice services, has a legal duty to ensure local people have access to general practice services.

51. NHS Devon is working closely with Channel View Medical Group to ensure a solution can be found. A number of options are being considered – these are commercial in confidence and will be considered in private session by NHS Devon's Board on 25 July 2024.

Recommendations

52. The Board is recommended to:

- **AGREE** that there is no viable Devon NHS solution to meet the increased capital requirement for the Teignmouth Health and Wellbeing Centre development.

- **AGREE** that immediate action is required to provide support to the Channel View Medical Group to enable continuity of primary care services in Teignmouth and **NOTE** that options in relation to this will be presented to the Board meeting in private on 25 July 2024.

- **TAKE ASSURANCE** that a comprehensive stakeholder management plan is in place to ensure that that the patients, staff and key stakeholders of the Channel View Medical Group are kept informed of the situation and plans to support the practice.

Appendix 1 - public involvement timeline

Public engagement and work to develop services has been ongoing in the Teignmouth and Dawlish area for at least ten years.

In summary:

- **2013** – Public engagement in South Devon and Torbay asked people what was important to them in terms of health and care services.
- **2014/15** – Formal public consultation was held in Teignmouth and Dawlish on the future of health services in the locality.
- **March 2015** – the Governing Body of South Devon and Torbay Clinical Commissioning Group (CCG) agreed to implement the proposals.
- **2016** – Further public consultation was held in the rest of South Devon and Torbay. This led to the model of care that we now have in Teignmouth and Dawlish.
- **April-June 2018** – Public engagement asking what local people thought of the opportunity to bring some services together in a new building in Teignmouth. Outcomes helped shape the vision for local health and care services.
- **Autumn 2020** – Formal public consultation by Devon CCG on a single proposal with four elements:

a) Move high-use community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre in Teignmouth.
b) Move specialist outpatient clinics from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away.
c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital.
d) Continue with the model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds in Teignmouth Community Hospital.

- **Outcomes of the 2020 consultation**
    - 1,013 survey responses
    - 61.3% of respondents said they supported the overall proposal, 34% did not
    - A range of other feedback – positive and negative
    - 18 alternative proposals were evaluated by a panel including local stakeholders
- **December 2020** – The decision-making business case was presented to Devon CCG's Governing Body on 17 December 2020 and its recommendations – which were updated in light of feedback received during the consultation – were approved.
- **July 2023** – Teignmouth Hospital Stakeholder Group set up to facilitate dialogue and information sharing with local stakeholders.

Appendix 2 – acting on recommendations by the Independent Reconfiguration Panel

In March 2022, the IRP and Secretary of State found that the CCG had consulted adequately and made a series of recommendations. An update on the recommendations that related to community engagement is provided below. A full response to the other recommendations was provided to the OSC in June 2022.

Recommendation 1: Engaging the local community and interested parties in a programme to determine the future of the Teignmouth Community Hospital Site

Recommendation 2: Working with Teignbridge District Council on transport and parking and establishing a time-limited standing group of local partners

Note: Additionally, on 17 December 2020, when approving the formal service change recommendations made as part of the decision-making business case, the CCG's Governing Body approved a recommendation to request TSD work with Teignbridge District Council to mitigate parking issues for staff and patients as far as possible.

NHS Devon CCG and Torbay and South Devon NHS Foundation Trust committed to continuing to engage with local people on the development of the planned new health and wellbeing centre and the future of Teignmouth Community Hospital.

In 2022, to address recommendations 1 and 2 it was agreed with the local MP and OSC chair to carry out two principal actions:

1. To continue to work closely with the well-established Coastal Engagement Group, which has been instrumental in involving local people and groups in discussions around key aspects of local health and care in Teignmouth and Dawlish for many years.
2. To set up two short-term working groups (as sub-groups of the Coastal Engagement Group) comprising key stakeholders and members of the community to work together to identify and consider future possible uses for the Teignmouth Community Hospital site and transport options, as below.

The Teignmouth Hospital stakeholder group was set up in July 2023 and its purpose, as set out in its Terms of Reference, is to:

- provide a forum to understand the challenges and opportunities in relation to any potential future plans or use for the Teignmouth Hospital site.
- listen and respond to the concerns of the community in Teignmouth and surrounding area.
- share updates from the perspective of Torbay and South Devon NHS Foundation Trust and other stakeholders.

The Terms of Reference were discussed and agreed by the group at the first meeting on 05 July 2023.

As well as regular meetings, there have been visits to Brixham and Budleigh Salterton in February 2024 to look at other local ventures based in community hospitals.

With regard to the transport group recommended by the IRP, this would be established at the point where there are confirmed dates for services to move. At present, due to a range of factors there is no timeline for when the change will happen due to the challenges set out in the main paper.

ENDS

NHS Devon Integrated Care Board

Governance Improvement Plan

Date of meeting	Date report produced
25 July 2024	12 July 2024

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

Executive summary
This report provides the Board with information about the development of a Governance Improvement Plan for NHS Devon. The Governance Improvement Plan has been developed in light of a self-review against the eight key lines of enquiry previously set out in the Care Quality Commission's "Well Led Framework". It is proposed that the self-review, the Governance Improvement Plan and the progress made against it should be shared with an external reviewer at the end of the 2024 calendar year.

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

Key recommendations and actions requested
APPROVE the proposed Governance Improvement Plan for NHS Devon

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Good governance impacts on NHS Devon's ability to deliver all of its objectives.
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	Good governance impacts on impacts on all areas.
Health inequalities	
Workforce	
Resources and finance	
Legal	
Digital and Data	
Engagement and consultation	

Governance Improvement Plan

Introduction and background

1. The Board of NHS Devon is responsible for all aspects of the leadership of the organisation. It has a duty to conduct its affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that NHS Devon is ensuring the provision of high quality, sustainable care across the Devon Health and Care System.

2. The environment within which NHS Devon is operating is one of significant challenge, characterised by the increasingly complex needs of the Devon population and the need to work with system partners to facilitate the development of innovative solutions to long-standing sustainability problems, workforce shortages and budgetary restraints.

3. Robust governance frameworks and processes give the leaders of organisations, those who work in and with them, and those who regulate them, confidence about their capability to maintain and continuously improve their effectiveness. In-depth, regular reviews of leadership and governance are good practice across all industries. In an organisation that has experienced significant challenge, both in relation to its external environment, bit also in terms of significant change int its leadership, governance reviews can help to clearly identify areas for development and key barriers to overcome.

4. This report sets out the proposed first steps in terms of the implementation of a Governance Improvement Plan for NHS Devon. It follows informal discussions held in Board Development Sessions and with NHS England (NHSE) colleagues.

The Well-Led Framework

5. The Care Quality Commission (CQC) has used the “Well-Led Framework” to structure its assessments of whether health care providers have effective governance and management systems in place, using information about risks, performance and outcomes to effectively improve care.

6. NHS Devon is not a health care provider, but it is subject to regulation by the CQC and NHSE, who will make reference to the Well Led Framework to inform their assessments of Integrated Care Boards (ICBs) and Integrated Care Systems (ICSs). In light of this, work on the development of a Governance Improvement Plan has been informed by the following guidance, issued by NHS Improvement in June 2017: *Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts*. The structure of the framework set out in this guidance underpins CQC’s regular regulatory assessments of “Well Led”. This means that information prepared for regulation can also be used for development, and vice versa.

7. Until April 2024, the Well Led Framework was structured around eight key lines of enquiry (KLOEs):

8. In light of the fact that NHS Devon is not a health care provider, Board members asked for the KLOEs to be amended slightly. Therefore, in thinking about whether NHS Devon is well led, the following KLOEs have been adopted:

   - Is there the **leadership capacity and capability** to deliver the statutory functions of an ICB?
   - Is there a clear **vision** and credible **strategy** to ensure that the people of the ICS receive high quality, sustainable care and that there are robust plans to ensure its delivery?
   - Is there a **culture** of delivering high quality, sustainable outcomes?
   - Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?
   - Are there clear and effective processes for managing **risks**, issues and **performance**?
   - Is appropriate and accurate **information** being effectively processed, challenged and acted upon?
   - Are the **people** who use services, the public, **staff** and **system partners engaged** and involved to support high quality sustainable services?
   - Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?

9. The CQC and NHSE have jointly developed and published new well-led guidance for NHS Trusts under the *Single Assessment Framework*, and this has been applicable to all NHS Trust from April 2024. Work is currently being undertaken by NHSE to review its guidance on developmental reviews and, once this is available, consideration will be taken to adapting the Governance Improvement

Plan to reflect this. Further information about the "Well-Led" question in the Single Assessment Framework can be found at Annex B to this report.

Self-review and Governance Improvement Plan development

10. The KLOEs set out above were used to undertake an initial self-review of NHS Devon's current position and improvement actions required. Each KLOE was rated to enable prioritisation of findings and escalation of concerns, informed by the good practice examples in the Well Led Framework and supported by clear evidence. Tools that have been used in this review include:

    - Desktop document review - Board and Committee agendas, minutes and papers; Board Assurance Framework; Integrated Care Strategy; Joint Forward Plan; Internal/ External Audit reports, Annual Governance Statement etc
    - One-to-one discussions with key Board Members
    - Board Development Session discussion

11. The outcomes of this review informed the development of the NHS Devon Governance Improvement Plan (attached as an Annex to this report) that Board members are now being asked to approve.

12. Self-review is an important first step in preparing for an externally facilitated developmental review. It is designed to enable the Board to assess itself in a manner that provides insight both for Board members themselves and an external facilitator into how they gauge their own leadership and governance performance.

13. In light of its position in Segment 4 of the NHS Oversight Framework, NHSE has agreed to provide NHS Devon with additional support in terms of Board development. An external facilitator will be made available to work with the Board at the end of the 2024 calendar year. The outcomes of the self-review and information about progress against the Governance Improvement Plan will be shared with this external facilitator for comments and further discussion at that point. The external facilitator will then agree any areas for further scrutiny with the Board as appropriate.

Governance Improvement Plan

14. The proposed NHS Devon Governance Improvement Plan is attached as an Annex to this report. It sets out a number of high-level actions that are proposed to be taken in order to address each of the KLOEs. It should be noted that many of the actions proposed will have an impact in relation to a number of different KLOEs, but for the sake of brevity these have only been listed once against the key KLOE to which they relate.

15. It is important to recognise that many of the actions identified within the Governance Improvement Plan are ones which were already either in train or

planned by a number of different teams across the organisation. The nature of these actions varies, with some of them being sufficiently high level to be listed as 2024/25 Annual Plan priorities, whilst others are reasonably tactical, but have been identified as likely to have a quick and significant impact.

16. It is likely that the Governance Improvement Plan will be iterative and that more actions will need to be added once those currently identified have been completed. Any proposed amendments to the Governance Improvement Plan will be presented to the Board for approval. It is proposed that information about progress against the Plan should be presented to the Board on a quarterly basis.

Conclusion

17. Board members are asked to **APPROVE** the proposed Governance Improvement Plan for NHS Devon.

NHS DEVON GOVERNANCE IMPROVEMENT PLAN 2024/25

KLOE	Priority Rating	Explanation of rating	Supporting evidence	Actions to be taken	Timeframe
Is there the **leadership capacity and capability** to deliver the statutory functions of an ICB?	**HIGH**	There has been instability amongst senior leaders and across the organisation as a whole. Whilst this is beginning to be resolved, there are still a number of significant gaps and work is required to clarify the purpose of the organisation and its role in the system.	• Recent senior appointments confirmed; but still a high level of interim arrangements. • Appropriate FPPR processes in place. • Organisational Development programme approved. • Board Development programme not yet finalised. • Succession and talent management arrangements paused due to ongoing organisational change programme. • Staff surveys undertaken and responded to but have highlighted significant leadership challenges. • WRES & WDES actions plans required.	• Review Board and Executive members' skills and experience to identify strengths/weaknesses.	End of Q3 2024/25
				• Plan in place to address Board and Executive membership vacancies.	End of Q3 2024/25
				• Review existing Board members' terms of appointment and ensure that plans are in place for when each of these come to an end.	End of Q3 2024/25
				• Establish Board and Executive development programme.	End of Q3 2024/25
				• Confirm Board position on organisational purpose.	End of Q3 2024/25
				• WRES and WDES action plans to be considered by the Board.	End of Q3 2024/25
				• Succession planning and talent management approach to be considered and implemented.	End of Q1 2025/26
Is there a clear **vision** and credible **strategy** to ensure that the people of the ICS	**HIGH**	It is not always clear how the vision, values and strategic goals of the organisation	• Integrated Care Strategy approved. • Joint Forward Plan approved. • Annual Plan in development and due to be approved in July.	• Confirm organisational vision vi Organisational Development programme.	End of Q4 2024/25

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

KLOE	Priority Rating	Explanation of rating	Supporting evidence	Actions to be taken	Timeframe
receive high quality, sustainable care and that there are robust plans to ensure its delivery?		relate to the level of focus required in respect of system recovery activities relating to UEC, elective care and finance.	• Progress against delivery of the Integrated Care Strategy is not regularly monitored. • There are high levels of risk to the achievement of agreed Operational and Financial Plans.	• Confirm Board position in respect of Peninsula Acute Provider Sustainability Programme.	End of Q2 2024/25
				• Ensure early implementation of Annual Planning process for 2025/26.	End of Q2 2024/25
Is there a **culture** of delivering high quality, sustainable outcomes?	**HIGH**	Recent staff surveys responses and leadership changes have confirmed that the organisation does not have a culture to be proud of.	• Staff surveys undertaken and responded to but have highlighted significant leadership challenges. • Few of the recommendations from the report on experiences of health and care in Devon for BAME communities and staff have been implemented. • Impact of long-term organisational change programme. • Lack of visibility of Board members. • Performance management activities have not been uniformly implemented	• Undertake independently led cultural audit.	End of Q3 2024/25
				• Values and Behaviours Framework to be developed.	End of Q4 2024/25
				• Values-based recruitment approach to be adopted.	End of Q1 2025/26
				• Induction programme to be devised for implementation of Phase 2 of organisational change programme.	End of Q4 2024/25
				• Reverse Mentoring scheme to be implemented for Board and Executive Members.	End of Q2 2024/25
				• Plan to be developed for improving Board and Executive visibility within the organisation.	End of Q2 2024/25
				• Review progress against EDI strategy and implementation of Nous report and develop action plan.	End of Q3 2024/25
				• Staff recognition scheme to be developed.	End of Q1 2025/26

KLOE	Priority Rating	Explanation of rating	Supporting evidence	Actions to be taken	Timeframe
				• Implement more frequent staff survey/temperature checks.	End of Q4 2024/25
Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?	**MEDIUM**	There has been a lack of an agreed articulation of the structures, processes and systems of accountability both within NHS Devon and between NHS Devon and its partners in the ICS, but this is being addressed by recent amendments to oversight and assurance frameworks.	• NHS Devon Executive established as a formal decision-making body. • Terms of Reference for Board and Committee business have been reviewed and workplans are being aligned to Annual Plan priorities. • An appropriate "cadence" of meetings and reporting has now been established. • Board Development Sessions have taken place to consider improving the effectiveness of Board working. • New system oversight and assurance structures have been approved and are being implemented.	• Board Assurance Committee Workplans to be reviewed to ensure that there is clarity about where assurance on the delivery of Annual Plan priorities will be sought.	End of Q2 2024/25
				• Scheme of Reservation and Delegation, Standing Financial Instructions and Operational Scheme of Delegation to be refreshed.	End of Q2 2024/25
				• NHS Devon Constitution to be revised to bring it closer to model ICB Constitution.	End of Q3 2024/25
				• Integrated Care Partnership Terms of Reference to be reviewed in conjunction with Local Authority partners	End of Q3 2024/25
				• Review of system oversight and assurance structure operation to be undertaken.	End of Q3 2024/25
Are there clear and effective processes for managing **risks**, issues and **performance**?	**HIGH**	Whilst there are systems and processes in place for managing risks, there is not yet the right level of organisational engagement with these. Similarly, the organisation needs to do more in terms of	• Refreshed Board Assurance Framework in place. • Refreshed Risk Management Policy in place. Risk Management System software due to be in place by the end of July 2024. • Clear audit plans in place and delivered. • The number of risks identified and managed via corporate risk processes	• Implement Risk Management System and roll out to organisation.	End of Q2 2024/25
				• Risk Management training to be provided to all staff.	End of Q2 2024/25
				• Corporate performance dashboard reporting and management meetings to be implemented.	End of Q2 2024/25

KLOE	Priority Rating	Explanation of rating	Supporting evidence	Actions to be taken	Timeframe
		performance management.	does not align to the level of risk evident across the organisation. • More needs to be done in terms of thinking about system risk and performance management.	• Co-produced risk registers to be developed with system partners in relation to the delivery of each of the NOF4 exit criteria.	End of Q2 2024/25
				• System-level risk and performance reporting to be implemented.	End of Q2 2024/25
Is appropriate and accurate **information** being effectively processed, challenged and acted upon?	**HIGH**	Performance reports often share information with little analysis of its implications, or the action required to address identified issues.	• IQPR – ongoing development. • Quality Report recently developed. • DPST submission compliant. • Improved capacity for information collection, collation, analysis and interpretation is required. • Board reports are often not clear about the level of assurance that they can provide.	• Develop an Information and Data Quality Strategy	End of Q3 2024/25
				• Review organisational capacity for strategic analysis.	End of Q3 2024/25
				• Training package to be developed and rolled out to help improve analytical and writing skills at all levels in the organisation.	End of Q4 2024/25
Are the **people** who use services, the public, **staff** and **system partners engaged** and involved to support high quality sustainable services?	**MEDIUM**	Progress has been made in terms of the engagement of Healthwatch, the VCSE Assembly and other key stakeholder organisations, but there is still work to do in respect of public and staff involvement.	• Citizens Involvement Panel • Support for VCSE Assembly, but greater alignment with NHS Devon and system priorities needed. • Engagement with Healthwatch, but need to enhance integrated to ensure public accountability and consumer insights feed into our system. • Staff members and public need to be engaged in strategy development work. • Better engagement with system partners required.	• People and Communities Strategy to be developed.	End of Q3 2024/25
				• Establish the One Devon Involvement Platform to enhance engagement and participation across the healthcare system.	End of Q3 2024/25
				• Integrate Healthwatch and VCSE Assembly into NHS Devon governance to enhance public accountability and consumer insight.	End of Q3 2024/25
				• Create a compact to formally articulate the shared vision of NHS partners within the One Devon ICS and establish a set	End of Q2 2024/25

KLOE	Priority Rating	Explanation of rating	Supporting evidence	Actions to be taken	Timeframe
				of reciprocal behaviours for effective delivery, supporting the Devon single operating model.	
				• Demonstrate greater levels of alignment between system and locality level workplans.	End of Q4 2024/25
Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?	**MEDIUM**	Progress has been made in terms of continuous improvement and innovation, but this is often not known about. An integrated improvement approach is required.	• Work of the System Quality Group. • Development of Quality Accounts and Quality priorities.	• Develop a Continuous Improvement methodology.	End of Q4 2024/25
				• Establish a plan for ensuring the work in respect of continuous improvement and innovation is widely shared and accessed	End of Q4 2024/25

ANNEX B – CQC SINGLE ASSESSMENT FRAMEWORK

The Care Quality Commission (CQC) assessment framework is made up of 5 key questions and, under each key question, a set of quality statements.

The **5 key questions** are the things the CQC asks of all health and social care services. They ask if they are:

- safe
- effective
- caring
- responsive to people's needs
- well-led

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as ‘we statements’, they show what is needed to deliver high-quality, person-centred care.

The quality statements show how services and providers need to work together to plan and deliver high quality care.

When they refer to 'people' the CQC means people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

A well led service -

There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities, and all leaders and staff share this. Leaders proactively support staff and collaborate with partners to deliver care that is safe, integrated, person-centred and sustainable, and to reduce inequalities.

There are effective governance and management systems. Information about risks, performance and outcomes is used effectively to improve care.

The Quality Statements relating to CQC’s well led question are as follows:

- **Shared direction and culture -** We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.
- **Capable, compassionate and inclusive leaders -** We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce

and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

- **Freedom to speak up -** We foster a positive culture where people feel that they can speak up and that their voice will be heard.
- **Workforce equality, diversity and inclusion -** We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.
- **Governance, management and sustainability -** We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
- **Partnerships and communities -** We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
- **Learning, improvement and innovation -** We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.
- **Environmental sustainability – sustainable development -** We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

NHS Devon Integrated Care Board

Delegation of decision-making

Date of meeting	Date report produced
25 July 2024	08 July 2024

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

Executive summary
This report provides the Board with information about the work that has been undertaken to refresh the NHS Devon Scheme of Reservation and Delegation. It sets out the principles used to underpin this work and proposes a number of principles to be taken account of when exercising delegated authority.

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

Key recommendations and actions requested
1. **APPROVE** the proposed revised Scheme of Reservation and Delegation.
2. **APPROVE** the proposed principles to be taken account of in the exercise of delegated authority.
3. **NOTE** that no changes are being made at this point to the NHS Devon Standing Financial Instructions and Operational Scheme of Delegation, but that further additional work is being undertaken on these documents.

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	
Engagement and consultation	

Delegation of decision-making

Introduction and background

1. The arrangements made by NHS Devon Integrated Care Board (ICB) for the reservation and delegation of decisions are set out in its Scheme of Reservation and Delegation (SoRD).

2. The SoRD may be amended from time to time to reflect changes in legislation, NHS Devon policy or operational requirements. NHS Devon should coordinate regular reviews of financial, procurement and contracts signing financial delegations for positions and limits.

3. NHS Devon agreed a SoRD in advance of its establishment in July 2022. This report proposes a refreshed SoRD and supporting principles to be taken account of in the exercise if delegated decision-making, to ensure the greatest possible clarity in relation decision-making within NHS Devon.

Principles adopted in the development of a refreshed SoRD

4. NHS England (NHSE) provided guidance on the development of an ICB SoRD in October 2021.

5. The default arrangement is that the functions of an ICB will be exercised by its Board, unless they are delegated. The Board, regardless of any delegation arrangements it has made, remains legally accountable for the exercise of its functions.

6. An ICB can delegate to a Committee of the Board (such as the NHS Devon Executive), or to an individual member of the Board or an employee (such as the Chief Executive Officer). Legislation also gives ICBs the flexibility to appoint to ICB Committees members who are neither ICB employees nor Board members, for example a decision-making Committee could be entirely composed of external members.

7. The SoRD should set out clearly which functions and powers of the ICB are:

    - reserved to the Board itself, so that only the Board may make those decisions;
    - delegated to individuals (Board members or employees);
    - delegated to Committees of the organisation that have been established by the Board; and
    - delegated to other statutory bodies using the Board's legal powers (section 65z5 and 65z6 of the 2006 Act) to delegate functions to another organisation or to a joint committee with another organisation any functions that have been delegated to the ICB by other bodies, for example NHS

England's functions relating to the commissioning of primary medical services.

8. There is no centrally mandated model SoRD in light of the differing level of complexity of ICBs across the county. A principles-based approach has therefore been taken to the development of a refreshed SoRD for NHS Devon. The following principles were adopted to inform this work:

   - Decisions should be delegated to individuals where possible. The purpose of Board Committees is to provide assurance, rather than to take decisions.
   - Where authority is delegated to the Chief Executive Officer, rather than any other member of the NHS Devon, it should clear which Senior Leadership Team member will support them in the exercise of that delegated authority.
   - Assurance must accompany delegation – with every delegation comes a need for the Board to be provided with assurance that the function is being delivered fully, effectively and efficiently.
   - Responsibility for decisions that are specifically allocated to individuals cannot be delegated any further; however, the Operational Scheme of Delegation will describe how authority will be delegated within the organisation in a manner that enables them to fulfil their responsibility.
   - Whilst the intention of the organisation is to move towards an increased delegation of authority to place, further work needs to be undertaken to increase the maturity of the localities before this can happen.
   - The SoRD will be reviewed at least annually to ensure that levels of delegated authority remain appropriate.

9. The resulting proposed refreshed SoRD can be found attached as Annex A to this report. Also attached, at Annex B and C respectively, are the current Operational Scheme of Delegation (OSoD) and the Standing Financial Instructions (SFIs). Whilst there are no changes proposed to these at this time, work will be undertaken in the coming months to review them and ensure that they are updated to be fit for purpose.

Principles to be taken account of in the exercise of delegated authority

10. In order to ensure that delegated authorities are carried out in a manner that is consistent with the strategic direction set by the NHS Devon Board, it is proposed that a number of principles should be adopted to inform any such decision taken.

11. When exercising delegated authority, decision-makers are expected to:

    - Be mindful of the Nolan Principles;
    - Be mindful of the strategic direction set by the NHS Devon Board in respect of the issue to which their decision relates and give careful consideration to the agreed risk appetite of the Board;
    - As far as possible, operate in a collaborative and collegiate manner, engaging with subject matter experts and interested colleagues to ensure the best possible outcome; and

- Ensure that an appropriate assessment of the likely impact of the decision has been undertaken, having undertaken an Equality Quality Impact Assessment.

Conclusion

12. Board members are asked to:
    - **APPROVE** the proposed revised Scheme of Reservation and Delegation.
    - **APPROVE** the proposed principles to be taken account of in the exercise of delegated authority.
    - **NOTE** that no changes are being made at this point to the NHS Devon Standing Financial Instructions and Operational Scheme of Delegation, but that further additional work is being undertaken on these documents.

Reference	Theme	Decision/Responsibility	Reserved to the Board
Constitution 1.6.2	Risk, Regulation and Governance	Approve applications to NHS England on any material matters concerning changes to the ICB's Constitution	Yes
Constitution 1.6.2	Risk, Regulation and Governance	Lead any review of the ICB's Constitution and propose any amendments to it as a result	No
2006 NHS Act Schedule 1A, para 1	Risk, Regulation and Governance	Ensure appropriate arrangements are in place to inform decision-making on the ICB Constitution	No
Constitution 1.7.3(d)	Risk, Regulation and Governance	Approve the contents of the ICB's Governance Handbook	Yes
Constitution 1.7.3(d)	Risk, Regulation and Governance	Propose amendments to the ICB's Governance Handbook	No
Constition 3.5-3.12	Risk, Regulation and Governance	Approve the appointment of Executive members, Independent Non-Executive Members and Partner Members to the Board.	No
N/A	Risk, Regulation and Governance	Ensure appropriate arrangements are in place to inform decision-making on the ICB's Governance Handbook	No
Constitution 4.4.2	Risk, Regulation and Governance	Approve the ICB's Scheme of Reservation and Delegation (SoRD) and any amendments to it	Yes
N/A	Risk, Regulation and Governance	Approve the ICB's Operational Scheme of Deledation (OSoD) and any amendments to it.	No
N/A	Risk, Regulation and Governance	Ensure appropriate arrangements are in place to inform decision-making on the ICB's SoRD	No
Constitution 4.5	Risk, Regulation and Governance	Approve the ICB Functions and Decisions Map which sets out at a high level its key functions and how it exercises them in accordance with the SoRD	Yes
Constitution 4.6	Risk, Regulation and Governance	Appoint members and approve terms of reference and reporting arrangements of all Committees and Sub-Committees	Yes
Constitution 5.2	Risk, Regulation and Governance	Approve the ICB's Standing Financial Instructions (SFIs)	Yes
N/A	Risk, Regulation and Governance	Ensure appropriate arrangements are in place to inform decision-making on the ICB's SFIs	No
Constitution 6	Risk, Regulation and Governance	Approve the ICB's policies and procedures for the identification and management of conflicts of interest: - Standards of Business Conduct Policy - Conflicts of Interest Policy and Procedures	Yes
ARC ToR	Risk, Regulation and Governance	Propose amendments to the ICB's policies and procedures for the identification and management of conflicts of interest	No
2006 NHS Act s.140	Risk, Regulation and Governance	Ensure appropriate arrangements are in place with regard to registers of interests and the management of conflicts of interest	No
Constitution 7.5	Risk, Regulation and Governance	Approve the ICB's annual report and annual accounts	Yes
ARC ToR	Risk, Regulation and Governance	Propose the approval of the ICB's annual report and accounts	No
2006 NHS Act Schedule 1A, para 17	Risk, Regulation and Governance	Prepare the ICB's annual accounts	No
2006 NHS Act s.14Z15	Risk, Regulation and Governance	Prepare the ICB's annual report	No

N/A	Risk, Regulation and Governance	Approve the appointment of external and internal auditors	Yes
N/A	Risk, Regulation and Governance	Recommend the appointment of external auditors	No
N/A	Risk, Regulation and Governance	Recommend the appointment of internal auditors	No
N/A	Risk, Regulation and Governance	Lead the process for the appointment of external auditors	No
N/A	Risk, Regulation and Governance	Lead the process for the appointment of internal auditors	No
ARMC ToR 6.9.2	Risk, Regulation and Governance	Approve the annual internal audit plan and more detailed programme of work	No
ARMC ToR 6.10.2	Risk, Regulation and Governance	Agree with the external auditors the nature and scope of the external audit plan	No
N/A	Risk, Regulation and Governance	Approve the ICB's counter fraud and security management arrangements	Yes
ARMC ToR 6.16	Risk, Regulation and Governance	Approve counter fraud work plans	No
ARMC ToR 6.18	Risk, Regulation and Governance	Approve the counter fraud Annual Report and Self-Review Assessment, outlining key work undertaken during the financial year to meet the NHS Standards for Commissioners, Fraud, Bribery and Corruption	No
N/A	Risk, Regulation and Governance	Ensure appropriate arrangements are in place with regard to the provision of a counter fraud service	No
N/A	Risk, Regulation and Governance	Approve the ICB's risk management arrangements	Yes
Standing Order 3.4	Risk, Regulation and Governance	Determine the final view to be taken in the case of conflicting interpretations of the Standing Orders	No
Standing Order 4.9.5	Risk, Regulation and Governance	Exercise the powers which are reserved to the Board for an urgent decision	No
Standing Order 4.11.2	Risk, Regulation and Governance	Approve the exclusion of the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.	Yes
Standing Order 5.1	Risk, Regulation and Governance	Approve the suspension of the ICB's Standing Orders	No
N/A	Risk, Regulation and Governance	Exercise or delegate those functions of the ICB which have not been retained as reserved by the Board or delegated to its Committees or to any other named indvidual set out in this document.	No
Civil Contingencies Act 2004	Risk, Regulation and Governance	Approve the ICB's arrangements for business continuity and for emergency planning.	Yes

Standing Order 6.1	Risk, Regulation and Governance	Authorise use of the ICB seal	No
2006 NHS Act 14Z34	Risk, Regulation and Governance	Ensure appropriate arrangements are in place to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	Yes
2006 NHS Act s. 14Z18(1) 2006 NHS Act s s.14Z19(3) 2006 NHS Act s. 14Z23	Risk, Regulation and Governance	Ensure appropriate arrangements are in place with regard to the provision of information to the Secretary of State for Health and Social Care or NHS England or in response to requests made under the Freedom of Information Act 2000	No
N/A	Financial Resource Allocation	Approve the process by which the ICB determines investment and disinvestment decisions	Yes
N/A	Financial Resource Allocation	Propose the process by which the ICB determines investment and disinvestment decisions	No
N/A	Financial Resource Allocation	Approve arrangements for managing exceptional funding requests	Yes
N/A	Financial Resource Allocation	Propose the arrangements for managing exceptional funding requests	No
N/A	Financial Resource Allocation	Approve the ICB’s financial strategy and plan	Yes
N/A	Financial Resource Allocation	Prepare the ICB's financial strategy and plan	No
N/A	Financial Resource Allocation	Approve additional investment and decommissioning decisions outside the approved financial plan with value greater than £5m	Yes
N/A	Financial Resource Allocation	Approve additional investment and decommissioning decisions outside the approved financial plan with value up to £5m	No
N/A	Financial Resource Allocation	Approve allocation of additional funds received in year over and above yearly ICB allocation	No
N/A	Financial Resource Allocation	Approve the arrangements for discharging the ICB's statutory financial duties, including the ICB's corporate budgets and any proposed significant variations to these once approved	Yes
N/A	Financial Resource Allocation	Ensure that there are appropriate arrangements in place to inform decision-making on financial resource allocation and the discharge of the ICB's statutory financial duties, including the reporting of relevant information	No
N/A	ICB Administration and Effectiveness	Agree the vision and values of the ICB	Yes
Constitution 3.14.2	ICB Administration and Effectiveness	Approve the terms and conditions, remuneration and other allowances for ICB members	No
Constitution 8	ICB Administration and Effectiveness	Approve terms and conditions of employment for all employees of the ICB	No
Constitution 8.1.6	ICB Administration and Effectiveness	Exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006, by confirming the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including ICB members) and Non-Executive Members excluding the Chair	No
Constitution 8.1.6	ICB Administration and Effectiveness	Determine and agree with the Board a framework and policy for the appropriate remuneration of Board members and other ICB VSMs (very senior managers), taking account of all factors which it deems necessary, including relevant legal and regulatory requirements, national guidance, and other best practice as appropriate	No
R&ICBWC ToR 2.6	ICB Administration and Effectiveness	Determine appropriate fees to be applied to other individuals who provide specific services to the ICB at VSM level and above	No

R&ICBWC ToR 2.7	ICB Administration and Effectiveness	Determine and approve arrangements for termination of employment and other contractual terms and non-contractual terms (including contractual payments such as redundancy or early retirement provisions as well as other payments) for Board members and other ICB VSMs	No
R&ICBWC ToR 2.8	ICB Administration and Effectiveness	Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change)	No
R&ICBWC ToR 2.10	ICB Administration and Effectiveness	Approve proposals for termination payments and any special payments (including arrangements for dealing with legal cases relating to employment issues) following scrutiny of their proper calculation and taking account of such national guidance as appropriate	No
N/A	ICB Administration and Effectiveness	Approve the high level ICB operating structure	Yes
Constitution 3	ICB Administration and Effectiveness	Approve the appointment of Board members, following a recommendation from the ICB Appointments Panel in the case of Non-Executive Directors and Partner Members and in line with the decision of the ICB Chief Executive for Executive Directors	No
Constitution 7.4.3	ICB Administration and Effectiveness	Approve arrangements for complying with the NHS Provider Selection Regime	No
Constitution 4.7.3	System Partnership Working	Approve delegation arrangements made under section 65z5 of the 2006 Act (where by the ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS Trust, NHS Foundation Trust, local authority, combined authority or any other prescribed body))	Yes
N/A	System Partnership Working	Approve governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance	Yes
N/A	System Partnership Working	Establish joint working arrangements with partners that embed collaboration as the basis for delivery within the plans approved by the ICB	No
Constitution 7.3.8	Commissioning of Services	Approve the ICB's five year delivery plan	Yes
N/A	Commissioning of Services	Approve the allocation of resources in accordance with the plan approved by the ICB	No
N/A	Commissioning of Services	Approve commissioning and contracting decisions in accordance with plan approved by the ICB	No
N/A	Commissioning of Services	Approve pre-consultation and post-consultation business cases in relation to major service change or reconfiguration	Yes
N/A	Commissioning of Services	Approve the commissioning of Primary Medical Services (as delegated by NHSE) resources, and commissioning and contracting decisions in accordance with the plan approved by the ICB	No
N/A	Commissioning of Services	Allocation of Pharmacy, Ophthalmic and Dental Services (as delegated by NHSE) resources, and commissioning and contracting decisions in accordance with the plan approved by the ICB	No
NHS 2006 Action Section 14Z3 and 14Z4 Ambulance Partnership ToR and Delegation	Commissioning of Services	Approve commissioning decisions relating to ambulance services and the exercise of the emergency ambulance functions as specificed in the Delegation Agreement.	No
N/A	Strategic Prioritisation and Delivery	Approve arrangements to ensure that patients, carers and the public are able to influence decision-making on proposals likely to have an inpact on service delivery or the range of services available	Yes

Delegated to Committee	Delegated to Indvidual	Further information/ comments	Lead ICB Officer
No	No	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
Audit and Risk Committee	No	Supported by advice from the Director of Governance	Chief Executive Officer
No	Chief Executive Officer	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
No	No	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
Audit and Risk Committee	No	Supported by advice from the Director of Governance	Chief Executive Officer
No	Chair	Supported by advice from the Chief Executive, Chief People Officer and Director of Governance	Chief Executive Officer
No	Chief Executive Officer	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
No	No	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
Executive	No	Supported by advice from the Director of Governance	Chief Finance Officer
No	Chief Executive Officer	Supported by advice from the Director of Governance	Chief Executive Officer
No	No	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
No	No	Supported by advice from the Chair, Chief Executive Officer and Director of Governance	Chief Executive Officer
No	No	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Finance Officer
No	Chief Finance Officer	Supported by advice from the Director of Governance	Chief Finance Officer
No	No	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
Audit and Risk Committee	No	Supported by advice from the Director of Governance	Chief Executive Officer
No	Chief Executive Officer	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
No	No	To be assured via Audit and Risk Committee, supported by advice from the Chief Finance Officer and Director of Governance	Chief Executive Officer
Audit and Risk Committee	No	Supported by advice from the Chief Finance Officer and Director of Governance	Chiel Executive Officer
No	Chief Finance Officer	To be assured via Audit and Risk Committee	Chief Finance Officer
No	Chief Executive Officer	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chiel Executive Officer

No	No	To be assured via Audit and Risk Committee, supported by advice from the Chief Finance Officer and Director of Governance	Chiel Executive Officer
Audit and Risk Committee	No	N/A	Chief Finance Officer
Audit and Risk Committee	No	Supported by advice from the Director of Governance	Chiel Executive Officer
No	Chief Finance Officer	To be assured via Audit and Risk Committee	Chief Finance Officer
No	Chief Executive Officer	To be assured via Audit and Risk Committee, supported by the Director of Governance	Chief Executive Officer
Audit and Risk Committee	No	Supported by advice from the Director of Governance	Chief Executive Officer
Audit and Risk Committee	No	N/A	Chief Finance Officer
No	No	To be assured via Audit and Risk Committee	Chief Finance Officer
Audit and Risk Committee	No	N/A	Chief Finance Officer
Audit and Risk Committee	No	N/A	Chief Finance Officer
No	Chief Finance Officer	To be assured via Audit and Risk Committee	Chief Finance Officer
No	No	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
No	Chair	Supported by advice from the Director of Governance	Chief Executive Officer
No	Chair and Chief Executive Officer (or the relevant Non-Executive Chair and lead Executive Director in the case of committees)	Subject to every effort having been made to consult with as many members as possible in the given circumstances.	Chief Executive Officer
No	No	Supported by advice from the Director of Governance	Chief Executive Officer
No	Chair	In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, the decision is to be taken in discussion with the Chief Executive and at least 1 other member of the Board.	Chief Executive Officer
No	Chief Executive Officer	Supported by advice from the Director of Governance	Chief Executive Officer
No	No	To be assured via Audit and Risk Committee, supported by advice from the EPRR lead	Chief Operating Officer

No	Chair Chief Executive Officer Chief Finance Officer	To be assured via Audit and Risk Committee, supported by advice from the Director of Governance	Chief Executive Officer
No	No	To be assured via the Quality and Patient Experience Committee	Chief Nursing Officer
No	Chief Executive Officer	To be assured via Audit and Risk Management Committee, supported by advice from Data Protection Officer	Senior Information Risk Owner
No	No	To be assuraed via the Finance and Performance Committee	Chief Finance Officer
No	Chief Finance Officer	To be assuraed via the Finance and Performance Committee	Chief Finance Officer
No	No	To be assuraed via the Finance and Performance Committee	Chief Finance Officer
No	Chief Finance Officer	To be assuraed via the Finance and Performance Committee	Chief Finance Officer
No	No	To be assuraed via the Finance and Performance Committee	Chief Finance Officer
No	Chief Finance Officer	To be assured via Finance and Performance Committee	Chief Finance Officer
No	No	To be assured via Finance and Performance Committee	Chief Finance Officer
No	Chief Executive	To be assured via Finance and Performance Committee	Chief Finance Officer
No	Chief Finance Officer	Where time permits the Board will be consulted on the proposed allocation. Where time does not permit this, the Board will be notified via the Chief Executive Officer's report to the Board. Post decision assurance via the Finance and Performance Committee	Chief Finance Officer
No	No	To be assured via Finance and Performance Committee	Chief Finance Officer
No	Chief Finance Officer	To be assured via Finance and Performance Committee	Chief Finance Officer
No	No	N/A	Chief People Officer
Remuneration and Internal ICB Workforce Committee	No	N/A	Chief People Officer
Remuneration and Internal ICB Workforce Committee	No	N/A	Chief People Officer
Remuneration and Internal ICB Workforce Committee	No	N/A	Chief People Officer
Remuneration and Internal ICB Workforce Committee	No	N/A	Chief People Officer
Remuneration and Internal ICB Workforce Committee	No	N/A	Chief People Officer

Remuneration and Internal ICB Workforce Committee	No	N/A	Chief People Officer
Remuneration and Internal ICB Workforce Committee	No	N/A	Chief People Officer
Remuneration and Internal ICB Workforce Committee	No	N/A	Chief People Officer
No	No	To be assured via Reuneration and Internal ICB Workforce Committee, supported by advice from the Chief People Officer	Chief Executive Officer
No	Chair	To be supported by advice from the Chief People Officer and Director of Governance	Chief Executive Officer
No	Chief Executive Officer	To be assured via Audit and Risk Committee	Chief Finance Officer
No	No	To be supported by advice from the Director of Governance	Chief Executive Officer
No	No	To be supported by advice from the Director of Governance	Chief Executive Officer
No	Chief Executive Officer	To be supported by advice from the Director of Governance	Chief Operating Officer
No	No	To be supported by advice from the Deputy Chief Executive, the Director of Performance and Planning and the Director of Governance	Deputy Chief Executive
No	Chief Finance Officer	To be assured via Finance and Performance Committee	Chief Finance Officer
No	Chief Operating Officer	N/A	Chief Operating Officer
No	No	N/A	Chief Operating Officer
No	Chief Operating Officer	N/A	Chief Operating Officer
No	Chief Operating Officer	N/A	Chief Operating Officer
Ambulance Partnership Board	No	N/A	Chief Operating Officer
No	No	To be assured via Quality and Patient Expereince Committee, supported by advice from the Director of Communications	Chief Executive Officer

OPERATIONAL SCHEME OF DELEGATION

This schedule of matters delegated to officers (operational scheme of delegation) has been developed in conjunction with the organisation's Standing Financial Instructions and will provide guidance for the ICB. This document should be used in conjunction with the ICB Scheme of Reservation and Delegation, the difference being that this document lays down operational financial limits to the authority of the ICB and others to commit or approve expenditure on behalf of the ICB. Delegated matters in respect of decisions which may have a far-reaching effect must be reported to the Chief Executive Officer.

The delegation shown below is the lowest level to which authority is delegated. Authority can be delegated upwards with no further action being required. However, delegation to lower levels is only permitted with written approval of the Chief Executive Officer. Decision making with a financial impact must be carried out in accordance with the ICB's Standing Orders, Prime Financial Policies and detailed financial procedures. All financial limits in this schedule of matters delegated to officers are subject to sufficient budget being available.

The Standing Financial Instructions set out the financial responsibilities of the Chief Executive the Chief Finance Officer (CFO) and other Executive Directors of the ICB.

The Scheme of Delegation covers only matters delegated by NHSE/I to the ICB and those matters reserved for the ICB Board its committees, Executive officers and/or Partners.

Further delegation may be approved:

a) by the ICB Board in approving specific management policies
b) by the ICB Chief Executive
c) as part of Financial Procedures approved by the Chief Finance Officer (CFO)

Each Executive Director will need to consider the arrangements for authorisation of expenditure against delegated budgets and further delegation of management/professional responsibilities.

In accordance with The Scheme of Delegation the ICB Board exercises financial supervision and control by:

a) Authorising the operational plan;
b) Requiring the submission and approval of budgets within approved allocations / overall income;
c) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and

d) Defining specific responsibilities placed on members of the ICB Board, its Committees, Partners and employees as indicated in the Scheme of Delegation.

Once the ICB Board, has reviewed and approved the Operating Plan and any supporting financial plan / budget, the Board, will delegate approval to the Chief Executive; the Chief Finance Officer and other Executive Directors and employees to commit these resources for the purpose set out in the plan subject to the financial thresholds set out in this operational scheme of delegation.

Ref	Matters delegated	Delegated to
1	**Bank accounts** (a) Opening bank accounts or procuring banking services in accordance with mandates approved by the Governing Body (b) Addition or removal of signatories to bank accounts	(a) CFO (b) CFO or authorised signatory to the bank accounts (in accordance with the bank account mandated authorities)
2	**Business cases – new commitments outside of delegated budgets** (a) up to £250,000 (b) up to £500,000 (c) £500,001 and above	(a) Senior Executive Team (SET) member and Associate Director of Finance (ADOF) (b) Senior Executive Team (SET) (c) Full business case for ICB approval
3	**Commissioning expenditure in line with delegated budgets for the commissioning of services –** (a) up to £250,000 (b) up to £500,000 (c) £500,001 and above	(a) Delegated budget holder (b) SET member or Associate Director of Finance (ADOF)

		(c) CFO, or, CEO or Director with responsibility for Commissioning of services
4	**Administrative Spend on Goods and Services (Non Commissioning Spend) – Limits for Requisition and/or Invoice approval of delegated budget** (a) up to £500 (b) up to £15,000 (c) up to £50,000 (d) up to £250,000 (e) from £250,001	(a) Designated personal assistants (b) Designated business manager (c) Delegated budget holder (d) SET member (e) Senior Executive Team
5	**Capital schemes including finance leases** (a) up to £500,000 (b) from £500,001 to £2,000,000 (c) over £2,000,000	(a) CFO (b) Finance Committee (c) ICB
6	**All Legal Costs**	Approval through legal advice request form and approved by a relevant Executive. These requests are administered by the governance team

7	**Condemning and disposal** (a) Condemning or disposal of unserviceable items (other than IT equipment) with an estimated replacement cost: (i) up to £100 (ii) £101 to £5,000 (iii) £5,001 and above (b) Condemning or disposal of all unserviceable IT equipment	(a)(i) Designated budget holder (a)(ii) ADOF (a)(iii) CFO (b) Senior Executive Team member responsible for IT
8	**Petty Cash** Petty cash float replenishment up to £500 per week	ADOF
9	**Losses, write-offs and compensation** (a) Losses of cash due to theft, fraud, overpayment etc. – up to £50,000 (b) Fruitless payments (including abandoned capital schemes) – up to £250,000 (c) Write-off or bad debts up to £10,000 (d) Claims abandoned and other – up to £50,000 (e) Damage to buildings, fittings, furniture and equipment, loss of property and equipment in stores or in use due to culpable causes (fraud, theft, arson etc.) – up to £50,000	(a) to (e) CFO or CEO/AO

10	(f) Compensation payments made under legal obligation (excluding clinical negligence) – up to £50,000 (g) Extra contractual payments to contractors – up to £50,000 (h) Ex-gratia payments to staff for loss of personal effects: (i) up to £100 (ii) £101-£500 (iii) above £501 (i) Ex gratia payments for personal injury claims involving negligence where legal advice obtained and followed (j) Other ex gratia payments except cases of maladministration where there was no financial loss to the claimant (k) Any of the above (a) – (j) limits exceeded	(f) to (g) CFO or CEO (h)(i) Designated budget holder (h)(ii) Senior Executive Team member (h)(iii) CFO or CEO (i) CFO or CEO (j) CFO or CEO (k) ICB Board
11	**Verification and High Cost Panel Decisions regarding individual packages of care** (a) Up to £1,000 per week (b) Up to £1,600 per week (c) From £2,000 per week (d) Up to £2,200 (e) Up to £2,500 per week	(a) Quality Assurance Practitioner/ CHC lead Nurse (b) Quality Assurance Lead Nurse or Senior Commissioning Manager individually per week (c) With two band 8a staff of the same or a higher banding (d) Band 8b with one band 8a or higher (e) Head of Quality Assurance

	(f) Up to £6,000 per week (g) Above £6,001 per week **Urgent placements:** Crisis Response Requests (48hr period) until information gathered – (b) above with update and review by (c) and full panel application if required.	(f) Individual Package of Care (IPOC) Panel (g) CNO **and** CFO or CEO or Director of Commissioning

AUTHORISATION OF INVOICES

Individual officers within the ICB have the authority to authorise invoices in the Oracle Finance system in line with the financial scheme of delegation detailed above

(a) up to £500 (band 3-4)

(b) up to £15,000 (band 5-6)

(c) up to £50,000 (band 7-8)

(d) over £50,000 (band 9 or VSM)

NHS Devon Integrated Care Board Standing Financial Instructions

ICS implementation guidance

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

Following several years of locally-led development, and based on the recommendations of NHS England, the government has set out plans to put ICSs on a statutory footing.

To support this transition, NHS England is publishing guidance and resources, drawing on learning from all over the country.

Our aim is to enable local health and care leaders to build strong and effective ICSs in every part of England.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

Contents

1. Purpose and statutory framework

1.1.1 These Standing Financial Instructions (SFIs) shall have effect as if incorporated into the Integrated Care Board's (ICB) constitution. In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022, the ICB must publish its constitution.

1.1.2 In accordance with the Act, as amended, NHS England is mandated to publish guidance for ICBs, to which each ICB must have regard, in order to discharge their duties.

1.1.3 The purpose of this governance document is to ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the ICB's control environment for managing the organisation's financial affairs as they are designed to ensure regularity and propriety of financial transactions.

1.1.4 SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services.

1.1.5 The ICB is established under Chapter A3 of Part 2 of the National Health Service Act 2006, as inserted by the Health and Care Act 2022 and has the general function of arranging for the provision of services for the purposes of the health services in England in accordance with the Act.

1.1.6 Each ICB is to be established by order made by NHS England for an area within England, the order establishing an ICB makes provision for the constitution of the ICB.

1.1.7 All members of the ICB (its board) and all other Officers should be aware of the existence of these documents and be familiar with their detailed provisions. The ICB SFIs will be made available to all Officers on the intranet and internet website for each statutory body.

1.1.8 Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the chief executive or the chief financial officer must be sought before acting.

1.1.9 Failure to comply with the SFIs may result in disciplinary action in accordance with the ICBs applicable disciplinary policy and procedure in operation at that time.

2. Scope

2.1.1 All officers of the ICB, without exception, are within the scope of the SFIs without limitation. The term officer includes, permanent employees, secondees and contract workers.

2.1.2 Within this document, words imparting any gender include any other gender, words in the singular include the plural and words in the plural include the singular.

2.1.3 Any reference to an enactment is a reference to that enactment as amended.

2.1.4 Unless a contrary intention is evident, or the context requires otherwise, words or expressions contained in this document, will have the same meaning as set out in the applicable Act.

3. Roles and Responsibilities

3.1 Staff

3.1.1 All ICB Officers are severally and collectively, responsible to their respective employer(s) for:

- abiding by all conditions of any delegated authority;
- the security of the statutory organisations property and avoiding all forms of loss;
- ensuring integrity, accuracy, probity and value for money in the use of resources; and
- conforming to the requirements of these SFIs

3.2 Accountable Officer

3.2.1 The ICB constitution provides for the appointment of the chief executive by the ICB chair. The chief executive is the accountable officer for the ICB and is personally accountable to NHS England for the stewardship of ICBs allocated resources.

3.2.2 The chief financial officer reports directly to the ICB chief executive officer and is professionally accountable to the NHS England regional finance director

3.2.3 The chief executive will delegate to the chief financial officer the following responsibilities in relation to the ICB:

- preparation and audit of annual accounts;
- adherence to the directions from NHS England in relation to accounts preparation;
- ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners;

- ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss;
- meeting statutory requirements relating to taxation;
- ensuring that there are suitable financial systems in place (see Section 6)
- meeting the financial targets set by NHS England;
- use of incidental powers such as management of ICB assets, entering commercial agreements;
- ensuring the Governance statement and annual accounts & reports are signed;
- ensuring planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets;
- making use of benchmarking to make sure that funds are deployed as effectively as possible;
- executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs;
- specific responsibilities and delegation of authority to specific job titles are confirmed;
- financial leadership and financial performance of the ICB;
- identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions; and
- the chief financial officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk.

3.3 Audit and risk assurance committee

3.3.1 The board and accountable officer should be supported by an audit and risk assurance committee, which should provide proactive support to the board in advising on:

- the management of key risks
- the strategic processes for risk;
- the operation of internal controls;
- control and governance and the governance statement;
- the accounting policies, the accounts, and the annual report of the ICB;
- the process for reviewing of the accounts prior to submission for audit, management's letter of representation to the external auditors; and the planned activity and results of both internal and external audit.

4. Management accounting and business management

4.1.1 The chief financial officer is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.

4.1.2 The chief financial officer will delegate the budgetary control responsibilities to budget holders through a formal documented process.

4.1.3 The chief financial officer will ensure:

- the promotion of compliance to the SFIs through an assurance certification process;
- the promotion of long term financial heath for the NHS system (including ICS);
- budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for;
- the improvement of financial literacy of budget holders with the appropriate level of expertise and systems training;
- that the budget holders are supported in proportion to the operational risk; and
- the implementation of financial and resources plans that support the NHS Long term plan objectives.

4.1.4 In addition, the chief financial officer should have financial leadership responsibility for the following statutory duties:

  - the duty of the ICB to perform its functions as to ensure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and

- the duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts.

4.1.5 The chief financial officer and *any senior officer responsible* for finance within the ICB should also promote a culture where budget holders and decision makers consult their finance business partners in key strategic decisions that carry a financial impact.

5. Income, banking arrangements and debt recovery

5.1 Income

5.1.1 An ICB has power to do anything specified in section 7(2) of the Health and Medicines Act 1988 for the purpose of making additional income available for improving the health service.

5.1.2 The chief financial officer is responsible for:

- ensuring order to cash practices are designed and operated to support, efficient, accurate and timely invoicing and receipting of cash. The processes and procedures should be standardised and harmonised across the NHS System by working cooperatively with the existing Shared Services provider; and

- ensuring the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks;

5.2 Banking

5.2.1 The CFO is responsible for ensuring the ICB complies with any directions issued by the Secretary of State with regards to the use of specified banking facilities for any specified purposes.

5.2.2 The chief financial officer will ensure that:

- the ICB holds the minimum number of bank accounts required to run the organisation effectively. These should be raised through the government banking services contract; and

- the ICB has effective cash management policies and procedures in place.

5.3 Debt management

5.3.1 The chief financial officer is responsible for the ICB debt management strategy.

5.3.2 This includes:

- a debt management strategy that covers end-to-end debt management from debt creation to collection or write-off in accordance with the losses and special payment procedures;
- ensuring the debt management strategy covers a minimum period of 3 years and must be reviewed and endorsed by the ICB board every 12 months to ensure relevance and provide assurance;
- accountability to the ICB board that debt is being managed effectively;
- accountabilities and responsibilities are defined with regards to debt management to budget holders; and
- responsibility to appoint a senior officer responsible for day to day management of debt.

6. Financial systems and processes

6.1 Provision of finance systems

6.1.1 The chief financial officer is responsible for ensuring systems and processes are designed and maintained for the recording and verification of finance transactions such as payments and receivables for the ICB.

6.1.2 The systems and processes will ensure, inter alia, that payment for goods and services is made in accordance with the provisions of these SFIs, related procurement guidance and prompt payment practice.

6.1.3 As part of the contractual arrangements for ICBs officers will be granted access where appropriate to the Integrated Single Financial Environment (“ISFE”). This is the required accounting system for use by ICBs, Access is based on single access log on to enable users to perform core accounting functions such as to transacting and coding of expenditure/income in fulfilment of their roles.

6.1.4 The Chief Financial officer will, in relation to financial systems:

- promote awareness and understanding of financial systems, value for money and commercial issues;
- ensure that transacting is carried out efficiently in line with current best practice – e.g. e-invoicing
- ensure that the ICB meets the required financial and governance reporting requirements as a statutory body by the effective use of finance systems;
- enable the prevention and the detection of inaccuracies and fraud, and the reconstitution of any lost records;
- ensure that the financial transactions of the authority are recorded as soon as, and as accurately as, reasonably practicable;
- ensure publication and implementation of all ICB business rules and ensure that the internal finance team is appropriately resourced to deliver all statutory functions of the ICB;
- ensure that risk is appropriately managed;

- ensure identification of the duties of officers dealing with financial transactions and division of responsibilities of those officers;
- ensure the ICB has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the ICB;
- ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes; and
- where another health organisation or any other agency provides a computer service for financial applications, the chief finance officer shall periodically seek assurances that adequate controls are in operation.

7. Procurement and purchasing

7.1 Principles

7.1.1 The chief financial officer will take a lead role on behalf of the ICB to ensure that there are appropriate and effective financial, contracting, monitoring and performance arrangements in place to ensure the delivery of effective health services.

7.1.2 The ICB must ensure that procurement activity is in accordance with the Public Contracts Regulations 2015 (PCR) and associated statutory requirements whilst securing value for money and sustainability.

7.1.3 The ICB must consider, as appropriate, any applicable NHS England guidance that does not conflict with the above.

7.1.4 The ICB must have a Procurement Policy which sets out all of the legislative requirements.

7.1.5 All revenue and non-pay expenditure must be approved, in accordance with the ICB business case policy, prior to an agreement being made with a third party that enters a commitment to future expenditure.

7.1.6 All officers must ensure that any conflicts of interest are identified, declared and appropriately mitigated or resolved in accordance with the ICB standards of business conduct policy.

7.1.7 Budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for. This includes obtaining the necessary internal and external approvals which vary based on the type of spend, prior to procuring the goods, services or works.

7.1.8 Undertake any contract variations or extensions in accordance with PCR 2015 and the ICB procurement policy.

7.1.9 Retrospective expenditure approval should not be encouraged. Any such retrospective breaches require approval from any committee responsible for approvals before the liability is settled. Such breaches must be reported to the audit and risk assurance committee.

8. Staff costs and staff related non pay expenditure

8.1 Chief People Officer

8.1.1 The chief people officer [CPO] (or equivalent people role in the ICB) will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

8.1.2 Operationally the CPO will be responsible for;

- defining and delivering the organisation's overall human resources strategy and objectives; and
- overseeing delivery of human resource services to ICB employees.

8.1.3 The CPO will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.

8.1.4 Where a third-party payroll provider is engaged, the CPO shall closely manage this supplier through effective contract management.

8.1.5 The CPO is responsible for management and governance frameworks that support the ICB employees' life cycle.

9. Annual reporting and Accounts

9.1.1 The chief financial officer will ensure, on behalf of the Accountable Officer and ICB board, that:

- the ICB is in a position to produce its required monthly reporting, annual report, and accounts, as part of the setup of the new organisation; and
- the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year;

9.1.2 An annual report must, in particular, explain how the ICB has:

- discharged its duties in relating to improving quality of services, reducing inequalities, the triple aim and public involvement;
- review the extent to which the board has exercised its functions in accordance with its published 5 year forward plan and capital resource use plan; and
- review any steps that the board has taken to implement any joint local health and wellbeing strategy.

9.1.3 NHS England may give directions to the ICB as to the form and content of an annual report.

9.1.4 The ICB must give a copy of its annual report to NHS England by the date specified by NHS England in a direction and publish the report.

9.2 Internal audit

The chief executive, as the accountable officer, is responsible for ensuring there is appropriate internal audit provision in the ICB. For operational purposes, this responsibility is delegated to the chief financial officer to ensure that:

- all internal audit services provided under arrangements proposed by the chief financial officer are approved by the Audit and Risk Assurance Committee, on behalf of the ICB board;
- the ICB must have an internal audit charter. The internal audit charter must be prepared in accordance with the Public Sector Internal Audit Standards (PSIAS);
- the ICB internal audit charter and annual audit plan, must be endorsed by the ICB Accountable Officer, audit and risk assurance committee and board;
- the head of internal audit must provide an annual opinion on the overall adequacy and effectiveness of the ICB Board's framework of governance, risk management and internal control as they operated during the year, based on a systematic review and evaluation;
- the head of internal audit should attend audit and risk assurance committee meetings and have a right of access to all audit and risk assurance committee members, the Chair and chief executive of the ICB.
- the appropriate and effective financial control arrangements are in place for the ICB and that accepted internal and external audit recommendations are actioned in a timely manner.

9.3 External Audit

The chief financial officer is responsible for:

- liaising with external audit colleagues to ensure timely delivery of financial statements for audit and publication in accordance with statutory, regulatory requirements;
- ensuring that the ICB appoints an auditor in accordance with the Local Audit and Accountability Act 2014; in particular, the ICB must appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding financial year; the ICB must appoint a local auditor at least once every 5 years (ICBs will be informed of the transitional arrangements at a later date); and
- ensuring that the appropriate and effective financial control arrangements are in place for the ICB and that accepted external audit recommendations are actioned in a timely manner.

10. Losses and special payments

10.1.1 HM Treasury approval is required if a transaction exceeds the delegated authority, or if transactions will set a precedent, are novel, contentious or could cause repercussions elsewhere in the public sector.

10.1.2 The chief financial officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risks from losses and special payments.

10.1.3 NHS England has the statutory power to require an integrated care board to provide NHS England with information. The information, is not limited to losses and special payments, must be provided in such form, and at such time or within such period, as NHS England may require.

10.1.4 ICBs will work with NHS England teams to ensure there is assurance over all exit packages which may include special severance payments. ICBs have no delegated authority for special severance payments and will refer to the guidance on that to obtain the approval of such payments

10.1.5 All losses and special payments (including special severance payments) must be reported to the ICB Audit and Risk Assurance Committee.

10.1.6 For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide which includes delegated limits.

11. Fraud, bribery and corruption (Economic crime)

11.1.1 The ICB is committed to identifying, investigating and preventing economic crime.

11.1.2 The ICB chief financial officer is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the board and Audit and Risk Assurance Committee and defined roles and accountabilities for those involved as part of the process of providing assurance to the board.

11.1.3 These arrangements should comply with the NHS Requirements the Government Functional Standard 013 Counter Fraud as issued by NHS Counter Fraud Authority and any guidance issued by NHS England .

12. Capital Investments & security of assets and Grants

12.1.1 The chief financial officer is responsible for:

- ensuring that at the commencement of each financial year, the ICB and its partner NHS trusts and NHS foundation trusts prepare a plan setting out their planned capital resource use;
- ensuring that the ICB and its partner NHS trusts and NHS foundation trusts exercise their functions with a view to ensuring that, in respect of each financial year local capital resource use does not exceed the limit specified in a direction by NHS England;
- ensuring the ICB has a documented property transfer scheme for the transfer of property, rights or liabilities from ICB's predecessor clinical commissioning group(s);
- ensuring that there is an effective appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
- ensuring that there are processes in place for the management of all stages of capital schemes, that will ensure that schemes are delivered on time and to cost;
- ensuring that capital investment is not authorised without evidence of availability of resources to finance all revenue consequences; and
- for every capital expenditure proposal, the chief financial officer is responsible for ensuring there are processes in place to ensure that a business case is produced.

12.1.2 Capital commitments typically cover land, buildings, equipment, capital grants to third parties and IT, including:

- authority to spend capital or make a capital grant; and
- authority to enter into leasing arrangements.

12.1.3 Advice should be sought from the chief financial officer or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

12.1.4 For operational purposes, the ICB shall have nominated senior officers accountable for ICB property assets and for managing property.

12.1.5 ICBs shall have a defined and established property governance and management framework, which should:

- ensure the ICB asset portfolio supports its business objectives; and
- complies with NHS England policies and directives and with this guidance

12.1.6 Disposals of surplus assets should be made in accordance with published guidance and should be supported by a business case which should contain an appraisal of the options and benefits of the disposal in the context of the wider public sector and to secure value for money.

12.2 Grants

12.2.1 The chief financial officer is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to;

- any of its partner NHS trusts or NHS foundation trusts; and
- to a voluntary organisation, by way of a grant or loan.

12.2.2 All revenue grant applications should be regarded as competed as a default position, unless, there are justifiable reasons why the classification should be amended to non-competed.

13. Legal and insurance

13.1.1 This section applies to any legal cases threatened or instituted by or against the ICB. The ICB should have policies and procedures detailing:

- engagement of solicitors / legal advisors;
- approval and signing of documents which will be necessary in legal proceedings; and
- Officers who can commit ICB revenue resources in relation to settling legal matters.

13.1.2 ICBs are advised not to buy commercial insurance to protect against risk unless it is part of a risk management strategy that is approved by the accountable officer.

Queries: England.assurance@nhs.net

NHS Devon Integrated Care Board

2024/25 Annual Plan

Date of meeting	Date report produced
25 July 2024	11 July 2024

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe Director of Performance and Assurance	**Name and title:**	Steve Moore, Chief Executive Officer
Phone:		**Date:**	15 July 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 Annual Plan outlines the NHS Devon corporate objectives for 2024/25, addressing both local and national requirements. It aligns with the One Devon Integrated Care Strategy, the NHS Long Term Plan, the NHS England operational planning guidance, and the NHS Oversight Framework. This report updates the Board on the development of the 2024/25 Annual Plan and seeks approval for its content (Annex A). It highlights the steps needed to shift focus to delivery, including an approach to support delivery and assurance, monitor progress and key risks and ensure visibility of this across NHS Devon.

The Annual Plan addresses immediate pressures, such as system recovery and exit from NOF4, whilst laying the foundation for future transformation. It includes clear deliverables, impact statements and timelines and it links objectives to Chief Officer portfolios, promoting accountability.

NHS Devon Executive Leads and Senior Leadership Teams are finalising deliverables, impact statements, Key Performance Indicators (KPIs), and milestones for each corporate objective. Localities will ensure that centrally agreed objectives are delivered locally, with plans aligned to these objectives. The Programme Management Office (PMO) will support localities through planning and delivery.

Planning Oversight and Assurance meetings, facilitated by the PMO Delivery Room, will focus on driving delivery of Annual Plan objectives. Highlight reports are being finalised to support these meetings, aligned with agreed milestones and KPIs. Objectives will also be allocated to the appropriate Board Assurance Committees by the end of September to support detailed formal assurance.

The Board is asked to approve the 2024/25 Annual Plan and its delivery approach, endorse the next steps, and note objectives requiring further consideration and assignment (Annex B).

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

The proposed 2024/25 Annual Plan priorities have previously been discussed by the NHS Devon Executive and Board in May 2024.

Key recommendations and actions requested

1. **APPROVE** the 2024/25 Annual Plan (Annex A).
2. **APPROVE** the Annual Plan delivery approach described in this paper.
3. Acknowledge and **AGREE** the outlined next steps.
4. **NOTE** the list of objectives not currently included in the Annual Plan that require further consideration and assignment to Chief Officers (Annex B).

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	
Involvement, Engagement and consultation	

2024/25 Annual Plan

Introduction

1. This report provides a progress update to the Board on the development of the NHS Devon 2024/25 Annual Plan. It recommends the approval of the 2024/25 Annual Plan (Annex A) and outlines the next steps needed to shift the organisation's focus to delivery. Additionally, it proposes an approach to support delivery and assurance, monitor progress and key risks, and support formal assurance by maximising visibility across NHS Devon.

Background

2. The Annual Plan is a comprehensive set of corporate objectives designed to address the NHS Devon response to all relevant local and national requirements, both internal and external. 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, the NHS England 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 the place level, we will ensure that NHS Devon is meeting all relevant priorities and requirements, including our performance, oversight, and commissioning responsibilities in relation to NHS and other providers in Devon.

4. The Annual Plan details what NHS Devon needs to achieve by 31 March 2025 and how this will be done. The plan is built on 131 objectives identified for 2024/25 in response to requirements in the NHS Long Term Plan, the NHS Oversight Framework (NOF), NHS England's 2024/25 operational planning guidance, and One Devon's local Integrated Care Strategy.

5. The objectives for 2024/25 cover all relevant local and national requirements and incorporate elements from various sources, including:

   - One Devon 5-Year Joint Forward Plan
   - NHS System Recovery Plan
   - NHS Operational Plans
   - Integrated Care Strategy

6. By including actions from these areas, the Annual Plan addresses immediate pressures, such as system recovery and exit from NOF4, and lays the groundwork for future transformation. The Annual Plan, though high level, contains clear deliverables, impact statements, and timelines, and supports accountability by linking objectives to Chief Officer portfolios.

Development Process

7. The development of the Annual Plan has been led by the Director of Planning and Performance, supported by the NHS Devon Project Management Office (PMO). As part of the development process, the planning and performance team worked with Chief Officers and Senior Leadership Teams (SLTs) across the organisation to agree on a set of objectives for each directorate, which form the basis of the Annual Plan.

8. This has resulted in 131 organisational objectives, grouped by directorate and team.

9. Whilst presented as objectives for each directorate, it should be noted that the delivery of the Annual Plan will require collaboration and matrix working across internal directorates. Further work will be undertaken to map and understand interdependencies between objectives.

Further Development and Issues Still to Resolve

10. The status of plans that underpin the delivery of the strategic objectives is still variable, with many programmes indicating that plans will be further developed through Quarter 2 of the financial year. The PMO will be offering support to Executive leads over the next month to close any final planning gaps so we can shift our attention to delivery.

11. One of the significant risks to delivery this year is organisational instability and a lack of clarity about what resources will be available within NHS Devon to deliver key objectives, as well as the potential loss of critical skills through the NHS Devon organisational restructure.

12. Executive Leads have highlighted resourcing gaps, even for ‘must do’ activities taken from the NHS Long Term Plan and NHSE Operating Planning Guidance. Therefore, some objectives have been left out of the current plan to allow further discussion about if and how they can be delivered. (These can be viewed in Annex B).

13. Many objectives in the plan will require a matrix approach to delivery, necessitating collaboration between several directorate teams to deliver a single objective. Work is needed to fully map interdependencies and agree on cross-directorate collaboration. A number of objectives still need to be aligned to Executive portfolios (These are shown in Annex B).

14. Additionally, it should be noted that the absence of a focused annual planning cycle has meant that this year’s planning started relatively late. This has limited the ability to get clear delivery plans in place. This will be resolved in future years through the introduction of a clear planning framework that ensures the planning cycle begins much earlier in the year.

Delivery Approach

15. To deliver the Annual Plan, the Director of Planning and Performance has already established monthly NHS Devon Planning and Delivery Meetings with each Directorate.

16. These monthly meetings, conducted via the PMO Delivery Room, will focus on the delivery of the 2024/25 Annual Plan and key corporate objectives. They will also provide oversight of the Board Assurance Framework, track performance improvements against the NOF, and support the identification of risks that need to be included on corporate and programme risk registers.

17. The PMO has developed highlight reports to support these meetings, enabling progress to be monitored against key performance indicators (KPIs) and agreed impact metrics. The outputs from these performance meetings will then be collated into monthly highlight reports for NHS Devon's Senior Leadership Team. This will enhance matrix working, allowing all directorates to understand corporate delivery against NHS Devon and system priorities, thus reducing the risk of silo working.

18. Additionally, a performance dashboard and highlight report will be submitted to the NHS Devon Executive before progress is formally reported to the NHS Devon Board via the Chief Executive's Report.

19. The objectives set out in the Annual Plan will also be allocated to appropriate NHS Devon Board Assurance Committees during early Quarter 2. This will enable a more formal review of progress and key risks linked to each objective, providing an additional layer of assurance to support delivery by maximising visibility at the NHS Devon level.

Next Steps

Finalising Delivery Plans

20. Executive Leads and SLT members are in the process of finalising deliverables, impact statements, metrics or KPIs and milestones for each corporate objective assigned to them. Localities will play an important role in delivery by ensuring that centrally agreed NHS Devon objectives are delivered at locality level. Locality delivery plans are being further developed to align tightly with these centrally agreed objectives and supplemented with actions agreed at the local level with partners. NHS Devon annual plan objectives should provide a common thread and structure for locality plans, and the PMO will support localities in achieving this through planning and delivery.

Alignment of final objectives and risk management

21. Work is still needed to fully map interdependencies and agree on cross-directorate collaboration. A number of objectives still need to be aligned to Executive portfolios and there may be a number left at the end that cannot be

delivered ‘in year’. For any priorities that cannot be aligned or delivered, a Quality Equality Impact Assessment (QEIA) will need to be undertaken to identify risks and any risks identified will be managed through the Board Assurance Framework.

Oversight and Assurance Via PMO Delivery Room

22. Planning Oversight and Assurance meetings have commenced via the PMO Delivery Room, focusing on the delivery of System Recovery and Annual Plan objectives. The PMO is finalising highlight reports to support these meetings and aligned to the milestones and KPIs agreed with Directorates.

Planning for Future Years

23. A rolling planning cycle is being developed for the coming year. This process will outline how the Annual Plan acts as a ‘plan of plans,’ informed by Devon’s Joint Forward Plan (JFP), annual operating plans underpinned by the Medium Term Financial Plan (MTFP), and robust workforce plans.

Committee Assurance

24. Objectives are being allocated to the appropriate Board Assurance Committees by the end of Q2. This allocation will allow for more detailed formal assurance to drive the delivery of the Annual Plan.

Conclusion

25. The Board is asked to:

- **APPROVE** the 2024/25 Annual Plan (Annex A).
- **APPROVE** the Annual Plan delivery approach described in this paper.
- Acknowledge and **AGREE** the outlined next steps.
- **NOTE** the list of objectives not currently included in the Annual Plan that require further consideration and assignment to Chief Officers (Annex B).

NHS Devon

NHS Devon Annual Plan 2024-25

One Devon

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

Contents

Introduction

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.

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.

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.

NHS planning context 2024-25

The National Health Service Act 2006, as amended by the Health and Care Act 2022, requires that Integrated Care Boards (ICBs) and their partner trusts prepare a five-year plan detailing the proposed exercise of their functions.

These plans must be reviewed – and revised if necessary – before each financial year begins. The scope and structure of the Joint Forward Plan (JFP) development are flexible, allowing for annual updates in response to Joint Strategic Needs Assessments (JSNAs), Joint Health and Wellbeing Strategies (JHWSs), and any updated assumptions or priorities, including those outlined in operational planning guidance.

ICBs and their partner trusts are accountable for the delivery of the JFP to their populations, patients, carers, representatives, and through the Integrated Care Partnership (ICP), Healthwatch, and local authorities' health overview and scrutiny committees.

Each year, the NHS issues annual planning guidance that sets the Government's priorities for the coming year. This guidance includes specific targets, such as access times for services, or qualitative expectations like reductions in the use of agency staff.

All NHS organisations are required to produce and submit an Operating Plan for the financial year, focusing on organisational priorities and actions in response to planning guidance, while maintaining organisational development objectives and meeting commissioner requirements.

Furthermore, in the context of the NHS Oversight Framework (NOF), there is an immediate requirement in the year ahead to recover both the financial and performance position for Devon to ensure a sustainable system going forward.

NHS Devon and our acute hospital trusts are currently in section 4 of the NHS National Oversight Framework (NOF4). Exiting NOF4 will require improvements in financial and operational performance, as well as access and quality of care.

By responding to all of these planning requirements through the delivery of our Annual Plan, NHS Devon will play a leading role in addressing the immediate pressures, such as system recovery and exiting NOF4, while laying the foundations for future development and service transformation.

Our Annual Plan allows us to have clear oversight of what needs to be delivered, when it needs to be delivered, and who is responsible.

Purpose and scope of NHS Devon's annual plan

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 131 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.

Our objectives for 2024/25 cover all relevant local and national requirements and incorporate elements from various sources including:

- NHS Devon 5-Year Joint Forward Plan
- NHS System Recovery Plan
- NHS Operational Plans
- Integrated Care Strategy

By including actions from these areas, the Annual Plan addresses immediate pressures, such as system recovery and exit from NOF4, and lays the groundwork for future transformation.

The Annual Plan 'high level' but contains clear deliverables, impact statements and timelines, and supports accountability by linking objectives to Chief Officer portfolios.

Development of the annual plan

The development of the Annual Plan has been led by the Director for Planning and Performance, supported by the NHS Devon PMO.

As part of the development process, our planning and performance team collaborated with Chief Officers and Senior Leadership Teams (SLTs) teams across the organisation to agree a set of objectives for each directorate, which form the basis of our Annual Plan.

This has resulted in 131 organisational objectives, grouped by directorate and team. By tracking the delivery of our Annual Plan centrally at the directorate level, whilst in parallel working with partners through our localities to deliver at ‘place’, we will ensure that the NHS Devon meets all relevant priorities and requirements, including our performance, oversight, and commissioning responsibilities in relation to NHS providers in Devon.

Achieving the objectives set out in the Annual Plan requires us to work together in a coordinated way, both internally within NHS Devon and with our partner organisations. This brings with it a need to provide assurance of our progress and a clear structure to avoid duplication or confusion. This will be achieved through monthly meetings with each Chief Officer to track progress and identify any issues that need escalating.

Whilst presented as objectives for each directorate it should be noted that delivery of the Annual plan will require collaboration and matrix working across internal directorates and we plan to undertake further work to map and understand interdependencies between objectives.

Our Annual Plan 2024-25

Chief Nursing Officer

Ref	Objectives	Relevant Plan(s)
	Quality and safety	
1	Implement Quality Management System Improvement Process • 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	Statutory
2	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	Statutory
3	Review and enhance the Continuing Health Care (CHC) function to deliver value and improve efficiency	Statutory, Operating Plan
	Workforce	
4	Increase the number of Advanced Practice posts across Devon, aiming to recruit 10% new trainees in new and emerging areas of advanced practice.	5-Year Joint Forward Plan
5	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%	5-Year Joint Forward Plan
	Maternity, neonatal and women's health	
6	Collaborate with system partners to implement the five-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 programme	5-Year Joint Forward Plan, Operating Plan
7	Work collaboratively with System Partners to implement the national Women's Health Strategy including through the development of women's health hubs by December 2025	5-Year Joint Forward Plan, Operating Plan

	Children and young people	
8	Develop Family Hub and Early Help models across Devon by 2026 to provide coordinated early support services for families	5-Year Joint Forward Plan, Operating Plan
9	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	5-Year Joint Forward Plan, Operating Plan
10	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	5-Year Joint Forward Plan, Operating Plan
11	Improve outcomes for children with long term conditions by focussing on Core20PLUS5 populations and the reduction on health inequalities (including access and equity for children in care)	5-Year Joint Forward Plan, Operating Plan
12	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	Other – including responding to OFSTED
13	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	5-Year Joint Forward Plan, Operating Plan
	Health protection: (including infection control and vaccination delivery)	
14	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	5-Year Joint Forward Plan
15	Vaccination Delivery Improvement	5-Year Joint Forward Plan

Chief Medical Officer

Ref	Objectives	Relevant Plan(s)
	Mental health	
16	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 two people inappropriately out of area, for acute care	5-Year Joint Forward Plan / Operating Plan/Inpatient strategy
17	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	5-Year Joint Forward Plan / Operating Plan
18	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	5-Year Joint Forward Plan / Operating Plan
19	Adults and older adults with Severe Mental Illness will get help with their health and social care needs including housing and physical health as close to home as possible	5-Year Joint Forward Plan / Operating Plan
20	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	5-Year Joint Forward Plan / Operating Plan/Inpatient strategy
21	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	5-Year Joint Forward Plan / Operating Plan
22	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.	5-Year Joint Forward Plan / Operating Plan
23	Provide more timely dementia diagnoses and coordinated care planning by increasing the dementia diagnosis rate to 65% by March 2025	5-Year Joint Forward Plan / Operating Plan

24	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	5-Year Joint Forward Plan / Operating Plan
25	Develop alternative community physical health monitoring services for eating disorders patients to enhance outpatient support	Operational Plan
26	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 and/or trauma based issues	Other
27	Ensure that commissioned mental health services are of high quality, safe, effective and well led	5-Year Joint Forward Plan / Operating Plan
28	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	5-Year Joint Forward Plan / Operating Plan
29	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 timeframe and similar criteria for NG feeding, enhanced nursing, restraint, sedation, use of legislation and working with liaison psychiatry	Other
	Learning disability and autism	
30	Ensure 75% of individuals aged 14 and over on GP learning disability registers receive an Annual Health Check (AHC) by 31 March 2025	5-Year Joint Forward Plan / Operating Plan
31	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 one million population	5-Year Joint Forward Plan / Operating Plan
32	Test and implement improvements in autism diagnostic assessment pathways, including actions to reduce waiting times by March 2028	5-Year Joint Forward Plan / Operating Plan

33	Develop integrated workforce plans for the learning disability and autism workforce to support the delivery of objectives outlined in national Workforce Plan	5-Year Joint Forward Plan / Operating Plan
34	Reduce health inequalities by reducing over-medication through the STOMP and STAMP programmes and taking action to prevent overprescribing	5-Year Joint Forward Plan / Operating Plan
35	Continue to implement the LeDeR programme to enhancing care, reducing health inequalities, and preventing premature deaths among individuals with learning disabilities and autism	5-Year Joint Forward Plan / Operating Plan
36	Support the delivery and use of the reasonable adjustment digital flag to reduce health inequalities among people with learning disabilities and autistic individuals	5-Year Joint Forward Plan / Operating Plan
37	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	Other
38	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	Other
39	Oliver McGowan 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 2022regulating service providers in compliance	Other
	Population health	
40	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	5-Year Joint Forward Plan
41	Implement the national Inclusion Health Framework to ensure health equity and support the needs of the most vulnerable groups	5-Year Joint Forward Plan
42	Develop and implement a Population Health Charter to articulate and guide the collective health priorities and strategies across the system	5-Year Joint Forward Plan

43	Implement the national Digital Inclusion Framework to increase accessibility to digital health resources among underserved populations	5-year Joint Forward Plan
	Medicines optimisation	
44	Delivery of the 16 National Medicines Optimisation Opportunities	5-Year Joint Forward Plan
45	Develop the Peninsula Aseptic Hub to centralise and optimise the preparation of sterile medications	5-Year Joint Forward Plan
46	Develop the Peninsula Radiopharmacy Strategy to enhance the provision and distribution of radiopharmaceuticals	5-Year Joint Forward Plan
47	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	System Recovery, 5-Year Joint Forward Plan
48	Develop the Integrated Medicines Optimisation Committee (IMOC) and associated work programme to oversee and enhance medicines use across the health system	5-Year Joint Forward Plan
	Pharmacy	
49	Develop Community Pharmacy, including improved resilience and the expansion of Pharmacy First services, to enhance accessibility and efficiency of pharmaceutical care	5-Year Joint Forward Plan
	Research and innovation	
50	Continue to contribute to the Peninsula Research and Innovation Programme (PRIP) with partners across the Peninsula to foster collaborative improvements and innovation in healthcare	5-Year Joint Forward Plan
51	Work with Cornwall and Somerset to implement key deliverables in the Peninsula Research and Innovation Strategy (PRIS), enhancing regional healthcare research and development	5-Year Joint Forward Plan
52	Continue to support the development of the Research Engagement Network (REN) to increase opportunities for people to participate in health and social care research, including those working in primary care	5-Year Joint Forward Plan

	System development	
53	Develop and implement the One Devon Clinical and Care Professional Leadership framework to enhance clinical and care professional leadership and involvement in strategy development and delivery across the system	Statutory, ICS Design Framework
	Acute services strategy	
54	Stabilise acute services that are fragile	System Recovery Plan, 5-Year Joint Forward Plan
55	Transform acute services to ensure workforce, clinical and financial sustainability	System Recovery Plan, 5-Year Joint Forward Plan
	Cross-cutting objectives	
56	Within the ICS '4th purpose' (to help the NHS support broader social and economic development), develop the ICB as an Anchor Organisation by March 2025 to strengthen community ties and improve those factors that contribute to improved prospects for local populations	5-Year Joint Forward Plan

Chief Operating Officer

Ref	Objectives	Relevant Plan(s)
	Primary Care and Community Pharmacy	
57	Expand clinical pharmacy services, including Hypertension Case-finding and Oral Contraceptive provision	5-Year Joint Forward Plan, Operating Plan
58	Enhance the patient experience by improving access to primary care facilities	5-Year Joint Forward Plan, Operating Plan
59	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels	5-Year Joint Forward Plan, Operating Plan
60	Support Devon Primary Care Network (PCNs) to adopt an integrated, proactive approach to care and support	5-Year Joint Forward Plan, Operating Plan
61	Enhance public understanding and access to community-based services	5-Year Joint Forward Plan, Operating Plan
62	Implement personalised care across integrated teams, focusing on the most benefiting groups such as end-of-life, frailty, and dementia.	5-Year Joint Forward Plan
63	Expand and innovate the Independent Prescribing (IP) programme within Devon	5-Year Joint Forward Plan
64	Improve the sustainability of general practice and increase dedicated urgent primary care capacity through the implementation of a new Same Day General Practice model.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
	Urgent and Emergency Care	
65	Increase the proportion of A&E patients seen within four hours to at least 78% by March 2025	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan

66	Achieve an average response time of 30 minutes for Category 2 ambulance calls during 2024/25	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
67	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.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
68	Establish and deliver a Care Coordination Hub to enhance patient navigation within the Urgent Care System.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
69	Standardise Same Day Emergency Care (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.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
70	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.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
71	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.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
72	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.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
73	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.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
74	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.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan

75	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.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
76	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	5-Year Joint Forward Plan, Operating Plan
77	Expand and develop High Intensity User (HIU) services and establish system working arrangements to support ongoing learning and development	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
	Elective Care	
78	We aim to reduce waiting times for community services, focusing specifically on significant reductions in long waits	5-Year Joint Forward Plan, Operating Plan
79	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)	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
80	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
81	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	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
82	Improve patients' experience of choice at the point of referral.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
83	Improve performance against the headline 62-day cancer treatment standard to 70% by March 2025	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
84	Increase the percentage of cancers diagnosed at stages 1 and 2 to align with the 75% early diagnosis ambition by 2028.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan

85	Increase the percentage of patients receiving a diagnostic test within six weeks to 95% by March 2025.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
86	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	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
87	Improve patient and list management, ensuring at least 90% of patients waiting over 12 weeks are validated at any time.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
88	Continue to expand patient choice at the 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	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
89	Support achieving upper quartile performance and best practices as per Getting It Right First Time (GIRFT) recommendations.	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
90	Make significant improvements towards the 85% day case and 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
91	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	System Recovery Plan, 5-Year Joint Forward Plan & Operating Plan
92	Conduct a review of the neurology headache clinics	Other
93	Increase diagnostic capacity, including through Community Diagnostic Centres	Other
94	Complete contract reviews for GP with Extended Roles (GPwER) and Sentinel	Other
95	Take on formal delegation of specialised commissioning functions (was moved from CFO)	Other

Chief Communications and Corporate Affairs Officer

Ref	Objectives	Relevant Plan(s)
	Governance	
96	Develop an ICB governance improvement plan, secure approval by the July Board meeting, and make necessary amendments to constitutions, risk frameworks, and terms of reference based on agreed actions	Statutory
97	Implement new System Planning, and Delivery and Assurance Structures for the 2024-25 governance approach within the ICB	Statutory
	System organisational development (OD)	
98	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	ICS Design Framework
99	Develop a system Organisation Development (OD) plan focused on implementing high-impact actions to address challenges identified in ICS maturity assessments, supporting the development of a single operating model for Devon	ICS Design Framework
	Communications	
100	Establish the One Devon Involvement Platform to enhance engagement and participation across the healthcare system	5-Year Joint Forward Plan
101	Integrate Healthwatch into NHS Devon ICB Governance to enhance public accountability and consumer insight	Joint Forward Plan
	Equality, diversity and inclusion	
102	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	Joint Forward Plan
103	Through the NHS Devon governance review, identify opportunities to incorporate the six high-impact actions from the NHS England EDI Improvement Plan	Joint Forward Plan

Chief People Officer

Ref	Objectives	Relevant Plan(s)
	System workforce	
104	Improve management and productivity of workforce resources (WTE and financial) across all System providers, delivering activities aligned with the six workforce Financial Recovery Programme (FRP) workstreams	System Recovery, Joint Forward Plan, Operating Plan 2024/25
105	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	System Recovery, Joint Forward Plan, Operating Plan 2024/25
106	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 regulatory requirements of an Integrated Care System (ICS) People function	Joint Forward Plan
	HR	
107	Reduce running costs by 30% while continuing to evolve the ICB's functions and form to effectively meet its strategic and statutory responsibilities	System Recovery, 5-year Joint Forward Plan, Operating Plan 2024/25
108	Develop a workforce with the skills and capability to fulfil the strategic and statutory responsibilities of the ICB in a sustainable and affordable manner	Joint Forward Plan, Operating Plan 2024/25
109	Improve the working lives of all staff, thereby increasing staff retention and attendance at work	Operating Plan 2024/25

	System learning and education	
110	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan	NHS Long Term Workforce Plan
111	Increase the number of Advanced Practice posts across Devon by implementing a governance matrix and enhancing education and recruitment strategies, aiming to recruit 10% new trainees in new and emerging areas of advanced practice	Joint Forward Plan
112	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%	Joint Forward Plan

Chief Finance Officer

Ref	Objectives	Relevant Plan(s)
	Digital and data	
113	Support implementation of Electronic Patient Records (EPRs) in TSDFT and UHP by 2026	Joint Forward Plan
114	Procure and implement the Peninsula Laboratory Information Management System (LIMS) solution for the clinical network by 2025	Joint Forward Plan
115	Support core health and care organisations to implement the Devon and Cornwall Care Record by 2028	Joint Forward Plan
116	Rationalise data centres subject to business case approval	Joint Forward Plan
117	Undertake contract reviews to achieve non-pay contract savings	Joint Forward Plan
	Finance and use of resources	
118	Achieve a balanced net system financial position across all NHS organisations by the end of the 2024/25 financial year	System Recovery, Joint Forward Plan, Operating plan 2024/25
119	Progress shared service arrangements within ICB and across system to increase efficiency and productivity and reduce costs	System Recovery, Joint Forward Plan, Operating plan 2024/25
120	Deliver NHS Devon's 2024/25 recovery and Cost Improvement Programmes (CIP) and performance manage delivery of provider CIPs	System Recovery, Operating plan 2024/25
121	Ensure ICB re-structure allows the organisation to operate within its agreed Running Cost Allowance (RCA)	System Recovery, Joint Forward Plan, Operating plan 2024/25
122	Produce the long-term financial plan to achieve sustainable financial balance by system and by organisation	5-year Joint Forward Plan
123	Support reduction of total procurement cost by driving ‘at scale’, cross-system procurement, enabling greater efficiency and minimising unwarranted variation	Joint Forward Plan

Deputy Chief Executive

Ref	Objectives	Relevant Plan(s)
	Performance and planning	
124	Develop Annual Plan for 24/25	Joint Forward Plan, Operating Plan and System Recovery
125	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	5-Year Joint Forward Plan, Operating Plan and System Recovery
126	Develop a System Delivery Governance PMO approach, including a PMO Delivery Room to support the delivery of corporate objectives	Joint Forward Plan, Operating Plan and System Recovery
127	Provide the Strategic Client function for Business Intelligence (BI), developing and agreeing on the ICB requirements of the external BI function	5-Year Joint Forward Plan, Operating Plan and System Recovery
	Estates	
128	Integrate provider service departments where possible to create resilience, efficiencies, and succession planning	Joint Forward Plan
129	Commence delivery of the implementation plans that will support each area of the Estates Strategy	Joint Forward Plan
130	Deliver agreed Estates recovery and Cost Improvement Programmes (CIP)	System Recovery
	Green plan	
131	Refresh the ICS Green Plan by 2025	Joint Forward Plan

Delivering our annual plan

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.

These monthly meetings, conducted via the PMO Delivery Room, will focus on the delivery of our 2024/25 Annual Plan and key corporate objectives. They will also provide oversight of the Board Assurance Framework, track performance improvements against the 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 outputs from these performance meetings will then be collated into monthly highlight reports for NHS Devon's Senior Leadership Team. This will enable all directorates to understand corporate delivery against NHS Devon and system priorities, reducing the risk of silo working.

A performance dashboard and highlight report will then be submitted to the NHS Devon Executive before progress is formally reported to the NHS Devon Board via the Chief Executive's Report.

The objectives set out in our Annual Plan will also be allocated to appropriate NHS Devon Board Assurance Committees during early Q2. This will enable a more formal review of progress and key risks linked to each objective, providing an additional layer of assurance to support delivery by maximising visibility at the NHS Devon level.

ANNEX B: 2023-24 PLANNING OBJECTIVES IDENTIFIED BY PMO NOT INCLUDED IN THE ANNUAL PLAN WITH RATIONALE WHERE KNOWN

Objectives	Relevant Plan(s)	Rationale for not including if known
Develop an Integrated Care System (ICS) data platform and associated reporting, linked to EPR implementation and national developments including the Federated Data Platform by 2026	5-Year Joint Forward Plan	Capacity to deliver not identified
Undertake a strategic review of the ICS-wide health estate	5-Year Joint Forward Plan	Delivered/Completed
Develop an investment plan and a five-year capital prioritisation pipeline	5-Year Joint Forward Plan	Delivered/Completed
Develop a cross-matrix team that can support the delivery of estates and facilities at an ICS-wide level	5-Year Joint Forward Plan	Delivered/Completed
Deliver a public facing ICS Estates Strategy	5-Year Joint Forward Plan	Delivered/Completed
Categorise One Devon estate into ‘core, flex, and tail’ and agree on strategies for each site or development opportunity.	5-Year Joint Forward Plan	Delivered/Completed
Prioritise funding allocations while taking advantage of national funding review outcomes and TIF funding	5-Year Joint Forward Plan	Delivered/Completed
Achieve planned Virtual Ward bed targets by April 2024 across the TSDFT, UHP, and RDUH	5-year Joint Forward Plan	Delivered/Completed
Procure and implement the Peninsula PACS solution for the clinical network by 2025	5-year Joint Forward Plan	Delivered/Completed
Work collaboratively with regional ICS teams to develop a regional secure data environment to support future research	5-year Joint Forward Plan	Capacity to deliver not identified
Commence reprioritisation of funding upstream towards prevention and health inequalities	System Recovery, 5-year Joint Forward Plan, Operating plan 2024/25	TBC

Objectives	Relevant Plan(s)	Rationale for not including if known
Enhance the patient experience by improving access to primary care facilities	5-year Joint Forward Plan	Further discussion needed to establish ownership
Enhance public understanding and access to community-based services	5-year Joint Forward Plan	Further discussion needed to establish ownership
Increase the number of eligible citizens connected to the NHS App to support the national target of 75% of people registered	5-year Joint Forward Plan	Further discussion needed to establish ownership
Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025	Operating Plan	Further discussion needed to establish ownership
Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025	Operating Plan	Further discussion needed to establish ownership

NHS Devon

NHS Devon Integrated Care Board

Children and Young People's Services Recovery

Date of meeting	Date report produced
25 July 2024	5 July 2024

Coordinating Author(s)		Report approved by	
Name and title:	Su Smart Deputy Director of Commissioning – Out of Hospital Claire McMahon Senior Commissioning Manager – Children's	**Name and title:**	Penny Smith Interim Chief Nursing Officer
Phone:		**Date:**	5 July 2024
Email:	su.smart@nhs.net		

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

Executive summary
This paper is presented to Board following its consideration of the 'Structure and Processes Supporting Children and Young People's Services' paper (ref: ICB24 -010) on 30 May 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 Board agreed to receive a further paper identifying essential resources to address health system responsibilities in relation to regulatory compliance with Special Educational Needs and Disabilities (SEND) improvement plans.

The purpose of this report is to therefore advise Board members of:

- The current position re regulatory compliance and issues arising from a health delivery perspective.
- To present a resource plan and approach to achieve immediate (in-year) targets which have been agreed with inspection regulators.

This is presented in the context of the longer-term Children's Recovery Plan and System Redesign, to ensure that the Board has oversight of the ambition and priority which NHS Devon has given to Children's services.

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

NHS Devon Executive reviewed at its meeting on 02 July 2024 - paper revised for Board.

Key recommendations and actions requested

1. **NOTE** the significant risks outlined in the report relating to SEND service provision to children and young people within the One Devon Integrated Care System.

2. **TAKE ASSURANCE** from the development of system Improvement Plans which will enable system partners, including NHS Devon, to deliver their statutory and regulatory obligations in respect of these services.

3. **NOTE** that there will be **limited assurance** on the deliverability of the Improvement Plans and recovery actions until sources of funding are identified to resource implementation.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Effective services produce better health outcomes for children and young people
Improve services and reduced unwarranted variation	Through improvement plans, completion of regulatory related action plans and embedding robust mechanisms of assurance
Make more efficient use of our resources	Reducing negative regulatory and inspectorate related issues enables better us of local resources for service delivery and quality of services.

Develop our culture and how we operate	To successfully address these complex challenges a strong culture of trusting and effective partnership working is requested.

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Poor regulatory compliance impacts negatively on quality of care.
Health inequalities	Poor regulatory compliance impacts negatively on health inequalities.
Workforce	The associated regulatory oversight impacts negatively on workforce.
Resources and finance	Resources are required to address regulatory shortcomings.
Legal	Failure in statutory obligations
Digital and Data	Data/intelligence in relation to Children's services
Involvement, Engagement and consultation	Various mechanisms deployed as part of various workstreams

Children and Young People's Services Recovery

Introduction

1. This paper focuses on priority statutory and regulatory considerations and resource requirements of service delivery and oversight regarding children and young people related to:

   - Special Education Needs and Disabilities (SEND)
   - NHS Devon as the responsible commissioner of health services

2. This relates to multi-agency working and obligations of the NHS Devon Integrated Care Board.

3. The paper describes:

   - The current position in relation to SEND Improvement Plans across Local Areas
   - How Health service recovery will contribute to the Education and Health Care Plan (EHCP).
   - The longer-term ambition for Children's Services recovery and system redesign

Context

4. Regulatory intervention has resulted in 'escalation' of the arrangements for delivery and oversight of Children and Young People's Services in all three of Devon's Local Authority areas. NHS Devon Integrated Care Board (ICB) needs to respond appropriately to ensure that the ICB is fulfilling its statutory and regulatory responsibilities.

5. In June 2024, an executive officer meeting was called by Devon County Council (DCC) with the Department for Education (DfE) and NHS England (NHSE) in anticipation of further statutory intervention being invoked as a result of a lack of evidence of tangible improvement to services for children and young people in Devon. As a consequence of this meeting, specific targets have been set, which include Autism Services recovery which is the focus of immediate attention. At this meeting it was agreed that:

   'The ICB to formally sign off a recovery plan for waiting times for CYP waiting for an Autism diagnosis (July 2024), with realistic graduated targets set for recovery to 52 weeks by March 2025 (in line with NHS Operating Guidance) 18-week recovery by March 2026.'

Special Educational Needs and Disabilities (SEND)

Statutory and Mandatory

6. A child or young person has special educational needs and disabilities if they have a learning difficulty or disability which calls for special education provision to be made for them. Statutory duties for local areas are set out within the NHS Mandate, the Children and Families Act 2014 and the SEND Code of Practice and are applicable to children and young people aged 0-25 years.

7. As a result of SEND inspections in all three Local Areas in Devon, there are SEND improvement plans in place, the delivery of which is the responsibility of the Local Authorities and NHS Devon. (see Annex A for overview of SEND improvement plans in Devon, Torbay and Plymouth).

NHS Devon responsibilities

8. NHS Devon has specific responsibilities for children and young people with SEND set out in the SEND code of practice. Children and young people with SEND have additional needs for support to ensure that they can attend school and achieve their optimum level of education. Health care forms part of these additional needs and NHS Devon is the statutory partner to the Local Authorities and Education Services and is therefore required to ensure that children and young people can access the health care they need, at the time when they need it.

9. NHS Devon fulfils this responsibility by commissioning health services for children and young people up to the age of 25. These services must have the capacity to provide assessment and, treatment and intervention within reasonable timeframes. The NHS is also required to participate in the Statutory Education, Health, and Care Plan (EHCP) process and to adhere to statutory timeframes including 6 weeks for initial assessment.

Demand

10. There is misalignment between national and local policies to address the levels of changing need and the growing demand profile for children and young people, meaning that local work needs to be done to respond to the issues and to mitigate the risks. These risks are identified and managed by NHS Devon.

11. The numbers of children and young people waiting for Autism, Speech and Language Therapy and Community Paediatrics are now among some of the longest waits in the country (Statement 1 below). This has significant impact on input to Education and Health Care Plans (EHCP).

Statement 1: NHSE (December 2023 CHS data)

> Services with the highest number of CYP waiting are community paediatric services and speech and language therapy. Waiting times are increasing, with 75,527 CYP waiting >18-52 weeks, 21,230 waiting >52-104 weeks and 1,481 waiting over 104 weeks. *Please note, the CHS Sit-rep data completeness requires improvement and is currently under-reporting the scale of the challenge.*

12. Both Torbay and Devon benchmark as having a high demand for SEND support and EHCPs.

Funding prioritisation

13. The NHS Devon Annual Plan sets priorities relating to recovery of Children's services. It is now important to commit funding to ensure delivery of these objectives.

14. Children with SEND can usually access the healthcare that they need through the core services commissioned by NHS Devon, although long waiting lists impact on the achievement or targets within the SEND improvement plans.

Commissioning Responsibilities

15. The work on the National Safety Valve programme in the Torbay Council and Devon County Council areas has drawn further attention to the provision of healthcare and health funding for all children and young people, and specifically to access for children and young people who have SEND and who require an EHCP. NHS Devon is legally required to commission the needs identified in the health section of the EHCP under Regulation 12 of the Special Educational Needs and Disability Regulations 2014.

Waiting time impact on Health Inequalities

16. Children and young people can be significantly impacted by long waiting times for health services in that delays in accessing health services can impact of their ability to attend school, gain an education and fulfil their life potential.

Children's Services – Immediate Recovery

Autism Spectrum Disorder (ASD)

17. In order to meet the target (below), set in June 2024, NHS Devon needs to increase resource to recover Autism waiting times across Devon.

    The ICB to formally sign off a recovery plan for waiting times for CYP waiting for an Autism diagnosis (July 2024), with realistic graduated targets set for recovery to 52 weeks by March 2025 (in line with NHS Operating Guidance) 18-week recovery by March 2026.

18. A workshop was completed on Education and Health Care Plans in June 2024 for the Devon and Torbay Local Areas which resulted in an improvement plan being agreed to address efficiency of process, communication and quality. The improvement programme is being worked up to be delivered within this financial year. Plymouth will be part of this work to take a whole-Devon approach.

Current commissioning arrangements

19. Commissioning arrangements for the Autism pathway are set out in Table 1 below. The pathway is delivered by different providers across Devon. Work to integrate and transform the pathway is currently underway as part of the Joint Forward Plan Neurodiversity programme, described later in this paper.

Table 1: Commissioned providers

	University Hospital Plymouth	Livewell South West	Torbay and South Devon NHS Foundation Trust	Child Family Health Devon	Royal Devon University Hospital (East and North)
Autism Diagnosis	✓	✓	•	✓	✓

Current waiting lists, trajectories and plans

Current waits

20. The current Devon system waiting list for Autism assessment is c.5,900 children and young people (numbers set out in Table 2), this reflects the increased demand seen nationally. Information shared by Providers demonstrates that average waiting times vary from 8 weeks to 80 weeks dependant on the provider. The longest wait within the system is currently a patient waiting 202 weeks (3.8 years).

Table 2: Children waiting across Devon (May 2023 – April 2024)

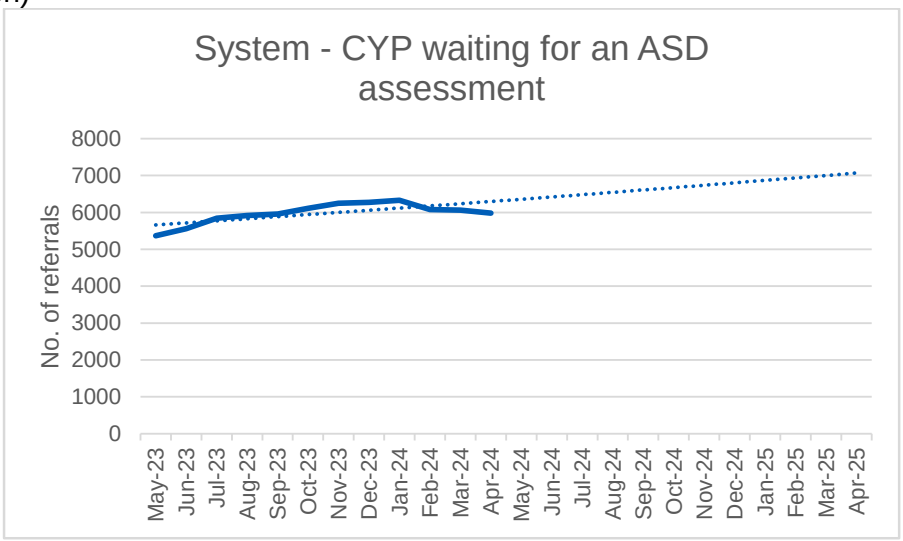
	CYP waiting for an ASD assessment					
	RDUH-N	RDUH-E	UHP	LSW	CFHD	Total (System)
May-23	34	163	577	99	4495	5368
Jun-23	34	125	574	102	4723	5558
Jul-23	40	120	627	108	4949	5844
Aug-23	40	133	657	121	4966	5917
Sep-23	35	145	676	98	5000	5954
Oct-23	45	136	730	114	5087	6112
Nov-23	43	127	705	114	5260	6249
Dec-23	46	97	655	120	5352	6270
Jan-24	35	79	610	127	5479	6330
Feb-24	29	52	612	126	5257	6076
Mar-24	26	50	623	117	5245	6061
Apr-24	22	49	603	114	5196	5984

Trajectory

21. At the current level of commissioning and investment there is projected ongoing growth in the numbers of children and young people waiting for Autism

assessment. Therefore, NHS Devon needs to make additional investment to address this growth and move toward to the inspection targets set out in this paper.

Graph 1: ASD trajectory for Devon 2023 – 2025 (bold line actual activity; dotted line projection)



ASD (Neurodiversity) transformation work

22. NHS Devon is leading the Neurodiversity transformation programme as one the key children's programmes in the Devon Long Term Plan and latterly in the One Devon 5-year Joint Forward Plan:

*'Through implementation of the neurodiversity offer that by 2027 children and families with **neurodiverse, emotional and communication needs** will be able to access services and be supported across health, care and education, preventing crisis and enabling them to live their best life.'*

23. In order to achieve the transformation, set out in the Joint Forward Plan, NHS Devon will also need to invest in the longer-term recovery and Neurodiversity programme. This investment will be built into NHS Devon's planning process for future financial years.

Recovery actions underway

24. In order to maximise the value of investment made into Autism recovery, and to ensure efficient use of existing resources, NHS Devon has undertaken a range of actions as part of the Neurodiversity programme. These are set out below to provide the Board with an overview of improvement work. This informs the modelling for the investment required.

- **Recruitment to establishment;** ongoing within all providers. Successful recruitment will result in an increase of up to c.70 assessments per quarter being completed, within existing commissioned capacity.

- **Private Diagnosis Removals;** NHS Devon is currently working with all providers to review waiting lists and to remove children and young people from those waiting lists where parents have chosen to pay for and implement a private diagnosis and where the children no longer therefore require an NHS assessment. It is currently estimated that this will initially result in the removal from the waiting list of c.850 children and young people and that over the next 18 months and beyond that a further c.20 children and young people removed from the list per quarter once a clear baseline position has been reached. This enables focus on those children who need an NHS assessment.

- **Right to Choose;** NHS Devon is implementing a Right to Choose framework for children and adults. This has already had significant uptake for adults and, although children's activity is currently proportionately lower, it is anticipated in the long term that this could result in the removal of up to c.30 children and young people per quarter from waiting lists. Costs of Right to Choose are significant (c.£2k per patient) and has associated risk that this will lead to growth of the private market and a reduction in NHS capacity available. For this reason, NHS Devon must continue to approach this solution with insight into the potential risks.

- **'Waiting Well' offer;** the 'Waiting Well' programme is aiming to support children, young people and their families whilst they are experiencing long waits for services. The same offer will also support children, young people and their families before they need referrals to health services with the aim of reducing demand. This offer will not immediately reduce waiting list demand but plays a role in support in the immediate term, and reduction of demand in the longer term. The programme is being developed in conjunction with other NHS Devon, learning from the implementation for the adult's service as part of the Elective Recovery programme. Further support to develop NHS Devon's digital offer for the population will be sought to optimise reach all areas of Devon.

Recovery actions subject to planned investment

- **Innovative clinically led multidisciplinary team (MDT) work to reduce waiting lists;** due to the large scale and nationally projected future growth in demand, NHS Devon and health partners are considering new and innovative approaches to managing the assessment pathway. A virtual MDT model of care and aligned delivery is a well-recognised approach in other healthcare services and NHS Devon is looking to test this with existing providers and clinicians working within the Neurodiversity transformation programme. Initial modelling shows that it may be possible to manage up 400 referrals a quarter if successful.

- **Commission Existing Provider waiting list recovery;** the deliverability of additional capacity is likely be implemented more quickly within some of the existing providers, subject to workforce availability. However, the level of

investment and delivery model for each area will need to be harmonised by NHS Devon to ensure equity across Devon, taking in to account current performance and quality issues.

- **Commission Independent sector Providers for waiting list recovery:** NHS Devon will need to commission some independent sector provision to deliver on the immediate recovery of the waiting list trajectories. Private provision will require additional investment.

Investment Plan for 2024/25

25. The resource requirements set out in Table 3 will enable NHS Devon to address the Autism targets that need to be met in 2024/25 and 2025/26.

26. Initial modelling calculated that the recovery of the Autism pathway based on traditional methods of recovery was in the region of c.£6.8m annually. The actions set out in this paper, taking into account innovation and transformation, has reduced the resourcing requirement for this year. Work will be ongoing to test out the improvement actions, and to refine and develop these as the work and understanding of impact progresses.

Table 3: Resource requirements.

Total Cost - Devon Phased Model	**24/25 £'000**	**25/26 £'000**
Autism recovery and growth	960	1,920
Neurodiversity Keyworkers	-	660
	960	**2,580**

27. The NHS Devon Executive is currently working to identify the investment resource required for 2024/25. The investment for 2025/26 and beyond for Autism Recovery and all other aspects of Children's Recovery will be managed through the annual planning cycle within NHS Devon.

Benefits analysis

28. The risks of not investing in these pathways have been demonstrated in the current position and are held within the corporate risk register of NHS Devon. The risk of continuing to not invest further means that the inspection targets set out in the regulatory requirements will not be met and NHS Devon could be subject to additional statutory intervention, in addition to ongoing impact for children and families. The benefits of investment in relation to children, young people and families, NHS Devon and system partners are set out in Annex B.

Implementation plan

29. The implementation plan will be led by NHS Devon working with health and other system partners. A series of meetings will be planned for August and

September to ensure that modelling is robustly tested, and that deliverability is constructively challenged. This will enable a revised approach if needed.

30. Although NHS Devon will lead this as the health system lead and responsible commissioner, it is important that the plan is jointly owned and utilises all public investment cost-effectively. NHS Devon can ensure it has strengthened grip and control through this approach and also ensure that value for money is achieved as actions which can be done once across the system can be implemented in a coordinated way.

Longer-term Recovery and Re-design

31. The recovery of children's services beyond this financial year, including where financial resource will be required, is set out in Annex C. The overview of this system-wide work is held through the Joint Forward Delivery Board which will be strengthened in 2024/25. This will be enhanced by increased oversight of the children's health portfolio throughout the developing NHS Devon infrastructure.

Next steps

Programme	Key workstreams and actions
CYP Enablers	
Leadership	• Executive team to identify necessary level of resource for 2024/25
Accountability	• Work within Accountability framework to deliver health system recovery with partners
Resource Plan	• Implement agreed level of investment in Autism Recovery in 2024/25
Insight informed	• Use the children and young people dashboard to monitor delivery and progress against targets
Workforce	• Develop high calibre children and young people workforce plan to support Children's Recovery

Recommendations

32. The Board is asked to:

- **NOTE** the significant risks outlined in the report relating to SEND service provision to children and young people within the One Devon Integrated Care System.

- **TAKE ASSURANCE** from the development of system Improvement Plans which will enable system partners, including NHS Devon, to deliver their statutory and regulatory obligations in respect of these services.

- **NOTE** that there will be **limited assurance** on the deliverability of the Improvement Plans and recovery actions until sources of funding are identified to resource implementation.

ANNEX A: Overview of SEND Improvement Plans

Local Authority Footprint	Date of Inspection	Regulatory Framework	Regulating organisation	Outcome	Programmes	ICB CYP delivery areas
Devon	10 December 2018	Local Area SEND Inspection (2016 framework)	CQC Ofsted	**Written Statement of Action-** 4 areas of weakness	1. Strategy 2. Inclusion & Early Help 3. Preparing for Adulthood 4. SEND Statutory Processes 5. Sufficiency 6. Financial management & placement value 7. Multi-agency pathways	Co-production Early Help SEND Individual Commissioning Access to Services Emotional Health and Wellbeing
Devon	23 and 25 May 2022	Joint area SEND revisit in Devon	CQC Ofsted	Insufficient progress Accelerated progress plan **Improvement Notice**	As above	As above
Torbay	15 November 2021	Local Area SEND Inspection (2016 framework)	CQC Ofsted	**Written Statement of Action –** 8 areas of action	1. SEND is Everyone's Business 2. Early Intervention & Lived Experience 3. Needs and Joint Commissioning 4. Inclusion 5. Becoming an adult	Co-production Access to Service Individual funding Emotional Health and Wellbeing Prevention Data
Plymouth	26 to 30 June 2023	Local Area SEND Inspection (2023 framework)	CQC Ofsted	There are widespread and/or systemic failings leading to significant concerns about the experiences and outcomes of children and young people with special educational needs and/or disabilities (SEND), which the local area partnership must address urgently resulting in the need for a **Priority Action Plan** – 5 priority actions	1. Culture, Oversight and Governance 2. Early Identification, support and graduated response + 6b 3. Preventing the exclusion of EHCP pupils and the Place Based Plan 4. Health Waits Lists 5. Social Care & Children's Disability Team 6. Health Child Programme 7. SEND Workforce, Sufficiency and Provision	Co-production Access to Services Data Prevention SEND

NHS Devon

ANNEX B: Benefits Analysis

Children, Young People and Families	ICB	Local area
Children and young people not experiencing harm through long waits which impact developmental, educational and social milestones.	Fully supports delivery of the ICB statutory functions and the strategy in the Joint Forward Plan.	Meeting targets set out in the inspection framework in all three Local Areas.
Improved timely access to services for children and young people waiting.	Reduction in complaints received about long waits.	Improved working for staff with greater fulfilment and less stress, making Devon a better place to work.
Access to the right information will allow the for children, young people and their families to self-manage their care and support them waiting safely.	Funding such resources supports the move towards needs led services, reducing the demand for assessment and provides families with the tools to better support their children and young people.	The Local Area will be able to work together in meeting needs earlier and reducing acuity and complexity of demand.
Parent education will increase family confidence in working with their child and parent peer support will provide real time support for families.	Ability to see children and young people in a timelier manner will improve organisation and health system reputation.	Reduction in health inequalities as there is increased access and diversity in offers provided.

ANNEX C - Longer-term Recovery and Re-design

1. The ICS 5-year Joint Forward Plan sets out the vision for the Children's system:

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

2. This ambitious vision sets out a very clear commitment from the Devon system to work in a more collaborative and integrated way as we move forward together on our journey as an ICS. The ICB plays an important role in this as the responsible commissioner for health services and will need to commit resource which addresses the health inequalities experienced across our population.

3. This approach is in keeping with the National and Regional direction of travel for the Children's work in the NHS, as there is growing understanding of the complex children's health system and how leaders need to work differently to achieve greater equity of access and provision for children, young people and families.

4. The system wide work programmes that sit within the Children's section of the Joint Forward Plan are overseen by the CYP JFP Delivery Board, chaired by the CEO of Livewell Southwest. This Board will be reviewed, and its remit strengthened in Q2 of 2024/25 to ensure that it robustly supports the system to develop and deliver the Children's objectives.

Future Children's recovery areas

5. There are a number of Children's recovery areas which have not been included in the scope of this paper. These are set out below so that Board members are aware of them for future consideration.

Speech and Language and Communication Needs (SLCN)

6. The number of children and young people and the proportion of the population with SLCN across Devon ICS is higher than expected with over 4,000 children currently waiting for assessment across Devon. Speech and Language Therapy assessments are a key part of the EHCP process and SLCN has been identified as a priority area in each of the Local Area SEND Improvement Plans.

7. In 2023/24 the ICB commissioned the use of the nationally recognised Balanced System Framework across Devon. The outcome of this Framework for the Devon system shows us that the SLCN workforce is below the recommended level to be able to meet the predicted level of need. The total additional workforce required to meet the recommended standard is 28.75 WTE across a

range of Band 4 – 8a staff to reflect the most effective skill mix, at a cost of £1.44m recurrently. The required investment will be built into future planning cycles within the ICB.

Attention Deficit Hyperactivity Disorder (ADHD)

8. Referral numbers for ADHD assessments has increased significantly, with over 1,600 children and young people currently waiting for assessment across Devon. ADHD assessments are a key part of the EHCP process and as such are a priority in each of the Local Area SEND Improvement Plans.

9. Transformation of the ADHD pathway is part of the Neurodiversity programme and a new workforce model is required to skill-mix existing teams is a new way, using the skills of Advanced Clinical Practitioners. To achieve this across the whole of Devon will require recurrent investment of c.£560k which will be built into future planning cycles within the ICB

Children's Emotional Well-being, Mental Health and Eating Disorders

10. The commissioning of Children's Mental Health will become part of an integrated Children's Commissioning team through the ICB restructure process, which will create a more aligned commissioning approach across all Children's contracts. Throughout this development the ICB will continue to work closely with the Mental Health, Learning Disability and Neurodiversity Provider Collaborative and the development of a specific programme to address Eating Disorders will be completed.

11. An investment case for Children's Emotional Well-being and Mental Health will be presented to the Devon Investment Group for consideration of the use of existing funding to support the needs of children and young people across Devon. Emotional Well-being and Mental Health needs are a key aspect of EHCPs and as such are a priority in each of the Local Area SEND Improvement Plans.

Individual commissioning and funding arrangements

12. A programme to address the ICBs deficits in individual commissioning and funding arrangements is currently being progressed. The core areas of that are set out below:

- **Continuing Health Care (CHC) restructure and expansion:**
  There has been discussion with the continuing healthcare team to explore options for children's individual funding to sit within this structure. As CHC is part of the ICB Phase 2.2 restructure, the estimates for the additional funding needed for the additional functions will form part of that internal process.

- **Local Authority funding protocols:**
  There are no current joint funding protocols or funding agreements with the Local Authorities for individual funding. The ICB does part-fund those children and young people who are continuing care eligible. The national framework assessment tool is used to assess eligibility and a locally developed funding tool used to determine NHS contribution. Further work and analysis is needed to estimate the level of unmet demand in Devon. Options and costs for the ICB will

form a business case and inform future ICB investment processes and planning cycles.

- **Trusted Assessor Framework:**
  The ICB is currently at risk of not being able to respond within statutory timescales where health information is required for a child. Locally commissioned services are unable to respond to either gather and review information or to assess the child, due to the long waiting times that they are already dealing with. The ICB is currently testing the market to see whether a trusted assessor framework and contract with private providers could be developed for this specific work, associated costs will inform future investment plans and be part of the ICB planning cycle.

Children's Acute Elective Recovery work programme and funding priorities

13. The National Elective Recovery programme expectations apply to both adults and children and young people to eliminate elective waits of >52 weeks by March 2025. However, no Elective Recovery Funding (ERF) has been available to facilitate elective recovery projects in children's services leading to an inability to develop initiatives and facilitate transformation within those specialities with the longest waits.

14. The Surgical Hubs scheme introduced by GIRFT was designed to benefit children and young people as well as adults. However, there are no children's pathways included at the Nightingale Hospital in Exeter. There was also a £20million accelerator scheme to the Children's Health Alliance but paediatric activity was mainly centred around surgical or paediatric specialist centres. This meant that there have been no schemes to support children and young people who are waiting on all-age surgery waiting lists in District General Hospitals, which applies to most of our Trusts in Devon. There has been no investment for children and young people on medical waiting lists or those waiting for diagnostics and this remains a significant risk for the ICB.

Commissioning gaps

15. An ICB led commissioning review of Children's services within some of our providers in 23/24 has confirmed commissioning gaps in specific service areas. Further work will need to be undertaken to complete a needs assessment on each of the areas to inform resource planning and specification development. This this work will be undertaken in Q4 of 2024/25 to inform planning for 2025/26 onwards.

NHS Devon Integrated Care Board

Local Maternity and Neonatal System Stocktake

Date of meeting	Date report produced
25 July 2024	21 June 2024

Author(s)		Report approved by	
Name and title:	Charli Mardon, Programme Manager Devon Local Maternity and Neonatal System and Maternity Commissioner Hannah Pugliese, Director of Women & Childrens Commissioning	**Name and title:**	Penny Smith, Interim Chief Nursing Officer
Phone:		**Date:**	21 June 2024
Email:	c.mardon1@nhs.net		

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

Executive summary
This paper is being presented to the Board in the context of the national focus on maternity services. This focus has become more significant following the high-profile reviews of failing maternity services such as the Ockenden (2022) and East

Kent (2023) reports. The levels of scrutiny surrounding maternity services have led to a shift in the national and local approach with significant activity being required for compliance and assurance.

There are now over 380 ambitions and targets for maternity and neonatal services to comply with as part of the 2024 requirements. This has led to an increase in mandated levels of surveillance at local and system level. Failure to deliver on these targets can have an impact on reputation, public confidence, and financial stability.

- The compliance framework includes:
- Maternity and neonatal key safety ambitions
- Clinical Negligence Scheme for Trusts Maternity Incentive Scheme
- Saving Babies Lives Care Bundle
- Three Year Delivery Plan for Maternity and Neonates
- Implementation of national safety reports
- Perinatal Quality Surveillance Model
- Care Quality Commission Inspection and the Maternity Safety Support Programme
- Neonatal Critical Care Review

An increased focus on quality and safety has also led to increases in intervention, reducing the spontaneous vaginal birth rate and increasing birth interventions such as induction of labour and caesarean section. Although the birth rate is dropping in Devon this change in activity (amongst other interventions in the antenatal period such as increased scanning) has increased the staff time required to deliver safe maternity care in line with national guidance.

All Trusts in Devon are making progress against the requirements of national strategy but are not yet compliant with all elements. An overview of the Devon status against the national compliance framework is provided in the body of this paper.

Against the key safety ambitions **stillbirth** rates have increased in Devon by 42.45% since 2016. Devon is not currently on track to meet the 50% reduction by 2025 target. This is in line with trends seen across England. **Neonatal death rates** in Devon have reduced by 35.75% since 2016 and demonstrates good progress towards the target 50% reduction by 2025.

Maternity Services at Devon's three acute trusts have been inspected by the **Care Quality Commission** (CQC) between September and November 2023. The inspection focused on the two domains of Safe and Well Led. All three trusts received an outcome of requires improvement for both the safe and the well led domains and consequently are part of the **Maternity Safety Support Programme** (MSSP). Individual oversight meetings will be required for each trust as part of the programme delivery.

Governance has been strengthened in late 2023 by the new Chief Nursing Officer, in response to the increased surveillance and assurance function of the Local Maternity and Neonatal System (LMNS). This has led to increased attendance and

structure at board and the active involvement of provider chief nurses. This oversight has been further enhanced through the implementation of a single system board report, aligned to the perinatal quality surveillance model.

The final section of this paper describes how the LMNS is working to strengthen and align an integrated systems approach and some of the challenges that are faced in achieving this. It also outlines the intention for larger scale transformation, through **integrating the LMNS' across Devon, Cornwall and the Isles of Scilly**, through the **Peninsular, Acute Sustainability Programme** and through greater alignment with the with the wider children's system through the **equity and equality** work.

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

NHS Devon Executive - 02 July 2024
Quality and Patient Experience Committee – 11 July 2024

Key recommendations and actions requested

1. **NOTE** the Devon ambition 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.
2. **TAKE ASSURANCE** from the arrangements that have 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 will result from the new LMNS structure following Phase 2 of the NHS Devon Organisational Change Programme.
3. **NOTE** the commitment of sufficient Business Intelligence resource to the delivery of a maternity systems dashboard.
4. **NOTE** the integration of the LMNSs for the Integrated Care Systems of Devon and Cornwall and the Isles of Scilly.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Implementation of the Devon LMNS Equity and Equality plan aims to reduce the impact of multiple inequalities on maternity and neonatal experience and outcomes.
Improve services and reduced unwarranted variation	All maternity and neonatal national strategy looks to improvement of services.

	The merger of CIoS and Devon LMNS will reduce variation across the peninsula further.
Make more efficient use of our resources	The Peninsula Acute Sustainability programme aims to make the most efficient use of resources in maternity and neonates.
Develop our culture and how we operate	Workforce and culture objectives focus on Trust improvement and developing a culture of learning, safety and support.

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	This paper focussed predominantly on how we understand the safety and quality of maternity services.
Health inequalities	Addressing health inequalities is a core element of the Maternity transformation programme and is addressed by the Devon LMNS Equity and Equality Plan.
Workforce	Insufficient workforce is referenced by the CQC as an area for improvement in all Devon maternity units. Neonatal workforce levels are not compliant with British Association of Perinatal Medicine recommendations.
Resources and finance	Devon LMNS is currently under resourced, and this impacts capacity and ability to meet our statutory requirements. This is reflected in corporate risk 189.
Legal	
Digital and Data	There are several data quality issues observed across the system. This includes Maternity Services Data Set submissions. The perinatal quality surveillance model requirement for ICB's to lead on the development of a system wide dashboard is currently behind schedule.
Involvement, Engagement and consultation	Devon LMNS currently have the lowest level of resourcing for our mandated service- the Maternity and Neonatal Voices Partnership. A business case has been approved to enhance this provision. This will be in place by March 2025.

Local Maternity and Neonatal System Stocktake

Introduction

1. Maternity services are often the subject of national attention and press coverage. This has become more significant following the high-profile reviews of failing maternity services such as the Ockenden (2022) and East Kent (2023) reports. The levels of scrutiny surrounding maternity services have led to a shift in the national and local approach with significant activity being required for compliance and assurance, potentially directing resource away from transformation and improvement.

2. The increased focus on measuring safety has also led to a change in clinical practice with increased safety protocols and targets driving up levels of intervention, particularly induction of labour and caesarean section rates. There is also an emphasis on hearing from women, birthing people, and their families but for the system and for the trusts it is challenging to balance, learning from the experience of women and birthing people against the compliance agenda in terms of resource allocation.

3. This paper provides an overview of the compliance framework for maternity and neonatal services. For each of the compliance areas the status of the Devon system and maternity and neonatal services is provided. The final section describes how the Local maternity and Neonatal System (LMNS) is working to strengthen and align an integrated systems approach and some of the challenges that are faced in achieving this. It also outlines the intention for larger scale transformation, through integrating the LMNS' across Devon, Cornwall and the Isles of Scilly, through the Peninsular, Acute Sustainability Programme and through greater alignment with the wider children's system through the equity and equality work.

Background and Context

4. Maternity services are delivered by four acute hospitals (three trusts).

    - University Hospitals Plymouth NHS Trust (UHP)
    - Torbay and South Devon NHS Foundation Trust (TSD)
    - Royal Devon University Healthcare Trust (RDUH, formed April 2022)
        - Eastern: Royal Devon and Exeter Hospital
        - Northern: North Devon District Hospital

5. Over the last decade the birth rate in Devon has been dropping, in line with trends seen across England. This is true of all Devon districts except East Devon where it has increased by 7.9%. this may be due to other population changes such as an increase in housing.

6. Future projections devised prior to 2020 indicate an increase in birth rate is expected in around 2030, although this will not take into account any behavioural changes after the pandemic.

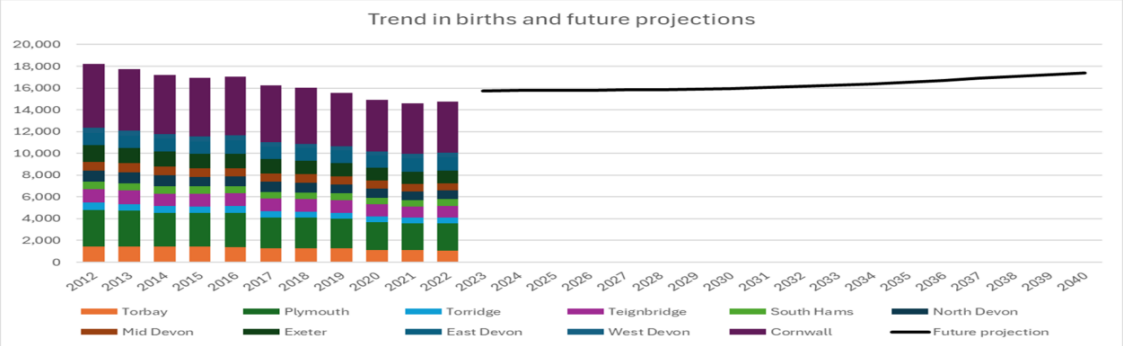


Figure 1: *Trends in births and future projections. Birth rate has decreased from 2012 to 2022. Future projections indicate increase in birth rate after 2030.*

7. Although the birth rate has reduced in the last 10 years, the complexity of women and birthing people has increased and national maternity strategy has shifted focus to enhanced quality and safety, requiring earlier and more extensive interventions leading to an increase in the amount of staff time required to care for each family.

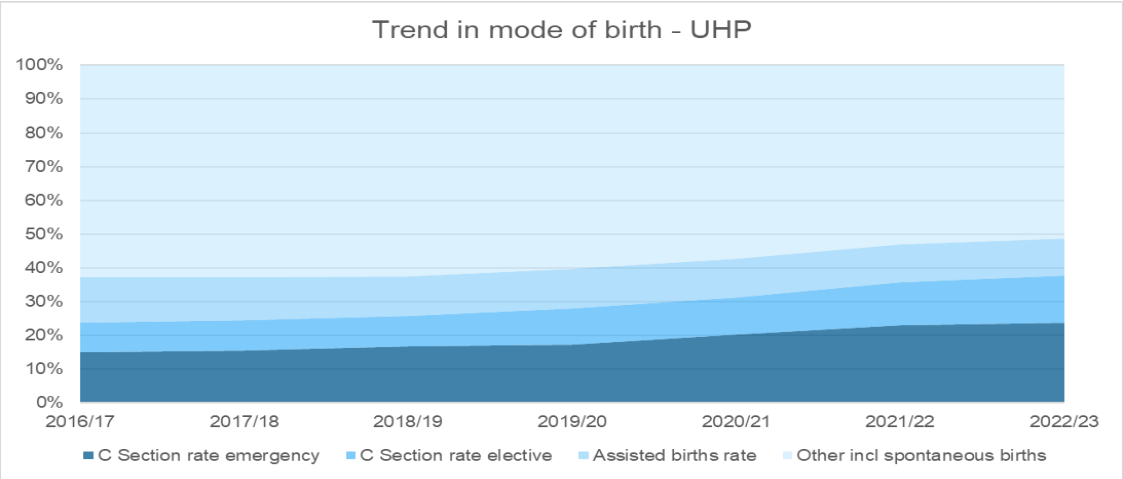


Figure 2: *Mode of delivery UHP. Reduction in spontaneous births and increase in emergency and elective C section rate.*

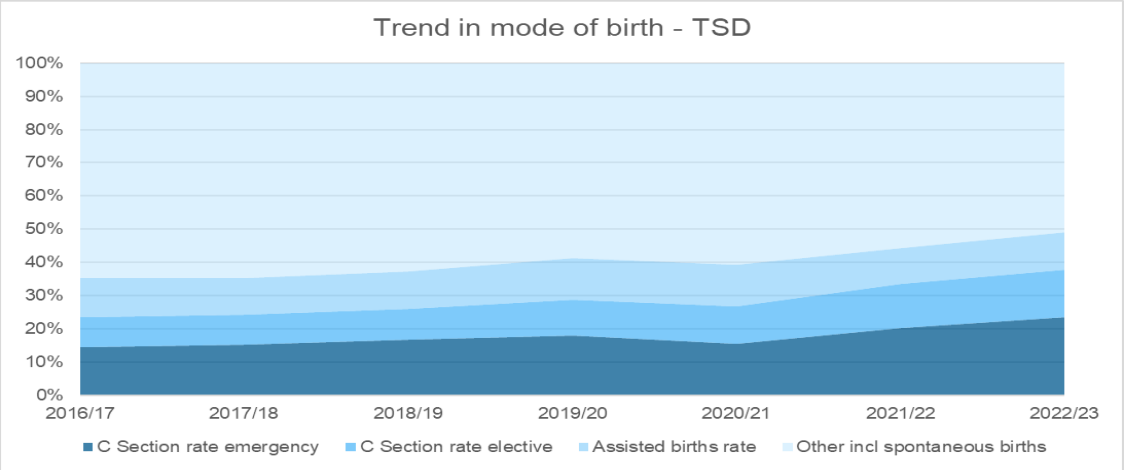


Figure 3: *Mode of delivery TSD. Reduction in spontaneous births and increase in emergency and elective C section rate.*

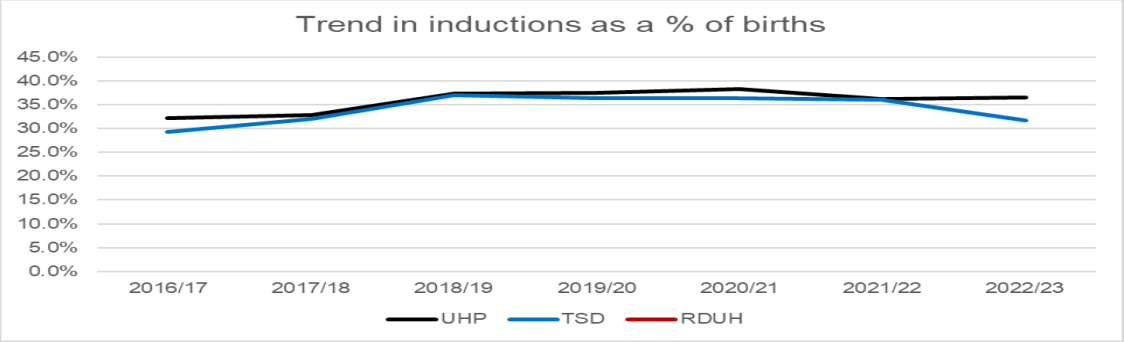


Figure 4: *Trend in Inductions as percentage of all births. Increase in induction in UHP and TSD. RDUH data awaited.*

8. In 2016 the Devon Local Maternity System set up the Local Maternity System (LMS) programme to respond to the requirements of Better Births agenda. Since 2016 a number of further strategic documents have led to the system developing an assurance function in addition to the initially envisioned transformation function. This includes key safety reports such as Ockenden and Reading the Signals, with a further report on Nottingham maternity services anticipated in 2024/25

9. With the reduction of the assurance functions for Integrated Care Boards (ICBs), it is of note that the requirement for assurance of maternity services has remained significant and is growing with additional functions devolved to the ICB from NHS England Regional teams. The following section outlines the core compliance framework for maternity and neonates.

Understanding Quality and Safety in Maternity and Neonatal Services

10. There are over 380 ambitions and targets for maternity and neonatal services to achieve and evidence compliance with as part of the 2024 requirements. This demands a high volume of routine compliance activity both within Trusts and for NHS Devon through the LMNS function. Failure to deliver on these can have an impact on reputation, public confidence and financial stability.

11. Maternity and neonatal key safety ambitions set out in Better Births (2016):

    - 50% reduction in stillbirth, maternal death and intrapartum brain injury by 2025.
    - Reduce preterm birth from 8% to 6%.

12. The annual **Clinical Negligence Scheme for Trusts Maternity Incentive Scheme**[1](CNST MIS) includes monitoring against a number of operational and improvement areas that are also monitored in more detail individually. The LMNS works with Trusts throughout the year to ensure that progress is continuing to be made. Failure to be compliant with any of the safety actions results in Trusts not receiving financial rebates. National Strategies included in CNST can be seen in Appendix 1.

13. **Saving Babies Lives Care Bundles**[2] was published in 2016 with the ambition of reducing stillbirth and neonatal death rates. It included 4 elements- smoking in pregnancy, foetal growth restriction, reduced foetal movements and foetal monitoring. The framework has developed since 2016 and is now integrated into CNST. Since 2023 LMNS's have been required to validate evidence for SBLCB, now version 3. NHS Devon/Local Maternity Neonatal System must confirm that the standards are fully implemented or that sufficient progress has been made in order for Trusts to be compliant with CNST Safety Action 6.

14. **Three Year Delivery Plan for Maternity and Neonates**[12] (March 2023). Is the new integrated plan for Maternity Improvement and Transformation. LMNS's are required to monitor implementation regularly through a defined set of success measures that include patient experience, workforce statistics and outcome metrics. In Devon this is undertaken quarterly and reported to Quality and Patient Experience Committee (QPEC) and System Quality Group (SQG). National reporting is focussed on the implementation of Maternal Mental Health Services (MMHS) and Perinatal Pelvic Health Services (PPHS) and their sustainable funding within the system. **Implementation of key national safety reports**[13, 14]**.** Trusts are required to undertake improvement activity against the recommendations made in reports such as Ockenden and East Kent. There are 89 actions outlined in the final Ockenden report alone.

15. **The Perinatal Quality Surveillance Model**[9] (PQSM) was published in 2020, in line with the publication of the interim Ockenden report[16]. Requirements were aligned to the previous Serious Incident Framework and actions listed for Trust, LMNS/ICS and regional levels. The level of scrutiny required by LMNS/ ICB's

on maternity and neonatal incidents is higher than standard practise in other specialties. A further revision to the PQSM is expected in autumn 2024 to reflect the implementation of the Patient Safety Incident Response Framework (PSIRF)[17]

16. All Maternity Services at the three acute trusts in Devon were inspected by the **Care Quality Commission (CQC)** between September and November 2023. The inspection, using the Key Lines of Enquiry, focused on the two domains of 'Safe' and 'Well Led.' All three trusts received an outcome of 'requires improvement' for both the 'safe' and the 'well led' domains and consequently are part of the Maternity Safety Support Programme (MSSP).

17. The MSSP is a scheme of targeted support to 'the most challenged Trusts in the country'. Services are entered on to the scheme if they are rated 'requires improvement' or 'inadequate' by the CQC. Placement in NOF4 also triggers entry onto the scheme, regardless of rating.

18. Assurance for Neonatal services currently sits with the NHS England Specialised Commissioning Team, the Neonatal Operational Delivery Network (ODN) and the ICB. From 2025/26 NHS Devon will take delegated authority for the commissioning of neonatal services as outlined in the Three-Year Delivery Plan for Maternity and Neonates. Although other ICBs across the country have proceeded with the original timeline of March 2024, the Southwest has delayed for 12 months in order to access shared learning from other systems. Current monitoring of neonatal activity includes **Avoiding Term Admissions to Neonatal Units[3]** (ATAIN) and specific objectives outlines in the **Neonatal Critical Care Review[21]** including monitoring birth locations of under 27-week births.

Devon Status

Maternity and Neonatal Key Safety Ambitions

19. The national maternity safety ambitions set in 2015 by the Health Secretary asked all maternity and neonatal providers to work towards a 20% reduction in stillbirth, neonatal death, maternal death and intrapartum brain injury rates by 2020, and a 50% reduction by 2030. This was subsequently brought forward to 2025.

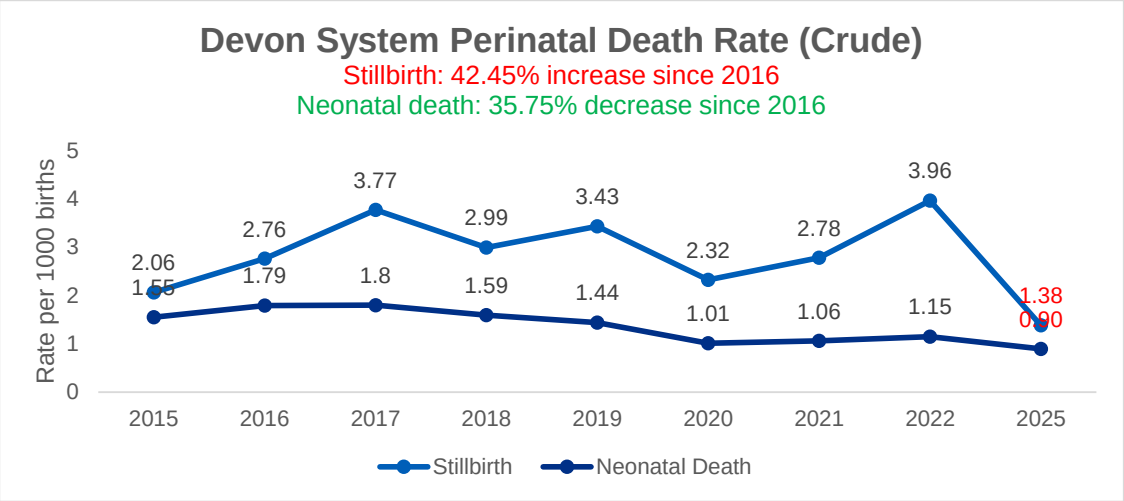


Figure 5: *Crude (actual) rate of stillbirths and neonatal deaths per 1000 births in Devon from 2015-2022, including target rates in 2025 representing a 50% reduction since 2016.*

20. **Stillbirth** rates have increased in Devon by 42.45% since 2016. Devon is not currently on track to meet the 50% reduction by 2025 target. This is in line with trends seen across England.

21. **Neonatal death rates** in Devon have reduced by 35.75% since 2016 and demonstrates good progress towards the target 50% reduction by 2025. South west rates of neonatal death are lower than many other areas in England, which may be attributable to the implementation of PERIPrem.

22. For **intrapartum brain injury** It is not possible to draw conclusions against the target as:
    - Baseline data is not available (either 2010 or 2016 revised Long Term Plan baseline).
    - The data set is too small to identify a trend.
    - Brain injury data has historically been difficult to acquire due to the broad range of conditions it encompasses.

23. The National Neonatal Audit Programme (NNAP) records preterm (<32 weeks) brain injury data relating to two conditions. Reporting is undertaken by neonatal unit and not by Trust.
    - Cystic periventricular leukomalacia (cPVL)
    - Intraventricular haemorrhage (IVH) 3 or 4.

24. UHP have not provided assurance to NNAP that all of their preterm brain injury diagnoses have been entered into the audit & therefore data is unvalidated & should be viewed with caution as rates may be higher or lower. For IVH, 33.8% of records are missing and for cPVL 42.3% of records are missing. UHP will need to provide the relevant assurance & missing data in order for NNAP to validate their results.

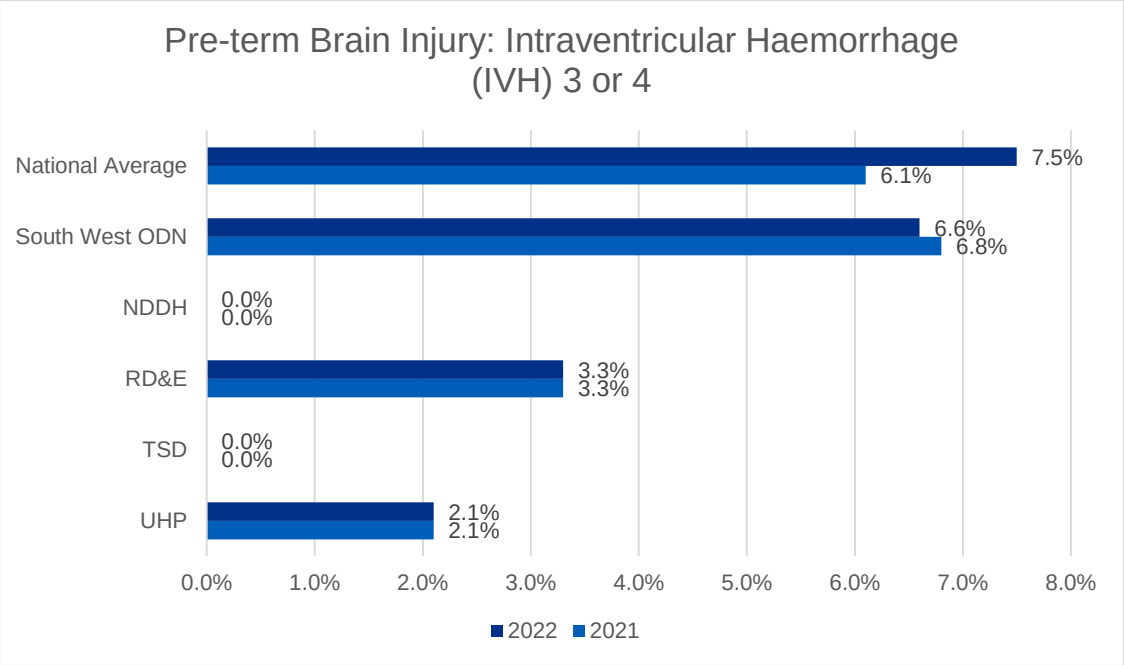


Figure 6: *Intraventricular Haemorrhage (IVH) 3 or 4. IVH 3 or 4 as percentage of babies born at less than 32 weeks: All Trusts perform better than the South West ODN and national average.*

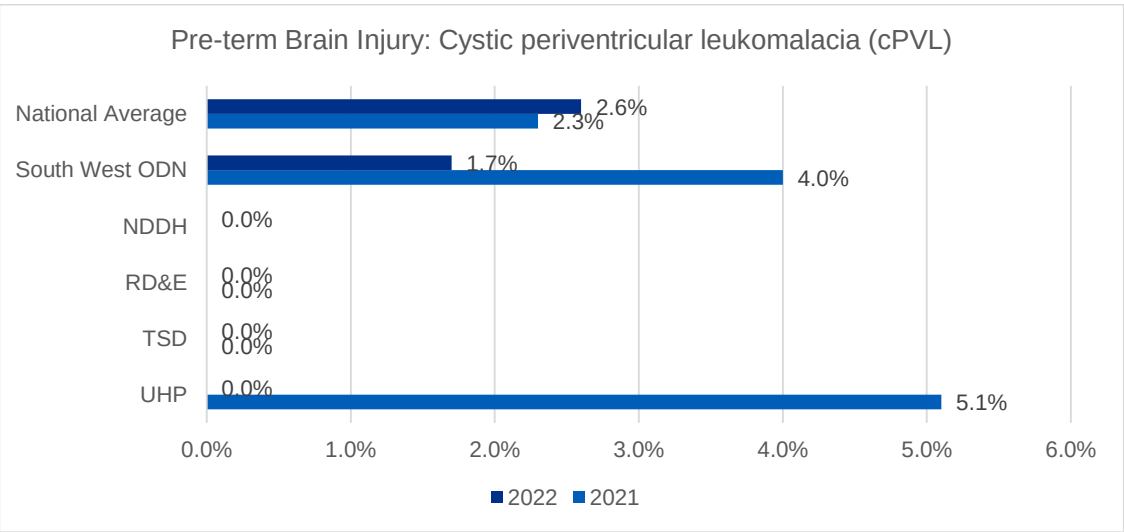


Figure 7: Cystic periventricular leukomalacia (cPVL) *as percentage of babies born at less than 32 weeks. UHP has a higher than South West ODN and national average. As they are a level 3 neonatal intensive care unit they will have an expected higher rate of cPVL.*

25. Data relating to **maternal mortality** will not be provided due to low numbers and concerns around patient identifiability. There has been no significant change in the rate of maternal mortality since 2016, however numbers remain low. Further work to review themes and contributory factors should be undertaken. Anecdotal themes relate to social complexity, deprivation and vulnerability. Between 2019/2021 the UK maternal mortality rate was 11.7 per

100,000 (during pregnancy or up to six weeks afterwards) or 10.1 per 100,000 when COVID-19 is excluded. For more information: MBRRACE-UK_Maternal_Report_2023_-_Infographics.pdf (ox.ac.uk)

26. In June 2024, the Devon LMNS shared lessons learned to inform safe maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity. Key findings of the report can be found in Appendix 1.

27. As a result of the report, a series of 10 recommendations were described, which LMNS partners were asked to report actions against. Examples include Devon Partnership NHS Trust (DPT) running two courses which encompasses the MBRRACE findings of the 2022 report and other important messages from other previous reports. UHP has developed a robust action plan to drive further improvement which includes findings and recommendations from the report, and RDUH has updated policies and adapted training as a result of the report.

28. **Preterm labour** is a risk factor for intrapartum stillbirth, neonatal death and brain injury. A number of programmes of work focus on reducing the rate of preterm birth or optimising the infant following preterm labour. The last published national rate of preterm birth is 7.6% (2021). The 2022/23 system average is 6.33%. The 2023/24 April-October system average is 5.6%.

CNST Year 5 (2023)

29. **Year 5 CNST** compliance:

Trust	Compliance	Non-compliant areas
UHP	80%	• Safety Action 6: Saving Babies Lives • Safety Action 8: Multi-disciplinary training (core competency framework)
TSD	100%	N/A
RDUH	80%	• Safety Action 1: Perinatal Mortality Review Tool • Safety Action 9: Perinatal Quality Surveillance

Table 1: *CNST year 5 (2023) compliance status*

30. In 2023 RDUH and UHP procured the services of Audit Southwest (ASW) for review and providing guidance to the Trust on whether evidence appears appropriate/sufficient to satisfy the requirements of CNST. The LMNS participated in these meetings and provided advice, guidance, and recommendations as appropriate- the LMNS does not review all CNST evidence. The LMNS board are however required to approve total evidence required. This was achieved through the ICB Chief Nursing Officer and Maternity SRO attending Trust Boards to align sign off with trust processes and avoid duplication. Regarding Safety action 6 (Saving Babies Lives Care Bundles) the LMNS is responsible for validating final compliance.

31. In 2024 (CNST Year 6[1]) ASW will provide internal audit services to all Trusts. The LMNS will work collaboratively with Trusts and ASW to provide support, advice and approval where appropriate and provide a recommendation to the

NHS Devon Chief Nurse and Medical Director to enable them to sign off the Trusts final declaration.

32. Recommendations were made at the end of the Year 5 by both ASW and the LMNS to enable Trusts to prepare better for Year 6 and optimise chances of all Trusts being compliant. This includes ensuring appropriate resourcing to manage the workload associated with CNST and taking timely action to ensure LMNS approval where required.

Saving Babies Lives Care Bundles

33. Trust Status in February 2024 RDUH and TSDFT were compliant with the CNST action that relates to Saving Babies Lives (Safety Action 6). To achieve this, trusts had to evidence 70% overall compliance with all SBLCB indicators with a minimum of 50% in each intervention. UHP were not compliant with this requirement.

34. By May 2024 compliance had improved for all Trusts.

- UHP is not yet at the level of compliance required for CNST Year 5 (70%), however these parameters have been removed for Year 6.
- Only UHP has non-compliant interventions remaining- all other Trusts are partially compliant/ fully compliant with all interventions.

35. The table below outlines Saving Babies Lives compliance status. Red indicates where Trusts have not been able to meet the 2023 CNST target compliance. Green indicates where they have met this target or exceeded it. Trends are indicated by a blue tick if elements have been completed. The green and amber arrows indicate whether compliance has been static or improved between Q3 and Q4 2023.24. A more detailed analysis and specific recommendations can be seen in Appendix 3.

	UHP			TSD			RDUH		
Element	**Q3**	**Q4**	**Trend**	**Q3**	**Q4**	**Trend**	**Q3**	**Q4**	**Trend**
Element 1: Smoking	10%	10%	⇔	60%	70%	↑	100%	100%	✓
Element 2: Fetal Growth Restriction	15%	25%	↑	90%	90%	⇔	90%	95%	↑
Element 3: Reduced Fetal Movement	50%	50%	⇔	100%	100%	✓	50%	100%	✓
Element 4: Fetal Monitoring	20%	20%	⇔	80%	80%	⇔	60%	60%	⇔
Element 5: Preterm Birth	22%	22%	⇔	81%	85%	↑	51%	74%	↑
Element 6: Diabetes	17%	17%	⇔	83%	100%	↑	50%	50%	⇔
Overall	19%	21%	↑	81%	86%	↑	70%	81%	↑
	Red/ Green quarterly performance indicates whether the intervention is compliant with CNST Year 5 compliance thresholds. Coloured arrows indicate trends. Blue ticks indicate full compliance.								

Table 2: *Saving Babies Lives Care Bundle Version 3 – Devon Status*

Three Year Delivery Plan for Maternity and Neonates

36. The Three-Year Delivery plan for Maternity and Neonates[12] was published in 2023 and describes activity and improvement required by 2027. There is significant overlap with other national strategy, but it does not cover these areas in detail.

    The plan is outlined in four themes:
    - Listening to and working with women and families with compassion
    - Growing, supporting and retaining our workforce
    - Developing and sustaining a culture of safety, learning and support
    - Standards and structures that underpin safer, more personalised and more equitable care.

37. Devon LMNS and Trust Heads and Directors of Midwifery have agreed a revised LMNS vision and values statement aligned to the Three-Year Delivery Plan this can be seen in Appendix 4.

38. Progress against the Three-Year Delivery plan is monitored through defined success measures published within the national guidance (Appendix 5). A report is produced quarterly and shared with QPEC and SQG. The latest reporting period was March 2024.

Theme	Outcome Measures	Progress Measures	Evidence	Regulation and Incentivisation
Listening to and working with women and families with compassion	Service user experience demonstrating some improvement ⬆	All interventions in progress or partially implemented, however some increased risk (finance and capacity) ⬇	Coproduction occurring, but resource insufficient ⟺	**CQC:** RDUHE and RDUHN rated as good for 'is this service caring'. No rating for UHP and TSD. **CNST:** All services compliant with safety action 7 in year 4 ⟺
Growing, support and retaining our workforce	Some concerns around student/trainee support and staff feeling valued ⟺	Midwifery workforce status improving but remains below recommended establishment. Obstetric vacancy high in UHP. ⟺	Not yet assessed. Requires review (Q1 24/25)	**CQC:** Completion of mandatory training an issue (excl. TSD). **CNST:** UHP not compliant ⟺
Developing and sustaining a culture of safety, learning and support	Some concerns around Obstetric and Gynaecology trainee satisfaction and quality of supervision. ⟺ Midwives and midwifery trainees report supportive experience and positive culture. ⬆	Progress measures not available for assessment- requires staff engagement. See Appendix I.	Not yet assessed. Requires review in 2024/25. See Appendix I.	**CQC:** Culture and Governance positive in 75% of units- areas of improvement required.
Standards and structures that underpin safer, more personalised and more equitable care	Progress against meeting targets: Maternal Death: Off Track Stillbirth: Off Track Neonatal Death: On Track Preterm Birth: On Track	Progress against meeting targets: **Born in the right place:** On target **ATAIN:** Off Target ⟺	**Dashboard:** Off Track **Clinical Audit (Saving Babies Lives):** On Track for 2/3 Trusts ⟺	**CQC:** Some care not in line with national guidelines. Triage is a theme. ⬆ **CNST:** No Trusts were able to declare full compliance with CNST Year 5 (2023) ⬇

Complete	In progress	At risk, plan in place	At risk, no plan	Not yet started

Table 3: *Summary of progress against the Three Year Delivery Plan (March 2024)*

Implementation of key national safety reports

39. All Devon Trusts have fully implemented the recommendations from the interim Ockenden (2020) Implementing recommendations from Ockenden Final (2022) is ongoing. There have been delays progressing with implementation of Ockenden Final Immediate and Essential Actions due to publication of Three Year Delivery Plan and conflicting national communications on implementation requirements. Benchmarking of Ockenden final will be completed in Q2 2024/25.

40. Recommendations from the East Kent (Kirkup 2023) report are more targeted at national and cultural change and less focussed on specific maternity system actions.

The Perinatal Quality Surveillance Model (PQSM)

41. Implementation of the PQSM is monitored at Trust level through Safety Action 9 of CNST.

- In 2023 (CNST MIS Year 5) UHP and TSD declared compliance with all requirements of the PQSM.
- RDUH was unable to evidence compliance with the PQSM, notably elements 2-5 below.

42. Progress and compliance with the minimum data set outlined in element 4 (below) is undertaken quarterly through the 'Single System Board Report' submitted to the LMNS. Queries are raised with Trusts as part of routine enquiries.

43. Trust responsibilities and compliance against PQSM

		UHP	TSD	RDUH
1	To appoint a non-executive director to work alongside the board-level perinatal safety champion to provide objective, external challenge and enquiry.			
2	That a monthly review of maternity and neonatal safety and quality is undertaken by the trust board.			
3	That all maternity Serious Incidents (SIs) are shared with trust boards and the LMS, in addition to reporting as required to HSIB			
4	To use a locally agreed dashboard to include, as a minimum, the measures set out in Appendix 2, drawing on locally collected intelligence to monitor maternity and neonatal safety at board meetings.			
5	Having reviewed the perinatal clinical quality surveillance model in full, in collaboration with the local maternity system (LMS) lead and regional chief midwife, formalise how trust-level intelligence will be shared to ensure early action and support for areas of concern or need.			

		UHP	TSD	RDUH
6	To review existing guidance, refreshed how to guides and a new safety champion toolkit to enable a full understanding of the role of the safety champion, including strong governance processes and key relationships in support of full implementation of the quality surveillance model.			

Table 4: *Trust compliance status with the PQSM. Green indicates compliance, red non-compliance.*

44. NHS Devon responsibilities and compliance with PQSM

1	Leading on the production of a local quality dashboard which brings together a range of sources of intelligence relevant to both maternity and neonatal services from provider trusts within the LMS.	Behind Schedule Capacity within the BI team has impacted the development of the 'Devon Dashboard'. LMNS is currently establishing a renewed working group to undertake this activity and looking to use LMNS SDF funds to procure support.
2	Ensuring intelligence is shared and discussed regularly at meetings of the local surveillance group.	In place
3	Ensuring representation of perinatal quality issues at the ICS partnership board and the QSG as part of exception reporting.	In place
4	Taking timely and proportionate action to address any concerns identified and building this into local transformation plans. The onus should be on trusts to share responsibility for making improvements, making use of strengths in individual neighbouring trusts within the LMS to ensure that learning and data gathered through perinatal improvement work is shared across the ICS to inform wider delivery improvement.	In place
5	Reporting concerns to the regional chief midwife and lead obstetrician and regional quality committees, where necessary with a request for additional support.	In place
6	Ensuring, as appropriate, that perinatal services are included in the quality objectives set by ICS, which are then reviewed regularly and updated.	In Place

Table 5: *NHS Devon compliance status with the PQSM. Green indicates compliance, amber indicates partial compliance*

Care Quality Commission

45. All Maternity Services at the three acute trusts in Devon were inspected by the CQC between September and November 2023. The inspection, using the Key Lines of Enquiry, focused on the two domains of Safe and Well Led. All three trusts received an outcome of requires improvement for both the safe and the well led domains and consequently are part of the Maternity Safety Support Programme (MSSP).

46. Current CQC status

	Inspected	**Report Published**	**Safety**	**Well Led**
University Hospital Plymouth NHS Trust	September 2022	March 2023	Requires Improvement in 9/10 Key Lines	Requires Improvement in 7/8 Key Lines
Torbay and South Devon NHS Foundation Trust	November 2023	February 2024	Requires Improvement in 4/10 Key Lines	Requires Improvement in 1/8 Key Lines
Royal Devon University Healthcare NHS Foundation Trust	November 2023	March 2024	Requires Improvement in 8/10 Key Lines	Requires Improvement in 7/8 Key Lines

47. The following points should be noted:

- This review covers maternity services only and does not include neonatal services.
- Comments/ findings provided reflect CQC reports, and it is recognised that Trusts have challenged factual accuracy and amendments to final reports have not always been made.
- The report does not provide updates on action implementation by Trusts since publication of the reports.
- These inspection outcomes do not reflect the implementation of the Patient Safety Incident Response Framework (PSIRF). A revised model is being prepared by the national team.

48. Some concerns identified during the CQC inspection have also been identified locally through established reporting channels. Themes for improvement identified across all Trust reports include:

- Insufficient maternity triage service
- Insufficient staffing in midwifery, medical posts as a result of vacancies and sickness absence
- Inconsistent implementation of the Maternal Early Warning Score and the Neonatal Early Warning Track and Trigger. These are two visual tools, using an algorithm, for the identification and management of maternal or neonatal deterioration.
- An overview of good practice and actions can be seen in Appendix 5

49. Positive themes and good practise shared across the system include:

- Positive engagement with the community.
- Commitment to improvement.
- Clarity on roles and responsibilities.
- Staff understood and related to the values of the service.

50. Actions identified.

- 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
- Strengthen monitoring and security of the unit and undertake baby abduction drills.
- Ensure that medicines are stored, managed, and prescribed safely, including monitoring of storage temperatures.
- Strengthen management of facilities, premises and equipment.

51. Since publication of the CQC report into the three maternity services, Royal Devon University Healthcare NHS Foundation Trust (RDUH) and Torbay and South Devon NHS Foundation Trust (TSD) have formally entered the national **Maternity Safety Support Programme**. University Hospitals Plymouth NHS Trust (UHP) are already being supported by the programme.

52. The national Maternity Safety Support Programme is for maternity services rated as requires improvement or inadequate in the well led and/or the safe domains by the CQC. The programme focusses only on maternity services and excludes neonates.

53. The work has four distinct stages, a diagnostic phase, an improvement plan, a sustainability period and finally an exit stage, with the achievement of a pre-determined criteria required to exit the programme. The programme is for 1-2 years, supported by a team from NHS England (NHSE), led by a midwife and an obstetrician who will be on site one week a month. Reporting will be via internal Trust governance routes and through the LMNS to the NHS Devon Safety and Quality Group

Neonates

54. The proportion of care episodes as a percentage of all births is increasing across the peninsula. Whilst there has been a reduction in care episodes in TSD and RDUHN, there has been an increase in UHP, RDUHE and RCHT. This includes activity in the transitional care ward.

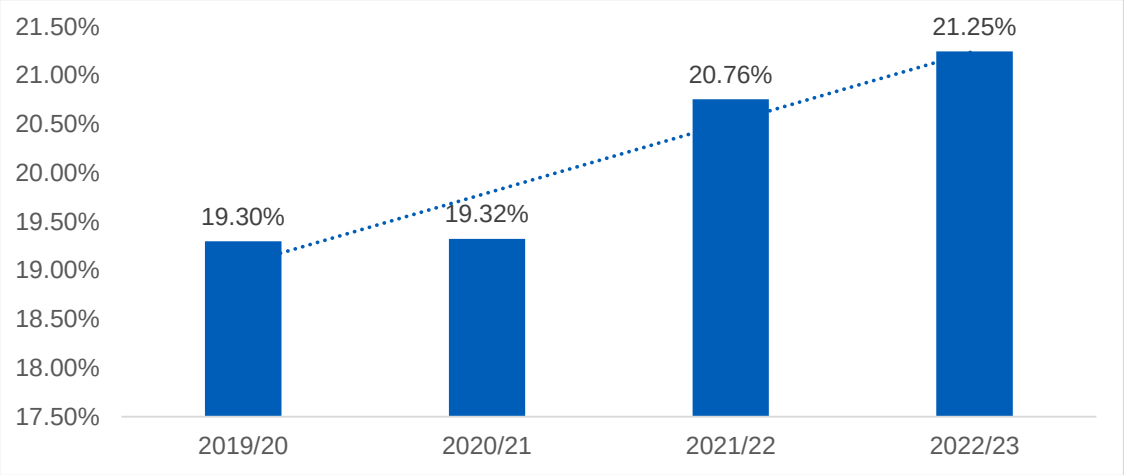


Figure 8: Peninsula Neonatal Unit care episodes as percentage of all births (Source: Southwest Neonatal Operational Delivery Network Dashboard)

55. All births at less than 27 weeks, babies with a fetal weight of <800g or multiples at less than 28 weeks should occur within a maternity unit with an onsite Neonatal Intensive Care Unit (NICU)*. University Hospitals Plymouth is the only Devon maternity unit with an onsite NICU. The target for '**Born in The Right Place**' is 85%. Year to date 2023/24 performance is 90.9%.

56. In 2022/23, 84.4% of births <37 weeks occurred in UHP. This is an improvement on 2021/22 data where 76.92% of babies were 'born in the right place'. The South West Neonatal Operational Delivery Network score is 78%.

57. All Trusts have transitional care facilities to prevent separation of mother and baby and reduce term admissions to neonatal units. Specific reduction in admissions targets are applied through the **ATAIN** programme. Year to date 2023/24, both sites in RDUH have met the 5% or less target. Total system performance is 5.2%. This is a modest improvement from the previous quarters system performance of 5.38%.

ATAIN Year to Date 2023/24	Q1 2023/24	Q2 2023/24	Q3 2023/24
UHP	4.3%	4.5%	5.2%
TSD	7.7%	6.9%	6.4%
RDUH E	5.6%	4.8%	4.0%
RDUH N	7.3%	4.5%	4.3%
Key	Target not met	Worse	Better

Table 7:*Percentage of term admissions to neonates (Year to date data,2023/24)*

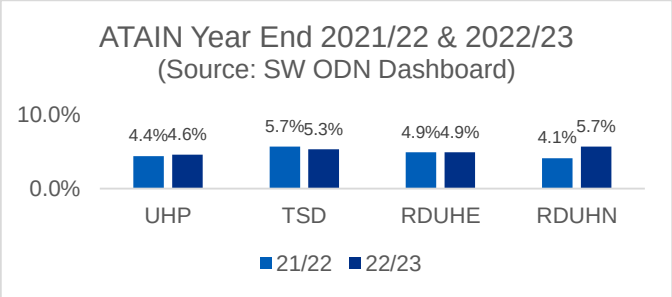


Figure 9: *Percentage of term admissions to neonates 2021/22 & 2022/23*

58. Neonatal nurse **Lucy Letby** was convicted in August of murdering seven babies and attempting to murder six more on the neonatal unit at the Countess of Chester Hospital. She was further charged in July for an 8th murder. In August 2023, a letter was sent to partners in all health systems from: Amanda Pritchard, NHS Chief Executive, Sir David Sloman, Chief Operating Officer, NHS England, Dame Ruth May, Chief Nursing Officer, England and Professor Sir Stephen Powis, National Medical Director, NHS England. The letter outlined the expectation of systems to ensure:

- All staff have easy access to information on how to speak up.
- Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
- Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.
- Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
- Boards are regularly reporting, reviewing and acting upon available data.

59. In October 2023, Health and Social Care Secretary Steve Barclay published the terms of reference for the statutory inquiry into the circumstances leading to the murders committed by Lucy Letby. The inquiry is being set up at pace to ensure vital lessons are learned and provide answers to the parents and families impacted as soon as possible. The terms of reference are set by the Health and Social Care Secretary after consultation with the chair, who has engaged with the families and other stakeholders. The inquiry will cover 3 broad areas:

- The experiences of the parents of the babies named in the indictment.
- The conduct of clinical and non-clinical staff and management, as well as governance and escalation processes in relation to concerns being raised

about Letby and whether these structures contributed to the failure to protect babies from her.
- The effectiveness of governance, external scrutiny and professional regulation in keeping babies in hospital safe, including consideration of NHS culture

60. This was discussed widely across Devon maternity and quality forums, including the Local Maternity and Neonatal System (LMNS) and the Devon System Quality Group (SQG) for assurance that all immediate recommendations had been undertaken. Part of local response has been to strengthen links with the Child Death Overview Panel.

61. The **Child Death Overview Panel (CDOP)** reviews all child deaths (except stillbirths and terminations carried out within the law) and determines whether the death was preventable. A Child Death Review meeting is held to review all the information to understand why the child died. They review and identify any learning points from services involved with the child leading up to their death. The outcomes of this meeting are passed on to the CDOP. Themes and subsequent learning remain a key aim of the Southwest Peninsular Panel and are shared though ICB representation

Improvement, Transformation and Delivery

Governance

62. Governance has been strengthened following the relaunch of the LMNS in late 2023 by the new Chief Nurse. This has led to increased attendance and structure at board and the active involvement of provider chief nurses.

63. Governance charts for Devon LMNS and the SW Regional Maternity and Perinatal team can be found in Appendix 6.

Capacity and Alignment of Work Plans

64. Annual workplans for the LMNS programme team, Trust Transformation Midwives and the Maternal and Neonatal voices Partnership have been devised for 2024/25. These are aligned to current national strategy and compliance, the 24/25 Operational Planning Priorities15 and the NHS Devon Joint Forward Plan. An overview of workplans can be seen in Appendix 7.

65. The volume of compliance activity required by the trusts impacts on management and clinical leadership capacity. It also requires investment into specific posts and functions such as external auditors.

66. More could be done to coordinate and add value at a system level however this activity is limited by reduced capacity within the LMNS Programme Team as we have been unable to fill vacant posts due to restructure. Devon LMNS programme team currently has the lowest level of resourcing in the Southwest, reflected in corporate risk 189. The team is strengthened within the phase 2

structure but this will take some time to put in place and a case has been made to recruit to the midwifery lead role before the conclusion of phase 2.

67. One of the key elements of the Three-Year Delivery plan is listening to women and birthing people. Although Devon is the most populous county in the Southwest, we currently have the lowest level of resourcing for the Maternity and Neonatal Voices Partnership. This has been highlighted on a number of occasions by the regional perinatal team. A corporate risk relating to the MNVP has been submitted (reference pending) and a business case has been approved to increase resourcing from 2025/26 through enhanced procurement. This will take our position from lowest resourced in the Southwest to third best resourced. This will enable us to be robustly compliant with statutory requirements for MNVP activity e.g.CNST

Developing a Peninsula LMNS

68. Guidance has been received from the Southwest Regional Perinatal and Maternity team (SWRMPT) to formally merge NHS Cornwall and Isles of Scilly LMNS and NHS Devon LMNS. Scoping of approach is currently in its early stages and will focus on the strengths, weaknesses, opportunities and threats (SWOT) of each system, this is being supported by an Interim Deputy Director of Nursing. For Devon we are revising the 2022 ‘Capacity and Capability Framework’ assessment devised by the regional teams to inform the SWOT analysis.

69. There is already one formal shared pilot project across NHS Devon and NHS Cornwall and Isles of Scilly - the Maternity and Neonatal Independent Senior Advocates20.Devon and Cornwall and Isles of Scilly programme teams will meet regularly to identify projects and workstreams appropriate for early collaboration and those that require further development.

Peninsula Acute Sustainability Programme

70. Following the assessment of paediatric services in Phase I, the Peninsula Acute Sustainability Programme is moving into Phase 2: Maternity services, fragile services and District General Hospital specialist services. They are currently hosting maternity and neonatal workshops with clinicians and leaders across the four Trusts across the Peninsula to consider integrated solutions for obstetric, neonatal and paediatric services.

71. The first workshop (06 June 2024) presented preliminary core data on activity and workforce and set the scene for group discussions around challenges, what further data is required and what work is currently ongoing. All Trusts leadership, midwifery and neonatal colleagues were in attendance, however there was no obstetric representation.

72. Workshop feedback included:
    - Recognised that teams are working hard to deliver quality services and meet the needs of patients.
    - The current context and pace of change is challenging for staff.

- It is difficult to meet national expectations and standards.
- There is an inconsistency of approach to implementing the national guidelines across the Trusts.
- It is difficult to recruit and retain experienced staff.
- The workforce challenges has an impact on the ability to deliver a safe service 24/7.
- There is a lack of ability to offer career development in some areas.
- Dealing with patient/public expectations and social media has an impact on staff.
- There are challenges to service provision in relation to estates, small maternity units and midwife-led units.
- A significant amount of work is underway across all Trusts to explore alternative roles, workforce retention, joint working and regular requirements.
- We need to explore more joint/network working to reduce duplication, increase consistency and co-ordination.
- We need to look at our staffing models and future training requirements.
- Technology enabled care and virtual wards could play more of a role in the future.
- The role of community services and primary care is vital.

73. The next workshop (04 July 2024) requires a further data request looking in more detail at national targets, delivery models, activity and acuity and workforce.

Equity and Equality

74. In 2022 Devon LMNS responded to the national Equity and Equality guidance for local maternity and neonatal systems with a local Equity and Equality Analysis which was subsequently approved by the South West Regional Perinatal and Maternity Team.

75. Following local analysis, an Equity and Equality Strategy and plan19 was developed to outline specific actions required in Devon to improve equity and equality of experience and outcomes. A copy of this has been published on the One Devon website. Success measures are nationally outlined and provided in Appendix 7. These are currently not monitored within NHS Devon but will be integrated into quarterly reporting from Q3 24/25.

76. The most significant risk factors nationally for maternal and neonatal mortality are ethnicity, deprivation and low maternal age. In Devon a significant proportion of serious incidents have deprivation or comorbidity related contributing factors.

77. System leadership for equity and equality has been impacted by capacity within the LMNS programme team however some Trust level improvement has been maintained. A full benchmarking exercise is planned for Q3 2024/25 to understand current progress and identify areas for improvement.

78. A limited number of Equity and Equality projects have been commenced at system level. Projects and their main aims are outlined below:

- **Social complexity**: To reduce variation in organisational definitions of social complexity to improve equity of care and provide aligned information at the point of transfer to health visiting services.
- **Infant feeding**: Development of a Devon infant feeding strategy including all Trusts and health visiting services.
- **Birth afterthoughts***: To develop system wide standards for the provision of birth afterthoughts and agree minimum training standards for midwives delivering the service.
- **Antenatal education**: To agree principles, a core pathway and standards for the delivery of antenatal education in Devon, including for the signposting to external providers.
- **Postnatal contraception** (paused): Provision of contraceptive counselling and delivery of chosen contraceptive method in maternity services.
- **Parent and infant mental health**: The perinatal mental health team have undertaken a scoping exercise to identify what support is available to families to address parent/ infant relationship.

*Birth afterthoughts is a midwifery service that provides an opportunity for women, birthing people and families to discuss their birth experience and have any outstanding queries answered to reduce the potential for experiences and memories to have a negative impact on mental health and transition to parenthood

Perinatal Mental Health

79. Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child. Perinatal mental illness affects up to 27% of new and expectant mums and covers a wide range of conditions. If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Specialist PMH services, delivered by Devon Partnership Trust and Livewell Southwest, provide care and treatment for women with complex mental health needs and support the developing relationship between parent and baby. They also offer women with mental health needs advice for planning a pregnancy through the preconception services.

80. The pathway of care for perinatal mental health and wellbeing extends far beyond the specialist services and requires a truly integrated approach across maternity, health visiting GPs, IAPT and community groups. Early help has been strengthened though the Family Hubs initiatives, especially in Torbay however, there is significant work to be done to strengthen the whole system pathway and make this a seamless experience for women, birthing people and their families.

81. The NHS Long Term Plan builds on the commitments outlined in the Five Year Forward View for Mental Health to transform specialist PMH services across England. We aim to ensure that by 2023/24, at least 66,000 women with moderate/complex to severe PMH difficulties can access care and support in the community.

Conclusion

83. The Board is asked to:

- **NOTE** 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.

- **TAKE ASSURANCE** from the arrangements that have 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 will result from the new LMNS structure following Phase 2 of the NHS Devon Organisational Change Programme.

- **NOTE** the commitment of sufficient Business Intelligence resource to the delivery of a maternity systems dashboard.

- **NOTE** the integration of the LMNSs for the Integrated Care Systems of Devon and Cornwall and the Isles of Scilly.

References

Ref	Name	Link
1	Maternity Incentive Scheme (Year 6/ 2024)	Maternity Incentive Scheme - NHS Resolution
2	Saving Babies Lives Version 3	NHS England » Saving babies' lives version three: a care bundle for reducing perinatal mortality
3	Avoiding Term Admissions to Neonates (ATAIN)	NHS England » Preventing avoidable admissions of full-term babies
4	Core Competency Framework Version 2	NHS England » Core competency framework version two
5	British Association of Perinatal Medicine workforce standards	Service and Quality Standards for Provision of Neonatal Care in the UK | British Association of Perinatal Medicine (bapm.org)
6	Maternity Services Data Set	Maternity Services Data Set (MSDS) - NHS England Digital
7	Perinatal Mortality Review Tool	Perinatal Mortality Review Tool | PMRT | NPEU (ox.ac.uk)
8	MBRRACE	MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK | MBRRACE-UK | NPEU (ox.ac.uk)
9	Perinatal quality surveillance model (2020)	implementing-a-revised-perinatal-quality-surveillance-model.pdf (england.nhs.uk)
10	CQC Maternity Survey 2023	Maternity survey 2023 - Care Quality Commission (cqc.org.uk)
11	Maternity & neonatal Voices Partnership guidance	NHS England » Maternity and neonatal voices partnership guidance
12	Three year delivery plan for maternity & neonates	NHS England » Three year delivery plan for maternity and neonatal services
13	Ockenden Final	OCKENDEN REPORT - FINAL (ockendenmaternityreview.org.uk)
14	Kirkup: East Kent Report	Maternity and neonatal services in East Kent: 'Reading the signals' report - GOV.UK (www.gov.uk)
15	2024/25 Operational Planning Priorities	NHS England » Priorities and operational planning guidance 2024/25
16	Ockenden Interim	OCKENDEN REPORT - MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST (donnaockenden.com)
17	Patient Safety Incident Response Framework	NHS England » Patient Safety Incident Response Framework
18	Equity & equality guidance for local maternity & neonatal systems	Equity and equality: Guidance for local maternity systems (england.nhs.uk)
19	Devon Local Maternity & Neonatal System Equity & Equality plan	Maternity and child birth - One Devon

20	Devon Maternity & Neonatal Independent Senior Advocates	Maternity and Neonatal Independent Senior Advocates - One Devon
21	Neonatal critical care review	NHS England » Implementing the Recommendations of the Neonatal Critical Care Transformation Review

Appendix 1 - UK and Ireland Confidential Enquiries into Maternal Deaths key findings

- The report includes the surveillance information for women who died during and after pregnancy for 2019-21, which includes two years of the COVID-19 pandemic, when there were many service-related changes.

- The clearest impact of the pandemic on maternal mortality rates has been evidence of health systems under pressure, a theme which recurred across several chapters in this report. If women who died from COVID-19 are excluded, the maternal mortality rate is lower than the corresponding rate for 2018-20, but not significantly so; the care of women who died from COVID-19 is discussed chapter 6.

- The lessons learned from the care of women who died from COVID-19 emphasise the need to ensure that pregnant and breastfeeding women are not excluded from research and that they receive the same level of evidence-based care as non-pregnant women.

- The majority of women who died from COVID-19 in 2020 and 2021 were from ethnic minority groups and this is reflected in higher overall maternal mortality rates amongst women from Black and Asian ethnic groups compared to White women. This is a finding that is consistently emphasised in MBRRACE-UK reports.

- Similarly, disparities in maternal mortality rates continue to exist amongst women who live in the most deprived areas compared to those living in the least deprived areas

- Assessors also identified important messages concerning the care of women with multiple adversity and multiple morbidities, who are once again over-represented among maternal deaths.

- As in the 2022 report, deaths from mental-health related causes continue to contribute significantly to the maternal mortality rate, particularly in the period between six weeks and a year after the end of pregnancy. Addressing these disparities, complexities and mental health concerns must remain an important focus.

Appendix 2 - National Strategies included in CNST

- Saving Babies Lives Care Bundles (SBLCB)[2]
- Avoiding Term Admissions in Neonates (ATAIN)[3]
- Core Competency Framework (CCF)[4]
- British Association for Perinatal Medicine (BAPM) recommendations [5]
- Maternity Services Data Set (MSDS) data quality[6]
- Perinatal Mortality Review Tool (PMRT)[7]
- Mothers & Babies: Reducing Risk through Audit & Confidential Enquiries (MBRRACE) reporting.[8]
- Perinatal Quality Surveillance Model (PQSM) implementation[9]
- Care Quality Commission (CQC) survey result action plans[10]
- Implementation of Maternity & Neonatal Voices Partnerships (MNVP)[11]

Appendix 3 - SBLCB further detail and specific recommendations

Key Challenges in achieving compliance:

- Maintaining a body of evidence and changing audit criteria
- National and local communication and clarification of targets.
- Problems with the national evidence online tool
- Out of date clinical guidance
- Some Trusts have experienced particular challenges in improving their compliance levels due to how services are delivered:
    - In RDUHN & TSD low number of preterm babies (due to gestational limits within Special Care Baby Units) mean that it is challenging to demonstrate progress with metrics relating to preterm birth.
    - In RDUH North & East guidelines were different & stored in separate places not accessible from the alternate site.

Good Practice

- TSD have embedded several of the audit metrics in their maternity performance dashboards.
- RDUH & UHP procured the services of internal audit (ASW assurance) which provided additional oversight & feedback on the quality of available evidence. This has also been procured for year 6 for all three Trusts.
- RDUH have recruited an audit midwife.
- UHP have recruited a compliance manager.
- TSD SBLCB review meetings were attended by relevant leads within the organisation e.g. smoking cessation, practise education.

Assuring implementation

- The LMNS will continue with quarterly validation meetings in 2024/25 and work towards compliance with CNST Safety Action 6 for all Trusts.
- Locally set targets have been reviewed by all Trusts in the system to check they are realistic.
- In order to strengthen the process the tool has been redesigned locally for ease of use and to provide more robust assurance. This includes:
    - Simplification of the tool and an ability to filter interventions based on a number of factors e.g. compliance status.
    - Enhanced clarity on evidence requirements through separation of guidelines, audit & ‘other’ evidence (such as PMRT) reports.
    - Improved visibility of numerator/denominator information for audits
    - Space to detail dates for revision of guidelines so these can be reassessed by the LMNS once they have been updated as part of normal Trust governance processes.
    - Increased space for audit results so that the tool tracks changes/ compliance with audit performance through each quarterly review and does not only provide the latest result.
    - Indication whether audit methodology/ format has been approved. Some audits were rejected on the basis of incorrect methodology in 2023/24.
    - Clarity on which targets are local & national.
    - Inclusion of a separate audit dashboard with filter function for system wide benchmarking.

- As all Trusts have started 2024/25 with a level of compliance the approach for 2024/25 will be as follows:
    - Where guidelines are already approved, record the date they are expected to be revised.
    - Once all guidelines are approved, evidence expected each quarter will be audit only.
    - Approve audit approach & record approval.
    - Once all guidelines & the audit approach has been approved Trusts will only be required to submit the final audit result in the revised tool to the LMNS instead of multiple spreadsheets documenting the audits. This will reduce time required for Trusts & the LMNS in review.

A revised version of SBLCBv3 is anticipated in July 2024.

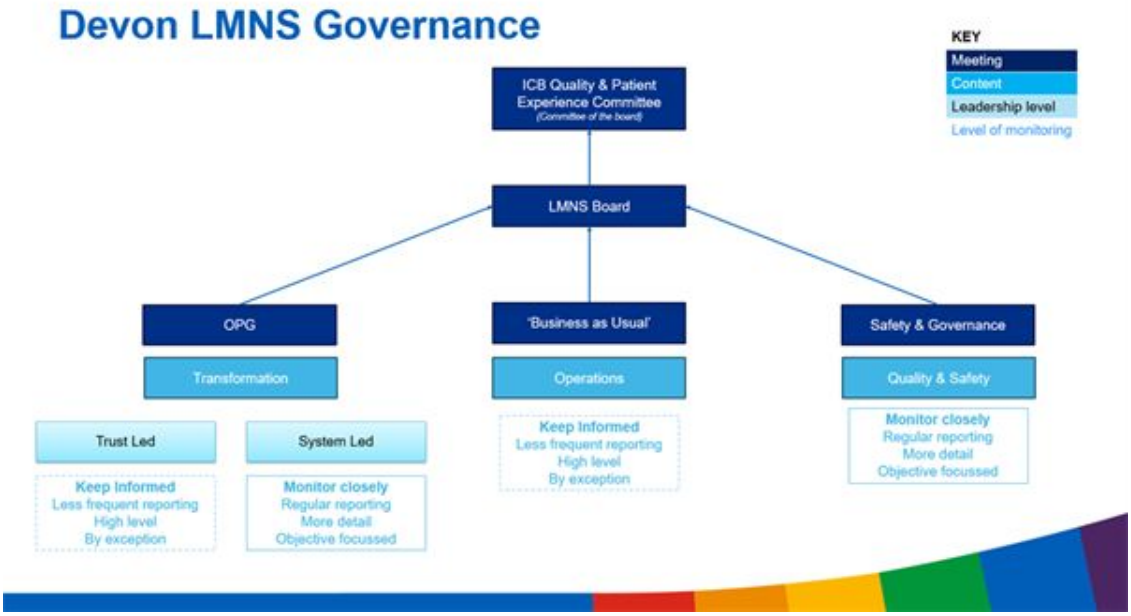
Recommendations are made below for the whole system. In some units these recommendations may already be in place:

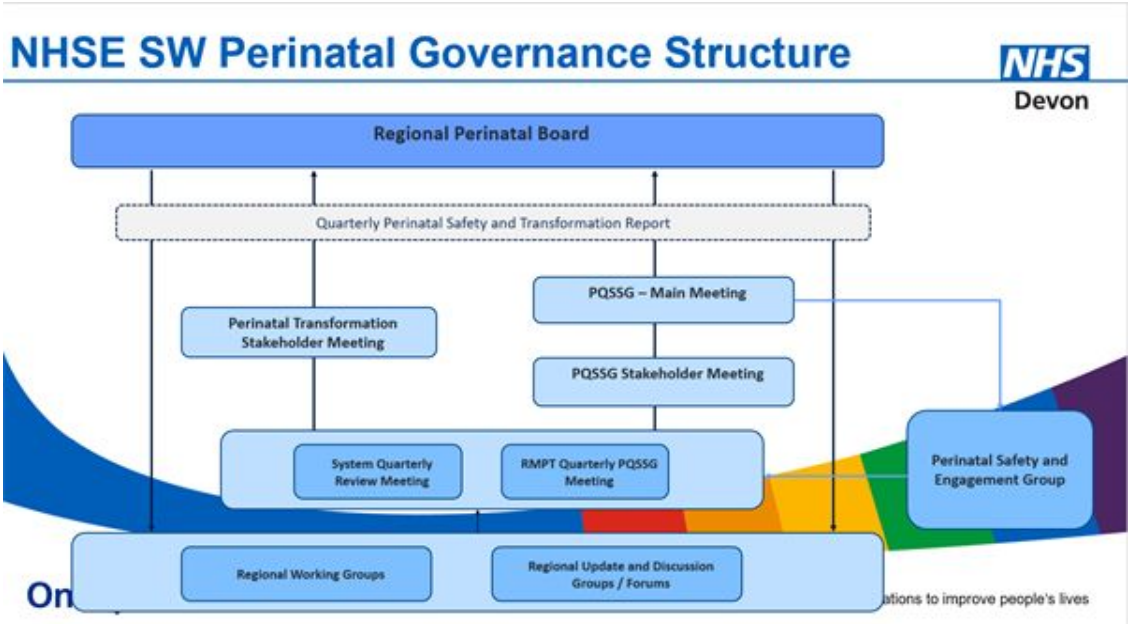
- Management & oversight
    - All trusts should maintain the support of ASW assurance in reviewing CNST evidence. The LMNS will work collaboratively with ASW to assure Safety Action 6: Saving Babies Lives
    - All Trusts should consider recruiting audit & compliance leads to manage the workload and activity associated with SBLCB/ MIS. These roles do not need to be clinical but should have clinical supervision.
    - Where pace of improvement is slower than required this should be escalated to the trust maternity & neonatal senior leadership team immediately.
    -
- Guidelines
    - In RDUH, all guidelines should be merged, version control should be improved and access to guidelines stored centrally for both sites.
    - Each individual guideline should provide all relevant information relating to the intervention. Embedding hyperlinks in guidelines should not be considered sufficient demonstration of compliance.
    - Where guidelines relate to other guidance, this should be clearly outlined in a ‘related documents’ section.
    - Trusts should ensure that guidelines are kept up to date and in line with best available evidence & updates to NICE guidelines.

- Audit
    - Audits where possible should not be of minimum standard (minimum 10 sets of notes, within 6 months) and should be rolling audits where possible or embedded in digital information system reports that are generated automatically.
    - Should data quality be poor and impacting audit performance or ability to report, communications with staff and quality improvement methods should be undertaken in order to be assured of robust data and release pressured clinical time.
    - Should modifications be required to digital information systems, this should be prioritised in order to release pressurised clinical time from undertaking manual data collection and processing.
    - All audits must be formally outlined including: clear description of the audit title, methodology (numerator/denominator), date undertaken, timeframe the audit covers & clear conclusion calculations. Once audit formats are approved Trusts will be encouraged to submit final figures only.

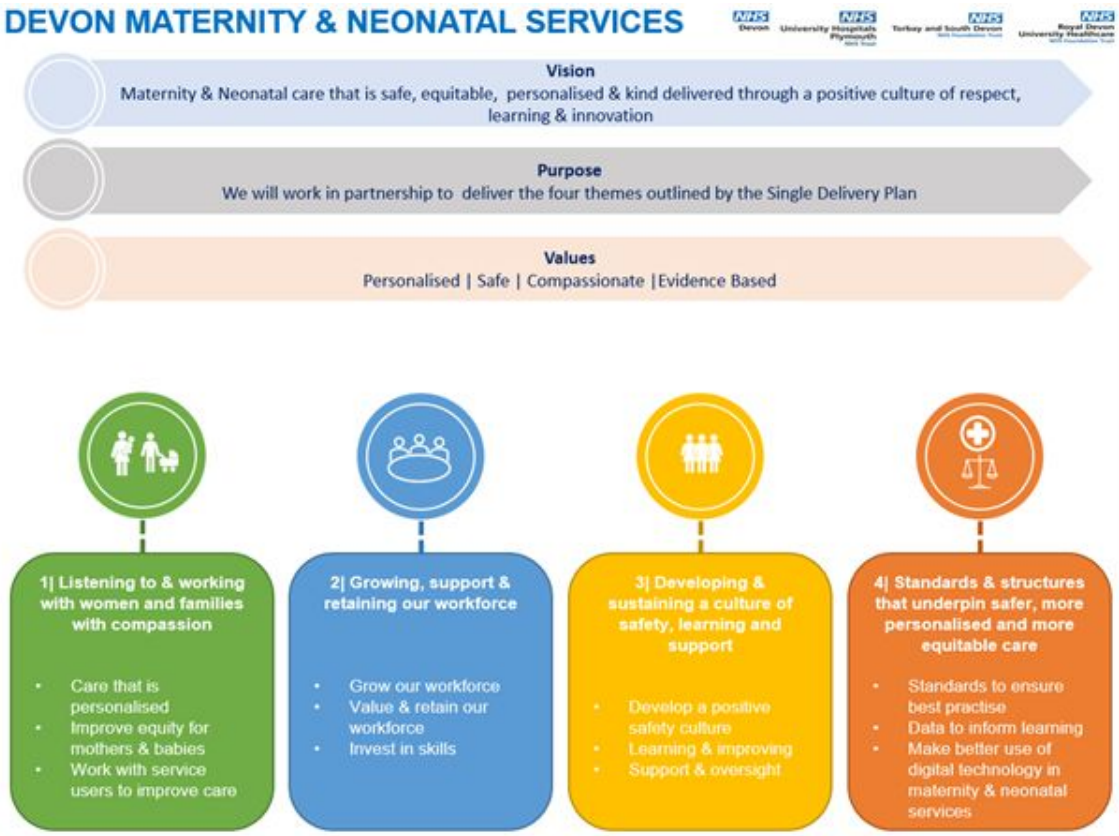
- For future consideration
  - Where feasible, Trusts could consider shared guidelines & clinical governance with some limited local amendments. This would be supportive in the transition to a single system wide digital system.
  - In 2 years the whole system will move to EPIC, a digital information system currently in place in RDUH. Should capacity allow, RDUH could consider building reports into the digital system to undertake audit required as evidence for SBLCB.

Appendix 4 - DLMNS Governance Structure & South West Regional Maternity & Perinatal Team Governance





Appendix 5 - DLMNS Vision and Structure for Delivery of the 3-year Delivery Plan



Appendix 6 - Three Year Plan for Maternity & Neonates Success Measures

Theme	Outcome Measures	Progress Measures	Evidence	Regulation & Incentivisation
Listening to & working with women and families with compassion	• Indicators of women & birthing peoples experience from the CQC survey, including analysis by ethnicity & deprivation. *	• Maternal mental health services in place • Pelvic health services in place • Number of women accessing PNMH services • BFI accreditation	• Evidence of coproduction • MNVP feedback from wide range of service users	• CQC to consider compassionate and personalised care. • CNST encouraging use of MNVP's.
Growing, support & retaining our workforce	• NHS staff survey • National Education & Training Survey • GMC national training survey	• From workforce return data- Establishment, in post & vacancy rates for Obstetricians, Neonatologists, Midwives, Maternity Support Workers and Neonatal Nurses • Annual census of maternity & neonatal staffing groups to collect baseline data for obstetric anaesthetists, sonographers, allied health professionals & psychologists. • Monitor staff turnover & sickness absence rates. • NHS staff survey questions on staff experience & morale	• Progress against workforce, retention, succession & training plans • Local staff feedback mechanisms • Progress against the nursing & midwifery high impact retention interventions	• CQC criteria including KLOE's around staff skills, knowledge, experience & opportunities for development. • CNST to evidence that training is in accordance with the core competency framework.

Theme	Outcome Measures	Progress Measures	Evidence	Regulation & Incentivisation
Developing & sustaining a culture of safety, learning and support	• NHS staff survey • National Education & Training Survey • GMC national training survey	"Achieving meaningful changes in culture will take time and progress measures are difficult to identify and can have unintended consequences. We will primarily determine overall success by listening to the people who use and work in frontline services."	• Assurance from Trust Boards that they are using appreciative enquiry approach to support progress with plans to improve culture. • Whether trust boards regularly share and act on learning • Staff feedback on how incidents and issues of concern are managed.	• CQC to consider whether the trust has a learning and responsive culture, strong leadership and robust governance.
Standards & structures that underpin safer, more personalised and more equitable care	• Maternal Mortality • Stillbirths • Neonatal Deaths • Brain injury • Preterm Births • Monitoring by ethnicity and deprivation	• Implementation of Saving Babies Lives Care Bundles V3 • Babies born at less than 27 weeks in a maternity unit with an onsite NICU • Proportion of term babes admitted to a neonatal unit, measured through the ATAIN programme. • Periodic digital maturity assessment of Trusts	• Clinical audits of shared standards- a standardised tool will be provided for assuring SBLCBv3. • An ICB wide dashboard to support benchmarking and improvement. The national maternity & neonatal dashboard provides metrics for LMNS benchmarking where possible.	• CQC KLOE's to consider whether care is in accordance with best available evidence. • CNST 10 safety actions

Appendix 7- aligned LMNS Work Plans

Transformation midwives

- Birth afterthoughts- development of shared standards for delivery and staff training.
- Complaints- ensuring that the MNVP are involved in the developed of maternity & neonatal complaints responses. (Ockenden).
- Antenatal Education- development of a core pathway & shared standards.
- Enabling personalisation- development of a toolkit to ensure that staff are enabled to provide personalised, family centred care.
- MNVP informed transformation- responding to feedback from families.

Devon MNVP

- Engaging with families-listening to women, birthing people & their families and working with Trusts to implement improvements to services.
- Engaging with seldom heard groups- targeted engagement with families identified in the LMNS Equity & Equality Plan.
- Bereaved families- providing a tailored feedback pathway for families experiencing bereavement & engaging with the Maternity & Neonatal Independent Senior Advocates (MNISA).
- Families with babies in the neonatal unit- working with the neonatal Patient Advisory Group to understand the experiences of families with babies in the neonatal unit & providing family feedback boxes.
- Supporting transformation teams to implement annual priorities.
- Attending Trust & LMNS meetings required by CNST standards.

Devon LMNS programme team

- Maternity & neonatal commissioning- development of a new service specification for maternity, preparation for delegated authority for neonatal services and the peninsula acute sustainability programme.
- Perinatal quality & safety- Saving Babies Lives Care Bundles quarterly validation, thematic learning from maternal mortality, stillbirth & neonatal death, CNST monitoring & review, learning from incidents & complaints.
- Programme structure & governance- revised programme plan, assurance & accountability framework, improved reporting procedures, peninsula LMNS & board development.
- Equity & Equality- benchmarking activity against 2022 LMNS Equity & Equality plan and reducing variation in recording & reporting social complexity.
- Pelvic Health-full implementation of Perinatal Pelvic Health Services.
- Workforce- review of workforce against key national strategy requirements e.g. Ockenden & CNST

Appendix 8 – Equity & Equality Plan Metrics

Priority/ Intervention	Process Indicators	Source	Outcome Indicators	Source
Priority 1: Restore NHS Services Inclusively				
Intervention 1: Continue to implement the covid four actions	Implementation of the COVID-19 four actions	Local Data	Women using folic acid	Regional Measures Report
Priority 2: Mitigate against Digital Exclusion				
Intervention 1: Ensure personalised care and support plans are available in a range of languages and formats, including hard copy PCSP's for those experiencing digital exclusion	• The number of women with a Personalised Care and Support Plan which covers: - antenatal care by 17 weeks gestation - intrapartum care by 35 weeks gestation - postnatal care by 37 weeks gestation • The numbers of women who had all three of the above in place by the gestational date	Local Data Local Data	None	
Priority 3: Ensure datasets are timely & complete				
Intervention 1: On maternity information systems, continuously improve the data quality of ethnic coding and the mother's postcode	• Safety action 2, category 9: data submitted to Maternity Services Data Set (MSDS) contains valid postcode for mother at booking in 95% of women booked in the month. • Ethnicity data quality • Safety action 2, category 10: data submitted to MSDS includes a valid ethnic category for at least 80% of the women booked in the month. Not stated, missing and not known are not valid records.	MSDS/ CNST Regional Measures Report MSDS/CNST	None	
Priority 4: Accelerate preventative programmes that engage those at greatest risk of poor outcomes				
4b: Action on maternal mortality, morbidity & experience				
Intervention 1: Implement maternal medicine networks to help achieve equity	The Maternal Medicine Network is implementing the KPIs in the non-mandatory national service specification. They are broken down by level of deprivation of the mother's postcode and ethnicity			
Intervention 2: offer referral to the NHS Diabetes Prevention Programme to women with a past diagnosis of gestational diabetes mellitus (GDM) who are not currently pregnant and do not currently have diabetes				
Intervention 3: Implement NICE CG110 antenatal care for	Booking at <70 days gestation	Regional Measures Report		

pregnant women with complex social factors	Proportion of women with complex social factors who attend booking by 10 weeks, 12+6 weeks and 20 weeks For each complex social factor grouping, the number of women who: attend for booking by 10, 12+6 and 20 weeks; and attend the recommended number of antenatal appointments	Local Data		
Intervention 4: Implement maternal mental health services with a focus on access by ethnicity and deprivation				
Intervention 5: Ensure personalised care and support plans are available to everyone	% of women attending the booking appointment who are from ethnic minority groups Ethnicity Data Quality	Regional Measures Report		
Intervention 6: Ensure the MNVP's in your LMNS reflect the ethnic diversity of the local population, in line with NICE QS167	% of parent members of the MNVP who are from ethnic minority groups	Local Data		
4c: Action on perinatal mortality and morbidity				
Intervention 1: implement targeted and enhanced continuity of carer, as set out in the NHS Long Term Plan. This means that, as continuity of carer is rolled out to most women, women from Black, Asian and Mixed ethnic groups and women living in deprived areas are prioritised, with 75% of women in these groups receiving continuity of carer by 2024. It also means ensuring that additional midwifery time is available to support women from the most deprived areas.	Placement on a continuity of carer pathway – Black/Asian women Placement on a continuity of carer pathway – women living in the most deprived areas	Regional Measures Report		
Intervention 2: implement a smoke-free pregnancy pathway for mothers and their partners			Low birth weight (<2,500g for term births) Deliveries under 27 weeks Deliveries under 37 weeks	Regional Measures Report

Intervention 3: implement an LMS breastfeeding strategy and continuously improve breastfeeding rates for women living in the most deprived areas.	Baby Friendly accreditation	Regional Measures Report	Breast milk at first feed	Regional Measures Report
4d: Support for maternity & Neonatal Staff				
Intervention 1: roll out multidisciplinary training about cultural competence in maternity and neonatal services.	% of maternity and neonatal staff who attended training about cultural competence in the last two years	Local Data		
Intervention 2: when investigating serious incidents, consider the impact of culture, ethnicity and language.	% of maternity and neonatal Serious Incidents relating to patient care with a valid ethnic code % of Perinatal Mortality Review Tool (1) cases with a valid ethnic code	StEIS Data Local Data		
Intervention 3: implement the Workforce Race Equality Standard (WRES) in maternity and neonatal services.			WRES indicators 1 to 8 for midwives and nurses in maternity and neonatal services	WRES

NHS Devon Integrated Care Board

Quality Report

Date of meeting	Date report produced
25 July 2024	1 July 2024

Author(s)		Report approved by	
Name and title:	Sara Wright Head of Nursing & Quality	**Name and title:**	Penny Smith Interim Chief Nursing Officer
Phone;		**Date:**	03 July 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
NHS Devon's Quality Report aims to summarise and provide assurance to the Board regarding patient safety and quality issues, actions NHS Devon is taking to address these, and how we are seeking assurance on a sustained improved position. In addition, the report outlines quality improvement and transformational work across the county, as well as Devon's contribution to regional and national workstreams.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
NHS Devon Executive - 02 July 2024 Quality and Patient Experience Committee – 11 July 2024

Key recommendations and actions
TAKE ASSURANCE from the content of the report.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Driving improvements in health, including health inequalities
Improve services and reduced unwarranted variation	Working to ensure consistent services across Devon
Make more efficient use of our resources	Ensuring quality remains central to evidence based, cost effective healthcare
Develop our culture and how we operate	Ensuring collaborative working with colleagues to drive high quality services together

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Provides evidence of quality standards, performance, challenges and developments in healthcare across Devon.
Health inequalities	Provides information addressing health inequalities
Workforce	Describe workforce challenges and impacts
Resources and finance	Evidences where improved system working & collaboration has led to efficiencies; and where challenges remain
Legal	Provides information where indicated, and acts as a record of NHS Devon clinical governance
Digital and Data	Reports information where data is used effectively, but gaps have been identified
Engagement and consultation	Promotes the patient voice being embedded in quality reporting wherever possible

NHS Devon ICB Quality Report July 2024

Public Board - May 2024 Data

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

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Contents

Executive Summary

Patient Safety & Incident Monitoring : All Providers have now transitioned to the Patient Safety Incident Response Framework (PSIRF) with University Hospital Plymouth (UHP) commencing reporting in July 2024. Devon ICB is developing new reporting to provide assurance data on incidents at system level. The ICB is currently working with our NHS Providers to overcome data quality issues whilst utilising the new data sets and benefits of the system to monitor and improve patient safety.

Safeguarding: Local Authority data indicates that has been an increase in Serious Incident Notifications for children resulting in conversion to Rapid Review and Child Safeguarding Practice Reviews, with a theme of neglect. Devon Safeguarding Children Partnership are undertaking a thematic review of neglect and the NHS Devon safeguarding team will contribute and support this work. The team will report on learning that can be shared from this review.

Infection Prevention & Control (IPC): In May 2024 there was an outbreak of cryptosporidium in the Brixham area of Devon, associated with water supply contamination. This involved 113 confirmed cases. The cases were primarily in the TQ5 postcode area of Torbay, but there was spread across the SW region. At time of writing this report the situation is now resolved with restriction on water usage lifted.

End of Life: Electronic Treatment Escalation Plan (E- TEP) This new digital system 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 (EOL) care register. Via the new system , the EOL team will be able to review numbers of TEPs created and coded across practices, compared to their patient population to monitor their performance against the 1% standard.

North & East: Royal Devon University Healthcare (RDUH) continue to make significant progress implementing PSIRF, the ICB are supporting Trust decision making and learning forums in developing the new process.

South: The enhanced quality and improvement process relating to safeguarding matters has now concluded at Torbay Hospitals Trust. The ICB continue to monitor improvement through attendance at Trust groups and committees, including their Quality Committee.

West & Plymouth: Concerns: Work remains focused regarding patient safety matters within UHP's emergency and urgent care pathways. The ICB is monitoring and supporting progress by attendance at Trust meetings, including their Safety, Quality, People and Culture Committee.

Elective Care: The Clinical Risk & Harm Group has developed measures to ensure learning and improvement across our System. This will be presented in the July 24 update to Elective Care Improvement Board. These include quality leads sharing information on their safety netting processes for long waiters.

Mental Health and Learning Disabilities : Adult: Devon Partnership Trust (DPT) Additional Support Unit (ASU) is current being supported via an enhanced quality and improvement process. The ICB has received good evidence of improvement work at the unit and has no current concerns. Children & Young People (CYP): Acute paediatric services across Devon are experiencing increases in demand for nasogastric tube feeding utilising restrictive practices due to increases in levels of acuity for patients requiring this level of intervention. The Devon Mental Health Collaborative have implemented a 'Creative Solutions Group' to support improving this challenge.

Urgent & Emergency Care (UEC): Data continues to demonstrate raised risks of pathway delays across Devon, with highest risk in Plymouth, West and South localities indicating continued challenges to access to UEC for patients in Devon. Specifically noting UHP UEC challenges.

Quality Overview: Safeguarding

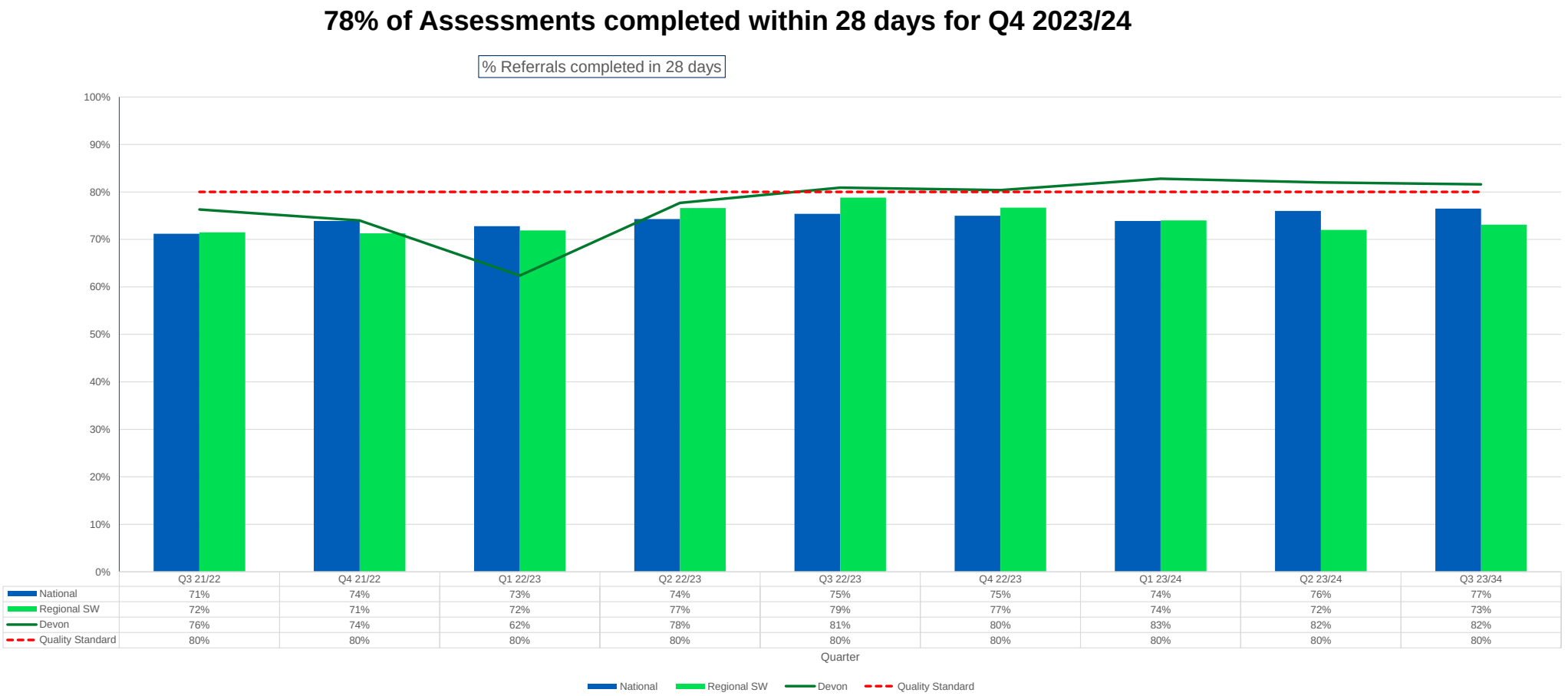
- Torbay Safeguarding Children Partnership are undertaking a Multi-Agency Case Audit to understand the mental health needs of children and young people in Torbay.
- Local Authority data indicates that has been an increase in Serious Incident Notifications for children resulting in conversion to Rapid Review and Child Safeguarding Practice Reviews, with a theme of neglect. Devon Safeguarding Children Partnership are undertaking a thematic review of neglect and the NHS Devon safeguarding team will contribute and support this work. The team will report on learning that can be shared from this review.
- Plymouth Safeguarding Children Partnership held a successful multi-agency safeguarding conference in month 3 Q1, focusing on the revised Working Together statutory guidance. The involvement of the Young Safeguarders project was pivotal in driving home the impact of effective partnership working.
- ICB Prevent Lead has developed a questionnaire to ascertain confidence and competence in relation to Prevent referrals across the system. This is in response to low referral rates from health being reported at Prevent Partnerships.
- All Safeguarding Adult Review ((SAR) health related learning is disseminated to the GP Safeguarding Leads. Safeguarding training is reviewed after each report is published to ensure relevant learning is incorporated into system training, such as targeted bite size and level 3 training sessions for both NHS Devon and primary care staff.
- The Designated Nurses monitor provider agencies engagement with learning from SARs through attendance at their safeguarding governance meetings. The Torbay and Devon Safeguarding Adults Partnership (TDSAP) Performance & Quality Assurance Subgroup reviews SAR action plans and triangulates learning being embedded across the Devon system.
- There continues to be many SAR recommendations and actions that the Designated Nurses are supporting TDSAP to implement across health and social care. A new task and finish group has been set up to support implementation of the Self Neglect Thematic review.
- Right Care Right Person (RCRP) Phase 2 walkout/AWOL (absent without leave) from health services has been rolled out from 3rd of June 2024. There will be a review of cases 1 month after the commencement date. The Designated Nurses are members of the RCRP strategic meeting.

Quality Overview – Continuing Healthcare (CHC)
Quality Assurance and Performance Monitoring Q4 & Q1

Please note - future CHC data will be moved into an updated slide deck style report to ease of reading

- 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.
- The following performance slides are produced by NHS England to assess Devon's performance against the national standards
- The performance slides also include comparisons with like for like ICBs
- NHS England is assured with NHS Devon's performance for CHC reporting, whilst noting some risks.
- To note that due to capacity issues of the team, performance just dipped below agreed KPI's. An improvement plan has been agreed with NHS England.

Quality Standards

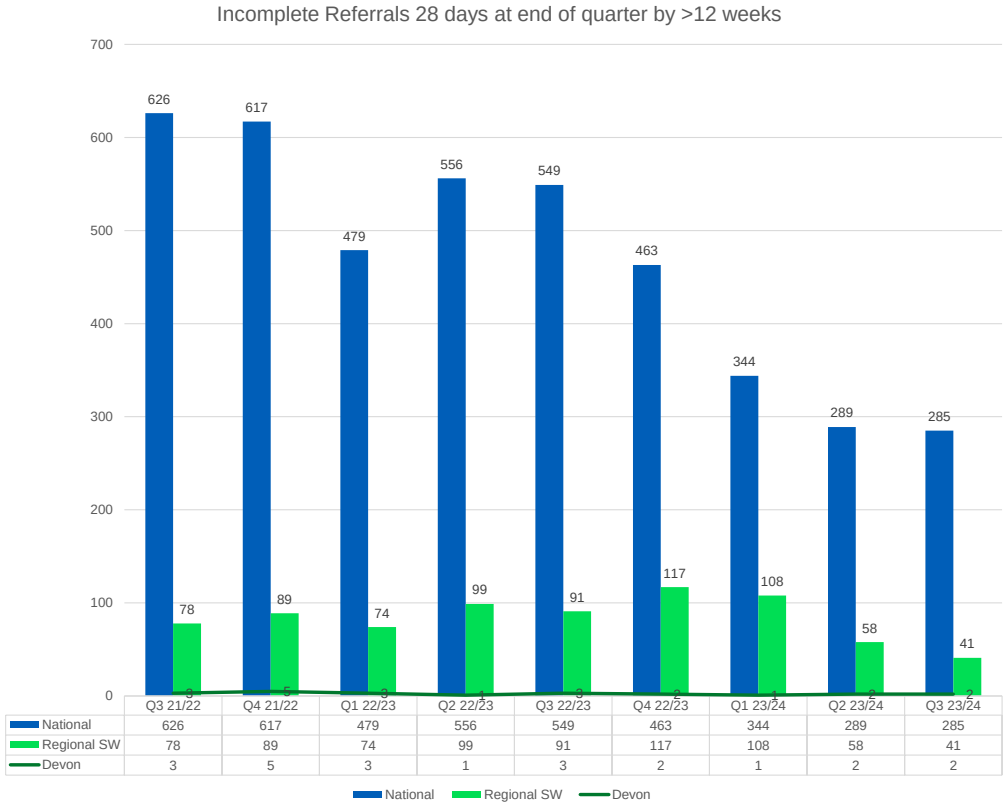


	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/34
National	71%	74%	73%	74%	75%	75%	74%	76%	77%
Regional SW	72%	71%	72%	77%	79%	77%	74%	72%	73%
Devon	76%	74%	62%	78%	81%	80%	83%	82%	82%
Quality Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%

Quality Standards

11 Assessments incomplete over 12 weeks for Q4 2023/24
43 Assessments completed over 28 Days.

Of these:
16 cases are 1 to 14 days over the 28-day standard
7 cases are 15 to 28 days over the 28-day standard
9 cases are 29 to 84 days over the 28-day standard
10 cases are 85 to 182 days over the 28-day standard
1 case is over 183 days over the 28-day standards



Quality Standards Projections 2023/24

	Q1	Q2	Q3	Q4
Percentage of Assessments completed with 28 days	>80%	>80%	>80%	>80%
Number of Incomplete referrals over 12 weeks	5-9	5-9	1-4	0

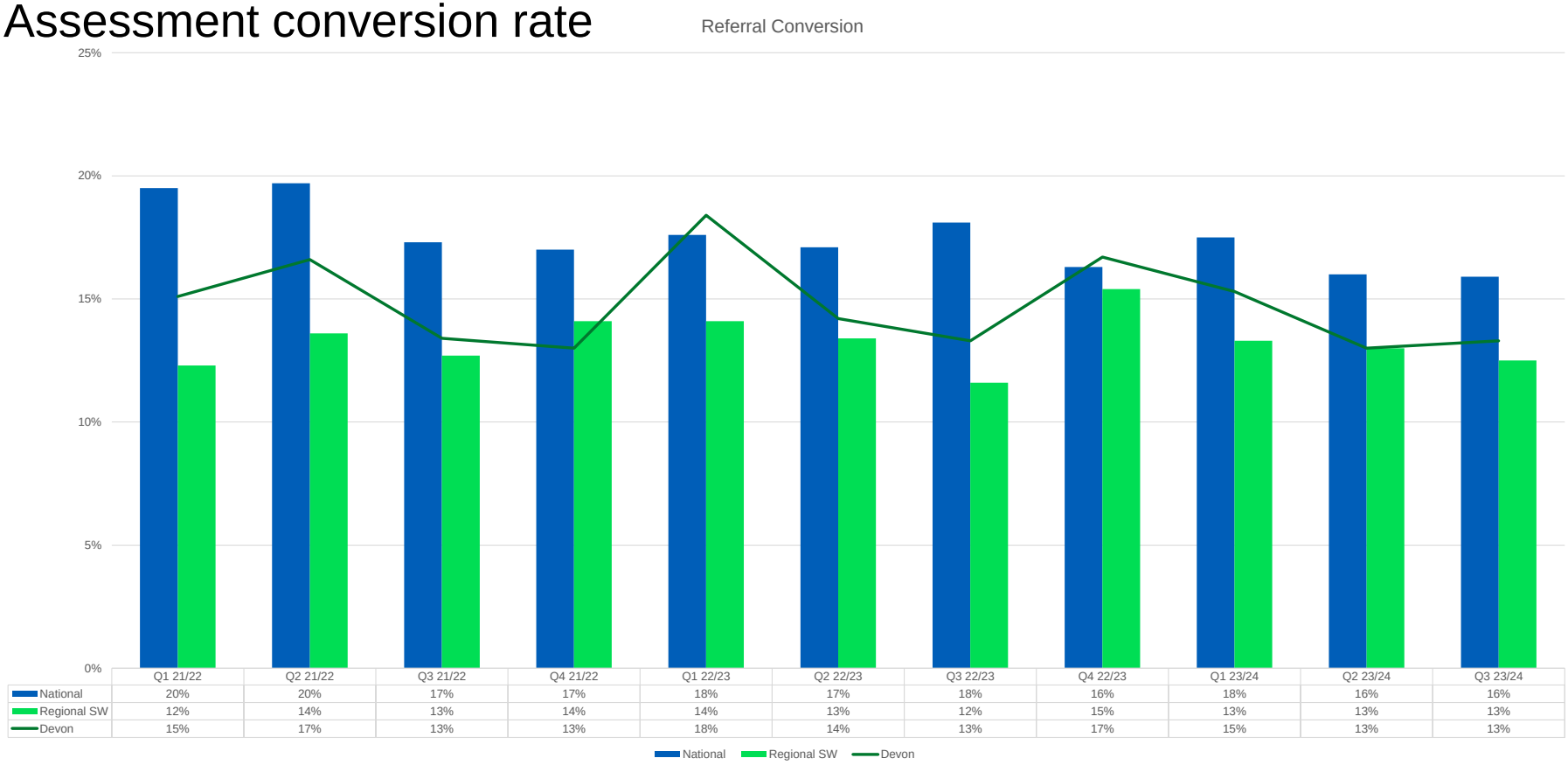
Quality Standard Projections 2024/25

		Q1	Q2	Q3	Q4
Percentage of assessments to be completed in 28 days in each quarter		60%-64.9%	65%- 69.9%	70%-74.9%	80%
Number of incomplete referrals over 12 weeks		10-14	10-14	5-9	1-4

To note for Q1 24/25 projection to be met

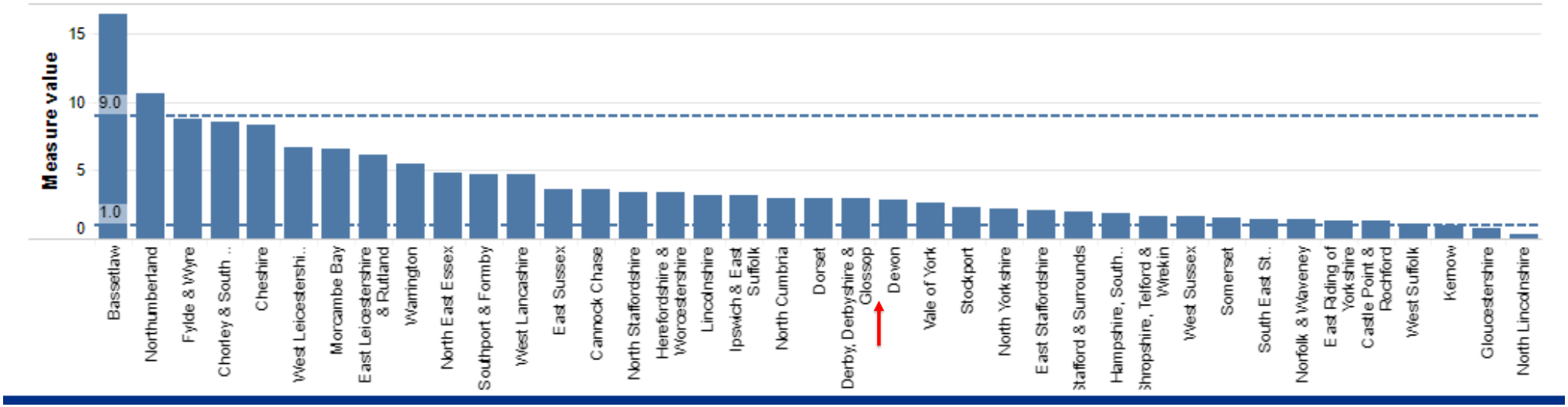
Q4 Conversion Rates

- 13% Assessment conversion rate



	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24
National	20%	20%	17%	17%	18%	17%	18%	16%	18%	16%	16%
Regional SW	12%	14%	13%	14%	14%	13%	12%	15%	13%	13%	13%
Devon	15%	17%	13%	13%	18%	14%	13%	17%	15%	13%	13%

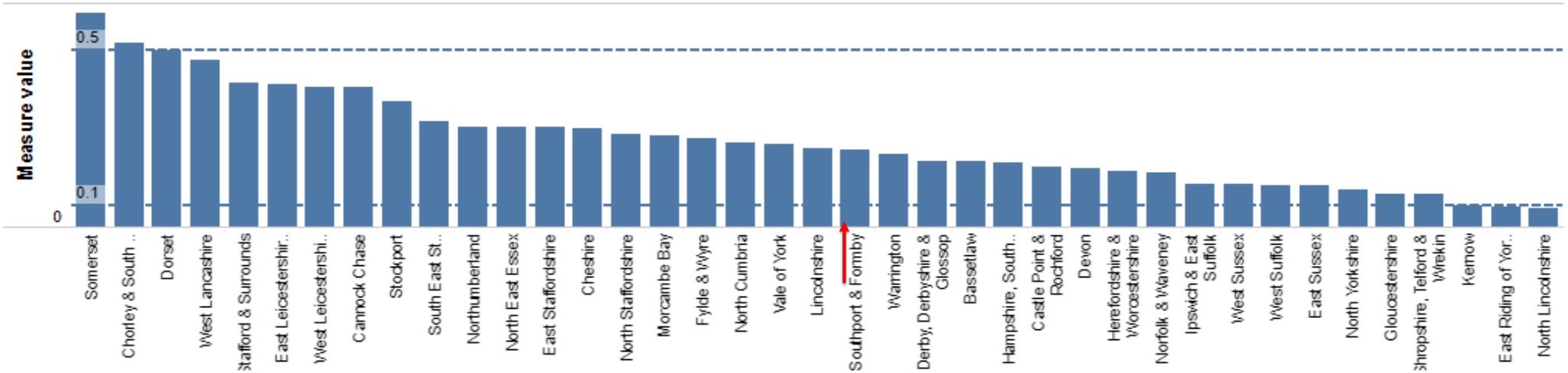
Standard NHS CHC Eligibility



- Number assessed as eligible for Standard CHC – per 50k

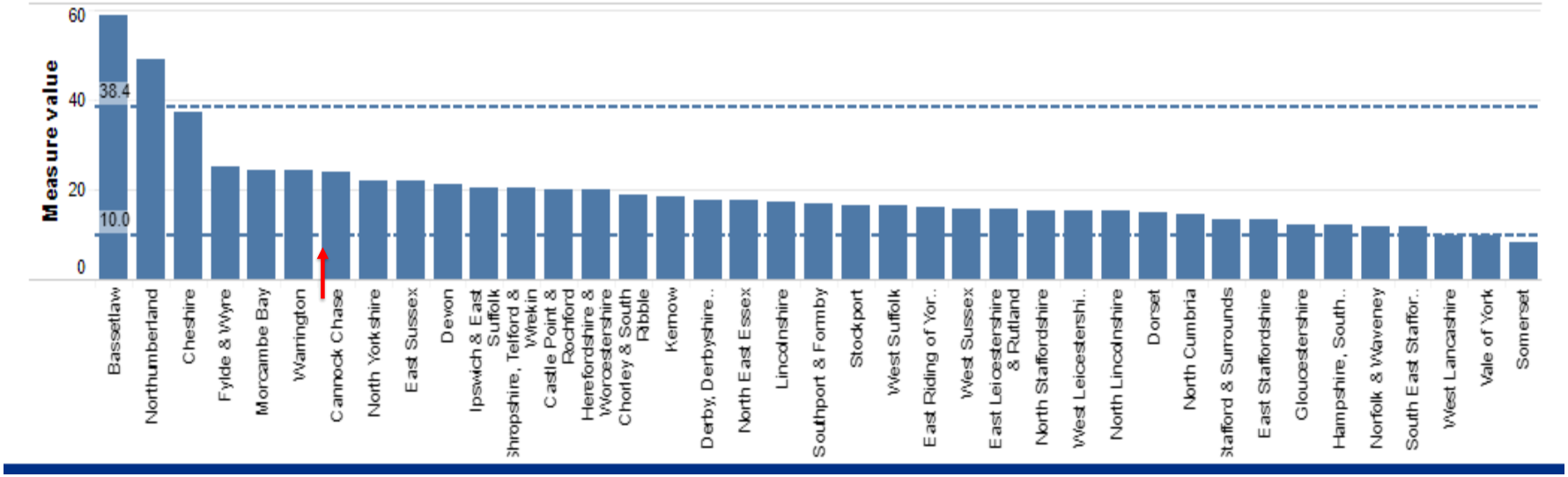
Assessment Conversion Rate

- Standard CHC assessment conversion rate



Number of New Referrals for Standard CHC

- Number of new referrals for Standard CHC – per 50k



Indicative Quarter 1 24/25 performance.

- **Quarter 1:** Formal benchmarking submission report is due mid-July 2024. Quarter 1's performance will be formally assessed by NHS England. An initial informal consideration of performance, suggestions that NHS Devon will meet its agreed projections for Quarter 1.

- **Key actions to support performance and quality metrics:** Long standing vacancies have impacted on the team, with the majority of assessment work now being outsourced. This outsourcing is non-complex work, NHS Devon CHC team manage the complex cases. The team are recruiting from NHS Professionals and out to advert to recruit more clinical staff. The time required to recruit and train staff will mean the team will remain challenged for capacity for at least the next quarter.

Quality Overview: Serious Incidents Quarter One

Reported serious incidents

At time of writing this report (20 June 2024), the first quarter' data is not complete. Therefore, the data included covers April, May and up to the 20 June.

The total number of serious incidents (SIs) reported in April (4), May (7), and June (1) show an expected downwards trend due to providers transitioning to the Patient Safety Incident Response Framework (PSIRF).

University Hospitals Plymouth NHS Trust (UHPNT), who transitioned to PSIRF in July, reported the highest number of SIs (8). South Western Ambulance Service NHS Foundation Trust (*SWASFT*) reported two SIs, Any new identified learning will be added to their overarching action plans.

Table 1 summarises all types of incidents reported during the first quarter.

Table 1: Reported serious incidents by Provider

Provider	Type of serious incident	Number received
SWASFT	Treatment delay	2
LWSW	Apparent/actual/suspected self-inflicted harm	1
UHPNT	Slips/trips/falls	2
	Treatment delay	1
	Diagnostic incident	1
	Maternity/Obstetric	2
	Surgical/invasive procedure	2
SpaMedica	Screening issues	1

Quality Overview: Serious Incidents Quarter One

Total open serious incidents

Currently, there are 214 open SIs, with 28 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 serious incidents with additional focus

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 9 SIs classified as needing a multi-agency investigation.. Each has had an initial scoping meeting with all relevant organizations involved in the incident's pathway, and they are now under investigation.

There are an additional 7 SIs with additional ICB focus, indicating potential police involvement or other 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.

Never events

The South-West collaborative effort to learn from and share best practices regarding never events is positive in driving improvement. Currently, there are 16 open never events under investigation. The safety systems team within NHS Devon regularly receives progress updates from the providers. Two completed investigation reports have been received and are scheduled to be reviewed by NHS Devon in the next couple of weeks.

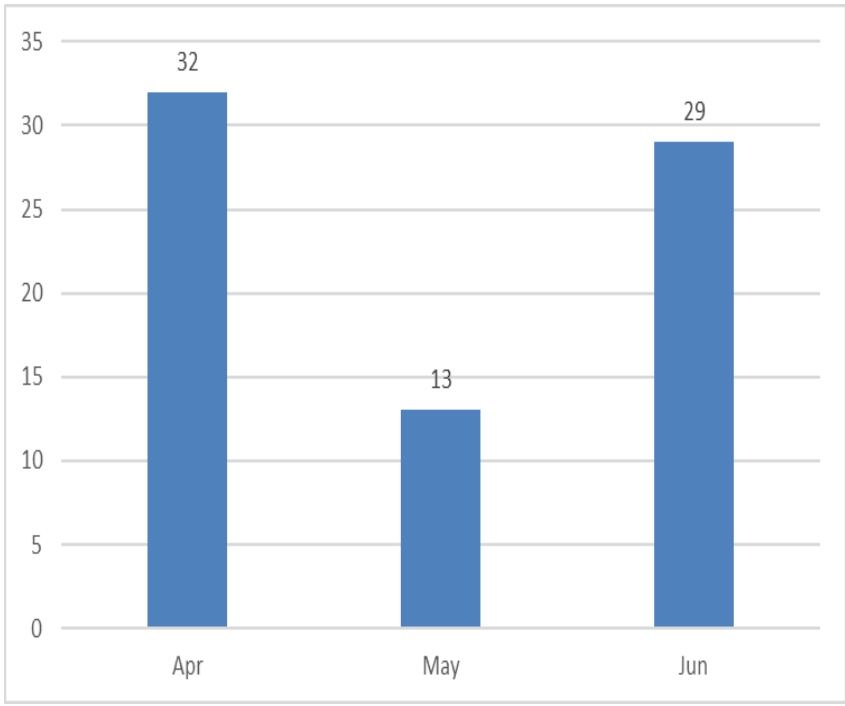
Quality Overview: Serious Incidents Quarter One

Closed serious incidents – pre PSIRF

During quarter one NHS Devon received a total of 74 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.

This information will assist NHS Devon in planning the review and closure process. The trajectory details will be included in next month's report.

Chart 1: Closed serious incidents



Quality Overview: Learning from Patient Safety Event (LfPSE)

LfPSE and reported Patient Safety Incident Investigations (PSII) – Developmental Data

At ICB level we are now able to access commissioner level data sets via the new national Learning from Patient Safety Event (LfPSE) system. This replaced the longstanding Serious Incident Framework system. Access to data for commissioners is still being developed by the national team. The information we are now able to present is "developmental " as we collectively start to build up and refine system data sets. We are working closely with provider Trusts to interrogate anomalies, support standardisation of reporting practices and work to utilise the new system to monitor and improve patient safety.

As of May 2024 all providers except UHP (UHP have commenced reporting in July 2024) have submitted reports to the new national LfPSE system. Where detailed patient safety investigations are required, a patient safety incident investigation (PSII) is instigated, this is the new version of a Serious Incident. Currently , due to limitations of the new system, until Trust local incident reporting systems are configured with the latest upgrade, Trusts are are unable to report incidents identified as requiring a PSII to LfPSE. These incidents will continue to be reported to the Strategic Executive Information System (StEIS). During quarter one 23 PSII were reported to StEIS in Devon.

The number of monthly incidents reported to LfPSE appears consistent, with 4476 incidents in April and 4230 in May. Each incident reported to LfPSE will detail the physical and (the newly added) psychological harm impact on the patient.

Our data presented in the opposite table is "fatal harms" reported via LfPSE system. In April, 44 incidents resulted in fatal physical harm, May saw 25 incidents. The ICB are following up with Trusts for further details and assurances on serious harm matters to ensure learning to prevent recurrence is taking place. *The higher rate reported in Devon Partnership Trust (DPT) includes unexpected and expected natural deaths , a review of the Trusts full data set over a 12 month period does not appear outside of previous reports. This helpfully illustrates the data quality issues this new system is experiencing and is helpful in guiding conversations with providers regarding standardising reporting and ensuring ICB assurance is accurate and productive.

Table 2: Fatal incidents reported onto LfPSE –inclusive of unexpected deaths - Developmental Data

MAIN PROVIDERS	FATAL PHYSICAL HARM (UNEXPECTED DEATHS)	
Month	Apr-24	May-24
NHS Devon	0	0
DPT	23*	10
LWSW	2	1
RDUHT	9	1
TSDFT	6	7
UHPNT	0	0
SWASFT	4	6
Total	44	25

LfPSE and Reported Patient Safety Incident Investigations (PSII)

Quality Overview: Serious Incidents Quarter One

The top 5 categorised incidents reported to LfPSE remained consistent in both April and May, which included:

- Adult mental health
- Community medicine
- Nursing
- Unknown
- Emergency medicine.

Table 3 illustrates the top 25 reported categories for May 2024. Items scored as “blank” will be improved through data quality work going forward

Table 3: Top 25 reported incidents to LfPSE

Category	Number reported
Adult Mental Health	608
Community medicine	544
Nursing	346
I don't know	228
Emergency Medicine	177
General Internal Medicine	174
Elderly Medicine	173
Acute internal medicine	171
Midwifery	148
General surgery	144
Trauma and orthopaedics	122
Old age psychiatry	114
Blank	110
Paediatrics	99
Gastroenterology	72
Cardiology	68
Respiratory Medicine	65
Radiology	60
Haematology	56
Endocrinology and Diabetes	53
Ophthalmology	53
Forensic psychiatry	43
Liaison Psychiatry	39
Allied Health Professional	38
Renal Medicine	35

Quality Overview – Patient Experience

Quarter 1 2024/25: Patient Experience, Formal Complaints and PHSO Cases:

Received in Quarter 1

Formal Complaints

6

Informal Concerns

550

Ombudsman Investigations

2

Primary Care Hub Sign Off

69

Open Cases*

Formal Complaints

16

Informal Concerns

92

Ombudsman Investigations

8

Primary Care Hub Sign Off

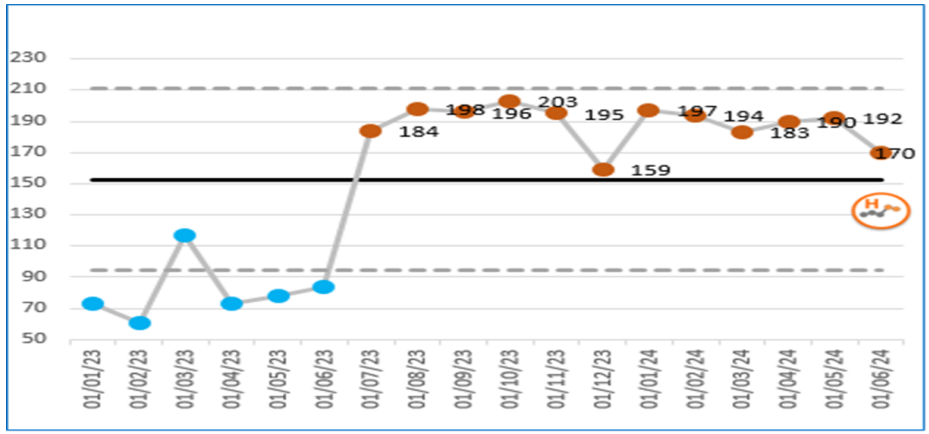
7

Unallocated Cases*

19

At the end of June 2024 there were 19 unassigned informal concerns and formal complaints waiting for one of the team to progress. The oldest unassigned case is 18 April. All 19 cases were acknowledged.

Below graph demonstrates new contacts each month



Summary

Although the number of unallocated cases has remained the same, at peak during quarter 1, there were 39 cases outstanding, one of which was from February 2024.

There is continued high demand on the Patient Experience team, which in turn has impacted the ability to respond to new and ongoing concerns and complaints. The team will benefit from great capacity when the new organisational structure is enacted later in 24/25.

Oldest complaint is 2 years old but is being well managed with the family and an external investigator and it is close to completion.

Considerable work has been completed in reducing the number of informal concerns remaining open, reduced by 30% since last quarter.

***as at 03 July 2024**

Themes and Trends Overview: Patient Experience Formal Complaints & PHSO Cases:

Top 3 themes

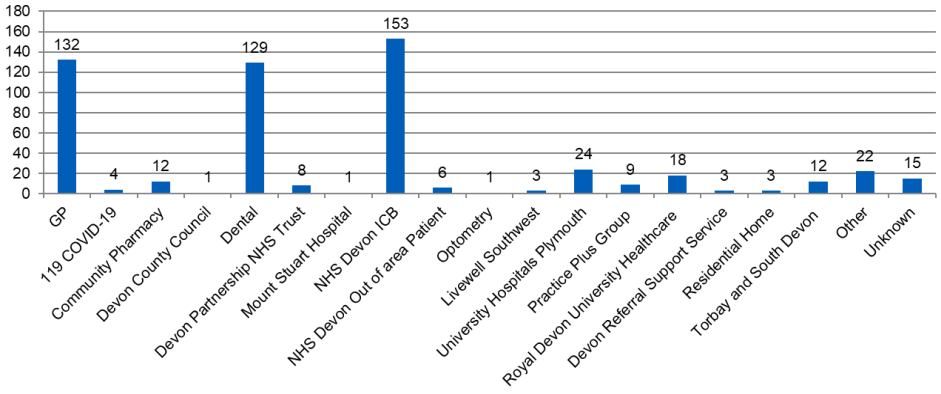
Access to Service 357

Procedure or Process 143

Quality of Care 141

Little has changed in terms of themes throughout the last quarter of this year.

Access to service – mainly relating to dental access.
Procedure or process – mainly relating to GP and some ADHD patients.
Quality of Care – mainly relating to GP services.



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)
Large amount of contact being received relating to a group of GP practices in Plymouth, where their website has inadvertently directed patients to NHS Devon. This highlighted patient safety concerns which commissioning are aware of and are addressing.

Pharmacy
Ongoing concerns in Holsworthy following temporary closure of the main pharmacy in the rural town. Currently there is only one small pharmacy attached to GP Practice which is challenged with the additional demand.

Postural Tachycardia Syndrome (PoTs
Contact relating to PoTs has been triggered by the only clinician (who has retired) in Plymouth offering a specialist service for 500+ patients. Patients with this condition and Chronic Fatigue Syndrome (CFS), are particularly concerned about what new service will replace the Plymouth service and continue to prescribe specialist medication.

Continuing Healthcare (CHC)
The team continue to receive frequent contact relating to CHC services, mainly unhappy with an outcome or wishing to appeal.

Learning & Development Overview: Patient Experience, Formal Complaints & PHSO Cases:

Activity & Learning

Continuing Health Care (CHC)
It has been identified that further work is needed to ensure the CHC team are confident in guiding patients and their families with appealing, rather than the complaints route.

Patient Experience and CHC are exploring how they can work together to identify gaps in communications and improve the overall experience relating to CHC outcomes

Primary Care Concerns/Complaints
Progress has been made in securing North Devon patients with an Orthodontist, although this is only for patients already receiving treatment. It is anticipated a full service will be resumed in North Devon in approximately 12 months time, which leaves a number of patients waiting.

The closure of a Paignton dental practice has caused patients to be without an NHS dentist. Patient Experience have been in communication with patients that were receiving ongoing treatment to ensure commissioning make arrangements for these patients.

ADHD/Autism Pathways
Work with mental health commissioners has started to improve the 'Right to Choose' options for patients in Devon, clearer direction for GP's 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. Much of these issues stem from the historical long wait times.

System Activity

Devon Patient Experience Network

NHS Devon held its first Patient Experience Network, which was a short introduction for long term plans to develop more Patient Experience system working and learning. This is very positive work and will lead to improvements in system level patient experience activity.

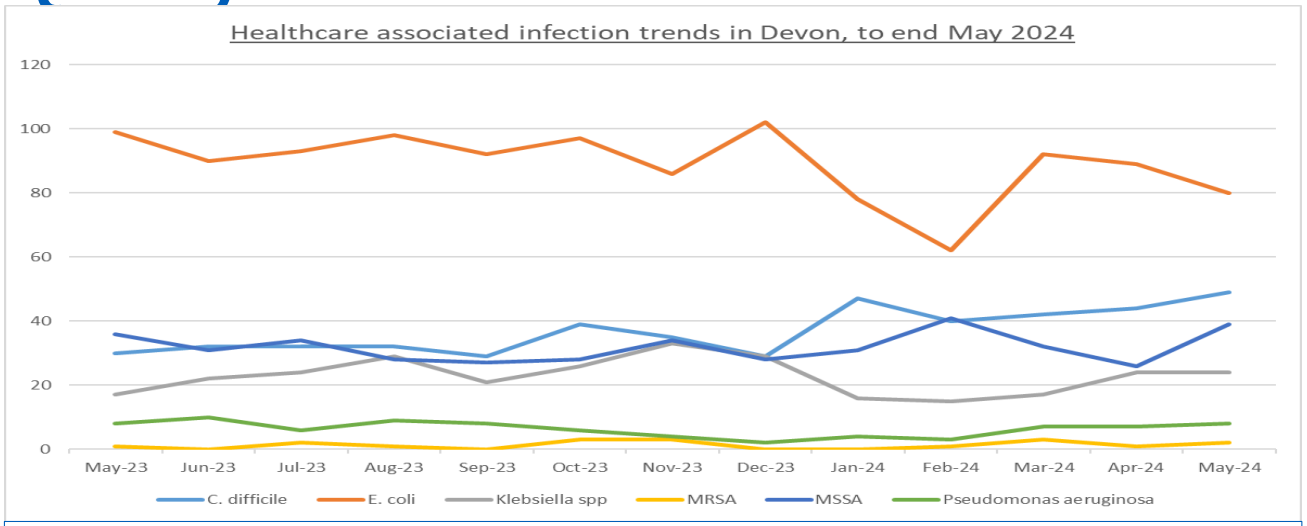
In June, the first meeting involved the following providers, Livewell Southwest, University Hospitals Plymouth, Royal Devon University Healthcare, Devon Partnership Trust. Torbay & South Devon Trust and Southwestern Ambulance Service were unable to attend.

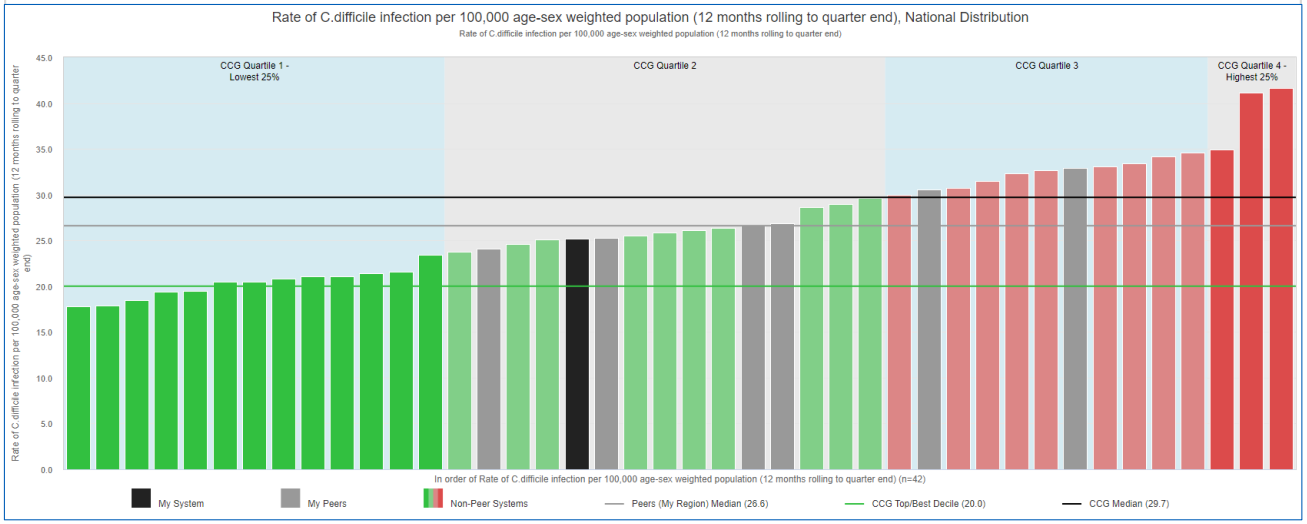
The aim is to grow the invitation to more providers as the network develops.

Key areas discussed in the first meeting were;

-An environment for learning and exchanging ideas and processes
-Possible sub-groups to work on particular projects
-Access to system training
-During bi-monthly/quarterly meeting invite speakers to enhance the development of leaders and their teams

Quality Overview: Infection Prevention & Control (IPC):





Healthcare Acquired Infections (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

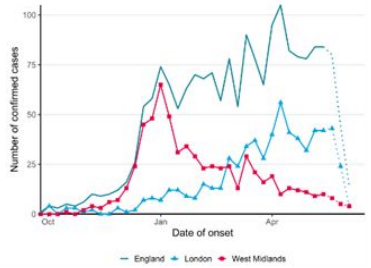
C. difficile cases are rising nationally and locally. Devon is not a national outlier (see graph, left lower), but case rates are higher in the Torbay area, noting older population factors. A wider South West learning and development group is being established for all HCAIs, meeting monthly from August 2024. Alongside, a specific project with Torbay Hospital, led by NHS Devon ICB Quality Team, has commenced.

IPC (continued)

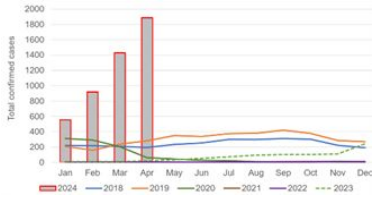
COVID
There have been sporadic increases in COVID cases observed in acute trusts, impacting on bed states. In the majority of instances the cause of this is inappropriately wide testing, not in line with guidance; hospital IPC teams are aware of the issue and are providing internal education and support.

Cryptosporidium
In May 2024 there was an outbreak of cryptosporidium in the Brixham area of Devon, associated with water supply contamination. This involved 113 confirmed cases (of which 3 were hospitalised but have fully recovered) and 25 probable cases. The cases were primarily in the TQ5 postcode area of Torbay, but there has been spread across the SW region. A 'boil water' notice has been in place within the affected area since the source of contamination was identified. This is now being lifted in a phased manner.

Measles
The national measles incident, with 1,849 cases nationally from 1 October 2023 to 13 June 2024, continues to be closely monitored. The graph of confirmed cases (right) shows cases decreasing in the West Midlands, although cases in London continue to increase.
The decrease in West Midlands cases alongside the comparatively high MMR vaccine uptake in Devon make measles a decreasing local risk.



Pertussis (whooping cough)
There has been an increase in cases of pertussis (whooping cough) across England since January 2024, with 4,793 cases in England to end April 2024 (against 858 for the whole of 2023). There is risk not just to children affected but also a business continuity risk to NHS organisations regarding parental caring responsibilities and staff sickness.



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 August 2024**.
- A Devon system implementation group has been established and is meeting weekly.
- Aim is to have 80% of 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

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.

Data collection and analysis

EOLC Team are working with BI colleagues to explore models of care and the cohorts of patients within end of life care. Once these cohorts have been highlighted, clinical colleagues will be consulted to validate.
This information will feed into the EOLC Devon System task and finish group.

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.

Recently launched is a a programme of work to agree and restate the EOL priorities and a gap analysis, by locality to support this.

Quality Overview: North and East Locality

RDUH have shared the annual quality account with the ICB for review. Progress on 2023/24 quality priorities have been detailed as improved system working support to people with mental health needs, staff retention, quality culture, improving learning from incidents and accessible services. The following priorities are set for the year ahead.

- Improving Patient Communication
- Out of Hospital Care: Admission Avoidance
- Involving Patients in Patient Safety
- Improving our insight of health inequalities for Patient Safety and Experience
- Delivering our patient safety improvement plan

PSIRF - RDUH continue to make significant progress implementing PSIRF, the ICB are embedded in decision making and learning forums with the Trust. In developing process, RDUH are working proactively with UHP and the ICB in setting the terms of reference for a system patient safety incident investigation (PSII). The safety event was linked to the referral of a patient to a tertiary service, learning associated with communication and prioritisation of the referral has been identified in the initial review of the incident.

Serious Incident Framework 2015

- RDUH have provided a revised trajectory for the remaining open Serious Incidents, and whilst progress has been made there are 19 investigations outstanding. The ICB is embedded in the well-established Incident Review Group and effective internal scrutiny is in evidence prior to investigation reports being shared with the ICB for quality review.
- The provider currently has 8 open assurance actions, 4 of these actions are aligned to the development of the NatSSIPs2 policy. The policy is complete and awaiting ratification. The NatSSIPs2 implementation risk action plan has been shared to support assurance of progress towards completion, ratified policy will be shared in order to evidence closure of the actions.

Exeter Mobility Centre changed its service specification in 2023 to come in line with national guidance. A QEIA was submitted to the ICB after the implementation of the change, and this has been reviewed by the QEIA panel. In response to the panel review, further assurance has been sought regarding impact of the changes, patient experience, communication and ongoing monitoring of impact.

Quality Overview- South Locality

- **Enhanced Quality Assurance and Improvement Process**: Now concluded at TSDFT, the process was instigated due to safeguarding and safety concerns. This has now been satisfactorily resolved. The ICB continue to monitor improvement through attendance at Trust groups and committees, including Trust Quality Committee.

- **PSIRF:** NHS Devon ICB PSQ team are embedded in the TSDFT Incident Review Group (IRG) where the Trust are working positively to utilise the PSIRF toolkit, for example through the completion of After-Action Reviews (AARs). This approach is very much raising the profile of patient safety events which do not meet the criterial for PSIIs but where the opportunity to learn and prevent harm is apparent recently in maternity, trust wide falls and paediatrics. For example, at a recent IRG 4 x PSII's relating to late administration of anti-D Immunoglobulin were presented. This gave the ICB the opportunity to see the theming and learning for what would have been considered a lower-level incident under the previous Serious Incident Framework (2015).

- **Serious Incident Framework (2015)** The Trust do note that in the transition to PSIRF they continue to be challenged by their ability to reduce the number of Root Cause Analyses outstanding under the previous framework, this has been escalated to the Trust by the patient safety team. The latest position is 49 outstanding and mainly in Emergency Care (16) and Medicine and Older Peoples Care.

- **LFPSE:** Patient safety events recorded on LFPSE and Serious Incident data have been reviewed in relation to care for children and young people who are requiring naso-gastric feeding using restrictive practices . Work is underway with the team and Torbay colleagues to complete reviews and deliver improvement.

- **Locality** In response to escalated concerns from Urgent Treatment Centres and Minor Injury Units in South, North and East Devon the Commissioning team in South have seen positive benefits to patients by utilising extended access to Primary Care in Bank Holiday periods. While this issue is complex and longstanding the intervention in South is a step towards ensuring that patients do not attend Urgent and Emergency Care.

Quality Overview: Plymouth and West Localities

- **Livewell Southwest** The service continues to make progress with PSIRF implementation . There is evidence of the cultural change in approach embedding, NHS Devon ICB are supporting their Patient Safety and Learning Group. Also, to note there is progress and links with other providers such as DPT (who attend) and UHP who are linking in to ensure a collaborative approach. Included in the June papers was an After-Action Review (AAR) in response to the concerns of the Community Learning Disability Team (CLDT) in relation to patients on the Discharge to Assess Pathways where early involvement of the CLDT should be integral to discharge planning, ensuring a proactive approach and support for both patients and care homes.

- **Discharge to Assess - Plymouth Locality** The in hours primary care medical service for all Discharge to Assess patients in Plymouth has been provided by Reimaging General Practice Health Support Services LTD/Fuller and Forbes Primary Care Group since April 1, 2024. Quality monitoring and oversight has been held by the locality commissioning team during mobilization. It is now agreed that a contract review meeting schedule is a necessary addition, and a first meeting is planned with the provider. Analysis of LFPSE does not find additional issues, but noting the change from PITCH to LFPSE suggests further support required for care homes to access the LFPSE service. An action plan has been developed with the provider to address key concerns. For example, patients who are very near to end of life are discharged onto the discharge to assess pathway rather than a more suitable pathway which would include care provided by their own GP in a care home within the PCN and introducing a regular schedule of clinical review to the nurse led Discharge Assessment Unit (DAU). The out of hours primary care medical services at the DAU have continued to be provided by HUC, this arrangement and the funding for the 40 bedded DAU is currently under review. To maintain close oversight, NHS Devon ICB Primary Care Quality leads are now meeting weekly with Fuller and Forbes as they also provide GP services across 5 sites in Plymouth.

- **Postural Orthostatic Tachycardia Syndrome (PoTS)** There is an ongoing review of the service located at UHP. It is an un-commissioned service supported by a single Consultant. The arrangements for ongoing care of patients currently accessing the service, after the retirement of the current sole Clinician in July, are undetermined . The ICB has received a number of complaints from patients about this service potentially closing when the consultant retires.

Plymouth and Western Localities continued:

UHP: Work remains focused regarding patient safety matters within UHP's emergency and urgent care pathways. The ICB is monitoring and supporting progress by attendance at Trust meetings, including their Safety, Quality, People and Culture Committee.

Improvement work will be monitored within the Trusts overarching improvement plan as agreed by CQC and supported by stakeholders. The plan will be a single improvement plan taking into consideration recent CQC inspection recommended actions; GiRFT recommendations and linked to NOF 4 exit criteria.

Presented at the UHP trust board in May 2024 the plan concentrates on the goals, methods and outcomes needed to achieve improvement within the Trust and in conjunction with the Health Lives Partnership, to address urgent and emergency care issues through reducing admissions, enhancing flow and timely discharge. The UEC improvement plan was presented to NHS England (NHSE) in June 2024. The quality components of the plan were considered by NHSE SW Clinical Quality Director (CQD) and NHS Devon CNO. Further updates regarding the plan will be kept under review.

Additionally:

- A safety and governance visit was undertaken by the ICB CNO and NHSE colleagues on the 4.6.24 and feedback from this visit has been presented and discussed at ICB QPEC.

- A quality review of the recent risk summit at UHP was provided to QPEC last month, there is no additional updates regarding this summit this month

Quality Overview - Mental Health

Devon Partnership Trust (DPT)

The Additional Support Unit (ASU) Additional Support Unit (ASU) is current being supported via an enhanced quality and improvement process. The ICB has received good evidence of improvement work at the unit and has no current concerns. Monthly engagement meetings are in place with site visits have been undertaken as part of the Health and Wellbeing checks and through Safeguarding partnership routes, with positive feedback.

As part of this quality improvement work, the ICB and DPT are undertaking a pilot of the National Quality Early Warning Signs (QEWS) tool to develop assurance and early warning mechanisms for quality in Trust services. Progress will be reported in future updates to Board

The ASU has gained accreditation for has received a Quality Network for Learning Disability Services (QLND) accreditation from the Royal College of Psychiatrists for the period of the 12 January 2024 to the 15 May 2026

NHSE Inpatient Quality Transformation Programmed has been initiated by the Mental Health, Learning Disability & Neurodiversity (MHLDN) collaborative, a key workstream is the culture of care and DPT have had 4 wards accepted to the programme, Salus Ward, Ocean View, Meadow View and Coombehaven.

Livewell Southwest (LWSW)

LWSW have taken over the delivery of the Complex Emotional Needs (CEN) service and Early Intervention in Psychosis (EIP) in Plymouth from April 2024, a service previously delivered by The Zone.

The change in provider has impacted the EIP 2 week Referral to Treatment (RTT) standard due to staff turnover. Mitigations are in place, and the improvement trajectory for RTT is October 2024. The service will not meet the requirements of the National Clinical Audit of Psychosis (NCAP). The service is working to mitigate these issues. Further work is required to develop the clinical model, in tandem with the development of a Devon wide service specification for EIP .

LWSW have reviewed the complex emotional needs service clinical model, pathways and collaboration/co delivery with local system - primary care and VCSE. The waiting list is ‘paused’ to new referrals and currently stands at 139. CAMHs transitions work remains ongoing as a priority area. LWSW are working to fully understand the risk and mitigations of the complex emotional needs service waiting list management. Positively, the waiting list has reduced by half since the start of the rapid quality review.

LWSW have completed all investigations under the serious incident framework (2015) and are v working with the ICB to close the remaining open assurance actions. Alongside developing process to embed PSIRF policy and process, the provider is working collaboratively across the system; counterparts in DPT are invited to the Patient Safety Learning and Improvement Group (PSLIG) and they are developing links with UHP as they engage in the early stages of PSIRF implementation.

Mental Health - CQC Community Mental Health Survey 2023

Devon Partnership Trust

Where service user experience is 'best':

- Medication: benefits of medication being discussed with service users
- Talking therapies: service users having enough privacy to talk comfortably during talking therapies
- Medication: purpose of medication being discussed with service users
- Medication: side effects of medications being discussed with service users
- Support in other areas of your life: service users being given help or advice with finding support for financial advice or benefits

Where service user experience could improve

- Crisis care access: length of time taken to get through to the crisis team
- Support while waiting- service users offered support while waiting o Planning care: service users having a care plan
- Feedback: NHS mental health services asking service users for their views on the quality of their care
- Involvement in care: service users feeling in control of their care

Livewell Southwest

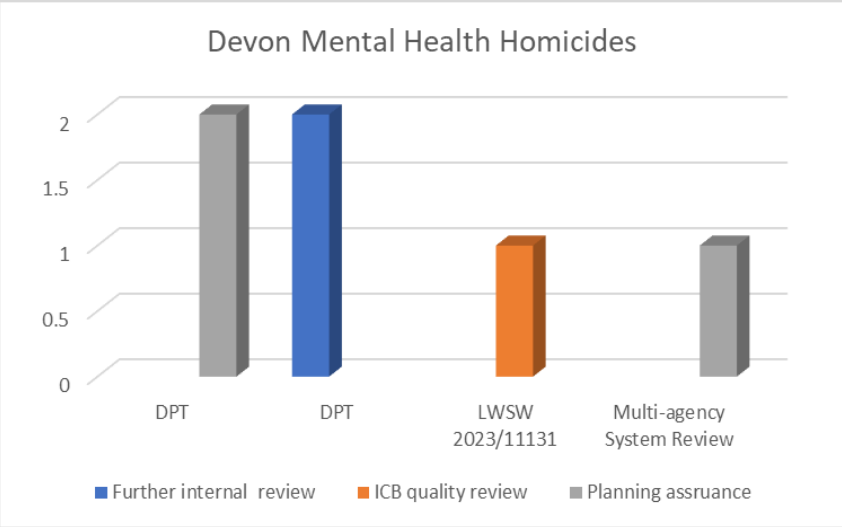
Where service user experience is best

- Support while waiting- service users offered support while waiting
- Medication: side effects of medications being discussed with service users
- Medication: what will happen if they stop taking medication being discussed with service users
- Medication: benefits of medication being discussed with service users
- Crisis care access: service users knowing who to contact out of hours in the NHS if they had a crisis

Where service user experience could improve

- Planning care: service users having a care plan
- Planning care: service users had care review meeting in the last 12 months
- Support in other areas of your life: service users being given help or advice with finding support for financial advice or benefits
- Mental health team: service users repeating their mental health history to staff
- Support in other areas of your life: service users being given help or advice with finding support for finding or keeping work

Mental Health Related Homicides



NHSE, ICB and Provider process

- ICB and providers are liaising regularly with NHSE regarding Devon system mental health homicides for assurance of process and implementation of learning and improvement.
- Pending draft report - while criminal investigation is ongoing providers have undertaken a desktop review and/or limited scope investigation
- Further internal review – the provider is undertaking a further internal review by an external review following conclusion of the police investigation.
- Mental health homicides following the ICB quality review process.
- Planning assurance - NHSE/ICB/DPT discussions taking place to develop assurance approach

Learning and improvement - Multi Agency Action for Devon System Review

- Revised Peninsula-wide Section 136 policy in place and operational. Devon has an up-to-date policy (March 2022), monitored through the Devon Mental Health/Police Liaison Committee. A single Peninsula wide policy is drafted and there is a commitment from system partners.
- Liaison and Diversion (L&D) cover in each custody suite in agreed daytime hours, and in alignment to contractual expectations. Review completed in 2021 by DPT and Devon ICB with no concerns raised in previous 12 months at the time of the review.
- Evaluation of the street triage and joint response unit structures, there should be cohesive out of hours mental health support for multi-agency partners – ongoing funding in in place for DPT to provide the police only professionals line via First Response Service.
- Multi - agency risk evaluation processes for high-risk individuals – Multi-agency risk management meeting principles have been drawn up and are in the process of being agreed by system partners (April 2024)
- IT solutions to ensure that the Police Health Care Provider healthcare professional (HCP) can access risk history and clinical information

  DPT have installed System 1 and there is ongoing work for the Devon and Cornwall Care Records team.

Mental Health – Children and Young People

Nasogastric Tube Feeding using restrictive practices

Acute paediatric services across Devon are experiencing increases in demand for nasogastric tube feeding utilising restrictive practices due to increases in levels of acuity for patients requiring this level of intervention. The Devon Mental Health Collaborative have implemented a 'Creative Solutions Group' to support improving this challenge.

There is emerging best practice guidance and NHS learning hub toolkit https://learninghub.nhs.uk/resource/html/49037/#section--introduction

Working with commissioners and providers, there is an identified need to:

1. Development of clinical guidelines for feeding using restrictive practices
2. Implementation of tool kit and support packages for hospital settings
3. Agreement and commissioning of the disordered eating pathway
4. Continued improvement and delivery of the ED waiting time standards

There is work in progress to align ICB governance to support progress. It is currently aligned to the CYP Emotional health and Well-being (long term deliverables) work stream.

Devon Child and Adolescent Mental Health (CAMHs) Crisis Line

Following safety and quality issues regarding the CAMHs crisis line, the ICB has undertaken work with Children and Families Health Devon (CFHD) to understand performance and patient experience of the Crisis phoneline.

The 24/7 CAMHs Crisis line for Devon and Torbay has transferred from CFHD to First Response Service (FRS) hosted by Devon Partnership Trust (DPT), effective from April 1, 2024.

CFHD have provided call performance data, call flow charts, call audit template in addition to 3 meetings with ICB team. Information outstanding are the Standard Operational procedures (SOPs) - currently under development with FRS and Quality and Equality Impact Assessment (QEIA) undertaken by CFHD for the service transition from CFHD to FRS.

Further work is in progress to gain assurance, through QEIA, SOPs and audit of policy and practice.

Quality Overview: Elective Care

Diagnostics:

As part of a national diagnostics programme, Devon ICB is working to build and development 3 Community Diagnostic Centres (CDCs) across the county. These will reduce waiting times for patients, driving an improved safety and experience position.

The Exeter Nightingale opened in 2021 and is the most developed CDC, operating as a centre of excellence for imaging services. In July 2024 the Buttercup ward will open providing cancer one stop shop pathways and physiological services which will complete the utilisation of space on the site.

Torbay CDC is under construction and due to open in August 24 in partnership with InHealth. The trust and provider will work in collaboration across pathways, digital integration and patient experience. As part of the communication strategy a patient information website is under development, part of this includes a 'fly through' of the new building to help patients plan their visit and improve access for appointments.

In Plymouth the CDC is a large-scale construction in the west end of the city and will be open from summer 2025. A temporary CT scanner is in operation on a nearby site and has been highly praised by patients as an excellent service.

The ICB continues to support the development of the CDCs and work alongside providers to fulfil the programme objectives.

Update- Clinical Risk & Harm Group:

In March 2024, all group partners described challenges in relation to quality and safety and long waits:

- Cancellation of elective surgery due to emergency and urgent care activity.
- Industrial action (doctors)
- Specifically, Ophthalmology waiting list growth and increase in waiting lists

The group agreed, at June's meeting:

- Providers would present further detail on quality and safety challenges in relation to ophthalmology; their risk profile.
- Mitigating actions and learning that could be shared across the group would be included.
- The ICB would share an analysis of serious incidents in relation to ophthalmology with the group.

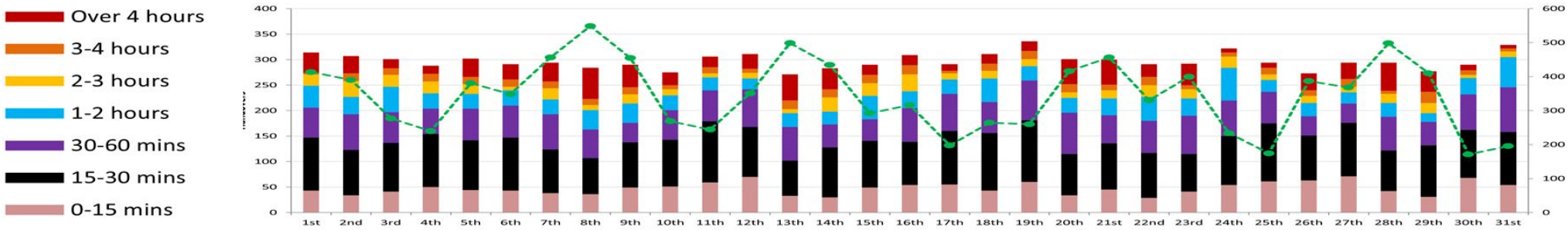
In summary, all trusts identified a risk profile for ophthalmology patients, but described various safety nets in place to mitigate risk while waiting. The group identified there was opportunity to share methods, and potentially have some system wide approaches. Next steps were agreed and included further actions plus questions arose from ICB and partner presentations.

The Group has developed next steps/ further Key Lines of Enquiry to ensure learning and improvement across our System that will be presented in the July 24 update to Elective Care Improvement Board. These include quality leads sharing information on their safety netting processes for long waiters.

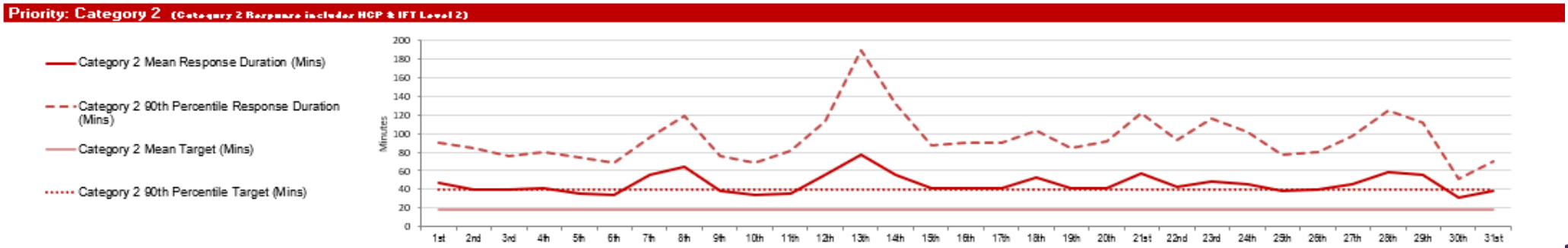
Quality Overview: Urgent and Emergency Care

Data continues to demonstrate raised risks of pathway delays across Devon, with highest risk in Plymouth, West and South localities indicating continued challenges to access to UEC for patients in Devon. Specifically noting UHP UEC challenges.

Ambulance Handover Delays: The chart below presents ambulance handover delays for all acute trusts in Devon in Quarter 1 Month 2 (May 2024/2025). As reported at the Western Urgent Care Board the current priority for UHP is to reduce ambulance handover times as despite positive interventions including reductions in NCTR and Length of Stay, alongside a focus to protect SDEC from overnight boarding, handover delays remain a key area of concern for the trust.



Category 2 Response Times: The chart below presents Category 2 Response Times for Devon in Quarter 1 Month 2 (May) 2024/2025. Reports from the North and East Unscheduled Care board are that while ambulance handovers have improved in locality and the 4 hour target was only narrowly missed in May, this has not had as yet shown impact on Category 2 Response times.



	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	31st	To Date
Category 2 Response Count	328	285	304	317	318	333	303	293	273	265	300	344	273	277	298	324	294	298	353	288	296	277	311	295	309	322	344	327	297	258	307	9411
Category 2 Mean Response Duration (Mins)	46	40	40	41	35	34	56	64	39	34	35	56	77	56	41	41	41	53	41	41	57	42	49	45	38	40	46	53	56	31	38	46
Category 2 90th Percentile Response Duration (Mins)	91	84	75	80	75	68	95	118	76	69	81	114	189	132	87	90	90	104	84	91	121	94	117	101	77	81	97	125	112	51	70	94

Urgent and Emergency Care continued

Integrated and Urgent Care Services (IUCS):

The service have received acknowledgment from the Devon LMC around the improvements delivered since the start of the contract stating 'We would like to acknowledge PPG's hard work and let you know that the improvement over the past year is noticeable and demonstrated by a significant reduction in negative practice feedback to our Executive Team'.

This contract is overseen through regular meetings;

- Contract Quality and Review Meeting (Monthly)
- Oversight Meeting (Monthly)
- Safeguarding Meetings (Bi monthly)

Quality concerns such as a recent issue relating to patients on community nursing caseload having delays to visits when their calls are managed through 111, are identified through reporting to the ICB of all incidents, complaints and healthcare professional feedback enabling risk management and mitigation to be collaboratively approached where necessary. Work has been undertaken to address this and monitoring and support from the ICB in this matter is ongoing

Peninsula Trauma Network:

NHS Devon ICB Patient Safety and Quality Team attended the June Peninsula Trauma Network Board meeting. Key points included:

- A peer review of SWAFT undertaken in May 2024 did not identify any immediate risks.
- A collaborative approach to nurse training has been undertaken with additional benefits of staff working with colleagues from other trusts to share ideas and establish communications.
- A solution to the provision of Damage Control Surgery training is awaited, but a collaborative approach is being taken and options are currently being considered. This approach is supported by NHSE.

Quality Overview: Primary Care

Care Quality Commission (CQC) Inspections and Quality Updates

Pathfields Medical Group -

The CQC inspection report, following the inspection November 2023, (report published April 2024) concluded an overall rating of Requires Improvement.

The focus of the inspection was due to concerns raised to the CQC and were focused on overall safety and review of access of services. Although there were no breaches of regulations, the CQC has reported that the provider should: *Maintain measures to affectively engage with the most difficult to reach patients so that they access timely medicine and condition reviews and monitoring, particularly for those living with asthma.*

Ongoing Quality Workstreams

The Quality and primary care teams continue to work closely with providers to gain assurance around areas of operational performance whereby there are safety concerns . The team also continues to work with quality colleagues in the NHSE Quality Hub to gain assurance around Pharmacy Optometry Dental (POD)

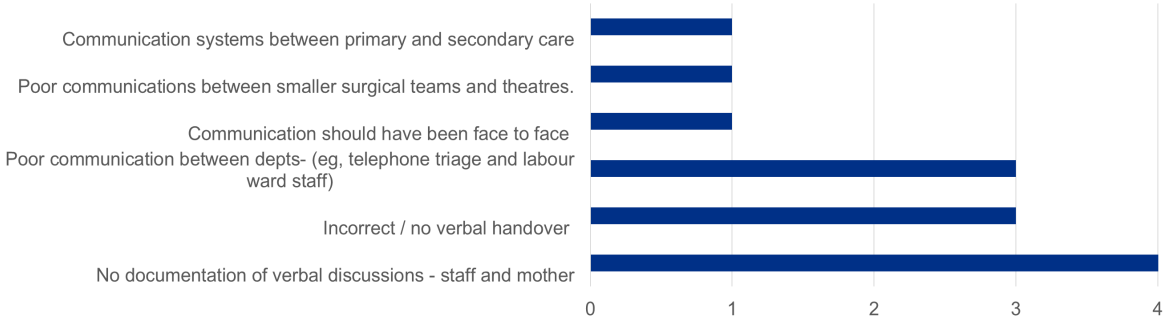
Incident Reporting and Learning from Patient Safety Events (LfPSE)

The ICB receives notification of incidents that are referred from other stakeholders – such as Performers Advisory Group (PAG), NHSE, CQC that have not been reported by practices via LFPSE. Encouraging a reporting culture remains a priority to be addressed as part of wider roll out of LFPSE approaches in primary care. As previously agreed, the QI work to support the implementation of LfPSE is currently on hold until after the restructure due to current team capacity.

Quality Overview: Maternity

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 do's 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: 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.

In the month of June 24 there were 5 safe and wellbeing checks complete (3 out of area and 2 in area - DPT ASU).

Care & Treatment Reviews (CTR)
CTR are Community Treatment and Rehabilitation Teams providing community-based services for mental health, while CETR, or Community Eating Disorder Treatment and Recovery Services, offer specialised programs for individuals with eating disorders.
Completed CETR's in the month of June 24 where 6 currently Devon ICB are 100% compliant with 6 monthly CTR's

LeDeR
- Annual report is going to Execs Committee for approval for publishing on our public facing website and sharing with stakeholders
- Conversations with CSU to address backlog.
- Conversations with HR regarding recruiting bank and/or filing review posts
- DPT to share Devon ICB advert for bank reviewers
- NHSE briefed

Inpatient admissions The Long-Term Plan and NHSE Operational Priorities aim to decrease dependence on inpatient care (while enhancing its quality) to ensure that by March 2024, there are no more than 30 adults with a learning disability and/or autism per million adults, and no more than 1,215 individuals under 18 with a learning disability and/or autism per million under 18s receiving care in an inpatient unit. Below is a table for LDAP inpatient admissions in Devon.

Inpatients	DCC	Torbay	PCC	OOA	In Region	Total
ICB Commissioned Target Discharged Transfer SW Collaborative	13	7	3	11	12	23 20
Southwest Collaborative Target Discharged Transferred ICB Commissioned	8	2	3	6	7	13 8
Devon Adult LDAP Total **Devon Adult LDAP Target**						**36** 34
CAMHS Tier 4 Children Discharge	2 2	1	3	1	5	5
Devon CYP LDAP Total **Devon CYP LDAP Target**						**5** 5
Admissions ICB SW Collaborative CAMHS Tier 4 Children	1 1 0	0 0 0	2 0 0	0 0 0	0 0 0	3 1 0

Inpatient Admissions Devon ICB have had 3 people added to the cohort, 2 of those have been admitted to out of area hospital due to the pause on admissions at DPT ASU. The SWPC have had 1 person added, who has transitioned from CYP to adult. Currently Devon ICB and SWPC have exceeded the target numbers and CYP are at target. There are currently 3 pending discharges for the Devon ICB patients and 2 for the SWPC. CYP inpatient numbers remain static, 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 changed 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 - Quality Improvement Group ASU DPT due 3/7/24. Devon ICB LDAP delivering workshops covering roles & responsibilities, CTR / Safe & Wellbeing processes, funding streams and DCC processes. Commissioner oversight visits initially 2 weekly, now 3 weekly.

Health Inequalities, Preventions, and Improvement Group meetings (HIPI) Has been merged with the Learning Disability Autism Program steering group. The HIPI membership has been invited and will have a permanent agenda slot at the bi-monthly meeting. The first combined meeting 22nd August 2024.

Digital Flags LDAP meeting booked for 01/07/2024 with IT to discuss how to take this project forward. Name lead in digital team to progress work.

Quality Overview: SEND

Risks relating to SEND

On Devon ICB Corporate risk register has three risks relating to SEND:

1. Children & Young People Waits to Access Acute and Community Health Services
2. Complex and ineffective contracting model for Children & Young People
3. Individual Funding for Special Educational Needs and Disabilities Packages of Care

All three risks have controls and assurance processes in place to monitor.

A CYP Community Recovery Paper has been produced and shared for the NHS Devon Senior Executive Team, outlining the work underway to support to support CYP community services recovery and an outline of next steps.

SEND Improvement work across all 3 Local Authorities:

Devon:

§Health Local Offer information being collated and published.

Neurodiversity

§Waiting list numbers and time waiting remains the highest risk; increased RTT waits and numbers for ASD and SLCN. Workshop held with acute and community providers to look at autism and early years assessment pathway, agreed actions to take forward including review of all wait lists to validate.

•Awaiting outcome of investment plans submitted within the ICB.

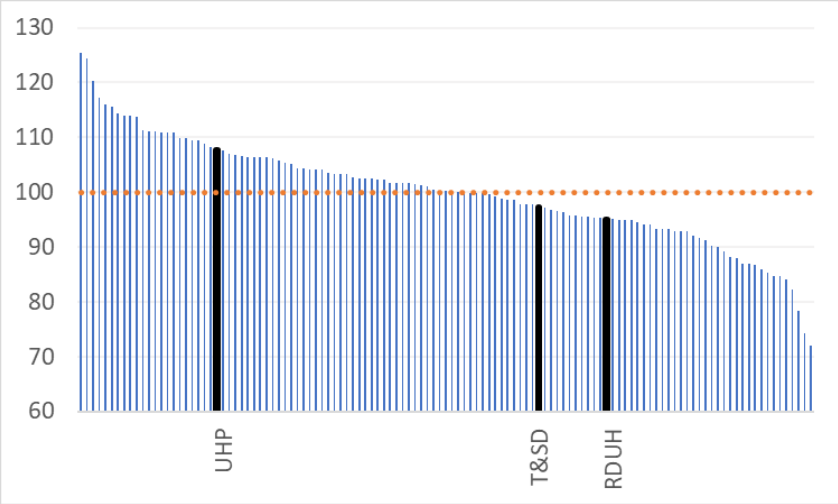
•Draft service specification for Right To Choose private providers – including use of virtual assessments – ADHD symposium proposed by adults commissioners to support discussions with GPs on shared care.

SLCN

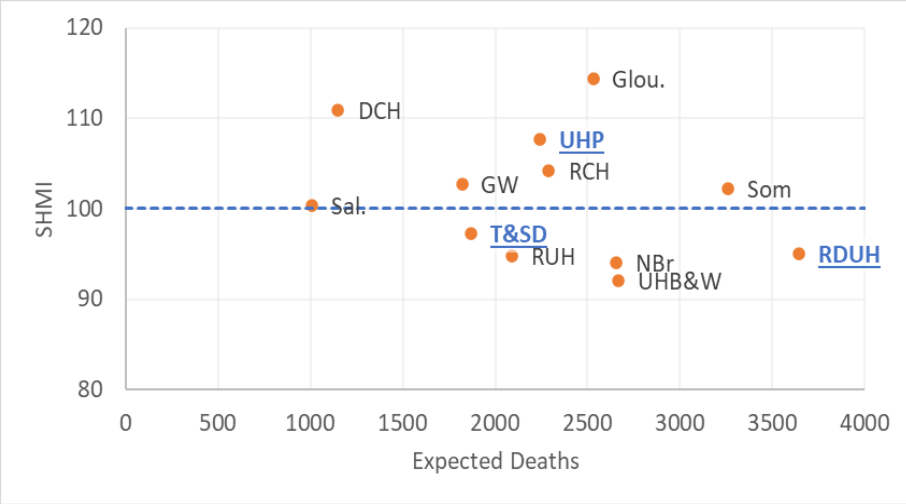
- Agreement made to implement the Balanced System Model, dependant on resource being approved. Lead commissioners within DCC provided with update and relevant documentation including overview of principles and outcomes.
- Links made with early help to ensure opportunities to co-develop Graduated Response and Ordinarily Available Provision are robust.
- **Torbay:**
- **Joint Commissioning Model:**
- A workshop took place in June to bring together the Executive Group and the Needs and Joint Commissioning Group (facilitated by Islington SLIP partner) to reach a shared understanding of language, challenge and opportunities and to agree the principles and protocols of a Torbay Joint Commissioning Model with a shared language.
- **Commissioning Priorities:**
- Speech Language Communication Needs - action plan drafted and aims to join up the system wide work and activity and priorities to make best use of resources and opportunities. Investment to the Balanced System Model will support this if approved.
- Individual Funding – programme plan being implemented to address the current gaps within the area of Individual Funding, including review of the legal advice received about use of private providers for assessment.
- **Plymouth:**
- Unique to Plymouth is the work is ongoing regarding how CYP can be clinically prioritised to ensure that appropriate risk stratification is in place. We are co-producing a clinical prioritisation tool/process in Plymouth that will be piloted and evaluated to measure outcomes and impact.
- Other work areas are as covered above for Devon and Torbay.
- **ICB Wide:**
- All 40 identified schools have committed to PINS and self-assessments are being collated. Updates to SEND Strategic Boards provided in June/ July.
- Autism In Schools evaluation planning taking place in July alongside discussions for devolved funding for whole school offers, to local authorities.
- The In-reach Discharge Support service remains without an identified funding source beyond autumn 2024. Commissioning and Business Intelligence colleagues are working to demonstrate alignment to Urgent and Emergency Care priorities.

Quality Overview: Mortality reviews and monitoring

- **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 Hospital Standardised Mortality Ratio (HSMR) is based upon a similar definition but only focuses on deaths in hospital. This data is closely monitored by our ICB team and assurances are in place regarding the Devon hospitals reported rates and are subject to ongoing monitoring and analysis.



SHMI National Comparison, January 2023 to December 2023:



SHMI Regional Southwest Comparison, January 2023 to December 2023:

NHS Devon Integrated Care Board

NHS Devon Integrated Care Board Finance Report - Month 2

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N/A

Executive summary
The presentation of the NHS Devon Integrated Care Board's (ICB) Finance Report seeks to provide the necessary assurance to the Finance and Performance Committee 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 May 2024, setting out the year to date and forecast financial position.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
NHS Devon Executive - 02 July 2024 Finance and Performance Committee – 11 July 2024

Key recommendations and actions requested
TAKE ASSURANCE that the financial position of NHS Devon is accordance with its agreed plan and that processes are in place to actively manage risks identified to the delivery of the year end compliance with that plan.

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 Integrated Care Board Finance Report - Month 2

Introduction

1. The presentation of the NHS Devon Integrated Care Board's (ICB) Finance Report seeks to provide the necessary assurance to the Board on the financial position of the year to date (YTD) 31 May 2024 and the year ending 31 March 2025.

2. The NHS Devon 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 the NHS Devon's planned financial position was an underspend of £23.0m with a requirement to deliver £31.8m of efficiency savings (net of system provided embedded efficiency).

4. After the initial plan was submitted, NHS England (NHSE) required the One Devon Integrated Care System to revise its plans moving the deficit plan to £80.0m. Consequently, the ICS resubmitted the plan on 12 June 2024, adjusting the required underspend for NHS Devon from £23.0m to £28.4m.

5. Due to the NHS Devon finance ledger closing before the new plan submission, this report is based on the original plan requiring an underspend of £23.0m and is in line with the Month 2 Integrated Finance Report (IFR) which was submitted to NHSE.

6. The following detailed report reflects the budget set compared with the actual commitments against that budget for the period to 31 May 2024 and the year ending 31 March 2025.

As at 31 March 2024	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Total Net Expenditure	474,109	474,109	0	2,844,653	2,844,653	(0)
Resource Allocation	477,943	477,943	0	2,867,657	2,867,657	0
Total Commissioned Services	**3,834**	**3,834**	**0**	**23,004**	**23,004**	**(0)**

7. Overall, the NHS Devon is reporting a year-to-date (YTD) and forecast-out-turn (FOT) planned surplus of £3.8m and £23.0m respectively.

8. The NHS Devon position sits within an overall system position of a £85.4m FOT deficit.

9. As at Month 2, the majority of service lines are balanced or showing small variances. The largest FOT overspend of £0.2m is in Continuing Healthcare and has been mitigated by contingencies held in reserves which have been set aside at plan to manage such variations.

10. Service line variances are detailed in the Detailed Financial Performance section and Appendix 3.

11. The NHS Devon 2024/25 plan includes a saving requirement of £74.7m.

12. NHS Devon is currently showing a small YTD £0.1m savings under achievement relating to the review of the allocations received so far this year. It is expected however that the savings will be achieved by the year end.

13. Details are disclosed in the Savings and Efficiencies section.

14. At plan NHS Devon identified risks of £16.6m, with mitigations to present a net zero risk, although £12.4m of the mitigations have yet to be identified.

15. At Month 2, the risks remain unchanged from the initial plan at £16.6m, including risks relating to increases in prescription drug prices, contract costs and efficiency risks. These risks have been partly offset by assumptions for prescribing pricing and repatriation of activity and a review of non-recurrent allocations. Work is continuing to identify mitigations to cover the remaining risk of £12.4m.

16. A reminder of these risks is set out in the Risks section of the report.

17. As at 31 May 2024 NHS Devon is reporting a YTD and FOT planned surplus of £3.8m and £23.0m respectively.

Detailed Financial Performance

18. The YTD and FOT by main service heading as at 31 May 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	220,370	220,526	(157)	1,322,218	1,322,186	31
Mental Health	53,208	53,221	(13)	319,251	319,350	(99)
Community Health	58,308	58,283	24	349,847	349,865	(18)
Continuing Care	28,855	28,911	(56)	173,131	173,329	(198)
Primary Care	46,184	46,157	28	277,106	277,106	0
Delegated Primary Care	39,447	39,447	(0)	236,680	236,680	0
Delegated Dental	12,528	12,528	0	75,170	75,170	0
Delegated Pharmacy	5,849	5,849	0	35,092	35,092	0
Delegated Optomotry	2,087	2,087	0	12,520	12,520	0
Other Programme Services	5,590	5,578	12	33,540	33,538	2
Total Commissioned Services	**472,426**	**472,587**	**(161)**	**2,834,554**	**2,834,835**	**(282)**
Running Costs	3,243	3,243	0	19,460	19,460	0
Net Expenditure	**475,669**	**475,830**	**(161)**	**2,854,014**	**2,854,295**	**(282)**
Reserves/Contingencies	(1,560)	(1,721)	161	(9,361)	(9,642)	281
Total Net Expenditure	**474,109**	**474,109**	**0**	**2,844,653**	**2,844,653**	**(0)**
Resource Allocation	477,943	477,943	0	2,867,657	2,867,657	0
Total Commissioned Services	**3,834**	**3,834**	**0**	**23,004**	**23,004**	**(0)**

19. Further detail of the budgets, actual spend and variances making up the main service areas above is provided in Appendix 3.

Acute Services

20. 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.

21. NHS Devon and system providers have agreed a set of block contract payments that also include top-up payments and growth funding allocations. NHS Devon's budget under these financial arrangements has been set to match the payments.

22. At Month 2 there is a YTD overspend of £0.2m relating to Urgent Care and Patient Transport Services, although it is expected costs will come back in line with budget by the year end.

Mental Health Services

23. 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 Child and Adolescent Mental Health Services (CAMHS) service for Northern, Eastern and Southern localities being provided

by Children and Families 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.

24. 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 the NHS Devon has received £23.7m of Service Development Fund (SDF) Transformation funding for Mental Health and Learning Disability & Autism Services.

25. At month 2 there is a YTD overspend of £0.01m and FOT overspend of £0.1m, due to growth in Right to Choose Attention Deficit Hyperactivity Disorder (ADHD) /Autism Spectrum Disorder (ASD) assessments.

Community Health Services

26. Community Healthcare services include contracts with One Devon Integrated Care System partners for the provision of community healthcare (including community hospitals and children's services) as well as Minor Injury Units.

27. 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.

28. At Month 2 there are various small over and underspends across Community Health Services both YTD and expected FOT, resulting in an almost balanced position. See Appendix 3 for further details.

Continuing Health Care

29. 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).

30. The placements budget represents a particular risk to the NHS Devon financial position that requires robust financial management. The key risks relate to local authority disputes to the external provider review programme & breaches from the continuation of 4-week Hospital Discharge Programme.

31. 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

32. The Month 2 forecast is £0.2m over budget. The current overspend is a result of greater than budgeted End of Life clients but offset, in part, by an underspend in Interim funding.

Other Programmes

33. 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.

34. There are no particular issues to highlight in this area this month, with an almost balanced position YTD and at FOT.

Primary Care Services

35. 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

36. Expenditure data for the first month of 2024/25 is not yet available so the position has been reported at breakeven for both accrued year to date and forecast outturn.

Delegated GP Commissioning

37. As at Month 2 we are reporting a YTD and FOT breakeven position across delegated primary medical care.

Other Primary Care

38. Other primary care services include contracts for enhanced GP services, out of hours GP services, home oxygen services and provision for GP IT costs. At Month 2 there is minor underspends reported within Out of Hours GP services and Other Primary Care.

Delegated Pharmacy, Ophthalmic & Dental

39. At Month 2 we are reporting a YTD and FOT breakeven position against the delegated POD services.

Running Costs

40. The pay and associated costs for the NHS Devon are categorised into administrative (running costs) and programme costs according to whether they relate to healthcare services and are solely concerned with management of the organisation. Variances relating to programme pay costs are reported within

other earlier sections including acute services, placements and other programme costs.

41. 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.

42. NHS Devon's allocation for the year is £19.5m and at month 2 the NHS Devon is reporting a YTD and 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.

Resource Allocation

43. 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 fundin	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
Recurrent Allocation	**2,782,165**
SDF Cancer	12,813
SDF Maternity	2,129
SDF LD and Autism	2,916
SDF CYP	710
SDF Mental Health	20,762
SDF Prevention and Long Term Conditions	1,808
SDF Primary Care	3,005
SDF Community Services	1,745
Other SDF	1,924
Elective Recovery Funding	45,437
Adult Long COVID	1,362
Charge exempt overseas visitor and UK cross border adju	(672)
COVID-19 Testing	1,801
Pay Award	800
Repayment of prior year deficit	(11,686)
Delegated ERF	1,808
Delegated Primary Care Allocation	(142)
Delegated Primary Care Allocation - RDUHFT contract	(1,103)
Pay Award - Cost increase on Secondary Dental plans	67
Pay Award - Cost increase on Secondary Dental ERF	8
Non-Recurrent Allocation	**85,492**
Total Allocation	**2,867,657**

Budget Reserves

44. 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, certain Cost Improvement Programmes (CIP) that have not yet been fully delegated, as well as, expected non-recurrent allocations.

45. Further analysis and details will be shared in future periods.

Savings and Efficiencies

46. The table below provides a summary of the month 2 YTD and FOT position to deliver £74.7m of savings in 24/25. The plan represents a 2.6% saving against NHS Devon overall resource, but after ignoring the system providers efficiency and spend the remaining savings target is 4% of the NHS Devon 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
System provider embedded efficiency	Fully Developed		R	5,262	5,262	0	31,571	31,571	0
System provider embedded efficiency	Fully Developed		R	1,162	1,162	0	6,970	6,970	0
System provider embedded efficiency	Fully Developed		R	718	718	0	4,308	4,308	0
				7,142	7,142	0	42,849	42,849	0
Non-System provider embedded efficiency	Fully Developed		R	166	166	0	1,000	1,000	0
Prescribing - medicines management	Fully Developed		R	106	106	0	2,732	2,732	0
- secondary care interface	Plans In Progress		R	21	21	0	560	560	0
- specific schemes	Fully Developed		R	29	29	0	768	768	0
Continuing healthcare	Plans In Progress		R	150	150	0	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	638	638	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	110	0	(110)	2,000	2,000	0
Primary care underspend	Plans In Progress		N/R	0	0	0	500	500	0
Unidentified	Unidentified		N/R	0	0	0	5,000	5,000	0
Total				**8,362**	**8,252**	**(110)**	**74,665**	**74,665**	**0**

47. 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 they are unidentified, or an opportunity has yet to be identified to the level that plans can be worked up and therefore represents a high risk.

48. The unidentified amount previously related to a planned net underspend on dental funding (after funding the dental transformation programme) but we were informed by NHSE this was not something we can assume at the planning stage. We are however hopeful that there will be movement on this position in year.

49. The majority of the achievement so far is due to savings already delivered in contracts at tariff.

50. 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 NHSE 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.

51. 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.

52. Further analysis and detail of the savings plans will be discussed in the coming months.

Risks

53. The assessment of financial risk (and mitigations) at month 2 and for the year ended 31 March 2025, is as follows.

Headline	Description	M2 £000	Risk at Plan £000
Prescribing	Risk of additional cost where no cheaper stock is obtainable (NCSO) - Price concessions	2,333	2,333
Placements	Inflation/Growth risk on Continuing Healthcare costs	1,314	1,314
Contract Risk	Risk in relation to variabiliy on inter-system API contracts	1,035	1,035
Learning Disabilities and Autism	Risk to delivery of the £4.8m savings target	3,563	3,563
SWAST	Impact of ongoing negotiations with other ICB partners relating to handover delay cost share	1,000	1,000
Inflation Risk	Contract inflationary pressures as a result of the 0.2% tariff reduction	1,532	1,532
Efficiency Risk	Unidentified savings	5,000	5,000
Drugs and Devices	Risk of additional volumne/price changes in acute drugs and devices above contract baseline	780	780
Total Risk		**16,557**	**16,557**
Prescribing	Prescribing pricing and Cat. M assumptions	2,000	2,000
Inter-system capacity	Potential for repatriation	1,000	1,000
Allocation Review	Hold back further non recurrent allocations above savings target	1,200	1,200
Unidentified Mitigations	Plans to be identified	12,357	12,357
Total Mitigation		**16,557**	**16,557**
Net Risk		**0**	**0**

54. At plan NHS Devon identified risks of £16.6m, with known mitigations totalling £4.2m resulting in £12.4m of mitigations that have yet to be identified.

55. At Month 2, the risks remain unchanged from the initial plan at £16.6m, including risks relating to increases in prescription drug prices, contract costs and efficiency risks. These risks have been partly offset by assumptions for prescribing pricing and repatriation of activity and a review of non-recurrent allocations. Work is continuing to identify mitigations to cover the remaining risk of £12.4m.

Other Financial Information

Statement of Financial Position

56. The statement of financial position (SoFP) provides a snapshot of the NHS Devon's financial position at that date. The SoFP is made of two parts which must always equal each other: the top part (total assets employed) which shows NHS Devon's assets and liabilities (what the NHS Devon owns and is owed), and the bottom part (total taxpayers' equity) which shows how NHS Devon has been financed.

57. NHS Devon position at 31 May 2024 is shown in Appendix 1.

Capital

58. NHSE have confirmed that the NHS Devon will have access to £2.2m capital resources. Project Initiation Documents have been submitted to NHSE for the following schemes and we are waiting their agreement: £0.3m for primary care capital grants, £1.7m GP IT and just over £0.1m for the ICB IT needs.

Better Payment Practice Code

59. The Better Payment Practice Code requires NHS Devon to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

60. NHS Devon's current performance against the target of 95% is detailed below:

Better Payment Practice Code	M02	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.91	99.84
NHS Creditors - % of bills paid within target	100.00	100.00

Cash

61. There are several key cash performance targets that ICBs are measured against; these are set out in Appendix 2.

Conclusion

62. The Board is asked to **TAKE ASSURANCE** that the financial position of NHS Devon is accordance with its agreed plan and that processes are in place to actively manage risks identified to the delivery of the year end compliance with that plan.

Appendix 1: Statement of Financial Position

Statement of Financial Position	M2
Property Plant & Equipment	5,839
Intangible Assets	0
Non Current Assest	**5,839**
Inventories	1,903
Trade & Other Receivables - NHS	901
Trade & Other Receivables - Non NHS	31,840
Cash & Cash Equivalents	7,812
Current Assets	**42,455**
Total Assests	**48,294**
Trade & Other Payables - NHS	(22,057)
Trade & Other Payables - Non NHS	(117,154)
Other Liabilities	(5,899)
Borrowings / Cash in Transit	(14,204)
Provisions	(2,203)
Current Liabilities	**(161,517)**
Total Assets Employed	**(113,222)**
General Fund	(113,222)
Total Taxpayers Equity	**(113,222)**

Appendix 2: Cash

There are several key cash performance targets that the ICB is measured against:

Measure	Month 2
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 £2,844m for Devon ICB for the period ended 31st March 2025.*	19.1% of the Cash Drawdown Requirement has been utilised as at month 2 where 16.7% 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 May are currently being reviewed by Shared Business Services.
The closing cash balance in the bank should be no greater than 1.25% of the monthly drawdown.	The ICB has not 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. Plymouth County Council made a large payment to the ICB on the last working day of the month which contributed to us not meeting this measure.

**Although forecasting is carried out as accurately as possible it sometimes difficult to predict 2 months in advance (the requirement by NHS England) the exact timings and amounts of all income received and all payments made.*

Appendix 3: Operating Expenditure

The detailed financial position as at 31st May 2024 and 31st 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	92,911	92,911	0	557,468	557,468	0
NHS University Hospitals Plymouth NHS Trust	54,928	54,928	0	329,570	329,570	0
NHS Torbay and South Devon NHS FT	43,589	43,589	0	261,532	261,532	0
NHS South Western Ambulance Trust	13,757	13,757	(0)	82,542	82,542	0
NHS Taunton and Somerset	1,785	1,785	0	10,710	10,710	0
Independent Sector	6,204	6,204	1	37,226	37,226	0
Low Volume Activity	1,505	1,505	0	9,029	9,029	0
Non Contract Activity	820	820	0	4,920	4,920	0
AQP	352	352	0	2,110	2,110	0
Referrals Management	424	432	(8)	2,541	2,541	0
Patient Transport	2,100	2,150	(50)	12,601	12,601	(0)
Other Acute Services	1,995	2,094	(99)	11,968	11,937	31
Acute	**220,370**	**220,526**	**(157)**	**1,322,218**	**1,322,186**	**31**
Devon Partnership NHS Trust	31,450	31,450	(0)	188,699	188,699	0
Livewell MH Services	1,371	1,364	7	8,226	8,226	0
University Hospitals Plymouth MH	7,669	7,670	(1)	46,016	46,016	0
Children and Families Health Devon	3,523	3,523	(0)	21,139	21,140	(2)
Individual Patient Placements	2,572	2,572	(0)	15,432	15,435	(3)
Section 117	4,949	4,945	4	29,694	29,673	21
ADHD	257	276	(19)	1,541	1,655	(114)
MH Low Volume Activity and NCA	141	141	(0)	844	844	(0)
Other Mental Health	1,277	1,280	(3)	7,661	7,662	(2)
Mental Health	**53,208**	**53,221**	**(13)**	**319,251**	**319,350**	**(99)**
Livewell Southwest	77	79	(2)	461	461	0
Royal Devon and Exeter Community	17,174	17,174	0	103,047	103,047	0
Torbay and South Devon FT	12,083	12,083	0	72,495	72,495	0
University Hospitals Plymouth Community	10,228	10,227	1	61,368	61,368	0
Children and Families Health Devon	2,310	2,310	0	13,860	13,860	1
Individual Patient Placements	307	312	(6)	1,842	1,875	(33)
SWAST Tiverton MIU	272	272	(0)	1,630	1,629	1
MIU Contracts	80	63	17	480	475	4
Hospices	1,453	1,453	(0)	8,718	8,718	0
Better Care Fund_Plymouth CC	1,131	1,131	0	6,784	6,784	0
Better Care Fund_Devon CC	7,710	7,710	0	46,258	46,258	0
Better Care Fund Torbay	682	682	0	4,092	4,092	0
Demand and capacity	515	515	(0)	3,088	3,088	0
Prevention	541	533	8	3,245	3,245	0
Other Community Services	3,747	3,740	6	22,479	22,470	9
Community Health	**58,308**	**58,283**	**24**	**349,847**	**349,865**	**(18)**
Continuing Healthcare	25,708	25,747	(40)	154,247	154,348	(101)
Funded Nursing Care	3,147	3,163	(16)	18,884	18,981	(97)
Continuing Care	**28,855**	**28,911**	**(56)**	**173,131**	**173,329**	**(198)**

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Prescribing	40,056	40,056	0	240,338	240,338	(0)
Enhanced Services	2,336	2,336	0	14,015	14,015	0
Delegated Commissioning - Co Comm	39,447	39,447	(0)	236,680	236,680	0
Delegated Commissioning - Optometry	2,087	2,087	0	12,520	12,520	0
Delegated Commissioning - Pharmacy	5,849	5,849	0	35,092	35,092	0
Delegated Commissioning - Dental	12,528	12,528	0	75,170	75,170	0
GP Out Of Hours	1,601	1,579	22	9,605	9,605	0
GP IT	718	718	0	4,310	4,310	0
Other Primary Care	1,473	1,468	6	8,839	8,839	0
Primary Care	**106,095**	**106,067**	**28**	**636,568**	**636,568**	**0**
NHS 111	1,967	1,963	4	11,804	11,804	0
Chime Audiology	678	678	0	4,068	4,068	0
All Other Commisionned Services	2,945	2,937	8	17,668	17,666	2
Other Programme	**5,590**	**5,578**	**12**	**33,540**	**33,538**	**2**
Total Commissioned Services	**472,426**	**472,587**	**(161)**	**2,834,554**	**2,834,835**	**(282)**
Pay	2,366	2,332	33	14,194	14,194	0
Non Pay	884	911	(27)	5,304	5,304	0
Income	(6)	0	(6)	(39)	(39)	0
Running Costs	**3,243**	**3,243**	**0**	**19,460**	**19,460**	**0**
Net Expenditure	**475,669**	**475,830**	**(161)**	**2,854,014**	**2,854,295**	**(282)**
System Reserves	844	0	844	5,065	0	5,065
SDF Reserves	4,355	0	4,355	26,130	0	26,130
Investment Reserves	277	(1,721)	1,998	1,663	(9,642)	11,305
Non Recurrent ICB Reserves	(7,037)	0	(7,037)	(42,219)	0	(42,219)
Total Net Expenditure	**474,109**	**474,109**	**0**	**2,844,653**	**2,844,653**	**(0)**
Resource Allocation	477,943	477,943	0	2,867,657	2,867,657	0
Total Surplus	**3,834**	**3,834**	**0**	**23,004**	**23,004**	**(0)**

NHS Devon Integrated Care Board

One Devon Integrated Care System Finance Report - Month 2

Date of meeting	Date report produced
11 July 2024	20 June 2024

Author(s)		Report approved by	
Name and title:	Lisa Heard Senior Accountant	**Name and title:**	Kirsty Denwood Deputy Chief Finance Officer
Phone:		**Date:**	26 June 2024
Email:	Lisa.heard@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 One Devon Integrated Care System's (ICSs) 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. The report details the ICS financial position for the period ended 30 May 2024 against the plan submitted for the financial year 2024/25.

One Devon

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – 02 July 2024 Finance and Performance Committee – 11 July 2024

Key recommendations and actions requested
TAKE ASSURANCE that the financial position of the One Devon Integrated Care System is accordance with agreed plans and that processes are in place to actively manage risks identified to the delivery of the year end compliance with those plans.

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

Does this report have implications in any of the areas highlighted below?	
Area	**Yes (summarise implications)**
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability
Legal	None
Engagement and consultation	None

One Devon Integrated Care System Finance Report - Month 2

Introduction

1. The presentation of the One Devon Integrated Care System's (ICS) Finance Report seeks to provide the necessary assurance to the Finance and Performance Committee on the financial position of the ICS for the year ending 31 March 2025.

2. This report details the ICS financial position as at 30 May 2024.

3. As part of the 2024/25 planning round, the One Devon ICS initially submitted a deficit plan of £85.4m on 02 May 2024, which was the plan against which Month 2 finances were monitored.

4. A national process to resubmit operational plans was undertaken on 12 June 2024. Therefore, there was reduced reporting requirements at month 2 as NHS organisations were completing new financial plans which for NHS Devon showed an improved planned deficit of £80m.

5. As at Month 2 the One Devon ICS is reporting a year to date £29.7m deficit against a planned deficit of £29.7m. This is in relation to the Operational Plan submission on 02 May 2024, which shows a year end planned deficit of £85.4m.

6. For month 3 it is expected that the Operational Plan submission on 12 June 2024 will be monitored against, and full reporting will recommence which will include year-end forecasts and the granular detail previously reported.

7. As at Month 2, the One Devon ICS had made efficiency savings of £10.9m which is £1.6m adverse to plan. However, no risks to year end forecasts are currently being reported and the variance relates to the timing of cash releasing of savings.

8. At the planning stage risks of £88m were identified of which £17m were mitigated. Gross risks increased to £108m at month 2 due to risk reclassification at University Hospitals Plymouth NHS Trust (UHP). However, mitigations increased to £68m therefore demonstrating a reduction in net risk at month 2 of £31m.

9. Month 2 year to date spend on agency at system level is on plan at £7.2m and represents a 17% reduction on the same period last year. These costs represent 2.4% of year to date pay costs.

10. The above position represents the reported position to NHS England (NHSE) as at Month 2.

Financial Performance

11. The year to date position as at 30 May 2024 is as follows:

Organisation	Year to date		
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000
Devon ICB	3,834	3,834	0
Royal Devon University NHS FT	(6,764)	(6,757)	7
University Hospitals Plymouth Trust	(14,116)	(14,117)	(1)
Torbay and South Devon NHS FT	(13,403)	(13,403)	0
Devon Partnership Trust	747	747	0
Total	**(29,702)**	**(29,696)**	**6**

12. As at Month 2 the One Devon ICS is reporting a year to date £29.7m deficit against a planned deficit of £29.7m. This is in relation to the 02 May 2024 Operational Plan submission which shows a year end planned deficit of £85.4m.

13. Nationally there were reduced reporting requirements at month 2 as NHS organisations were asked to submit new operating plans on the 12 June 2024 which for NHS Devon showed an improved planned deficit of £80m.

14. For Month 3 it is expected that the Operational Plan submission on 12 June 2024 will be monitored against and full reporting will recommence which will include year-end forecasts and the granular detail previously reported.

Savings and Efficiencies

15. The delivery of savings and efficiencies as at 30 May 2024 is as follows:

Organisation	Year to date		
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000
Devon ICB	1,220	1,110	(110)
Royal Devon University NHS FT	3,205	3,205	(0)
University Hospitals Plymouth Trust	4,390	3,831	(559)
Torbay and South Devon NHS FT	1,364	1,423	59
Devon Partnership Trust	2,333	1,354	(979)
Total	**12,512**	**10,923**	**(1,589)**

16. As at Month 2 the One Devon ICS had made efficiency savings of £10.9m which is £1.6m adverse to plan. However, no risks to year end forecasts are currently being reported and the variance relates to timing of cash releasing of savings.

17. Appendix 1 shows a more detailed analysis of the current position of efficiencies schemes. The risk and maturity data included in the appendix was collected prior to month 2 submission to provide an update to the Finance and Planning Board. National submissions did not require this level of detail on efficiencies for month 2 reporting.

Recurrent

Organisation	Year to date		
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000
Devon ICB	1,110	1,110	0
Royal Devon University NHS FT	3,035	2,305	(730)
University Hospitals Plymouth Trust	3,724	3,021	(703)
Torbay and South Devon NHS FT	1,097	338	(759)
Devon Partnership Trust	827	254	(573)
Total	**9,793**	**7,027**	**(2,766)**

Nonrecurrent

Organisation	Year to date		
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000
Devon ICB	110	0	(110)
Royal Devon University NHS FT	170	900	730
University Hospitals Plymouth Trust	666	811	145
Torbay and South Devon NHS FT	267	1,085	818
Devon Partnership Trust	1,506	1,100	(406)
Total	**2,719**	**3,896**	**1,177**

18. Recurrent efficiencies contributed to 64% of year-to-date efficiencies, equivalent to £7m. This contribution is £2.8m below the year-to-date planned recurrent savings and early intelligence suggests recurrent slippage on efficiencies relates to phasing of plans and not a risk to year end delivery.

19. As at Month 2 all providers have seen an improvement in the percentage of fully developed plans and reduction in high-risk schemes as plans are progressed. 12% of plans (£24m) currently have no identified scheme which is an improvement on 02 May 2024 figure of 18% (£37m).

Risk

20. NHS Devon has a risk on its Corporate Risk Register relating to 'Delivery of the System Control Total for 2024/25' scored at 16 (4L x 4I). The narrative of this risk is included below, however it will require to be updated to align to align to the 12 June 2024 Operating Plan submission:

    - The 2nd May Operating Plan submission for the system identified a net deficit of £85.4m, and the control total for the final submission on 12 June 2024 demonstrated a £80m deficit. The 02 May 2024 submission was considered a high risk plan, with £208m Finance Improvement Programme (FIP/CIP), of which £26m was unidentified and £71m was high risk. The organisational profile is £108m deficit in providers and £23m surplus in ICB; extending further to £80m net deficit will change these values, and has not yet been agreed by system boards, and raises the risk profile.

21. The following controls and assurances are in place to manage this risk:

    - Establishment of PMO and review and escalation processes for variance from agreed trajectory.
    - ICS monthly finance report for escalation to Finance and Planning Board, and System Recovery Board.
    - 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.
    - Weekly system Chief Finance Officer meetings take place in relation to system working arrangements. Issues for resolution are discussed and proposals agreed as appropriate.

22. There are no proposed changes to the risk score following the reported Month 2 financial position.

23. The assessment of financial risk (and mitigations) at organisational level for the year ended 31 March 2024 as at 30 May 2024, is as follows:

Risk description	DPT	RDUH	TSD	UHP	ICB	Total
	£'000					
Operational Plan risks	4,934	26,000	12,000	23,000	21,969	87,903
Mitigations	(2,180)	0	(7,000)	0	(7,645)	(16,825)
Net Risk in Operating Plan	**2,754**	**26,000**	**5,000**	**23,000**	**14,324**	**71,078**
M2 Gross risks reported	4,934	23,800	16,569	46,550	16,557	108,410
M2 Mitigations	(4,934)	(22,100)	(13,655)	(23,550)	(4,200)	(68,439)
M2 Net Risk	**0**	**1,700**	**2,914**	**23,000**	**12,357**	**39,971**

24. At the planning stage risks of £88m were identified of which £17m were mitigated. Gross risks increased to £108m at Month 2 due to risk reclassification at UHP. However, mitigations increased to £68m therefore demonstrating a reduction in net risk at month 2 of £31m.

Capital

25. Due to reduced national reporting requirements there is no capital data for Month 2. Full reporting will commence in Month 3.

Agency

Organisation	Year to date		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Royal Devon University NHS FT	(3,313)	(2,082)	1,231
University Hospitals Plymouth Trust	(872)	(920)	(48)
Torbay and South Devon NHS FT	(1,233)	(2,179)	(946)
Devon Partnership Trust	(1,778)	(2,014)	(236)
Total	**(7,196)**	**(7,195)**	**1**

26. As at Month 2, the year to date spend on agency at system level is on plan at £7.2m and represents a 17% reduction on the same period last year. These costs are 2.4% of year to date pay costs.

27. The system agency cap is set at 2.1% of pay costs and as agency savings plan come online it is forecast that the year to date spend will reduce to align to the cap.

28. Individually, three providers have expenditure above plan:

- UHP is above plan by £48,000 due to discretionary pay relating to a reduction in planned recruitment of vacancies. It is expected these costs will decline in month 3.
- Torbay and South Devon NHS Foundation Trust (TSD) has an agency run rate which is reducing but is currently above planned levels. Further controls were implemented in month 2 and a weekly monitoring tool is now in use. Therefore, expenditure is expected to reduce further in month 3 and the negative variance to plan to be recovered by March 2025.
- Devon Partnership NHS Trust (DPT) overspend relates to the implementation of NHSP as the new process embeds and £200k to cover community packages of care which is offset by income.

Conclusion

29. The Board is asked to **TAKE ASSURANCE** that the financial position of the One Devon Integrated Care System is accordance with agreed plans and that

processes are in place to actively manage risks identified to the delivery of the year end compliance with those plans.

NHS Devon

NHS Devon Integrated Care Board

Integrated Quality, Performance and Finance Report (IQPR)

Date of meeting	Date report produced
25 July 2024	28 June 2024

Author(s)		Report approved by	
Name and title:	Dilek Hill Head of Strategic Planning & Performance	**Name and title:**	Anthony Fitzgerald, NHS Devon Chief Delivery Officer
		Date:	28 June 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 Integrated Quality and Performance Report (IQPR) is a key document in ensuring that the Board is sighted on key areas of concern in relation to a range of internally and externally set Key Performance Indicators (KPIs).

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Executive Committee – 2 July 2024 Finance and Performance Committee – 11 July 2024 Quality and Patient Experience Committee – 11 July 2024

Key recommendations and actions requested
NOTE the current performance position against the Key Performance Indicators measured through the IQPR.
TAKE ASSURANCE from the proposed approach to future performance reporting set out in the report.

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

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

NHS Devon

Integrated Quality, Performance and Finance Report (IQPR)

Introduction and background

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

2. The Annual Plan addresses immediate pressures, such as system recovery and exit from NOF4, while laying the foundation for future transformation. It includes clear deliverables, impact statements, timelines, and links objectives to Chief Officer portfolios, promoting accountability. Executive Leads and their Senior Leadership Teams have now finalised deliverables, impact statements, KPIs, and milestones for each corporate objective. Localities will ensure that centrally agreed objectives are delivered locally, with plans aligned to these objectives. The Programme Management Office will support localities through planning and delivery.

3. Monthly delivery review meetings are now conducted by the Director of Performance and Planning, focussing on the delivery of our 2024/25 Annual Plan and key corporate objectives. They will also provide oversight of the Board Assurance Framework, track performance improvements against the NHS Oversight framework, and support the identification of risks that need to be included on corporate and programme risk registers.

4. The PMO has developed highlight reports to support these meetings, enabling progress to be monitored against key performance indicators (KPIs) and agreed impact metrics. The metrics will be monitored through a new performance dashboard which is currently in development. The outputs from these delivery meetings and the metrics within the dashboard will then be collated into a refreshed version of the IQPR. This will ensure that, in the future, the detail in the IQPR is focussed on delivery of our agreed priorities for the year, with clear details on action, impact, risk, mitigation and future forecasting, providing the Board with assurance in respect of these.

Elective Care

	RTT		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
System Elective Recovery	104+	**Target**	1	0	0	0	0	0	0	0	0	0	0	0
		Actual	2											
	78+	**Target**	382	364	116	21	0	0	0	0	0	0	0	0
		Actual	334											
	65+	**Target**	2093	1874	1753	1251	867	378	104	29	0	0	0	0
		Actual	1982											

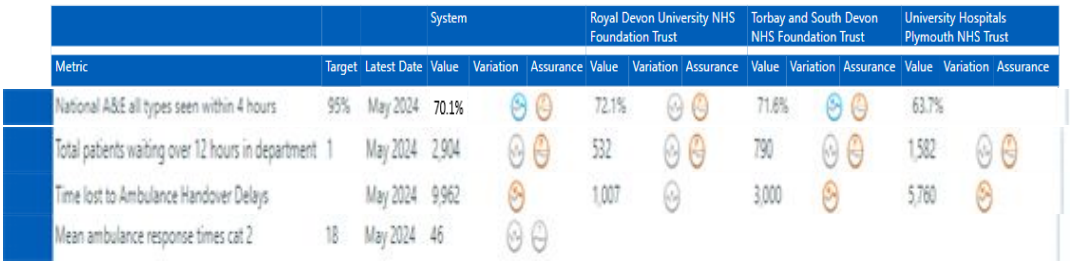
5. The system remains behind the national targets for the clearance of 104 week wait (ww) patients with 2 patients waiting over 104 weeks in April. 78ww patients are ahead of trajectory with 334 against a trajectory of 364.

6. There are no patients tipping into the 104ww bracket in June.

7. Each acute provider runs weekly long waiter evaluation meetings to review opportunities to bring forward patients, as well as weekly regional scrutiny via NHS England Tier 1 process.

8. 76.2% of GP referred patients received a cancer diagnosis within 28 days and achieved the target of 75%. Likewise, the number of patients waiting more than 62 days are within trajectory.

Urgent and Emergency Care (UEC)



			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
National A&E all types seen within 4 hours	95%	May 2024	70.1%			72.1%			71.6%			63.7%		
Total patients waiting over 12 hours in department	1	May 2024	2,904			532			790			1,582		
Time lost to Ambulance Handover Delays		May 2024	9,962			1,007			3,000			5,760		
Mean ambulance response times cat 2	18	May 2024	46											

9. Ambulance handover delays above the 15-minute decreased in May to 9,962 from 10,546 in April which is ahead of trajectory (10,781).

10. 4-hour performance remains below trajectory (70.4%) at 70.1% although improved on last month's position of 68.5%, reflecting the continued effort across the system to improve against the trajectory.

11. Category 2 response times increased by 1 minute in May with an average response time of 46 minutes and there was an increase against the 12 hours in department standard to 2,904 from 2,675 in April.

12. The One Devon Integrated Care System has a number of planned activities to improve UEC performance, these include:

- Implement a trajectory and timeline to achieve 70 hours per week of the nationally defined frailty Same Day Emergency Care (SDEC) model.
- Deliver the national specification for Urgent Treatment Centre /Minor Injury Unit.
- Improve consistency of Urgent Community Response (UCR) reporting at local and national level to allow trajectories to be agreed.

Hospital Discharge

13. No criteria to reside (NCTR) continues to improve across the system with a Devon position of 11.1% in May 2024. This is split by Royal Devon University Healthcare NHS Foundation Trust (RDUH) 13%, University Hospitals Plymouth NHS Trust (UHP) 9%, Torbay and South Devon NHS Foundation Trust (TSD) 6%.

14. Actions to address reducing NCTR will be managed through locality level Bronze Calls and via the monthly Discharge Group. The actions taken and maintained by taken by trusts include regular manual processes to ensure patients are on the correct pathway and still have NCTR. 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.

Primary and Community Care

	Metric	Target	Latest Date	NHS DEVON INTEGRATED CARE BOARD	East	North	Plymouth	South	West
Primary care	General Practice: appointments seen the same day		Apr 2024	43%	41.5%	38.6%	47.2%	43.7%	42.7%
	General Practice: appointments seen within 1 day	35%	Apr 2024	50.2%	48.8%	46.1%	54.5%	50.8%	48.9%
	General Practice: appointments seen within 2 weeks	85%	Apr 2024	79.8%	77.8%	78.0%	82.4%	81.6%	75.3%
	General Practice: appointments vs pre pandemic	4%	Apr 2024	12.9%					
	General Practice: LMC GPAS Alert		Jun 2024	3	3	3		3	4
	Technology enabling access: Number of online/video consultations against target	83,333	Apr 2024	94,289					

15. The target of 85% appointments within 2 weeks was not achieved in any Local Care Partnership (LCP) area with an overall system position of 79.8% in April. This position declined since the previous month. Focus on meeting same day need continues to adversely impact delivery of the 2-week target.

16. The target of 35% of appointments occurring within 1 working day of request continues to achieve comfortably across every LCP area, with 50.2% being seen within 1 day overall (an improved position compared to the previous year of 49.6%).

17. There are currently 33,412 children and adults waiting for community services across Devon. This is 509 more than March 2024 (32,903). The largest change has been Musculoskeletal (MSK) with an increase of 416 from 7,969 to 8,385.

Mental Health

18. The system is currently reporting on 18 Long Term Plan (LTP) indicators. Currently, 10 LTP indicators are either exhibiting improvement and/or have exceeded their in-month target. These include:

- **Individual Placement and Support Access:** 980 patients have accessed services against a target of 718.
- **Talking Therapies:** Reliable improvement achieved target (67.4%/67%). First appointment within 6 weeks (83.9%/75%) and appointments within 18 weeks (98.5%/95%) both achieved their respective targets.
- **Community Mental Health Contacts**: Not currently meeting its target of 19,696 contacts with 17,925 contacts. However, the metric is exhibiting special cause improvement.
- **CYP Routine Eating Disorders**: Not currently meeting the 95% target of receiving an appointment within 28 days with 86% performance. However, the metric is exhibiting special cause improvement.
- **Inappropriate Out Of Area Placements:** Not currently meeting its target of zero, with 1,105 bed days (rolling quarter), although the metric is exhibiting special cause improvement.
- **Perinatal Access:** Met its target of 1,115 target (1,165 contacts) and is also exhibiting special cause improvement.
- **Dementia Diagnosis:** Not currently achieving the 65% confirmation target, with a position of 57.9%. However, performance shows special cause improvement.
- **SMI Physical Health Checks:** Achieved its target of 6,197 checks with 7,335 checks and also shows special cause improvement.

Children and Young People Services

19. The Children and Family Head Devon (CFHD) data quality concerns continue to impact on their data submission which is due to with their IT system.

20. This is being managed through the contract review meetings and a timescale for data to be provided by the new system will be agreed in the contract review meeting on the 27 June 2024. Last information received was from January 2024 due to the changeover in the patient record system and internal reporting arrangements within CFHD.

21. Reporting is only available for Plymouth, this showed 601 children waiting for an autism assessment in April, a continued reduction from 720 in October. Referrals were within expected levels. Children waiting for Speech and

Language Therapist (SLT) assessments decreased to 420 in April from 436 waiting in March. However, referrals remain at a level greater than expected.

Quality

22. There has been an increase in cases of pertussis (whooping cough) across England since January 2024, with 4,793 cases in England to end of April 2024 (against 858 for the whole of 2023). In May 2024, there was an outbreak of cryptosporidium in the Brixham area of Devon, associated with water supply contamination. This resulted in 113 confirmed cases, 3 of which were hospitalised and subsequently made a full recovery.

23. During May 2024 there have been 6 serious incidents reported. The total number of open incidents for the system in May 2024 was 235, another decrease from April (244). There were no Never Events reported in May 2024 within the Devon system. The Patient Safety Team are developing high level metrics for Patient Safety Incident Response Framework (PSIRF) data. The NHS Devon Patient Safety Team have developed a PSIRF implementation plan.

24. During April 2024 there were 190 new patient experience feedback (including MP and PHSO (Parliamentary and Health Service Ombudsman enquiries) received by NHS Devon. The greatest subject area this month has been relating to the sudden closure of a South Devon Dental Practice. 'Contacts' continue to largely relate to Primary Care and specifically dental access. There is continued contact regarding access to both children and adult Attention Deficit Hyperactivity Disorder (ADHD) and Autism services.

Workforce

25. At month 2 (May 2024) agency spending year to date is on plan and in comparison, to the previous year (Month 2 2023/24) the agency spend has decreased by 17%. The greatest reductions compared with last year were seen in TSD and RDUH (both decreased by 24%).

26. The Alliance international recruitment programme continues to provide a healthy supply of staff with 252 appointments assessed for 2024/25, meeting the demand of Trusts across the system.

27. The system is focused on reducing its whole time equivalent (WTE) staff, and currently has 538 WTE staff fewer than planned. However, system spending on substantive and bank positions exceeded plan by £1.8m.

Finance

28. As part of the 2024/25 planning round, the One Devon Integrated Care System initially submitted a deficit plan of £85.4m on 2 May 2024 which was the plan against which month 2 finances were monitored.

29. A national process to resubmit operational plans was undertaken on 12 June 2024. Therefore, there was reduced reporting requirements at month 2 as NHS organisations were completing new financial plans which for NHS Devon showed an improved planned deficit of £80m.

30. As at month 2 the NHS in Devon is reporting a year to date £29.7m deficit against a planned deficit of £29.7m. This is in relation to the 2 May 2024 Operating Plan submission which shows a year end planned deficit of £85.4m.

31. For month 3 it is expected that the 12 June 2024 Operating Plan will be monitored against, and full reporting will recommence which will include year-end forecasts and the granular detail previously reported.

Conclusion

32. The Board is asked to:

- **NOTE** the current performance position against the Key Performance Indicators measured through the IQPR.

- **TAKE ASSURANCE** from the proposed approach to future performance reporting set out in the report.

Integrated Quality, Performance and Finance Report (IQPR)

Owner: Performance Team

June 2024

FINAL Version

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Executive Summary

Unscheduled Care

Ambulance handover delays above the 15-minute decreased in May to 9,962 from 10,546 in April which is ahead of trajectory (10,781). 4 hour performance remains below trajectory (70.4%) at 70.1% although improved on last month's position of 68.5%, reflecting the continued effort across the system to improve against the trajectory. Category 2 response times increased in May with an average response time of 46 minutes, compared to 45 minutes in April.
A letter from the Executive of NHSE to all ICB and Trust Chairs and Executives was cascaded 26 June 24. Action is required to ensure focus and oversight on quality of care is maintained in pressurised UEC services.

Elective Care and Diagnostics

The system remains behind the national targets for the clearance of 104ww patients with 2 patients waiting 104 weeks in May. 78ww patients are ahead of trajectory with 334 against a trajectory of 364. Each acute provider runs weekly long waiter evaluation meetings to review opportunities to bring forward patients, as well as weekly regional scrutiny via NHSE tier 1 process. The system achieved the Cancer 28-day Faster Diagnosis Standard in April with the ICB overall performance attaining 76.2%. The Clinical Risk and Harm Group has developed further key line of enquiry to support learning and improvement from a clinical quality perspective.

Hospital Discharge

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 May the average percentage of G&A beds that were occupied with patients who had NCTR was 10% (221), this is 1.1% under the May plan of 11.1%. This is split by RDUH 13%, UHP 9%, TSDFT 6%.

Primary and Community Care

NHS Devon continues to exceed three out of four access targets.GP appointments occurring within 2 weeks was 79.8% against an 85% target. The target of 35% of appointments occurring within 1 working day of request continues to achieve with 50.2% seen within 1 working day during April 2024. There are currently 33,412 children and adults waiting for community services across Devon. An increase of 509 from the previous month (32,903). The largest change has been MSK with an increase of 416 from 7,969 to 8,385.

Mental Health

The system is currently reporting on 18 LTP indicators. 10 LTP indicators (talking therapies x3, IPS, community mental health contacts, CYP routine eating disorders, inappropriate out of area placements, perinatal access, dementia diagnosis and physical health checks for people with severe mental illness; are either exhibiting improvement and/or have exceeded their in-month target.

Children and Young People Services

CFHD were unable to provide data since February due to data quality concerns with their IT system. Reporting is only available for Plymouth, this showed 601 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 420 in April from 436 waiting in March. However, referrals remain at a level greater than expected.

Quality

IPC: 4793 cases of pertussis (whooping cough) have been reported in England to end April 2024 (against 858 for the whole of 2023). In May 2024 there was an outbreak of cryptosporidium in the Brixham area of Devon, associated with water supply contamination.
C. difficile cases are rising nationally and locally. Devon is not a national outlier but within region experiences higher case rates in the Torbay area. A South West learning and development group is being established for all Healthcare Acquired Infections (HCAIs). Alongside, a specific project with Torbay Hospital, led by NHS Devon ICB Quality Team, has commenced.
Safeguarding: The key issues within new S42.2 enquiries started in April 2024 related to quality of care, PiPoT (people in positions of trust) allegations and discharge. The ICB safeguarding team works with providers and local authorities to ensure patients remain safe whilst investigations are undertaken, and mitigating actions are taken to prevent further harm. There has been no Safeguarding Adult Reviews published this month.
Serious Incidents: During May 2024 there have been 6 serious incidents reported. The total number of open incidents for the system in May 2024 was 235, another decrease from April (244). There were no Never Events reported in May 2024 within the Devon system.
The Patient Safety Team are developing high level metrics for Patient Safety Incident Response Framework (PSIRF) data. The ICB Patient Safety Team have developed a PSIRF implementation plan.
Patient Experience: During April 2024 there were 190 new patient experience feedback (including MP and PHSO (Parliamentary and Health Service Ombudsman) enquiries) received by the ICB. The greatest subject area this month has been relating to the sudden closure of a South Devon Dental Practice. 'Contacts' continue to largely relate to Primary Care and specifically dental access. There is continued contact regarding access to both children and adult ADHD and Autism services.

Workforce

At month 2 (May 2024) agency spending YTD is on plan and in comparison, to the previous year (M02 23) the agency spend has decreased by 17%. The greatest reductions compared with last year were seen in TSD and RDUH (both decreased by 24%).
The Alliance international recruitment programme continues to provide a healthy supply of staff with 252 appointments assessed for 2024/25; meeting the demand of Trusts across the system.
The system is focused on reducing its WTE staff, and currently has 538 WTE staff fewer than planned. However, system spending on substantive and bank positions exceeded plan by £1.8m.

Finance

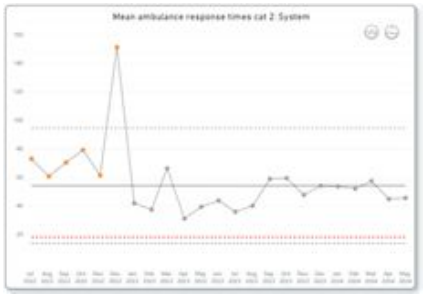
A national process to resubmit operational plans was undertaken on the 12th June 2024. Therefore, there was reduced reporting requirements at month 2 as NHS organisations were completing new financial plans which for NHS Devon showed an improved planned deficit of £80m. As at month 2 the Devon ICS is reporting a year to date £29.7m deficit against a planned deficit of £29.7m. This is in relation to the 2nd May Operating Plan submission which shows a year end planned deficit of £85.4m.

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		May 2024	30,599			14,220			7,107			9,272		
	National A&E Type 1 seen within 4 hours	95%	May 2024	56.4%			63.7%			56.9%			44.9%		
	National A&E all types seen within 4 hours	95%	May 2024	70.1%			72.1%			71.6%			63.7%		
	National A&E 12 hr waits from Decision to admit		May 2024	762			46			113			603		
	Attendances Type 1		May 2024	30,356			14,085			7,000			9,271		
	Type 1 Admissions (conversion rate)		May 2024	29.6%			29.3%			23.7%			34.7%		
	Emergency Admissions via A&E		May 2024	9,000			4,122			1,657			3,221		
	4hr Performance Type 1		May 2024	54.0%			60.6%			52.7%			44.9%		
	Total patients waiting over 12 hours in department	1	May 2024	2,904			532			790			1,582		
	Ambulance arrivals delayed over 15 minutes	0%	May 2024	83.8%			79.1%			85.4%			90.3%		
	Time lost to Ambulance Handover Delays		May 2024	9,962			1,007			3,000			5,760		
	Mean ambulance response times cat 1	7	May 2024	9											
	Mean ambulance response times cat 2	18	May 2024	46											
	Patients who do not meet the criteria to reside		Jun 2024	5,167			1,237			753			2,913		
	Average Emergency LOS		May 2024	1									4		

System UEC NOF

UEC Overview	Metrics
Current Position Metrics relating to urgent care have seen minimal improvement during May 2024. Ambulance handover delays above the 15-minute decreased in May to 9,962 from 10,546 in April but remain behind trajectory. 4 hour performance remains below trajectory at 70.1%; however, improving from April's position of 68.5%. Category 2 response times increased by 1 minute in May with an average response time of 46 minutes and there was an increase against the 12 hours in department standard to 2,904. UHP's response to improving identified challenges in their ED setting is via their one plan for improvement. This is focused on key interventions to improve internal flow throughout the hospital. NHSE have had sight of this plan as well as the ICB. A letter from the Executive of NHSE to all ICB and Trust Chairs and Executives was cascaded 26 June 24. Action is required to ensure focus and oversight on quality of care is maintained in pressurised UEC services. Helpfully the letter combined a strong focus on quality with the interventions set out in the UEC recovery plan. The UEC board noted receipt. The ICB board will be in receipt of the stated assurances outlined in the paper.	**4 Hour Performance**  **Ambulance Handover**  **CAT2 Response** 

Devon System Update

Progress

Devon Clinical Model
The Clinical Reference Group and associated Sub-Groups continue to meet. Each group has an associated programme workbook. Key actions / Impact described in overarching Gannt Chart
UTC/MIU
Clinical lead meeting completed, and 12 key clinical areas identified to provide VW pathway consistency across Devon. Meeting with NHSE – new VW dashboard and metrics shared.
VW operational meeting on 13/06 with focus upon implementation of GIRFT review (locality and Devon-wide actions).
Same Day Strategy
Self-assessments have been completed and being compiled into a review document and gap analysis.
Met with NHSE GIRFT leads reviewing key foci including consistency, 1/3 medical take to be SDEC, should be acute med driven and never bedded.
Urgent Community Response
Final specification signed off. Met with NHSE to discuss UCR progress and share plans. Specification sent to NHSE for comment and agreement. Produced first draft of UCR data dashboard.
Maturity matrix now complete and work ongoing to analyse gap areas.
Acute Frailty Service
PowerPoint pack created to harness the foci and detail of work for the subgroup, to ensure clarity of timescales, aims, objectives and responsibilities. Agreed timeframe and trajectories to get to 70hr/week Frailty SDEC.
UTCs/MIU
Maturity assessment on each UTC to understand position against national specification. Working group for estates established. Refinements of data dashboard underway.
Dynamic Conveyancing
Proposal developed which provides SWAST with full autonomy to manage demand across Devon, with the overarching aim of spreading risk equally with the four Acute Trusts. Meetings held with COOs.

Planned Activity

UEC - Engine Room established at ICB Aperture House. This provides space for system partners to meet and think creatively about solutions and support delivery of existing plans.
UEC - Key enabling actions articulated within a Gannt Chart, with associated high-level impact assessment.
VW - Increase the capacity of VW within the existing financial investment (to be achieved by ensuring consistency of 80% occupancy and 4-5 day average LoS).
Acute Frailty Service - Agree implementation trajectory and timeline for the attainment of 70 hours per week of the nationally defined frailty SDEC model.
Falls, Frailty, EOL - Develop and agree 10-point plan for Primary Care to work with Care Homes proactively using best practice (e.g. falls/999 response).
SDEC - Face-to-face review of all organisations following self-assessment against the newly agreed specification (clinically and operational lead).
UTC/MIU - Develop and agree action plan and strategy to deliver national specification for UTC/MIU.
UCR - Ensuring consistency of UCR reporting at local and national level to allow trajectories to be agreed.
VW – Actions to deliver all GIRFT recommendations.

Barriers	Mitigation
Industrial action (further Junior Doctor strikes announced)	System Control Centre leadership, prioritisation processes
Resources to support delivery of UEC Programme	Development of a delivery plan with key milestones and resource. Continued System Recovery PMO support, including key oversight governance
Work to identify gaps in current provision may identify funding requirements	Process to prioritise funding

Area of Escalation	Support Required	Expected Outcome
MIU data capture and performance impact.	Clarity on process and impact.	Counting MIU activity

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 May was 20,938, an increase on April (19,609). The percentage of patients conveyed to ED remains low at 36.7%, a slight decrease from April (37.1%).

Response capacity:
The SWASFT plan is for 52,500 conveying resource hours per month. Resourcing in May was more challenging than in April, reducing to 53,000 conveying resource hours in the early part of the month and closer to 52,000 hours (below plan) across the final two weeks of May. Across the Trust, resource hours lost to handover in May stayed stable at 27,178 hours (27,751 in April). In Devon, there was a slight decrease in hours lost to handover: 10,675 (11,545 in April).

Response times: Category 1 and 2 response times increased slightly in May, none of the response standards were met. Of note, in Devon the category 2 mean response time in May was 46 minutes, compared with 45 minutes in April (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 April.*

Operational Summary*

Causes:

- Devon incident numbers in May were 6.9% above contract activity, and 7.8% above May 2023.
- May resourcing whilst in line with plan, was lower than April resourcing. 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.
- Ambulance response times have a positive correlation with hospital handover delays. Through May, there has been a slight decrease in hours lost to handover however response times have not improved.
- SWASFT's average handover time continues to be the worst in England. In April*, SWASFT's average handover time was 59 minutes (range 19 minutes to 59 minutes). Category 1 response times remain the highest in England – 9 minutes 28 seconds (target 7 minutes) – range 6 minutes 42 seconds, to 9 minutes 28 seconds. Category 2 response times have improved somewhat – 36 minutes and 48 seconds (target 18 minutes) – range 21 minutes 48 seconds, to 40 minutes 43 seconds.
- 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. The Trust are delivering their strongest levels of operational resourcing however it is noted that it is still insufficient to meet the level of handover delays.

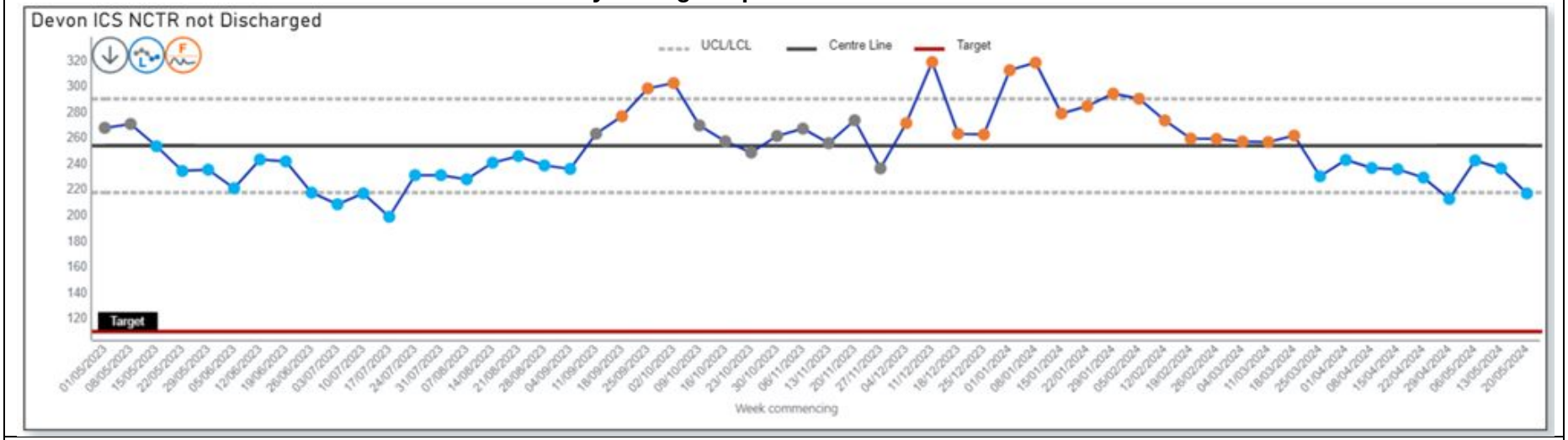
Actions:

- 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 eligible incidents receiving clinical navigation in Devon through April and May is on average 51%. Validations through May dropped slightly to 12% (13% in April).
- Additional frontline resources hours are being funded through the UEC recovery fund. This includes maintaining and increasing private provider capacity. Recruitment continues in line with “People Plan 4” to deliver a longer-term increase in resource with a focus on increasing capacity in the evenings and overnight with new rotas launched from the end of January. Sickness reduction schemes are also in place to increase frontline resource; sickness rates are monitored by the lead commissioner (NHS Dorset). Ambulance Vehicle Preparation (AVP) schemes across 14 sites in the south-west 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.
- 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 availability of pathways, maximising hear & treat opportunities, review of 999 financial model, deep dives, handover delays, 111 transfers to 999, digital and, development of a five-year transformation plan. Devon is well underway progressing these priorities with an integrated care coordination hub in place 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, an increase in 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 be enhanced further, as 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 held through April included the Operational Executive Committee, System Touchpoint and Contract Touchpoint meetings. The Finance Working Group has been reconvened, to propose methods for costing the contract from 2025/26. The 2024/5 contracting process has now concluded; £32.7 million non-recurrent funding was included in the contract to mitigate handover delays. Activity growth is not funded in the contract, 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.

Hospital Discharge

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
No Criteria to Reside (NCTR)	11.1% (244)	01/05/24 – 27/05/24	10% (221)		

Devon – weekly average of patients with No Criteria To Reside



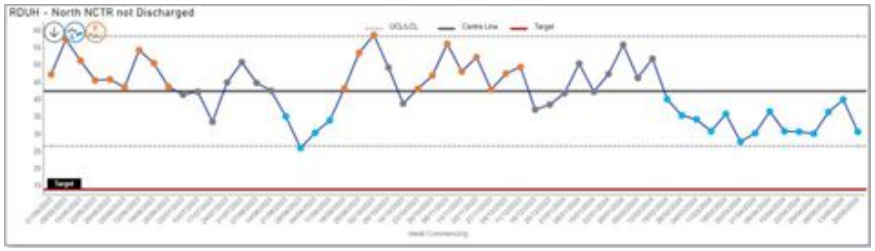
Analytical Commentary:
The Devon target has been adjusted in alignment with this year's Operating Plan. An average of all three acute trusts submissions has been taken for the Devon system target and is to reach no more than 8.5% (187) of General and Acute beds occupied by patients with NCTR be the end of 24/25. For May the average percentage of G&A beds that were occupied with patients who had NCTR was 10% (221), this is 1.1% under the May plan of 11.1%.

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 which has been baselined in May is currently an average of 24.5% of total discharges are discharged by midday.

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

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

Analytical Commentary: From this month RDUH will provide a combined update for the trust across both Northern and Eastern sites.

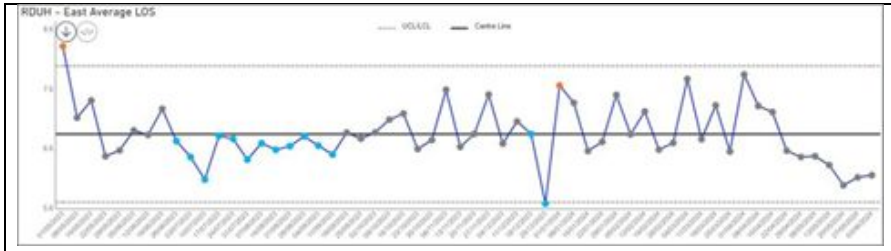
- **NCTR –** During May the average percentage of G&A beds that were occupied with patients who had NCTR was 13% (129), this is 1.3% under May 24 plan of 14.3%. The overall target to be achieved by end of Mar 25 is 9.3.
- **Length of Delay –** The average LoD target has been baselined from March 24 with 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 May:
  RDUH Northern:
  - P1 increased from 1 to 2 days (target 3.5)
  - P2 reduced from 9 to 5 days (target 5.5)
  - P3 increased from 10.5 to 12 days (target 5.5)

  RDUH Eastern:
  - P1 increased from 4.5 to 5 days (target 2)
  - P2 increased from 4 to 5 days (target 5.5)
  - P3 remained the same at 6.5 days (target 4)

- **Discharges by midday –** The trajectory of improvement to increase pre midday discharges in line with National target 33% is currently under development and in process of being agreed with trusts. The baseline position taken for May 24 for RDUH is 24.3% of their total discharges are discharged before midday.

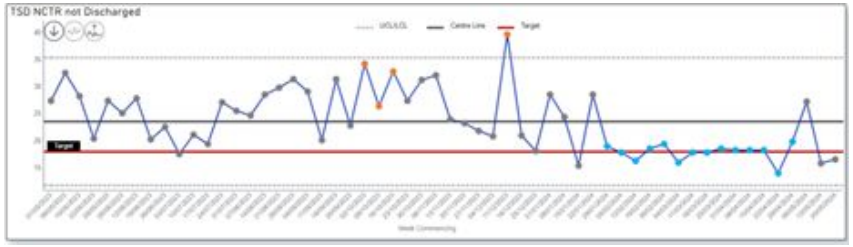
Operational Summary:
Actions to address each of the key metrics and overall reduction in patients with NCTR are detailed below:

- Right size commissioned capacity for complex pathways 1-3 in line with demand modelling – This is being developed through the Devon Hospital Discharge programme group. ICB and DCC commissioners are working on P1 capacity shortfall gap in the short term and further plan into a sustainable long term solution. P2 capacity gap remains, and in parallel to opportunistic spot purchasing of care home beds, commissioners are engaging with the market re: block booked beds and the possibility of a bedded short term rehab facility.
- Discharges by midday – Expanding transport improvement group to be Trust wide from June 24 - across Northern and Eastern, to reduce number of aborted journeys and therefore increase capacity within current offer and for the Discharge Lounge to support with transport planning and therefore not delay patients arriving in the DL. Targeting wards with peak discharges between 1pm and 2pm to increase to target.



- Criteria led discharge – Ongoing implementation and socialisation. Using CLD and review it over the weekends. CLD SOP was approved at CEC in March 2024, implementation ongoing. Further project support being requested to support monitoring and implementation of the process. Planning in train for July '24 launch, with a view to embedding for winter 24/25. In progress for North - encourage work to increase usage to not just criteria over weekend.
- Reducing LoS – Twice weekly length of stay reviews with Matrons/Hospital Discharge Team and also meeting once weekly with Director of Nursing and HDT to go through top 10. Use of repatriation SOP to facilitate getting patients back to base as soon as able. Increased LoS associated with OOA patients. DoN oversight of complex long length of stays and weekly 7 day and complex stay reviews at ward level. Clinical Matron oversight of all patients in Community Hospital's to expedite discharges. Early escalation for mental health complexities, and individual plans around specific patients.
- 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 1/10 Amber & 9/10 Green and RDUH Eastern 2/10 Amber & 8/10 Green.
- Effective use of Estimated Discharge Date and Discharge Ready Dates – EDD to be assessed and amended at every board round, once or twice daily. Discharge to be planned from admission and family engaged in decision making and planning where possible, to secure as early a discharge as possible and a pre noon discharge. Recent audit identified ~ 18% of patients had an EDD that had lapsed, work to target specific wards that might need increased support. To link with therapy team and Discharge Coordination Team for consistency in message.
- Other actions to support reduction in NCTR – Audit completed by Deputy Medical Director and Therapy Leads to understand the accuracy of the medically optimised patient list. Initial findings indicate opportunity of 7% over reporting. Learning to be shared and embedded as part of 10-week challenge.

Average NCTR not Discharge (by week) – TSDFT



Analytical Commentary:

- **NCTR –** During May the average percentage of G&A beds that were occupied with patients who had NCTR was 6% (22), this is 1.3% over the May 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 May:
  - P1 remained the same at 3 days (target 1)
  - P2 remained the same at 5 days (target 10)
  - P3 increased from 6 to 6.5 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 currently under development

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

and in process of being agreed with trusts. The baseline position taken for May 24 for TSDFT is 21.4% of their total discharges are discharged before midday.

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 – In reach roles are reviewing patients referred to the Discharge Hub and looking to right size packages. The new dedicated reablement unit, Jack Sears is due to open in June although not providing extra bedded capacity but focuses on a cohorted approach to support reduced LoS within P2 for Torbay residents and will replace existing block and spot contracting arrangements. Block domiciliary care hours to support P1 discharges is reviewed monthly and looking to procure demand to reflect the need.
- Discharges by midday – The trust continue to adopt Sick, Home, Other Patients principles to support approach to ward rounds in the morning. To help increase the number of patients discharged before midday.
- Criteria Led Discharge – This has been rolled out to surgical wards and now looking at how this can be rolled out further, however this needs to be led by medical teams.
- Reducing LoS – Working with ECIST for acute and community. The trust is awaiting up to date data to support the recent work implemented by ECIST. Twice weekly reviews undertaken on medical wards reviewing all patients with a LOS over 10 days. This captures delay reasons and actions. Once a week Community hospital and Surgical beds LoS review 10 Days using the ECIST template.
- 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: 1/10 Amber & 9/10 Green, there is action plans in place to bring all key principles in line with national guidance.
- Effective use of Estimated Discharge Date and Discharge Ready Dates – EDD is not currently being used as effective measure, and the trust are linking with Business Intelligence to review this in twice weekly LoS meetings.
- Other actions to support reduction in NCTR – Discharge Hub supporting localities through the completion of Discharge to Assess process.

Average NCTR not Discharge (by week) – UHP

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

Analytical Commentary:

- **NCTR –** During May the average percentage of G&A beds that were occupied with patients who had NCTR was 9% (76), this is 1% under May 24 plan of 10%. The overall target to be achieved by end of Mar 25 is 9.2%.
- **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 May:
  - P1 remained at 3 days (target 2)
  - P2 increased from 4 to 5 days (target 5)
  - P3 increased from 6 to 6.5 days (target 1.5)

- **Discharges by midday –** The trajectory of improvement to increase pre midday discharges in line with National target 33% is currently under development and in process of being agreed with trusts. The baseline position taken for May 24 for UHP is 28.3% of their total discharges are discharged before midday.

Operational Summary:

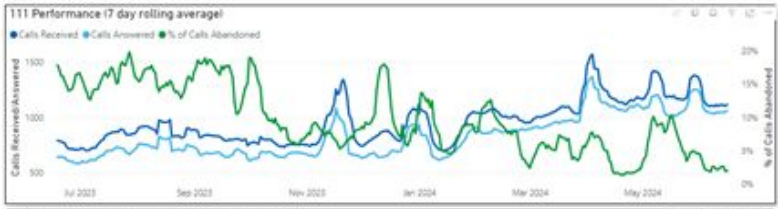
Actions to address each of the key metrics and overall reduction in patients with NCTR are detailed below:

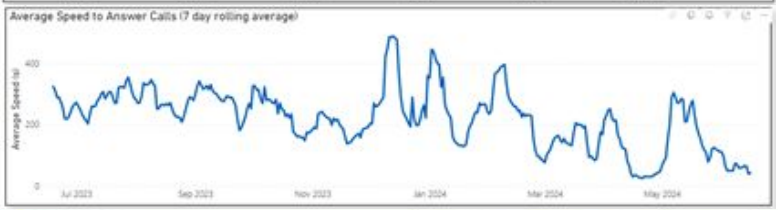
- Right size commissioned capacity for complex pathways 1-3 in line with demand modelling – Peripatetic workforce in place since Nov 23. Sustained improvement in P1 capacity and Winter resilience. Extension agreed until September 24. Commissioning intentions under discussion. Aligns to the Plymouth Intermediate Care plan to increase the level of P1 activity and reduce spend on P2. Home First Champions to be developed and implemented in Summer 24. Market engagement events ongoing to support transition into complex dementia provision.
- Discharges by midday – 'Old CDU' opened as overnight bedded discharge area to prevent bedding SDEC. PDSA cycles to maximise use of CDU with improvement in flow to SDEC in the mornings. Changes to community hospital discharges to streamline process Handover process and TTA changes trial ongoing. Task and finish group weekly: led by Chief Nurse with a focus on achieving 30 discharges before 10am (including transfers to the discharge lounge). Matron huddle - A twice daily Matron huddle in medicine which focuses on understanding the 'golden patient' opportunities daily, with learning and reflection on failures and 'PDSA' cycles to improve the daily position. QI support to some ward areas focussing on ward processes and supporting early discharge tasks, including 3pm daily medical meetings to check on actions required to support early discharge for the next day 'Service Line Manager of the day' processes supporting wards to identify 'golden patients'. Agreed process to book patient transport for 9am for all wards.
- Criteria Led Discharge – Not currently being progressed due to ongoing work with effective use of EDD and embedding of ward processes.
- Reducing LoS – Programme of work commencing to realign bed capacity to reduce medical outliers resulting in 0.5% reduction in LoS. Planned expansion of Virtual

	Ward to support step down from acute hospital care, 50 to 75 beds Q1 24/25. Opportunity being explored for community parenteral antibiotic treatment. • 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 nationally as key principles to embed for an effective CTH. Latest update from the self-assessment review UHP rated the following: 8/10 Amber & 2/10 Green. The refreshed CTH will launch 1st July. P1 and P2 improvement pilots tested central point of decision making in April/May and resulted in uptick in percentage of complex discharges on P1. • Effective use of Estimated Discharge Date and Discharge Ready Dates – UHP plan for all Patients to have an estimated Day of Discharge by the 30th June 2024 and 80% patient to leave on or before their estimated day of discharge. Daily monitoring of use of EDD on wards. • Other actions to support reduction in NCTR – CDU/Lounge discharge space to fully occupied to 6 patients 24/7 to support complex discharges by 10th May 2024, reducing time to discharge by an average of 4 hours. Review of Early Supported Discharge opportunity

Integrated Urgent Care Service: NHS 111/Out Of Hours

Data





C3 & C4 Validation	Feb-24	Mar-24	Apr-24
Validation measure	75%	75%	75%
Local KPI	90%	90%	85%
Total C3 & C4 dispositions	4392	4695	4636
Total C3 & C4 cases validated	4062	4387	3917
% C3 & C4 validated	92.49%	93.44%	84.49%

ED Validation	Feb-24	Mar-24	Apr-24
Validation measure	50%	50%	50%
Local KPI	90%	90%	75%
Total ED dispositions	4330	4950	4541
Total ED cases validated	4022	4650	3863
% ED cases validated	92.89%	93.94%	85.07%

Operational summary

Around 35,000 111 calls from Devon were answered in April. Overall, the month was significantly busier than December, which is typically the busiest month. The reduction of calls since June 2023 is because of some demand being managed by other providers due to an agreement with NHS England. The volume of calls answered by a third party has started to reduce since January and the arrangement ended 31 March.

In April, the calls handled by PPG averaged just over 1.5 minutes to answer, 1 minute quicker than in March. Nationally the time taken to answer averaged 3 minutes. The rate of calls abandoned was 3.7%, a further decrease from March (5.6%).

The number of 111 calls assessed by a clinician or clinical advisor is an important performance indicator for the Integrated Urgent Care Service. The national target of 50% and local stretch target of 55% were exceeded again in April, with 56% 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 April, the ambulance validation rate was 84.5% and the ED validation rate was 85%. This is a reduction on March, as ICB additional winter funding ended. National KPIs were exceeded, and the local ED KPI; the ambulance LKPI was very narrowly missed by 0.5%.

OOH Consultations shows the number of patient consultations undertaken by PPG per month, by cases closed by advice (telephone), appointment at Treatment Centre (base) or Home Visit. PPG continue to provide support to an increasing number of patients in the out of hours period.

Elective Care: System Overview

Data

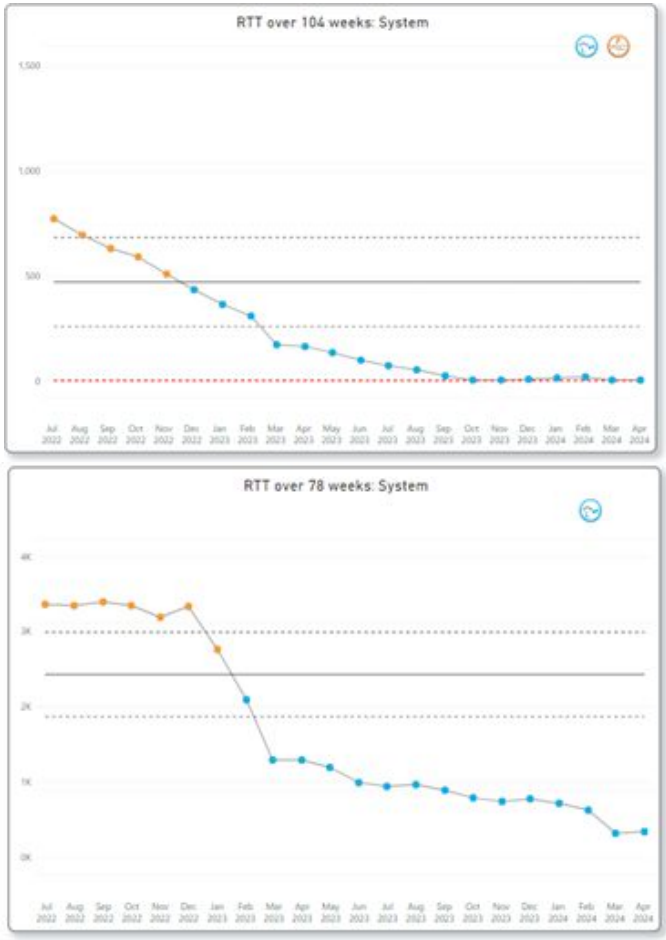
				System		
	Metric	Target	Latest Date	Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		Apr 2024	155,884		
	RTT 18 weeks	92%	Apr 2024	57.7%		
	RTT over 104 weeks		Apr 2024	2		
	RTT over 78 weeks		Apr 2024	334		
	RTT over 65 weeks		Apr 2024	1,982		
	RTT over 52 weeks		Apr 2024	7,682		
Diagnostics	Diagnostics within 6 weeks	99%	Apr 2024	69.8%		
	Diagnostic Total Waiting list		Apr 2024	33,511		
	Diagnostics over 13 weeks		Apr 2024	3,830		
	Diagnostic Total activity		Apr 2024	45,001		
Cancer	Cancer 28 day Faster diagnosis Combined	75%	Apr 2024	76.2%		
	Cancer 28 day Faster diagnosis Urgent suspected cancer	75%	Apr 2024	76.7%		
	Cancer 28 day Faster diagnosis Breast symptomatic	75%	Apr 2024	89.9%		
	Cancer 28 day Faster diagnosis National screening Programme	75%	Apr 2024	53.3%		
	Cancer 31 day Combined	93%	Apr 2024	86.7%		
	Cancer 31 day First	96%	Apr 2024	88.7%		
	Cancer 31 day follow-up drug	98%	Apr 2024	99.2%		
	Cancer 31 day follow-up sugery	94%	Apr 2024	74.3%		
	Cancer 31 day follow-up radiotherapy	94%	Apr 2024	72.9%		
	Cancer 62 day Combined		Apr 2024	66.9%		
	Cancer 62 day urgent	85%	Apr 2024	65.8%		
	Cancer 62 day screening	90%	Apr 2024	59.8%		
	Cancer 62 day Upgrade	85%	Apr 2024	74.4%		

Summary

- The system remains behind the national targets for the clearance of 104ww patients with 2 patients waiting over 104 weeks in May. 78ww patients are ahead of trajectory with 334 against a trajectory of 364.
- Small numbers of patients tipping into the 104ww bracket are being managed as priority however clearance is not fully anticipated until the end of June. These tip-in patients are predominantly being driven by patient choice, complexity challenges including bespoke consumables for procedures and capacity challenges.
- Each acute provider runs weekly long waiter evaluation meetings to review opportunities to bring forward patients, as well as weekly regional scrutiny via NHSE tier 1 process.
- 65ww patients have fallen behind trajectory with 1982 against a plan of 1874.
- Further work continues to enhance productivity projects across the system to attempt to bring forward deliverables.

Elective Care: System 104/78/65 Week Wait

Data



Analytical Summary

The target of zero patients waiting over 104 weeks remains unmet with 2 patients waiting against a trajectory of 0.

78-week waits are also exhibiting statistical improvement with 334 patients waiting over 78 weeks at the end of April at the Devon acute providers with an additional 10 patients within this cohort waiting within the independent sector. This is ahead of trajectory of 364 breaches.

Operational Summary

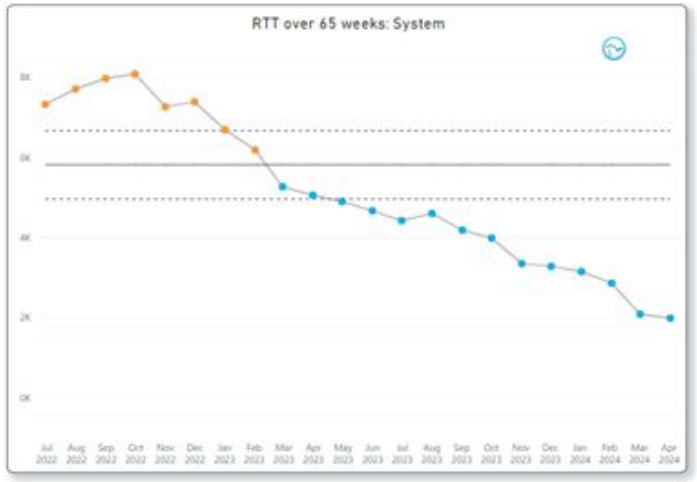
As of the end of May, 104ww trajectory for the end of June shows clearance to zero for the system, this remains the same trajectory for July. 78ww trajectory for the end of June for the system is 122. This is split by 111 admitted (64 capacity / 47 choice) and 11 non-admitted (9 capacity / 2 choice). There are 56 x 78ww patients predicted for the end of July split by 54 admitted and 2 non-admitted against the NHSE target of 0.

Theatre productivity as of 2nd June shows capped utilisation as a system at 82.6% against a target of 85%, however this still places NHS Devon in the highest performing quartile nationally. Uncapped utilisation sits at 88% with again NHS Devon being in the highest quartile nationally. Average late starts as a system is at 24 minutes putting Devon in the best performing quartile with the highest performer nationally being at 15 minutes. Average early finishes are 67 minutes which is in the second quartile for performance and at the peer median. A reduction of 10 minutes against the average early finish time would be needed to move Devon into the best performing national quartile.

As of June data, performance against the 82.6% day case target for the system is at 85.8%. Areas for improvement are continually being reviewed and the further rollout of best practice pathways designed through the Nightingale Hospital Exeter are being embedded at the acute Trusts.

DNAs across the system as of the end of May show a performance of 5.6% against a target of <5% and a first to follow up ratio of 1:3. Further work is needed to improve this position and will be picked up through the specialty improvement groups. Non-face to face appointments are at 21.3% against a target of 25% and discharge at first appointment at 25.7%. Again, these will be picked up through detailed work with the specialty improvement programmes.

Operational meetings are now scheduled within the Specialty Improvement Programme areas for dermatology and ENT with final meetings going in for respiratory and neurology. Gynaecology speciality improvement now sits under the One Devon Elective Pilot following a presentation of deliverables to Prof. Tim Briggs. There will be a focused gynaecology update presented at the July One Devon programme board.



An initial pilot meeting took place to trial an enhanced patient choice pathway in dermatology at RDUH. This revised pathway is being worked through but will help reduce the demand on the challenged RDUH dermatology service whilst maximising system capacity in the community providers and allowing patients to be seen significantly quicker.

As March 2024 Devon is reporting a system PIFU position of 5.3% which exceeds the national target of 5% of patients moved to or transferred to a PIFU pathway. Focused work at a speciality level is ongoing within the Speciality Improvement Programmes, with providers being supported to continue enhancing their PIFU offer.

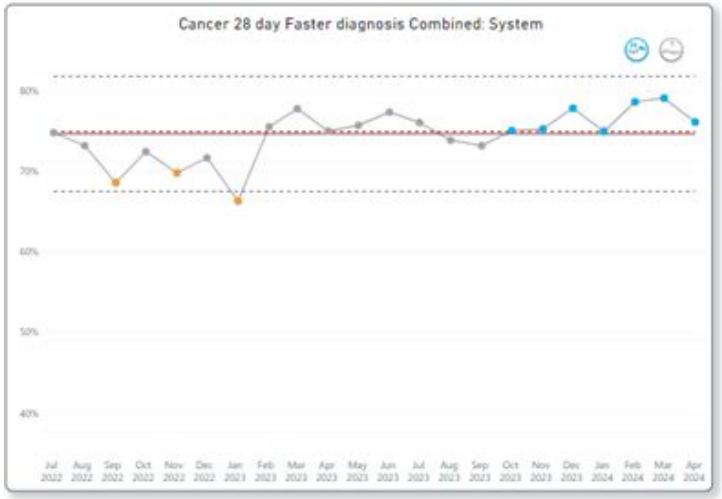
An implementation paper on the utilisation of the 3rd children's theatre has now been signed off by the SRO and is being progressed with sign-off through Clinical Cabinet. A letter has been sent to all COO/CMO's to inform of the new processes within Devon and Cornwall, with a request for this to be circulated.

Work through the One Devon Elective Pilot continues to improve the NHS market share of cataract surgery which now sits at 56% against a starting position of 16%.

Devon spinal waits are on track for 40 weeks by the end of March 2025 which will place NHS Devon as one of the highest recovering areas in this speciality national.

The Clinical Risk & Harm Group has developed next steps/ further Key Lines of Enquiry to ensure learning and improvement across our System that will be presented in the July 24 update to Elective Care Improvement Board. These include quality leads sharing information on their safety netting processes for long waiters (ophthalmology and other).

Cancer 28-day faster diagnosis: System

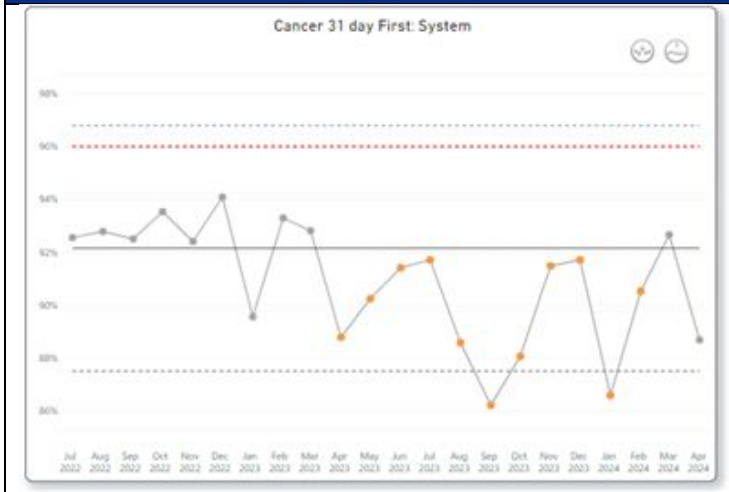
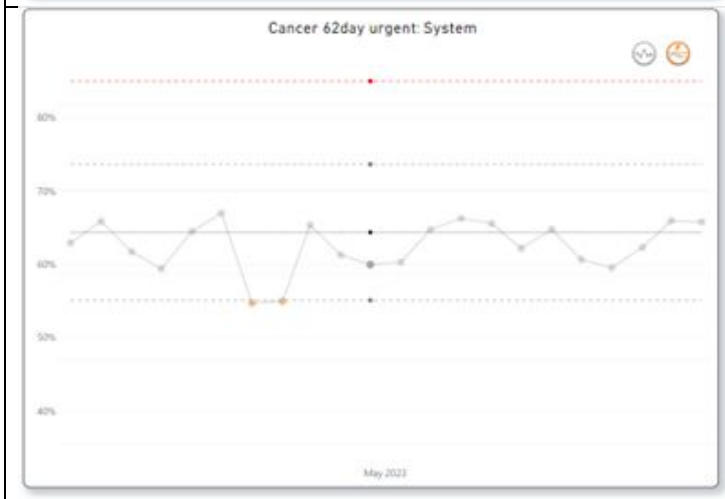
Data	Analytical Summary
	The Cancer 28-day Faster Diagnosis Standard for the system was achieved by the ICB in April with an overall performance of 76%.RDUH failed the standard at 74.6% but have recovered in May.

Operational Summary

Actions:

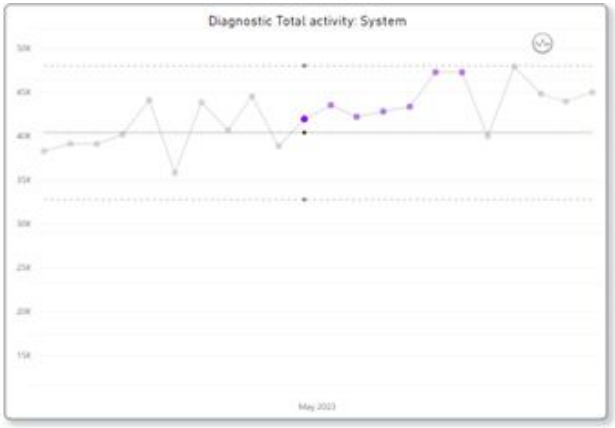
- All Trusts continue to be monitored against delivery of imaging within the standard.
- All Trusts have a cancer recovery action plan in place. Trusts, ICS, and the Cancer Alliance meet biweekly to monitor and mitigate issues as they arise.
- RDUH have developed targeted improvement plans for colorectal & urology cancer and elective pathways (most exposed specialties in recovery plan).
  Internal demand and capacity supported by IST.
  Endoscopy position continues to improve. UHP have opened a new unit with additional capacity as planned.

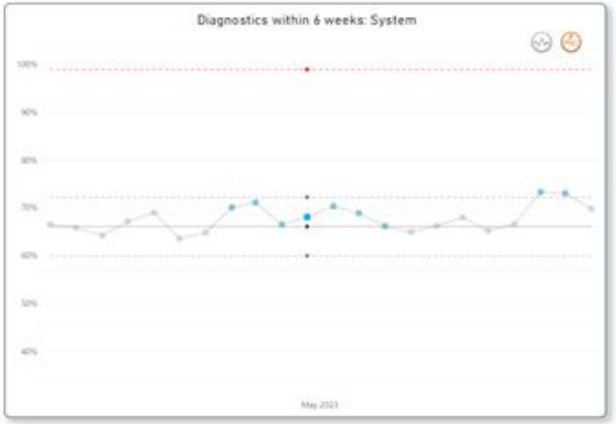
Cancer 31-day first treatment and 62-day urgent treatment: System

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 April 2024, performance deteriorated slightly from 92% to 86.6% against a 96% standard.
	The Cancer 62-day metric is consistently failing the target, it displays common cause variation. For April, the Devon system performance was 67% against an 85% standard which was a slight deterioration on March performance. 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.

Diagnostics

Data





Analytical Summary

Activity
The total diagnostic activity volumes delivered in Q4 of 2022/23 was the highest quarterly total for two years but still within the range of common cause variation.
Performance
Diagnostic performance achieved 66.5% against a recovery target of 85% for April 2024.

Operational Summary

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

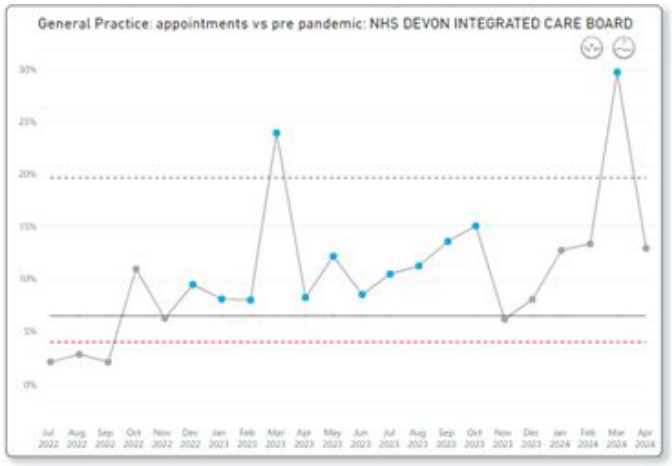
- The development of the Trust specific project delivery groups and detailed project plans to be completed and program boards implemented.
- Torbay CDC is due to open in September 2024. Plymouth CDC is on target for an April 2025 opening.
- Shorter term actions have included the implementation of an additional CT scanner at the CDC site in Plymouth in September and an additional CT scanner at the Newton Abbot site in late November. RDUH DEXA recovery has not been completed as planned.

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		Apr 2024	43%	41.5%	38.6%	47.2%	43.7%	42.7%
	General Practice: appointments seen within 1 day	35%	Apr 2024	50.2%	48.8%	46.1%	54.5%	50.8%	48.9%
	General Practice: appointments seen within 2 weeks	85%	Apr 2024	79.8%	77.8%	78.0%	82.4%	81.6%	75.3%
	General Practice: appointments vs pre pandemic	4%	Apr 2024	12.9%					
	General Practice: LMC GPAS Alert		Jun 2024	3	3	3		3	4
	Technology enabling access: Number of online/video consultations against target	83,333	Apr 2024	94,289					

Data



Analytical summary

Analytical Commentary:

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

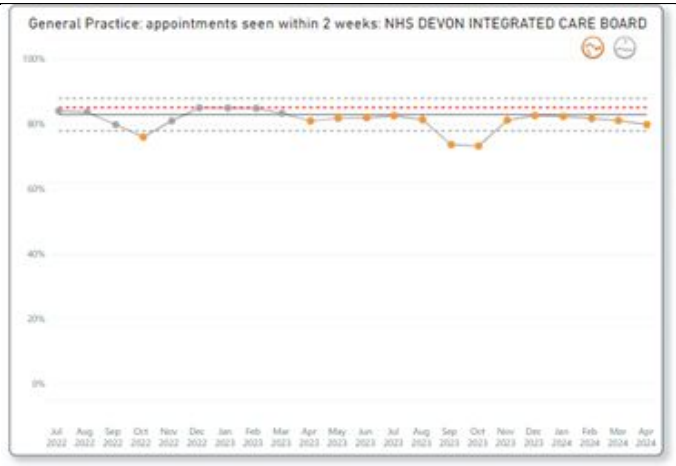
The target of 85% of appointments in 2 weeks has not achieved target during April. Significant contributory factor is the system request to general practice to prioritise within 1 working day levels of activity.

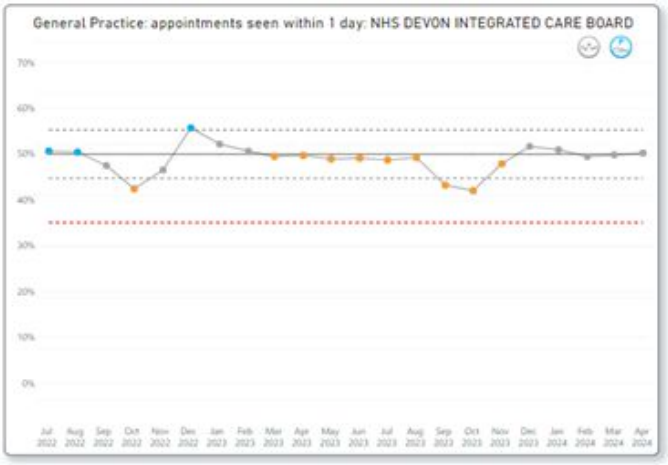
The target of achieving 35% of appointments within 1 working day of request is above target and continues to consistently achieve.

Operational Summary:

Appointments are above pre-pandemic levels and the target of 4% continues to achieve. When comparing April 2024 to April 2019 (pre-pandemic), there is a percentage increase of 12.9%.

The target of 85% appointments within 2 weeks was not achieved in any LCP area during April. The overall achievement of 79.8% is slightly lower than the previous year,





which was 80.8%. 80% appointments were seen within 2 weeks throughout May 2023-April 2024. 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 continues to achieve comfortably across every LCP area, with 50.2% being seen within 1 day overall (an improved position compared to the previous year of 49.6%).

A considerable number of practices continued to declare a 'red' GPAS OPEL 3 alert state during April and May 2024.

Workforce metrics	**May 2024**
Devon PCNs to recruit 710 WTE ARRS roles by end March 2024.	End of year March 2024 target has been exceeded with 18/31 PCNs utilising 100% of their ARRS PCN allocation. Subject to any late 2023/24 Q4 backdated claims the Devon system has utilised 93% of its £30.4m allocation. Extrapolation shows a WTE value of c.780.
All Devon PCNs at 16 WTE ARRS roles by March '24.	Using local data, Devon has at the close of 2023/24 achieved 30/31 PCNs reaching the 16 WTE minimum ARRS roles target (the remaining PCN is at 15.15 WTE).
Utilise ARRS scheme with target 90% take-up of new ARRS roles by Mar'24	2023/24 92% of system allocation confirmed, which has exceeded the 90% target take-up of ARRS.
Achieve upper quartile performance in terms of WTE GP per 1,000 population.	Based on February 2024 data, Devon remains at 6.7 FTE GPs per 10,000 weighted population and is highest in the region.

Note: annual target for online/video consultations for 2024/25 has increased to 1m (assuming we have data flows for all practices). In April 2024, the number of online consultation submissions and video consultation usage was 94,289 (information

	available from c.108 practices). This is +13.1% above the in-month target of 83,333 for 2024/25. At June 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. General Practice related Serious Incidents (SIs) and General Practice related PITCHs – reporting update: PITCH was turned off during the first week January 2024. As such, there will be no more PITCH data available to add to the Primary Care IQPR report. The same applies to SIs, which are not being reported onto StEIS for Primary Care owing to changes over to the Patient Safety Incident Response Framework (PSIRF)/GP SEA investigation processes. The replacement system, "Learn from Patient Safety Events" (LfPSE), is a national reporting and learning system. NHS England has produced an ICB dashboard/"app" and the ICB's Safety Systems Team is looking into what data can now start to be extracted from LfPSE for reporting over the coming months.

Community Performance

Community Services Waiting by Provider

Provider	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Monthly Change
LIVEWELL SOUTHWEST	4,380	4,174	4,170	4,066	4,232	4,162	- 70
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	11,784	12,321	12,045	13,567	15,199	15,600	401
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	11,041	10,382	10,497	10,785	10,916	10,941	25
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	2,328	1,050	1,052	2,463	2,556	2,709	153
Grand Total	**29,533**	**27,927**	**27,764**	**30,881**	**32,903**	**33,412**	**509**

Total Waiting by Service for April 2024

Service	Mar-24	Apr-24	Monthly Change
Adult	**24,701**	**25,059**	**358**
(A) Adult safeguarding	-	-	-
(A) Audiology	1,539	1,539	-
(A) Clinical support to social care, care homes and domiciliary care	2	2	-
(A) Community nursing services	508	565	57
(A) Home oxygen assessment services	7	7	-
(A) Intermediate care and reablement	-	-	-
(A) Musculoskeletal service	7,969	8,385	416
(A) Neurorehabilitation (multi-disciplinary)	90	98	8
(A) Nursing and Therapy support for LTCs: Continence/ colostomy	1,913	1,962	49
(A) Nursing and Therapy support for LTCs: Diabetes	23	23	-
(A) Nursing and Therapy support for LTCs: Falls	128	137	9
(A) Nursing and Therapy support for LTCs: Heart failure	138	112	- 26
(A) Nursing and Therapy support for LTCs: Lymphoedema	33	33	-
(A) Nursing and Therapy support for LTCs: MND	-	-	-
(A) Nursing and Therapy support for LTCs: Respiratory/COPD	147	121	- 26
(A) Nursing and Therapy support for LTCs: Stroke	127	127	-
(A) Nursing and Therapy support for LTCs: Tissue viability	32	33	1
(A) Podiatry and podiatric surgery	3,107	2,889	- 218
(A) Rehabilitation services (integrated)	3,310	3,344	34
(A) Therapy interventions: Dietetics	395	371	- 24
(A) Therapy interventions: Occupational therapy	737	761	24
(A) Therapy interventions: Orthotics	543	539	- 4
(A) Therapy interventions: Physiotherapy	415	396	- 19
(A) Therapy interventions: Speech and language	590	561	- 29
(A) Urgent Community Response/Rapid Response team	45	56	11
(A) Weight management and obesity services	2,903	2,998	95
(A) Wheelchair, orthotics, prosthetics and equipment	-	-	-
CYP	**8,202**	**8,353**	**151**
(CYP) Antenatal, new-born and children screening and immunisation	-	-	-
(CYP) Audiology	377	377	-
(CYP) Community nursing services (planned care and rapid response	6	6	-
(CYP) Community paediatric service	2,604	2,751	147
(CYP) Looked after children teams	83	76	- 7
(CYP) New-born hearing screening	127	134	7
(CYP) Safeguarding	-	-	-
(CYP) Therapy interventions: dietetics	94	94	-
(CYP) Therapy interventions: occupational therapy	596	596	-
(CYP) Therapy interventions: physiotherapy	109	109	-
(CYP) Therapy interventions: speech and language	4,037	4,040	3
(CYP) Vision screening	82	82	-
(CYP) Wheelchair, orthotics, prosthetics and equipment	19	19	-
(CYP) Therapy interventions: Orthotics	68	69	1

Operational Summary

There are currently 33,412 children and adults waiting for community services across Devon. This is 509 more than March 2024 (32,903). 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 has been MSK with an increase of 416 from 7,969 to 8,385.
Following changes to the Acute RTT guidance Community Paediatrics is now reported only in the Community SitRep. There are now 2,751 CYP waiting for Community Paediatrics, an increase of 147 from last month.

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.

Waiting times for Devon (April 2024) are shown below:

The largest increase is in 0-1 week wait +597

Wait Time	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	Change in Month
Waiting 0-1 weeks	3,211	1,847	3,261	3,504	2,731	3,328	597
Waiting 1-2 weeks	3,306	2,506	2,908	3,252	3,424	3,361	- 63
Waiting 2-4 weeks	4,449	3,870	3,206	3,567	4,418	4,292	- 126
Waiting 4-12 weeks	7,255	7,797	6,119	6,484	7,551	7,665	114
Waiting 12-18 weeks	2,427	2,767	3,105	3,280	2,882	3,086	204
Waiting 18-52 weeks	6,464	6,507	6,696	8,082	9,021	8,868	- 153
Waiting 52-104 weeks	2,198	2,299	2,272	2,429	2,527	2,457	- 70
Waiting Over 104 weeks	223	334	197	283	349	348	- 1
	29,533	**27,927**	**27,764**	**30,881**	**32,903**	**33,405**	502

Mental Health: System Overview

Metrics

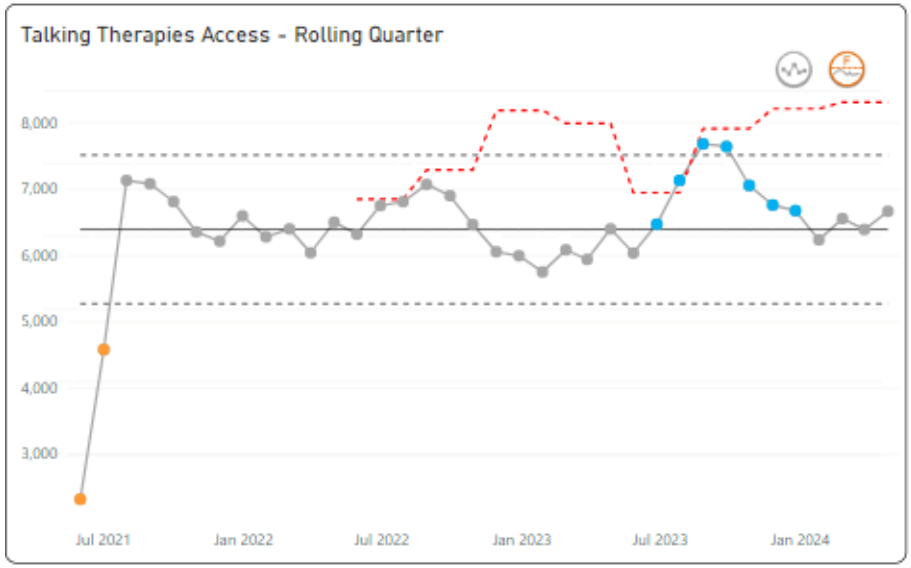
Metric ID	Metric	Group	LTP	Data Source	Latest Date	Value	Target	Variation	Assurance	LPL	Mean	UPL
IPS	Individual Placement & Support Access	ICS Devon	LTP 2022/23	MHSDS	Mar 2024	980	718			332	577	822
TT_Access	Talking Therapies Access - Monthly	ICS Devon	LTP 2023/24	MHSDS	Apr 2024	2265				1,463	2,189	2,915
TT_Access_Q	Talking Therapies Access - Rolling Quarter	ICS Devon	LTP 2023/24	MHSDS	Apr 2024	6460				5,284	6,390	7,495
TT_RelRec	Talking Therapies Reliable Recovery	ICS Devon	LTP 2024/25	MHSDS	Mar 2024	47.5%	48%			45.4%	49.3%	53.2%
TT_Improv	Talking Therapies Reliable Improvement	ICS Devon	LTP 2024/25	MHSDS	Mar 2024	67.4%	67%			62.3%	66.1%	70.0%
TT_6wk	Talking Therapies - first appointment within 6 weeks	ICS Devon	LTP 2022/23	MHSDS	Mar 2024	83.9%	75%			80.9%	86.3%	91.7%
TT_18wk	Talking Therapies - first appointment within 18 weeks	ICS Devon	LTP 2022/23	MHSDS	Mar 2024	98.5%	95%			94.8%	97.5%	100%
CMH +2	Community Mental Health 2+ Contacts	ICS Devon	LTP 2023/24	MHSDS	Mar 2024	17925	19696			15,622	16,381	17,139
CYP Access	Children & Young People Access	ICS Devon	LTP 2024/25	MHSDS	Mar 2024	10550	15754			9,934	10,732	11,531
CYP ED Urgen...	CYP Eating Disorders - Urgent Referrals (rolling 12 mo...	ICS Devon	LTP 2022/23	MHSDS	Mar 2024	15%	95%			25.4%	54.3%	83.2%
CYP ED Routi...	CYP Eating Disorders - Routine Referrals (rolling 12 m...	ICS Devon	LTP 2022/23	MHSDS	Mar 2024	15%	95%			23.5%	57.5%	91.4%
CYP ED Routi...	CYP Eating Disorders - Routine Referrals (monthly)	ICS Devon	LTP 2022/23	MHSDS	Mar 2024	86%	95%			43.5%	67.7%	91.9%
IOOA_BedDays	Inappropriate Out of Area Bed Days	ICS Devon	LTP 2023/24	MHSDS	Mar 2024	1105	0			902	1,717	2,532
Perinatal	Perinatal Access	ICS Devon	LTP 2024/25	MHSDS	Mar 2024	1165	1115			557	773	988
DDR	Dementia Diagnosis Rate	ICS Devon	LTP 2024/25	Primary Care Dement...	May 2024	57.9%	65%			54.6%	55.5%	56.3%
LD_AHC	Learning Disabilities Annual Health Checks	ICS Devon	LTP 2024/25	LD Health Check Sch...	Apr 2024	3%	75%			-2.03%	29%	60.0%
EIP	Early Intervention in Psychosis (EIP)	ICS Devon	LTP 2022/23	MHSDS	Mar 2024	56%	60%			23.1%	51.6%	80.1%
SMI_PHC	SMI Physical Health Checks	ICS Devon	LTP 2024/25	MHSDS	Mar 2024	7335	6197			2,228	3,444	4,660

System Summaries

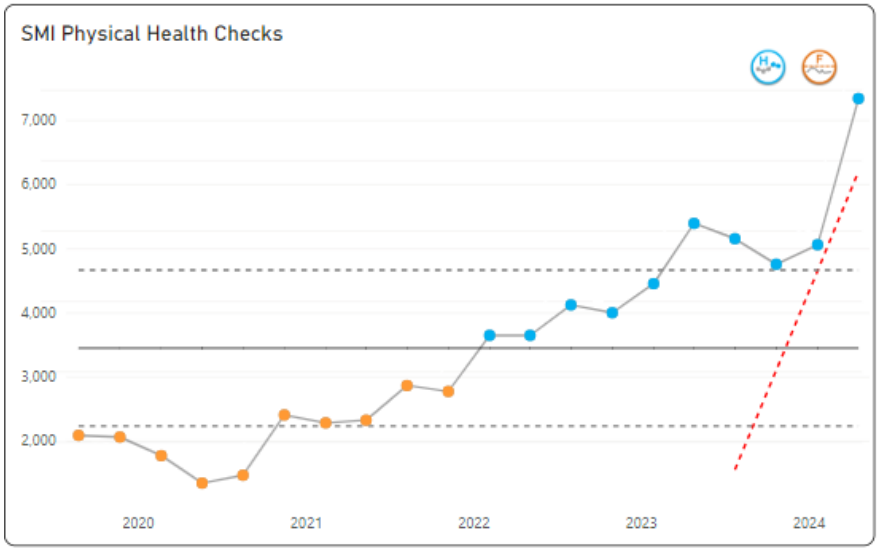
The 2024/25 NHS Operating Plan changed a number of mental health reporting metrics and data sources. The ICB is working to realign current reporting to the new national metrics and is awaiting the release of national datasets to enable this. It is important to note that some metrics 're-set' at the start of each financial year, for example, Learning Disabilities Annual Health Checks, performance in March 2024 was 73% and is effectively reset in April 2024 to 3%, this apparent reduction in performance is expected and a natural annual pattern.

Devon Partnership Trust and Children & family Health Devon are managing the transition of their Electronic Patient Records to Systm1. 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 CYP access, CYP Eating Disorder and EIP reporting.

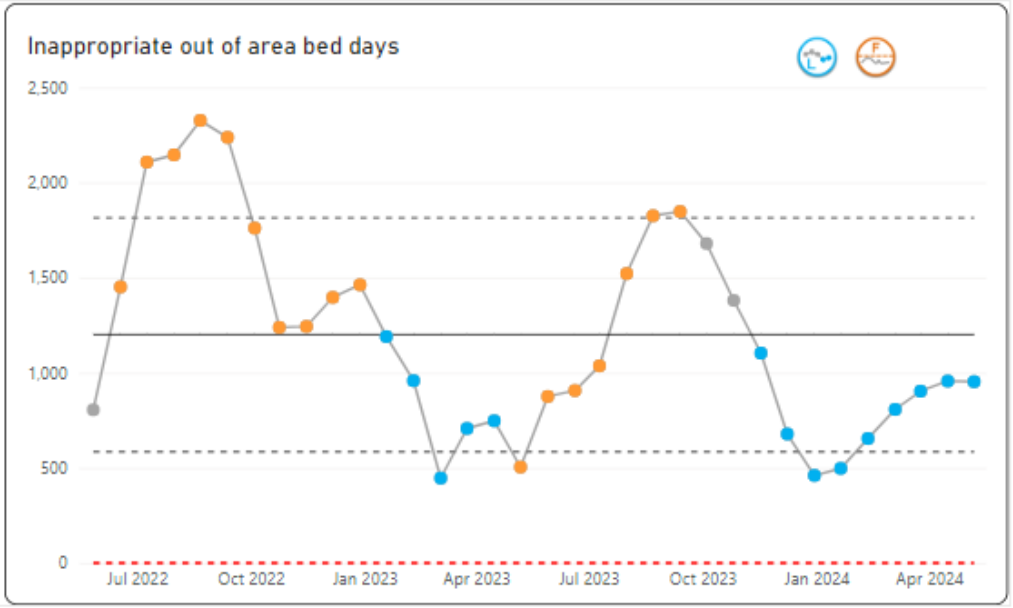
Mental Health: NHS Talking Therapies Access

Data	Summary
KPI Description The number of people who enter NHS funded treatment with NHS Talking Therapies services in the reporting period. Total is by rolling quarter. **Statistical Process Chart**  Data Source: MHSDS	**Analytical Commentary** The data is showing common cause variation, reflecting normal fluctuations without significant deviations. As of March 2024, the KPI is currently achieving 80% of the planned level (6,660 rolling quarter figure). **Operational Summary** In 2024/25 provision is adjusting the response to the revised 2024/25 Operating Plan requirements which emphasise reliable recovery and reliable improvement alongside increasing access to a course of treatment. As of March 2024, in Devon 67.4% of people accessing NHS Talking Therapies achieved a reliable improvement, which exceeded the national target for 2024/25 of 67.0%; 47.5% of people achieved reliable recovery, which is slightly below the target for 2024/25 of 48.0%. Access timeliness remains strong with 83.9% of people accessing services within 6 weeks and 98.5% accessing within 18 weeks. **Actions and Assurance** The Devon MHLDN Provider Collaborative continues to work with providers to understand the current performance drivers and ensure access and recovery is optimised. In 2024/25 the national definitions and standards in relation to NHS Talking Therapies metrics are changing to focus onto an outcome focused metrics, we are awaiting national reporting in relation to the revised approach to access. The previous NHS Talking Therapies access metric of 1+ contact enabled record levels of referrals and numbers of individuals engaging with NHS Talking Therapies, however many individuals are not accessing a course of treatment. For 2024/25. national definitions and standards will now focus on the number of people receiving effective courses of treatment.

Mental Health: Severe Illness – Physical Health Checks

Data	Summary
KPI Description Number of people with severe mental illness (SMI) to receive the complete list of physical health checks in the preceding 12 months.  Data Source: GPES, NHS Digital	**Analytical Commentary** The KPI is showing special cause improvement. As of March 2024, the indicator exceeded the original target of 6,197 with a total of 7,335 health checks completed over the previous 12 months. **Operational Summary** Devon has achieved the original planned level of access for 23/24 and has achieved 87% of the national target. This represents 36% growth in 23/24. The increase in performance between quarter 3 and quarter 4 is significant, both in Devon (45%) and nationally (23.4%). The revised data definition hasn't been implemented yet, so it's not responsible for this change. It's 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. Given the positive impact, maintaining this approach should be considered. **Actions and Assurance** In 2024/25 the national definition and standards in relation to this metric will be changing we are awaiting the release of national reporting to support the transition to the revised metric.

Mental Health: Inappropriate out of area bed days

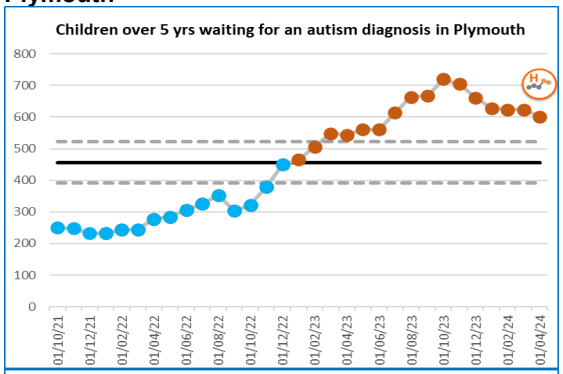
Data	Summary
KPI Description The total number of days (rolling quarter) in which patients have been placed out of area due to unavailable beds in their usual network.  Data Source: Provider data	**Analytical Commentary** The data shows an improving trend. The total number of bed days in April 2024 is 954. **Operational Summary** Progress is ongoing to eliminate inappropriate out-of-area placements despite national challenges, a nationally lower bed base especially for Older People's Mental Health and wider UEC pressures. The chart shows a 9-month period of improvement. Providers (DPT and LSW) are working together and with system partners to avoid inappropriate placements. Recent data for Q1 2024/25 shows a continued reduction at a system level in inappropriate out-of-area placements, aligning closely with the revised national metric and exceeding the 2024/25 Operating Plan trajectory. **Actions and Assurance** There are established processes to ensure optimal bed capacity usage across the system on a daily basis. Strategic discussion continues to support local solutions with an aim to further reduce inappropriate out-of-area placements. There is a documented disparity between LSW and DPT, with LSW recently having a higher out-of-area bed use. This is primarily due to the mutual aid approach between DPT and LSW, which can increase pressure when occupancy levels are high across the entire system bed base. In 2024/25, national definitions and standards for this metric will change. We are awaiting new national reporting to support this transition. Meanwhile, performance is monitored against the previous metric and bespoke returns.

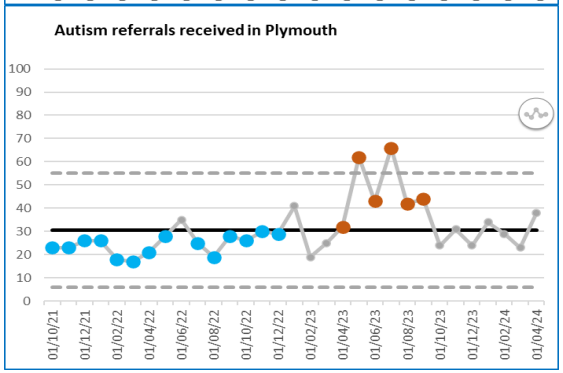
Children & Young People (CYP): Autism Diagnosis waiting times

Key Performance Indicator	Target/ Plan	Latest Period	Actual (provider averages)	Variation	Assurance
Autism Diagnosis (Waiting)	<18 weeks.	Apr 2024	Plymouth 87.1 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:
The CFHD data issue is being managed through the contract review meetings and a timescale for data to be provided by the new system will be agreed in the contract review meeting on the 27th June. Last information received was from January 2024 due to the changeover in the patient record system and internal reporting arrangements within CFHD. In order to address the ongoing data challenges within the CFHD service the ICB has started to implement a Data Quality Improvement Plan with the Provider and manages this through the Contract Review Meeting process. An additional meeting has been called for mid-July to ensure that jointly agreed timescales for resolution are put in place. This relates to the changeover of data system for CFHD who have switched over to SystemOne, and includes the change in data reporting within CFHD which has transitioned from TSD to DPT. Both organisations are working with the ICB to deliver the actions as set out in the Data Quality Improvement Plan.

The focus of clinical capacity is on longest waiters therefore numbers starting assessment <18 weeks is 2%.
The system continues to see the level of demand in autism assessments outweigh assessment capacity. The Nuffield Trust have reported that since 2019 there has been a five-fold rise in children waiting to see an autism specialist.

Capacity:
- CFHD continues to recruit to posts. Vacancy factor reduced from 45% in December 2023 and 35% in April 2024.
- Demand and capacity modeling of autism is showing that capacity to assess is less than half of what is required to meet the increased level of demand. A detailed proposal is currently being drafted for executive consideration to understand the ICB's approach to growing capacity for autism assessment and to support people while they are waiting.
- Neurodiverity needs led support funding agreed for parent eduction programme; expert reference group; parent peer led support, and is being implemented by the neurodiversity transformation programme.

Actions:
- Completed follow up workshop focused on Under 5yrs – successfully agreed plan for most appropriate staffing, pre assessment work up; assessment process – to cover neurodevelopmental and children with complex health needs.
- Review of CFHD waitlist to identify those who have had private assessments completed and offered to be removed continues to be worked up. Project support has been identified via TSDFT.
- Continued progression of the partnerships for Inclusion for Neurodiversity in Schools national MoU signed; 40 primary schools signed up – project on track. Project team meetings set up although some concern around parent carer forum capacity to meet and work with all schools individually.
- Multi agency development of each local authority graduated response and ordinarily available provision and review of Local Offer. This is now being joined up through the development of the ICB's "waiting well" offer.

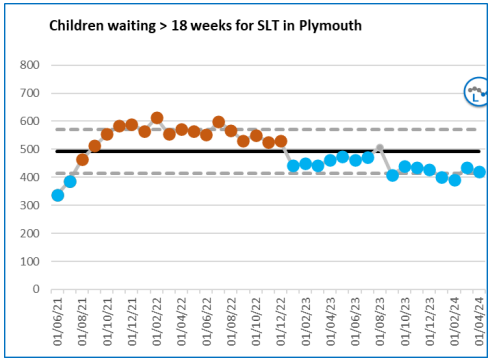
When is improvement expected?
Recruitment to existing vacancies as well as new additional staffing when recruited will take time to be trained and inducted. Once recruitment is at full establishment, improved impact is predicted in those services in 2024/25. It is acknowledged that the level of demand will exceed the commissioned capacity with the continuing rate of referrals as well as address legacy numbers waiting. This will be addressed by the paper and proposal to ICB executives.

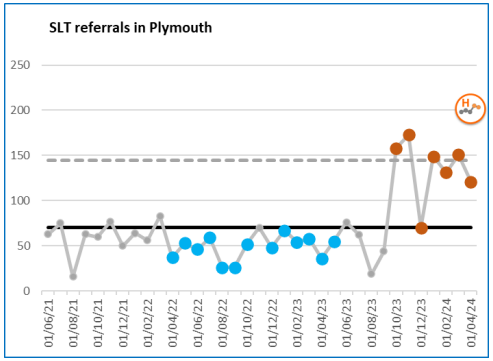
Children & Young People (CYP): Speech & Language waiting times

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
Speech and Language waiting times	< 18 weeks	Apr 2024	Average wait - LSW 26 weeks. Longest wait – LSW 78 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. Referrals have remained consistently higher post pandemic and complexity of cases and intensity of support increased requiring children to stay on caseload longer. SLCN is a joint priority with each of the 3 local authoirities.
CFHD data has not been received as described above.

Capacity:
LSW have recruited to addtional posts and have started to make changes to stengthen the Early Help Team as well as strenghten link therapist role to impact level of demand and allocate capacity to areas of need whilst continuing with waiting list reduction.
CFHD recruitment remains a challenge with a 44% vacancy rate (CFHD) in Band 5 positions. Interviews are planned for April and May and rotational posts have also been agreed to be advertise.
SLCN is one of four priorities within the paper and makes a proposal for executive consideration of the work and resource that needs to be implemented to address the waiting lists and transform the speech and language therapy offer across Devon.

Actions

The children's resource paper to be presented to executives in July.

System wide meetings between NHS Devon, Better Communication CiC, local authorities and CFHD and Livewell taking place to improve service design and delivery using an evidenced based framework whcih has been used elsehwere and had positive imapct on waiting lists and idenifying and meeting CYP SLT needs.

When is improvement expected?
Some impact in Livewell with LSW trajectory on track, dependant on additional resource committed to improve trajectories within a shorter time period.

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 4: Standards & Structures that underpin safer, more personalised & more equitable care

Ambition: Reduce intrapartum brain injury by 50% by 2025

Brain injury data has historically been difficult to acquire due to the broad range of conditions it encompasses & baseline data for Devon is not available.

The National Neonatal Audit Programme (NNAP) records preterm (<32 weeks) brain injury data relating to two conditions:

- Cystic periventricular leukomalacia (cPVL).
- Intraventricular haemorrhage (IVH) 3 or 4.

This data has also been used to provide evidence for Saving Babies Lives Care Bundles V3.

IVH 3 or 4: All Trusts perform better than the South West ODN & national average.

cPVL: UHP has a higher than South West ODN & national average.

RDUH & TSD have both validated their 2022 data, meaning that they have provided assurances that all preterm brain injury diagnoses data have been entered into their audit. These units can meaningfully compare their data with other units. Data from UHP is not validated and should be viewed with caution.

Data quality issues in UHP relate to unvalidated data. For IVH, 33.8% of records are unvalidated and for cPVL 42.3% of records are unvalidated. To improve this position, UHP would need to audit the outstanding records.

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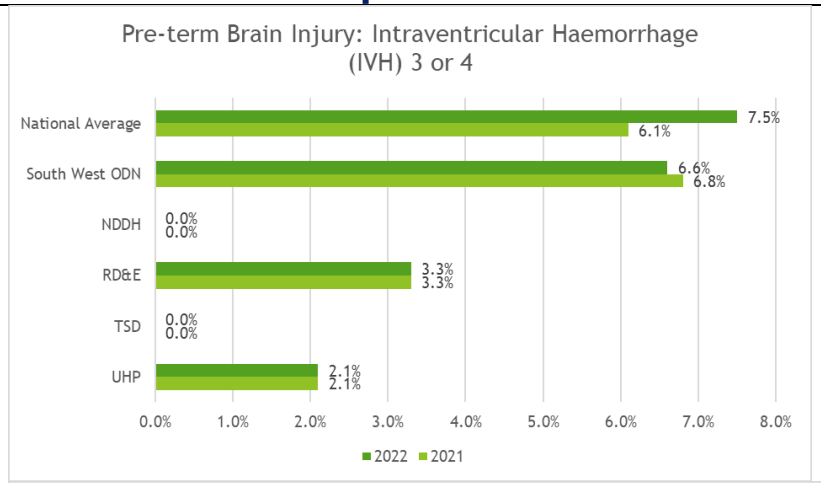
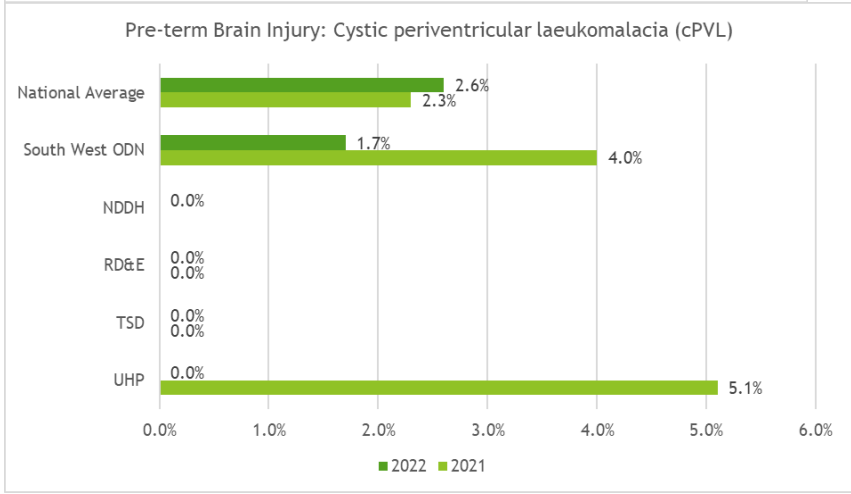




Quality

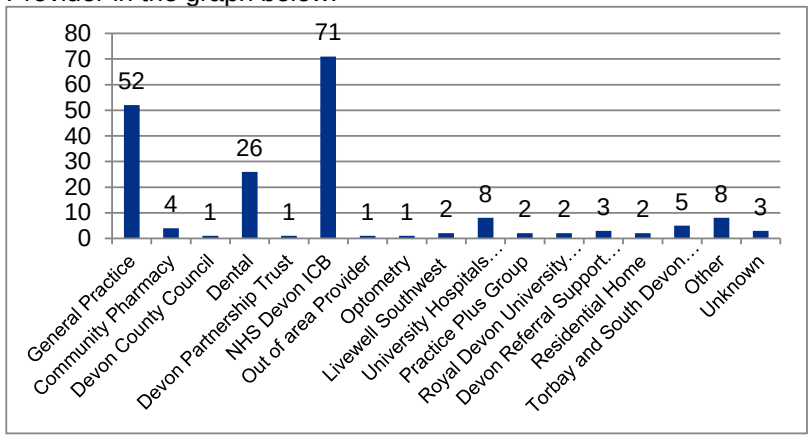
Serious Incidents (all providers)

Serious Incidents received by Provider		
The System continues to make good progress transitioning to PSIRF, with UHP coming online June/ July 2024. The Patient Safety Team are developing high level metrics for PSIRF data. The ICB Patient Safety Team have developed a PSIRF implementation plan. During May 2024 there have been **6 serious incidents** reported, 3 were by University Hospital Plymouth NHS Trust (UHP) as they have not transitioned to reporting under the new Patient Safety Framework. 2 were reported by South Western Ambulance Trust (SWASFT) but form part of their system review and action plan.	**Serious incident** types reported in May 2024 were: Treatment delay (3) Apparent/actual/suspected self-inflicted harm (1) Diagnostic incident (1) Surgical/invasive procedure (1)	Total number of **open incidents** for the system in May 2024 is **235**, another decrease from last month (244).
Never events	**Multi-agency investigations**	**Review and closure**
There were no Never Events reported in May 2024 within the Devon system. During the financial year 22/23 there were **18 never events reported**. 23/24 financial year had 10 reported Never Events. Never event provider collaborative work now in place to share learning across the Devon System.	There are currently **10 open serious incidents** that have been identified as **multi-agency**. These are being investigated jointly to help improve identifying what went wrong throughout the patient's care leading up to the incident. This also enables joint learning across Providers.	There are currently **33 incident investigations being reviewed** which are currently being monitored by the SST to meet the review deadline. This includes those under the new SI review process. During May 2024 **13 incident investigations** were reviewed and assurance received for **closure**. The SST continue to chase these SIs to maintain assurance from providers and record expected completion dates.

Patient Experience (NHS Devon): Patient Contacts

Patient Experience: Received cases

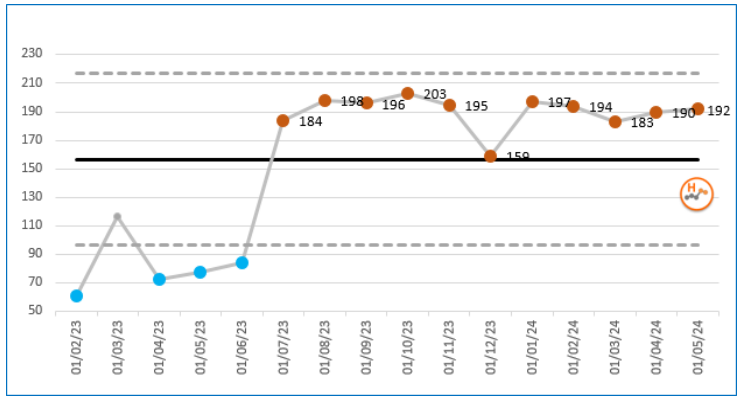
During May 2024 there were 192 **new patient experience** feedback (including MP and PHSO (Parliamentary and Health Service Ombudsman) enquiries) received by the ICB these are shown by Provider in the graph below:



South Devon Dental Practice closure and Devon's POTS services with University Hospital Plymouth are the main subject areas.

Patient Experience: Informal Concerns

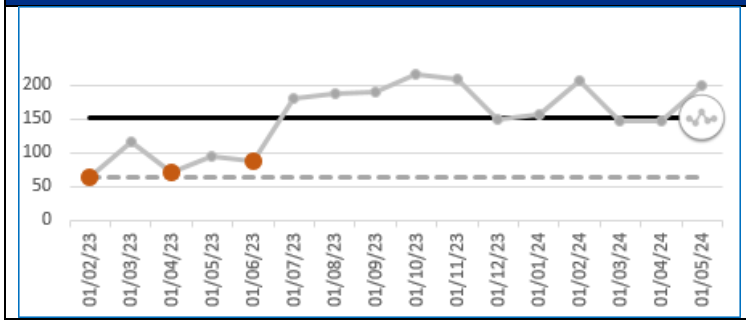
Contacts continue to largely relate to Primary Care and specifically dental access. There is continued contact regarding access to both children and adult ADHD and Autism services.



The **top three patient experience concerns received in May 2024** were:

- Access to Services **(114)**
- Quality of care **(63)**
- Procedure or process **(54)**

Patient Experience: Closed cases



Patient Experience: Summary

- There were 2 new formal **complaints** raised during May for NHS Devon, with a total of **18 that remain open**.
- There are 13 **Primary Care complaints** pending review and sign off.
- There were 22 **Primary Care complaints** signed off in May.
- 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.

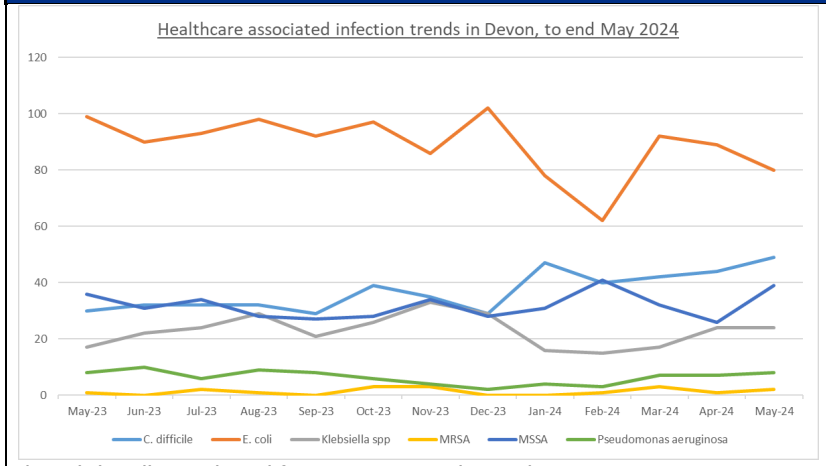
Data				Underlying cause
	March	April	May	**Themes:** The top issues within new S42.2 enquiries started in April 2024 related to: - • Suboptimal quality of care • PiPoT (people in positions of trust) allegations • Suboptimal quality of discharge
Total number of new S42.2 enquiries	8	8	6	
Total number of closed S42.2 enquiries	8	7	1	

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 Enquiries is embedded into practice by the provider of the care services involved. There have been no Safeguarding Adult Reviews published this month. **Issues raised in Section 42 Enquiries** • A prolonged wait on a trolley in an emergency department for a patient and suboptimal quality of care. • An example of suboptimal planning and communication for discharge from hospital to a residential home. • An allegation against an agency member of staff regarding their conduct when communicating with a patient. The Safeguarding Adults Team are contributing to a whole service safeguarding review that involves multiple out of area placements, supporting the local authority in collating information from cross boarder ICB's.	The safeguarding adults team review individual safeguarding cases with provider safeguarding leads to gain assurance of the quality of care provided to patients. The safeguarding team are working closely with the providers and local authorities to ensure patients remain safe whilst investigations are undertaken, and mitigating actions are taken to prevent further harm.

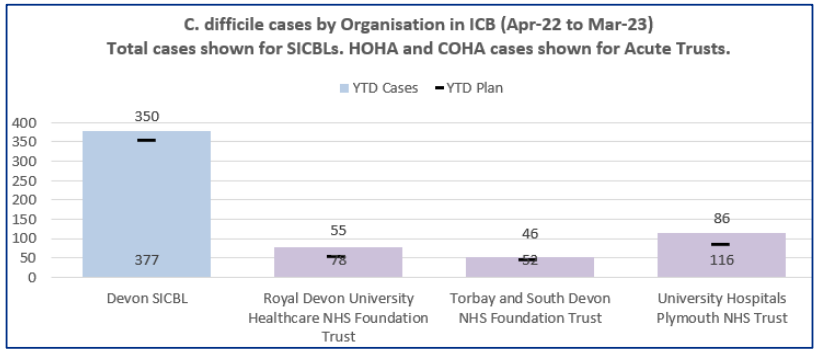
Actions for next month/s	Intended impact	Date impact will be realised
To continue to monitor and report S42.2 activity across Devon.	Raise awareness of learning from S42.2's and safeguarding adult reviews to promote safer patient care.	Quarter 1 2024 - 5

Infection Prevention and Control

Data

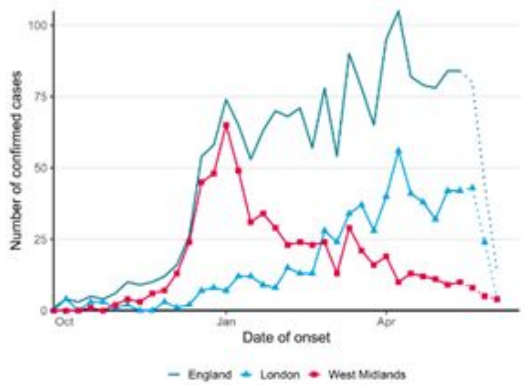


(graph locally produced from HCAIDCS dataset)

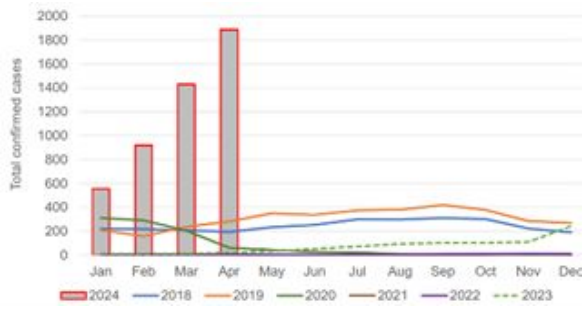


(*graph courtesy of NHS England APMO & HCAI report)*

Infection Highlights



Measles
The national measles incident, with 1,849 cases nationally from 1 October 2023 to 13 June 2024, continues to be closely monitored. The graph of confirmed cases (right) shows cases decreasing in the West Midlands, although cases in London continue to increase. The decrease in West Midlands cases alongside the comparatively high MMR vaccine uptake in Devon make measles a decreasing local risk.
(graph courtesy of gov.uk)



Pertussis (whooping cough)
There has been an increase in cases of pertussis (whooping cough) across England since January 2024, with 4,793 cases in England to end April 2024 (against 858 for the whole of 2023). There is risk not just to children affected but also a business continuity risk to NHS organisations regarding parental caring responsibilities and staff sickness.
(graph courtesy of gov.uk)

Infection Highlights
Cryptosporidium In May 2024 there was an outbreak of cryptosporidium in the Brixham area of Devon, associated with water supply contamination. This involved 113 confirmed cases (of which 3 were hospitalised but have fully recovered) and 25 probable cases. The cases were primarily in the TQ5 postcode area of Torbay. A 'boil water' notice has been in place within the affected area since the source of contamination was identified. This is now being lifted in a phased manner. **C. difficile** C. difficile cases are rising nationally and locally. Devon is not a national outlier, but case rates are higher in the Torbay area, noting older population factors. A Torbay group has been established to share best practice and developments. A wider South West learning and development group is being established for all HCAIs, meeting monthly from August 2024. Alongside, a specific project with Torbay Hospital, led by NHS Devon ICB Quality Team, has commenced.

Actions undertaken in last month	Impact
Cryptosporidium outbreak involvement	System response to cryptosporidium outbreak.
Refreshing on-call IPC documentation	Ensuring all information available to on-call staff is relevant and up to date.
Asylum seeker & refugee (ASR) hotel IPC input	Patient safety improvement for residents of ASR hotel site.

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.	July 2024
Rewriting of service specification for community infection management service.	Improved service outcomes, improved cross-locality working.	August 2024
Involvement with initial scoping & purchase decisions for intermediary care site	Infection control advice with new project to ensure appropriate patient safety measures are in place.	August 2024

Workforce

WDG June 2024 dashboard | WTE | May 2024 data

System WTE May 2024

	Plan	Actual	Variance
Substantive	32021	31416	-606
Bank	1390	1409	19
Agency	492	541	49
Total	33904	33366	-538

Per Trust May 2024

Substantive

Org	Plan	Actual	Variance
DPT	3509	3456	-52
RDU	12115	11855	-260
TSD	6155	6126	-29
UHP	10242	9978	-265
Total	32021	31416	-606

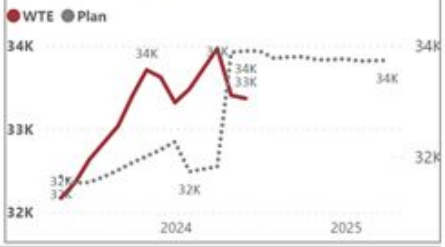
Bank

Org	Plan	Actual	Variance
DPT	233	210	-23
RDU	445	330	-115
TSD	358	355	-4
UHP	354	515	161
Total	1390	1409	19

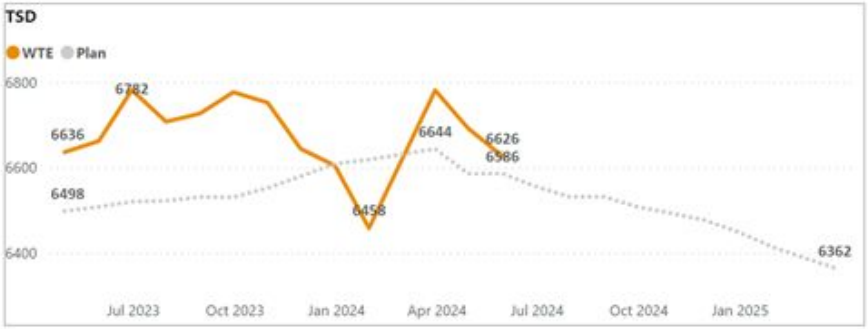
Agency

Org	Plan	Actual	Variance
DPT	108	118	10
RDU	271	236	-35
TSD	72	145	73
UHP	42	43	1
Total	492	541	49

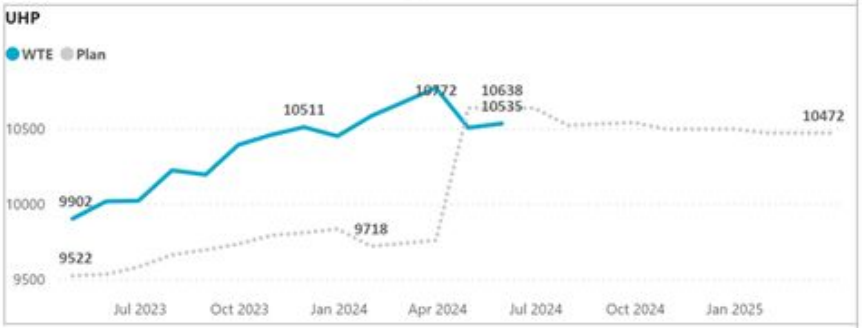
Monthly WTE from April 2023 for Devon System



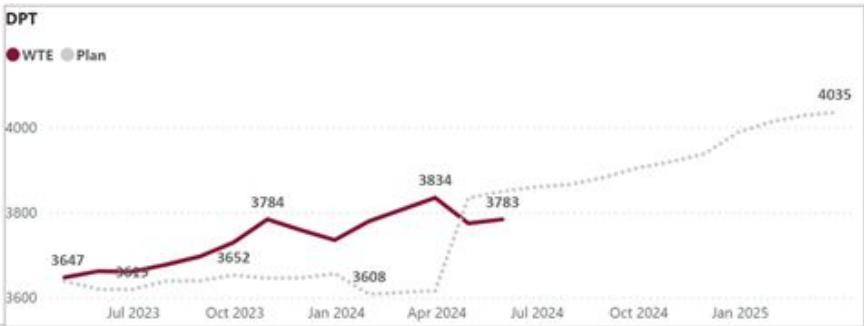
TSD



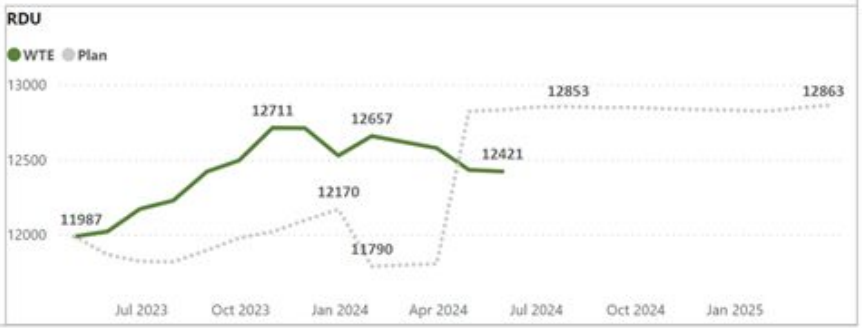
UHP



DPT



RDU

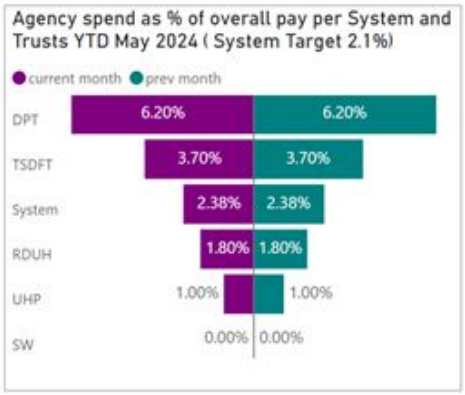


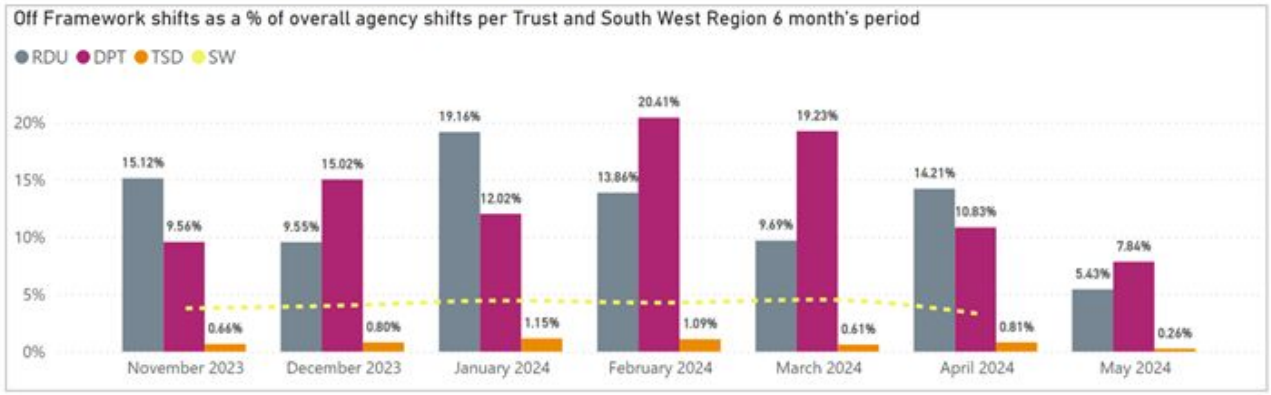

WDG June 2024 dashboard | Spend (£'000) | May 2024 data
System spend YTD (£'000) May 2024
Plan
Actual
Variance
Substantive & Bank
293590
295433
1843
Agency
7196
7195
-1
Total
300786
302628
1842
Per Trust spend YTD (£'000) May 2024
Substantive & Bank
Org Plan Actual Variance
DPT 30311 30501 190
RDU 112904 113766 862
TSD 55792 57206 1414
UHP 94583 93960 -623
Total 293590 295433 1843
Agency
Org Plan Actua Variance
DPT 1778 2014 236
RDU 3313 2082 -1231
TSD 1233 2179 946
UHP 872 920 48
Total 7196 7195 -1
Monthly spend (£) from April 2023 for Devon System
0M
144021
141571
141582
135977
151314
Jul 2023
Jan 2024
Monthly spend (£'000) from April 2023 per Provider
TSD
Actual Plan
40000
30000
28766
30454
26775
28765
26681
38354
29693
28513
May 2023
Jul 2023
Sep 2023
Nov 2023
Jan 2024
Mar 2024
May 2024
UHP
Actual Plan
60000
50000
40000
44917
42443
41351
52891
57120
41221
47728
47440
DPT
Actual Plan
18000
16000
15150
15292
15051
16294
15269
17827
16258
16045
RDU
Actual Plan
60000
55000
54217
55188
58668
52683
60553
58109
58109
57924

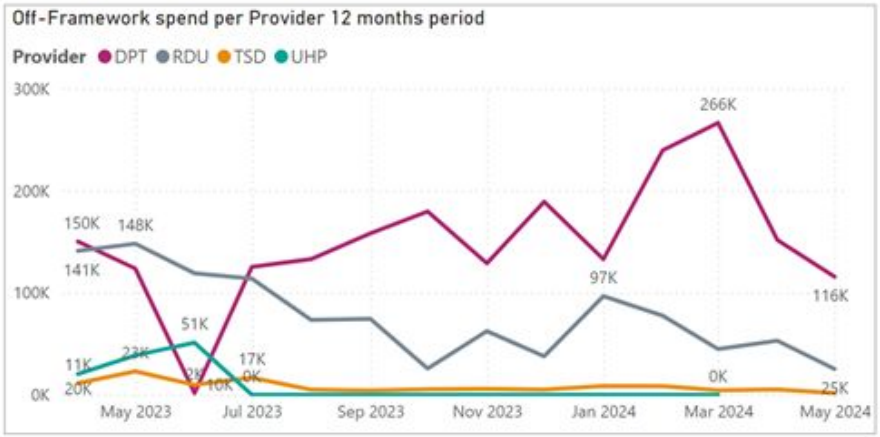
WDG June 2024 dashboard | Agency
May 2024 data

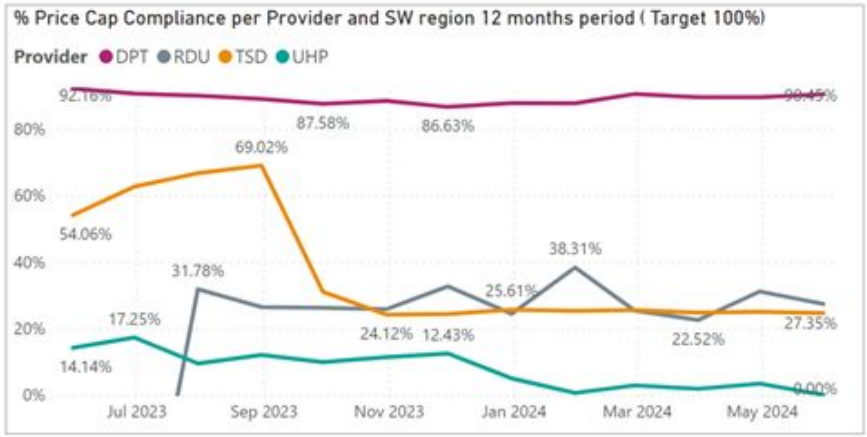
Monthly agency shifts for a 12- month period per Trust

Org	June 2023	July 2023	August 2023	September 2023	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024
DPT	1,837	1,897	1,861	1,836	1,975	1,705	1,871	1,764	2,068	2,298	1,994	2,156
RDU	1,395	3,087	2,780	2,763	2,882	2,031	1,843	2,511	2,497	2,447	2,126	2,227
TSD	3,004	3,099	2,947	2,936	2,852	2,868	2,487	2,607	2,669	2,942	2,593	2,741
UHP	539	574	625	711	705	708	627	545	599	667	536	494







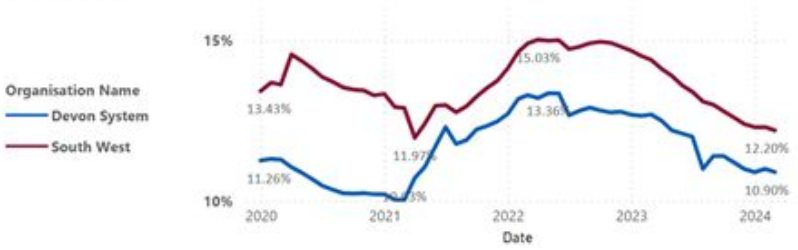


WDG dashboard | Retention March 2024

Turnover rates March 2024

South West	System	Devon ICB	DPT	Livewell	RDUH	TSDFT	UHP
12.2%	10.9%	21.3%	10.9%	10.7%	10.2%	10.9%	11.2%

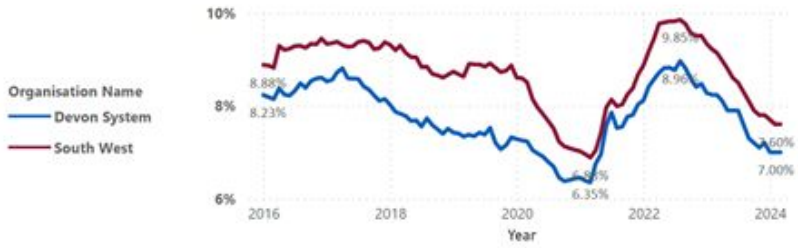
Turnover trend



Leaver rates March 2024

South West	System	Devon ICB	DPT	Livewell	RDUH	TSDFT	UHP
7.6%	7.0%	9.4%	7.3%	7.1%	7.2%	7.1%	6.5%

Leaver trend



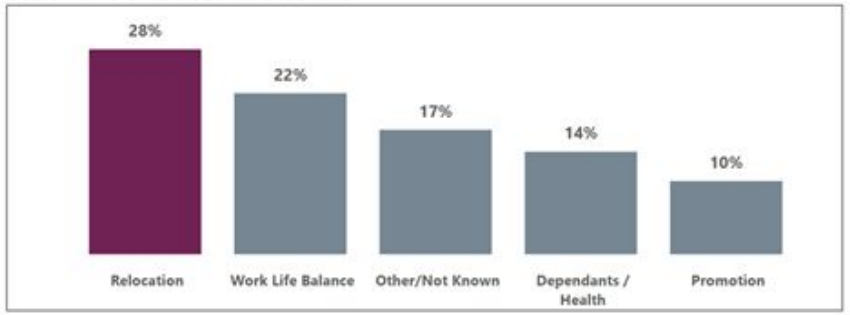
Retirement rates per Organisation March 2024

System	Devon ICB	DPT	Livewell	RDUH	TSDFT	UHP
28%	9%	23%	28%	26%	42%	22%

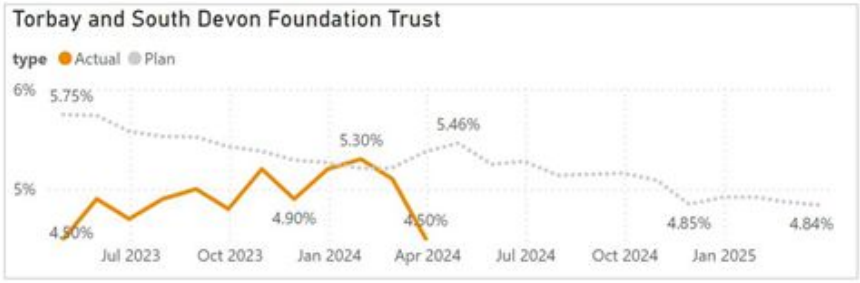
Leavers insights System March 2024

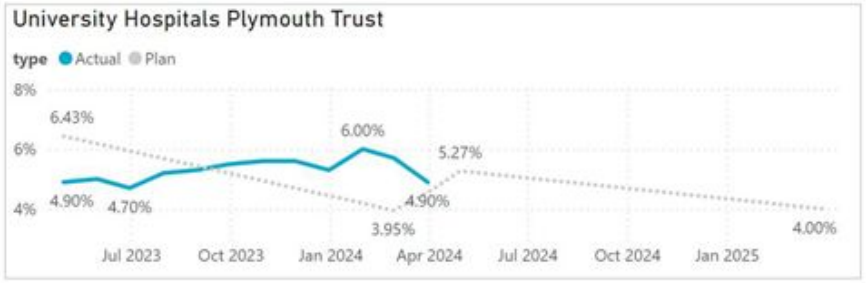
379 WTE left Feb 2024	28% Retired
16% Resigned moved within NHS/Healthcare	47% Resigned and left NHS

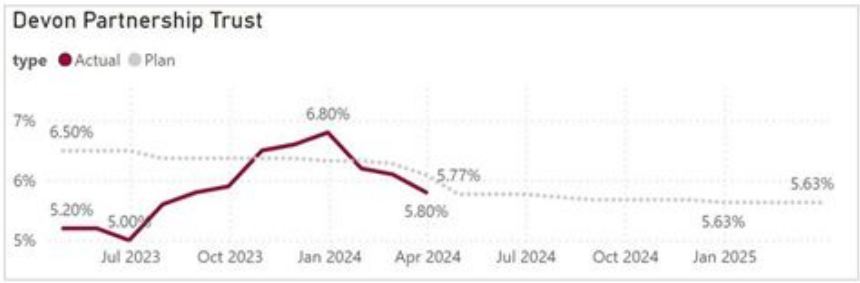
Top 5 reasons for resigning March 2024

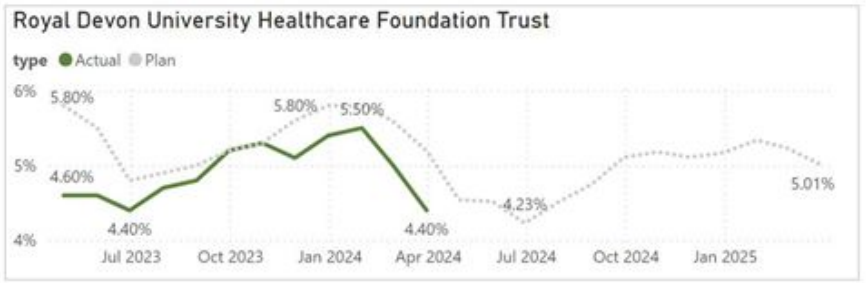


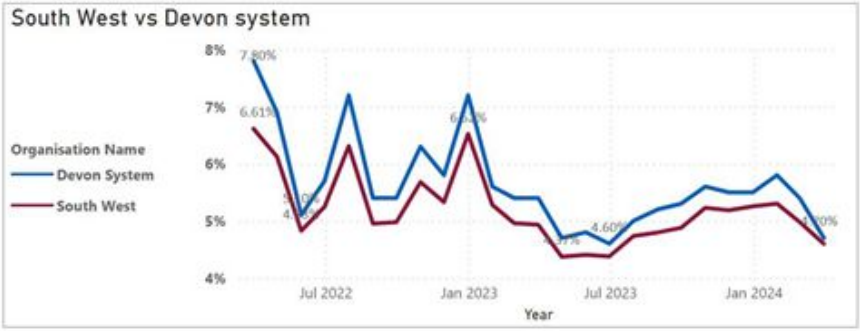
WDG dashboard | Sickness March 2024

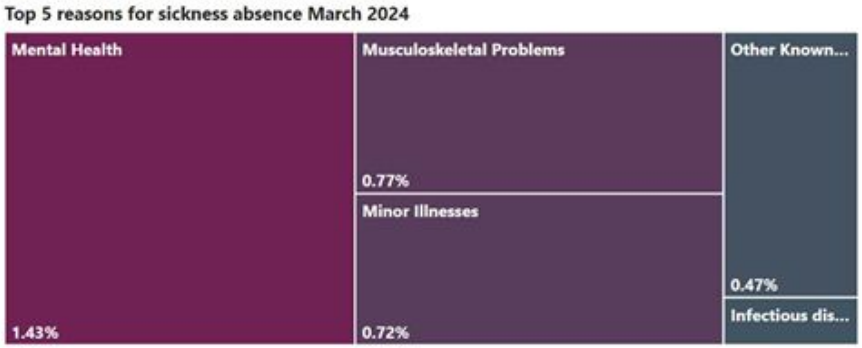












Key headlines

Agency

- At M02 (May 2024) as a system, agency spending YTD is on plan and in comparison, to previous year (M02 23) the agency spend has decreased by 17%▼. The greatest reductions compared with last year were seen in TSD and RDUH (both decreased by 24 %)

- At M02 System Agency spend as % of overall pay bill YTD is reported at 2.38%, 0.2% over this year system target of 2.1 %

- At M02 individually, 3 out of 4 trusts report increase in agency spend when compared to plan:

► At M2, in **UHP** are above plan YTD by £48,000 due to discretionary pay as a result of not recruiting to planned vacancies in M1 and M2. It is expected this will decline in M3. There is a good domestic and International pipeline in place. UHP have Executive reviews on a weekly basis to understand workforce controls. Release of all temporary staffing shifts can now only be authorised by 8a and above. UHP report that their bank and agency usage for last week is the lowest in the last 8 weeks.

► At M2, in **TSD** key drivers of the substantive spend variance to plan include:
- £178k related to consultant pay reform
- Increased utilisation of additional sessions
- £266k increase in AHP usage within the Surgery Division

Contributing factors for overspend in bank include:
- £137k in high consultant spend
- £176k in medical trainee costs
- £190k in non-clinical posts across Corporate, Emergency Services, and Clinical Support

Contributing factors to agency overspend include:
- £118k in Families and Communities due to vacancies where safer staffing establishments are in place across paediatrics and community hospitals
- £109k in Medicine and Urgent Care due to substantive vacancies and an unfunded winter locum usage as a cost pressure
- Other costs due to additional trainees and Junior Dr's (all subject to review)
- £242k in Shared Corporate Services are over budget due to a challenging agency budget and forthcoming transformation

► TSD are also doing some work to understand timings of agency requests which tend to be received after 4pm and on weekends. CNO taking action to understand and address issue.

► At M2, **DPT** overspend was anticipated due to the implementation of NHSP overspend which was reflected within their business case as well as £200k overspend due to packages of care within Community Services, paid for by the Commissioners but will show as an overspend. Agencies will be notified this week to provided notice to move to rates at cap. This may mean some rates will remain over price cap in July given the notice period required but from mid-July should then start to see reductions in rates.

Off Framework

- Off framework spend has decreased across the system from M12 23/24 to M02 24/25 by £173K, lowering shifts from 1394 in M12 to 594 in M02 (by 800).
- **DPT** remain higher users but have actions to support removal of all off framework by 1st July (see FRP escalation report for more info). No Nursing off framework has been used since 17th June and only 5 medics remain on off framework. 3 of those are on an agency that will move to the CCS framework. 2 others are being reviewed and likely remain in July.
- **UHP** have successfully had 0 off framework usage since July 2023

- **TSD** still have some off framework; the radiology agency is joining a framework mid-June and an IT contractor has now ended. There are c12 individuals who work in catering and unknown to TSD the agency dropped off the framework and were unsuccessful applying for a new framework. An exit strategy has been agreed with notice given meaning individuals will end on 31st July. Some will move to substantive posts and some to bank.

- **RDU** have come across some new areas using off framework and are actively addressing these. There are 6 Nursing shifts in MIU and Paediatrics as well as 1 day a week for a Sonographer in Northern. Active conversations are taking place with some individuals where there may be some cultural and behaviour challenges to moving from off framework. For some agencies there are introductory fees so if there was any movement, this would need to be taken into account as high cost and/or there are limitations on when individuals can start with the Trust after being on an agency contract. Within Digital Services those on agency are being moved to a bank or substantive contract. In Operational Support a high-cost individual has now left and there was some ad hoc support in Finance/Payroll which has also now ended. RDU continue conversations with NHSE on HGV drivers as off framework rates are lower than framework rates.

Other

- At M02, workforce spend as a system has been £1.842 M higher than projected total YTD. Overall spend is 4% higher than in the same period 2023/24 however this will be accounted for by pay inflation.
- At M02 the overall spending in the Mental Health Trust is 7% higher than in the same period last year.
- **UHP** are reporting 0% price cap compliance, against 42 agency wte – agency is mostly used in Nursing for ED and Theatre and UHP are due their 4th monthly rate reduction on 4th July so compliance should improve.
- **TSD** have uncovered a data issue where team have not been using correct price cap compliance reporting rates. Will see correction in next month's submission and therefore an increase in compliance.
- A new medical rate card will be approved by NHSE next week and will then be cascaded down to operational teams – this will help support Medic rate reduction.

Reporting and Key Headlines this month is based on limited finance data due to partial submission of the finance mandatory return by agreement between NHS England and providers.

Finance Recovery Programme

Programme Initiation Progress & Plan as at 20th June

Workstream	Objective	Deliverables	Milestones	Milestone Owner	Milestone Target Dates	KPIs	Key Risks & High-level mitigation	Full risk detail	Governance – delivery / monitoring	Finance
Non-Medical Temporary Staffing *SRO: Penny Smith*	✓	✓	✓ 5/10 milestones to firm up	✓	✓ 5/10 milestones to firm up	✓	✓	✗	✓	✗
Workforce Transformation *SRO: Mary Ridout*	✓	✓	✓	✓	✓	✓ *Outputs agreed & KPIs drafted for use in future	✓	✗	✓	✗
Rostering *SRO: Carolyn Mills*	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
Medical Productivity *SRO: Adrian Harris*	✓	✓	✓	✓ 2 milestones to be discussed with system CMO	✓ Livewell to confirm by 27th June	✓	✓	✗	✓	✗
Workforce Control *SRO: Piers Tetley*	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗
Medical Temporary Staffing *SRO: Liz Thomas*	✓	✓	✓ All to be finalised w/c 24th June	✓	✓ All to be finalised w/c 24th June	✓	✓	✗	✓	✗

Workforce High-level Deliverables Summary

Key
Not started
In progress / on track
Off track / recoverable
Off track / escalate
Completed
On hold

- All workstreams have been working towards agreeing a plan by end of June to enable movement into a delivery phase from July onwards.
- 4/6 plans have been presented to WDG for ratification. A further 2 (non-medical & medical temporary staffing are due to be complete by the end of June).
- Currently, most deliverables are progressing well and are on track, with several targeting completion by the end of March 2025. SROs will need to play a crucial role in the reporting process by indicating if any deliverables, despite their extended target dates, are at risk of falling behind. They will also need to analyse the remaining milestones to assess the overall status of each deliverable to ensure any risks are mitigated as early as possible.

Non-Medical Temporary Staffing Deliverables	Target Date	Status
DPT go live of NHSP model	15th April 2024	Complete
DPT Implementation of NHSP model	31st August 2024	In progress / on track
TSD go live of NHSP model	31st October 2024	In progress / on track
TSD implementation of NHSP model	TBC	On hold
Develop a One Devon bank to align common principals to improve metrics, cash release, improve recruitment and retention whilst ensuring quality and safety is a main driver	TBC	Not started
Southwest Regional agency rate-card harmonisation implemented - Nursing	30th September 2024	In progress / on track
Southwest Regional agency rate-card harmonisation implemented - AHP	TBC	On hold
Removal of all off-framework agency usage	1st July 2024	Off track / escalate
Collate & stocktake all provider off-framework SOPs to ensure standardised approach to temporary staffing escalation across the system	TBC	Not started
Ensure regular cycle of audit to safeguard quality of the impact implementing agency rate-card harmonisation with first audit achieved	TBC	Not started

Rostering Deliverables	Target Date	Status
Undertake rostering policy audit for all providers and ensure all policies are refreshed in line with NHSE Meaningful Use Standards	30th September 2024	In progress / on track
Review outcomes of e-rostering LOA survey for 22/23 and undertake 23/24 survey to determine areas for improvement.	30th September 2024	In progress / on track
Understand the full coverage of e-rostering across all providers, for clinical rostering (excluding. Medics) admin and clerical to determine the gap and ensure assurance obtained to have 100% coverage.	30th August 2024	Not started
Implement first draft system-level rostering dashboard to establish rhythm of regular reporting and oversight.	30th July 2024	In progress / on track
Have assurance of processes for governing rostering practices across the providers. (To ultimately ensure there are robust rostering improvement & compliance teams established within each provider to lead internal work and liaise with partners to ensure consistency of approach).	31st October 2024	Not started
Understand if system have ability to negotiate Allocate contract to deliver a financial saving.	29th November 2024	Not started

Medical Temporary Staffing Deliverables	Target Date	Status
Southwest regional agency rate-card harmonisation implemented - acute organisations	30th September 2024	In progress / on track
Southwest regional agency rate-card harmonisation implemented - Community & Mental Health	30th September 2024	In progress / on track
Agency rate card price cap 100% compliance - acute organisations	31st December 2024	In progress / on track
Agency rate card price cap 100% compliance - Community & Mental health	31st December 2024	In progress / on track
Removal of all off-framework agency usage	01st July 2024	Off track / escalate
Revisit the One Devon Collaborative Bank to understand if achieving its intended purpose for a system-wide solution for locum supply. Evaluate if fully implemented and value for money.	TBC	Not started
Understand medium & long term locum bookings	TBC	Not started

Workforce High-level Deliverables & Target Dates

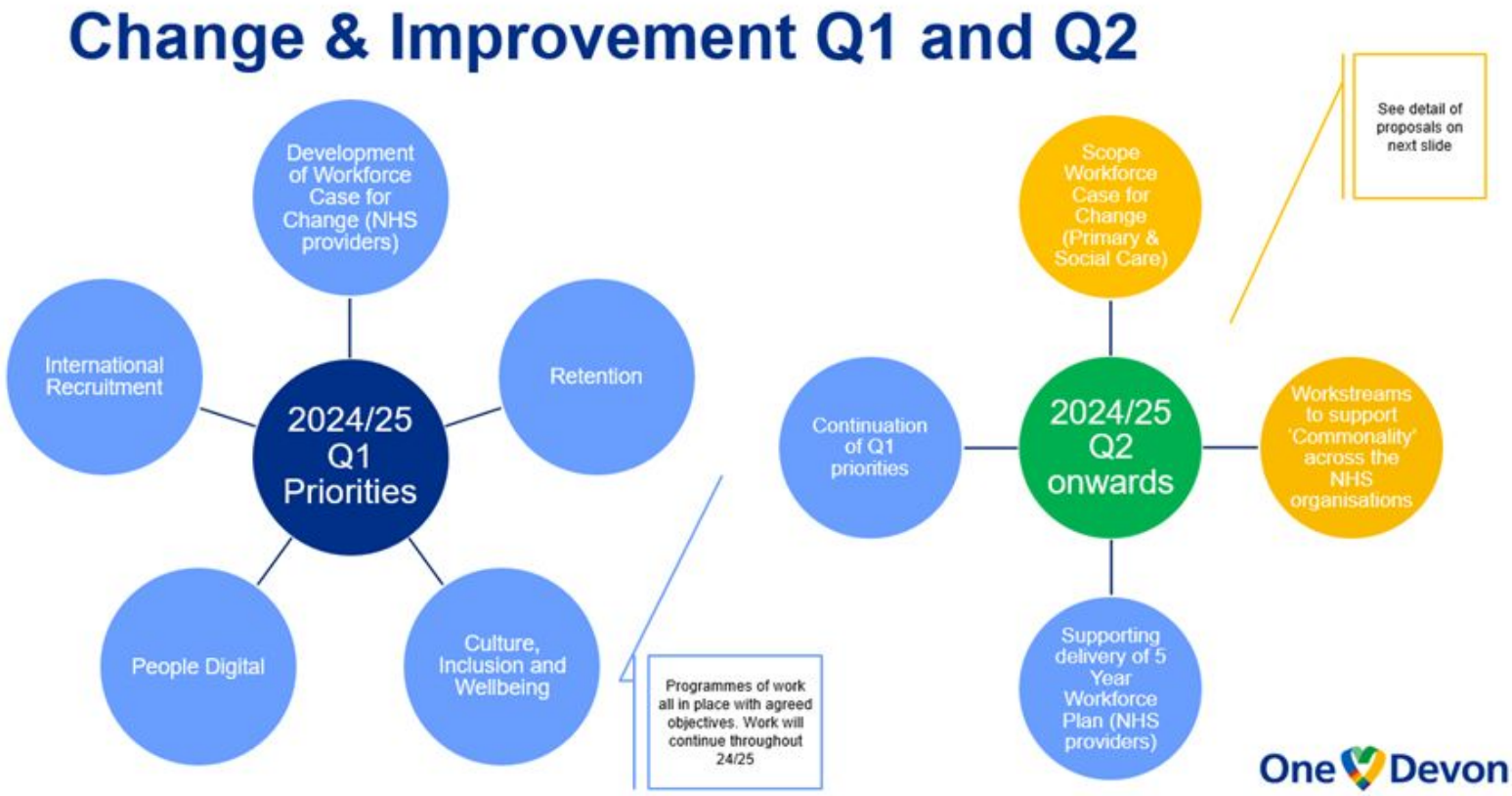
Medical Productivity Deliverables	Target Date	Status
Establish job planning committees at RDUH to ensure robust monitoring of job planning compliance and governance processes.	31st August 2024	In progress / on track
Establish job planning committees at UHP to ensure robust monitoring of job planning compliance and governance processes.	31st July 2024	In progress / on track
Establish job planning committees at TSD to ensure robust monitoring of job planning compliance and governance processes.	31st August 2024	In progress / on track
Establish job planning committees at DPT to ensure robust monitoring of job planning compliance and governance processes.	31st August 2024	In progress / on track
Establish job planning committees at Livewell to ensure robust monitoring of job planning compliance and governance processes.	31st August 2024	In progress / track
Undertake an ESR > Job plan reconciliation in RDUH	31st August 2024	In progress / on track
Undertake an ESR > Job plan reconciliation in UHP	31st August 2024	In progress / on track
Undertake an ESR > Job plan reconciliation in TSD	31st August 2024	In progress / on track
Undertake an ESR > Job plan reconciliation in DPT	30th September 2024	Not started
Undertake an ESR > Job plan reconciliation in Livewell	31st August 2024	Not started
Review all job plans over 12 PAs with each one having MDO sign off to confirm safe & sustainable working	31st March 2025	In progress / on track
Common approach for organisational DCC / SPA split of 85/15 (consideration for full time / pro rata)	31st March 2025	Not started
Develop a System level job planning policy	30th June 2025	Not started

Workforce Transformation Deliverables	Target Date	Status
Identification of embedded existing models of skill mix / service redesign to share across the system to explore or enable 'quick wins' to be implemented in 24/25.	31st March 2025	In progress / on track
Development of a standardised skill-mix methodology tool and guidance by care pathway, informed by national skill-mix frameworks and governing frameworks (i.e. GPICS) - Links with Deliverable 1.	31st March 2025	In progress / on track
*Review of Business Support roles to inform role transformation realisations from an EPR or other solution implementation. *	30th November 2024	In progress / on track
Design a proposed System level job matching process to ensure consistency and support workforce mobilisation, ready for engagement with Staffside.	31st October 2024	In progress / on track
Implementation of System level job matching process.	31st March 2025	On hold
Develop and embed workforce productivity and efficiency metrics in line with safer staffing models and compliance.	30th September 2024	In progress / on track
System level plan of workforce transformation programs required to inform service redesign and workforce change agenda for 25/26 onwards.	28th February 2025	On hold

Workforce Controls Deliverables	Target Date	Status
Workforce grip and controls dashboard fully live across providers and (substantive, bank and agency) this will be complimentary to the Workforce Dashboard.	28th June 2024	In progress / on track
Implement system vacancy control panel and review impact of measures put in place.	31st July 2024	In progress / on track
Implement wider workforce dashboard including financial monitoring.	31st August 2024	In progress / on track
Tracking of learner numbers to be added to Workforce dashboard for WDG.	31st July 2024	In progress / on track
ICB demonstrating robust monitoring control measures to ensure system oversight and assurance models in place to govern Ops Plan delivery.	Every Quarter	Not started

Change & Improvement Programme

A proposed set of workstreams (to address areas in amber below) have been agreed with Trust leads. These will now be considered by CPO's during June and action taking to progress activity during Q2. Areas in blue have programmes of work in place and work will continue throughout 24/25.



- **Retention Hub (RH):** Hub now has 169 service users. Hub ceases activity end September 24. Transition plan in development to include monthly update from providers on progress against five high impact retention actions. Strategy out for engagement and consultation with CPO group in June. Integrating work with all People Promise exemplar sites as all managers now appointed. Shared areas of work include EDI (leadership development, anti discrimination work), flexible working, career support and capturing staff voice.

Workforce: Learning, Education and Strategy

- **Advanced Practice:** Second round of AP trainee applications scoping opened by NHSE funding - further training AP posts under development
- **Apprenticeships:** Apprenticeship Strategy being socialised across the system.
- **Learner Experience:** Devon System Safe Learning Environment Charter Focus day held – strong positive engagement and representation across all provider sectors and wide range of professional disciplines. Trailblazer pilot national Educator Workforce Strategy mapping tool developed ready for launch in June – initial communications via LEG and Safe Learning Environment Charter event
- **Placement Expansion:** Meeting with Primary Care working group held – data and metrics to be shared. Initial development session with TSDF AHP lead to launch pilot expansion initiative. T Level Network Workshop completed with strong engagement from system partners to develop programmes of work addressing 3 key priorities – induction and onboarding, standardised placement allocation approaches, impact analysis. Input from Health Economist enabled development of a framework to produce an Impact Assessment Report of supernumerary learners and T levels in placements. Engagement with Careers Hubs to embed T level offering within Careers Hubs. Engagement with newly appointed regional Widening Participant leads to re-establish system-regional links and ascertain national/regional drivers around Widening Participation agenda. Engagement with local authorities to understand risk of BTec defunding and integration of T levels to secure entry level workforce supply pipeline. Engagement with University Technical College South Devon to support development of new T level programme Engagement with PenRad workforce leads to identify opportunities to support T level Placements.

Acronyms

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
ADHD	Attention Deficit Hyperactivity Disorder	**GP**	General Practice	**OOH**	Out Of Hours
AHP	Allied Healthcare Professional	**GPAS**	GP Alert State	**OPEL**	Operational Pressures Escalation Levels
AP	Advanced Practice	**GPES**	GP Extraction Service	**PA**	Programmed Activities
ARRS	Additional Roles Reimbursement Scheme	**GPICS**	Guidelines for the Provision of Intensive Care Services	**PCN**	Primary Care Network
ASR	Asylum Seeker and Refugee	**HCAI**	Health Care Associated Infection	**PDSA**	Plan-Do-Study-Act
AtED	Alternative to ED	**HDT**	Hospital Discharge Team	**PHSO**	Parliamentary and Health Service Ombudsman
AVP	Ambulance Vehicle Preparation	**ICB**	Integrated Care Board	**PIFU**	Patient Initiated Follow Up
CDC	Community Diagnostic Centre	**ICS**	Integrated Care System	**PiPOT**	Person in Position of Trust
CDU	Clinical Decision Unit	**IPC**	Infection Prevention Control	**PITCH**	Peer Improvement Tips for Care and Health
CFHD	Children and Family Health Devon	**IPS**	Individual Placement and Support	**PMO**	Project Management Office
CIC	Community Integrated Care	**IQPR**	Integrated Quality and Performance Report	**POTS**	Postural tachycardia syndrome.
CLD	Criteria Led Discharge	**IST**	Intensive Support Team	**PPG**	Practice Plus Group
CMO	Chief Medical Officer	**ITK**	Interoperability ToolKit	**PSIRF**	Patient Safety Incident Response Framework
COO	Chief Operating Officer	**IVH**	Intraventricular Haemorrhage	**QOF**	Quality Outcomes Framework
CPO	Chief People Officer	**KPI**	Key Performance Indicator	**RTT**	Referral To Treatment
cPVL	Cystic Periventricular Leukomalacia	**LCP**	Local Care Partnership	**SDEC**	Same Day Emergency Care
CQC	Care Quality Commission	**LEG**	Learning Education Group	**SLCN**	Speech, Language and Communication Needs
CT	Computed Tomography	**LfPSE**	Learn from Patient Safety Events	**SLT**	Speech and Language Therapist/Therapy
CTH	Care Transfer Hubs	**LOD**	Length Of Delay	**SMI**	Severe Mental Illness
CYP	Children and Young People	**LOS**	Length Of Stay	**SOP**	Standard Operating Procedure
DCC	Devon County Council	**LSW**	Livewell South West	**SPOA**	Single Point Of Access
DCC	Direct Clinical Care	**LTP**	Long Term Plan	**SRO**	Senior Responsible Officer
DEXA	Dual Energy X-ray Absorptiometry	**MDO**	Medical Director Officer	**SST**	Safety Systems Team
DL	Discharge Lounge	**MHLDN**	Mental Health Learning Disability and Neurodiversity	**StEIS**	Strategic Executive Information System
DNA	Did Not Attend	**MHSDS**	Mental Health Services Data Set	**SWASFT**	South West Ambulance Service Foundation Trust
DPT	Devon Partnership Trust	**MIU**	Minor Injuries Unit	**T&F**	Task & Finish
ECIST	Emergency Care Improvement Support Team	**MOU**	Memorandum Of Understanding	**TSDFT**	Torbay and South Devon Foundation Trust
ED	Emergency Department	**MP**	Member of Parliament	**TTA**	To Take Away
EDD	Expected Date of Discharge	**MSK**	Muscolar-SKeletal	**UCR**	Urgent Care Response
EIP	Early Intervention in Psychosis	**NNAP**	National Neonatal Audit Programme	**UEC**	Urgent and Emergency Care
EMD	Emergency Medical Dispatcher	**NCTR**	No Criteria To Reside	**UHP**	University Hospitals Plymouth
ENT	Ears Nose and Throat	**NHSE**	NHS England	**UTC**	Urgent Treatment Centre
EOC	Emergency Operation Centre	**NHSP**	NHS Professionals	**WDG**	Workforce Delivery Group
EOL	End of Life	**NICE**	National Institute for health and Care Excellence	**WTE**	Whole Time Equivalent
FDS	Faster Diagnosis Standard	**NOF**	National Oversight Framework	**WW**	Week Wait
FTE	Full Time Equivalent	**NSS**	No Specific Symptom	**YTD**	Year To D ate
G&A	General & Acute	**ODN**	Operational Delivery Network		
GIRFT	Getting It Right First Time	**OOA**	Out Of Area		

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 Integrated Care Board

Board Assurance Framework

Date of Meeting	Date Report Produced
25 July 2024	02 July 2024

Author(s)		Report Approved By	
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Phone:	01392 675 101	**Date:**	15 July 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 members with an update on the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year.

Committees that have previously discussed / agreed the report, and outcomes of that discussion
The NHS Devon Executive reviewed the report at its meeting on 02 July 2024. The Finance and Performance Committee and the Quality and Patient Experience Committee reviewed extracts of this report at their meetings on 11 July 2024.

Key recommendations and actions requested
APPROVE the latest iteration of the 2024/25 BAF risks to achieving the strategic objectives of NHS Devon.

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

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

Engagement and Consultation	This is an internal control process, and no patient engagement has taken place with respect to it.

Board Assurance Framework

Introduction and Background

1. NHS Devon is required to prepare public statements to confirm that it has done its reasonable best to maintain a sound system of internal control to manage the risks to achieving its objectives. This is achieved by the Chief Executive providing a signed Annual Governance Statement, which covers the risk management and review processes within the organisation. The evidence to support this Statement is supported by the Board Assurance Framework (BAF).

2. NHS Devon's BAF is based upon the identification of its strategic objectives (in essence, its strategic aims and goals), the principal risks to delivering them, the key controls to minimise these risks, with the key assurances of these controls identified. These are monitored by the NHS Devon Executive to resolve issues or concerns and to improve control mechanisms and overseen by Board Committees.

BAF Approach for 2024/25

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 components of 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 six 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 after 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.

Risk Appetite Statement for 2024/25

6. 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.

7. 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 NHS Oversight Framework themes, 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

8. 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.

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. 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

11. Each NHS Oversight Framework theme has been allocated to a Board Committee, which will then receive information about the most significant risks aligned to that statutory purpose.

12. Following the first iteration of the BAF in April 2024, it became 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 progress of actions in relation to the Quality of Care, Access and Outcomes BAF risk. Details in relation to this BAF risk are now being reported to that Committee as well as the Quality and Patient Experience Committee.

Current Risk Position

13. Individual BAF risks were reviewed with Chief Officers / Director Leads mid-June 2024. The details for each risk are attached at **Annex A** and the scoring methodology at **Annex B** of this report.

14. 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			↔	AVOID	8 - 12	Jun-24
2. Preventing Ill-health and Reducing Health Inequalities	PHIC	25	12	16			↑	AVOID	8 - 12	Jun-24
3. Finance and Use of Resources	FPC	20	12	12			↔	OPEN	15	Jun-24
4. People	PODC & FPC	20	12	12			↔	SEEK	20 - 25	Jun-24
5. Leadership and Capability	EXEC	20	16	12			↓	SEEK	20 - 25	Jun-24

15. Key changes from the last strategic risk reviews in April 2024 which were reported to the Board at its meeting on 30 May 2024 are as follows:

NHS Oversight Framework Theme	Key Changes June 2024
1. Quality of Care, Access and Outcomes	No change at the current time.
2. Preventing Ill-health and Reducing Inequalities	Score increased to 16 to reflect the reduction in resource available for this work.
3. Finance and Use of Resources	No change at the current time.
4. People	It is proposed that this risk should be re-articulated in the future to also reflect the need for the workforce model to be financially sustainable.

NHS Oversight Framework Theme	Key Changes June 2024
5. Leadership & Capability	Score reduced to 12 to reflect the progress being made in the establishment of new system governance and assurance structures.

Heat Map Showing Current Risk Scores

16. 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 now has a residual risk rating in excess of the target / tolerance level.

Board Assurance Framework Heatmap – Status as at June 2024:

NHS Oversight Framework Theme - Risk Entry	Chief Officer	Assigned Board Assurance 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	EXEC	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 Iteration of the BAF

Graph for Monitoring of Risk Scores

17. The latest iteration of the BAF in 2024/25, and specifically each BAF risk template as shown in Annex A, now includes a graph that plots:

- The inherent risk score (that is the risk score if the risk were left untreated);
- The agreed target / tolerance level for the residual risk score; and

- Movements in the residual risk (that is the risk score after any mitigations / controls are applied) over time.

18. This will further enhance visibility in terms of the impact that risk treatment plans / mitigating actions are having on management of each BAF risk to prompt conversations by Executive and Board Committee members on any deep dives required, any action required to unblock any barriers that are preventing treatment of risks and to identify any further work necessary to effectively manage risks.

Identification of Action Owners and Planned Completion Dates

19. The focus of this latest iteration of the BAF has been on reviewing each BAF risk and the related risk information (e.g., controls, control gaps, assurances and assurance gaps) to ensure that it is still appropriate and reflective of the current position. In addition, a key focus has also been on ensuring that as far as is possible, there is an assigned Action Owner and a planned completion date for each mitigating action shown under each BAF risk. This will assist the Corporate Governance team during future iterations of the BAF in checking that mitigating actions are being addressed in a timely manner and that these are having the desired impact on a risk's residual risk score to bring it closer to, or below the agreed target / tolerance level as agreed by the Board. Conversely, where there is slippage, it will prompt conversations to understand why this is the case and to identify any further actions that can be taken to unblock any barriers preventing effective treatment of the risk.

Mapping of 2024/25 Annual Plan Priorities to BAF Risks

20. The Corporate Governance team is in the process of carrying out an exercise to map 2024/25 Annual Plan priorities to the BAF risks. The 2024/05 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 will ensure that all mitigating actions required to help further minimise materialisation of BAF risks are identified and tracked. This in turn will ensure a more precise assessment of the residual risk score for each BAF risk.

Linking with PMO Delivery Room Meetings

21. The NHS Devon Board is being asked to approve the final version of the 2024/25 Annual Plan elsewhere on the agenda for this meeting. The Annual Plan will be supported by a clear resourcing plan showing how each directorate will allocate resources to ensure the delivery of Annual Plan priorities.

22. The Corporate Governance team is currently attending meetings organised by the Programme Management Office (PMO) with Chief Officers to finalise the Delivery Plans that underpin the 2024/25 Annual Plan and to identify any key risks and mitigations, especially in relation to obligations that cannot be met.

23. Following Board approval of the 2024/25 Annual Plan and finalisation of the Delivery Plans underpinning it, Directorates will be required to participate in review meetings with the Director of Planning and Performance. These meetings will also be attended by the Corporate Governance team. The focus of these meetings will be delivery against actions, measuring impact against the oversight framework metrics, identification of risks to delivery of key priorities and will provide oversight and assurance in terms of NHS Devon's performance and the management of its strategic risks.

BAF 2023/24 Closure

24. 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 will be concluded by the end of July 2024, with an update being provided as part of the Corporate Risk Report scheduled for the NHS Devon Executive meeting taking place on 06 August 2024.

Conclusion

25. The Board is asked to **APPROVE** the content of the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon.

Annex A

NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
1. Quality of Care, Access and Outcomes	Penny Smith - Interim Chief Nursing Officer; Anthony Fitzgerald – Chief Operating Officer	Quality & Patient Experience Committee; and Finance & Performance Committee	June 2024

Principal Risk

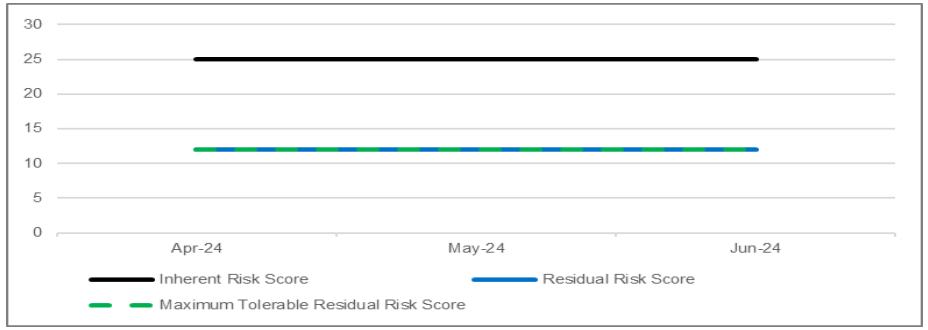
IF NHS Devon does not work with system partners to deliver NHS service performance in line with national standards and quality requirements, **THEN** we will fail to deliver on one of our key statutory purposes (improve outcomes in population health and healthcare), **RESULTING IN** patients across the 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.	

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.

Annex A

5.	**Equality and Quality Impact Assessment (EQIA)** framework in place to help inform commissioning decision-making processes, business cases, projects and other business plans.			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.
6.	**Urgent and Emergency Care (UEC) Recovery Plan** in place for 2024/25 to deliver UEC performance that meets national targets. Cross system / organisational agreement to focus on 4 priorities to recover the position.			CG6	**UEC Recovery Plan** – In order to deliver the agreed 4 priorities to recover the UEC position, a single model for UEC is required across Devon; this is not currently in place.
7.	**System-wide UEC Strategy** in place, describing how we will deliver effective UEC for every patient by adopting a system-wide approach / response model.			CG7	**System-wide UEC Strategy** not yet signed off.
8.	**Elective (EL) Recovery Plan** in place to deliver the capacity and productivity improvements detailed within the 2024/25 Operational Plan to meet national performance standards for 52 and 78 week waiters.			CG8	**EL Recovery Plan** – Although an EL recovery plan is in place to deliver the required capacity and productivity improvements, we still need to understand the requirements of each of the 8 specialities in order to meet the ambitions of the Operational Plan.

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.		-	-
7.	**UEC Regional and National Weekly Tier 1 Meetings** in place to hold the Devon system to account for their UEC plan. An escalation route is in place on a weekly basis to support this.		-	-
8.	**EL National Weekly Tier 1 Meetings (Regional and National Oversight Group)** perform check and challenge against long waiter recovery.		-	-
9.	**System Improvement Assurance Group (SIAG)** – The Devon system holds itself to account for operational and finance delivery.		-	-

Annex A

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: QMS monitoring systems need refinement.	John Trevains	Start of Q3 2024/25	On Plan	Work is currently underway by Director of Nursing & Quality in developing refreshed QMS and improving current components i.e. IQPR quality section and quality report to QPEC – update on progress to QPEC in July 2024.
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.
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.
CG6: Urgent and Emergency Care (UEC) Recovery Plan - single medical model for the Devon system to be developed and agreed.	Anthony Hemsley / Colin Bradbury	Mid Q2 2024/25	On Plan	This will be informed by the 4 priority areas: Same Day Emergency Care (SDEC), Care Coordination, Discharge form Acute and Virtual Wards.
CG7: System-wide UEC Strategy needs to be signed off.	Anthony Fitzgerald	Mid Q2 2024/25	On Plan	-
CG8: Elective (EL) Recovery Plan – meetings to be undertaken with each of the 8 specialities to understand the requirements to meet the ambitions of the Operational Plan. Outputs to be reflected in the Operational Plan.	Karen Barry	End Q1 2024/25	Behind Plan	Focus of meetings include increased productivity, Getting It Right First Time (GIRFT) opportunities, Model Hospital and local best practice. They will also focus on system reduction in insourcing and outsourcing, releasing appropriate revenue.
		Revised Date:	On Plan	

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NB: These 8 specialities represent the areas where recovery at system level would allow us to continue EL recovery and meet the ambitions of the Operational Plan.		Start Q2 2024/25		
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 tis 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.

Annex A

NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
2. Preventing Ill-Health and Reducing Inequalities	Chief Medical Officer	Population Health Improvement Committee	June 2024

Principal Risk

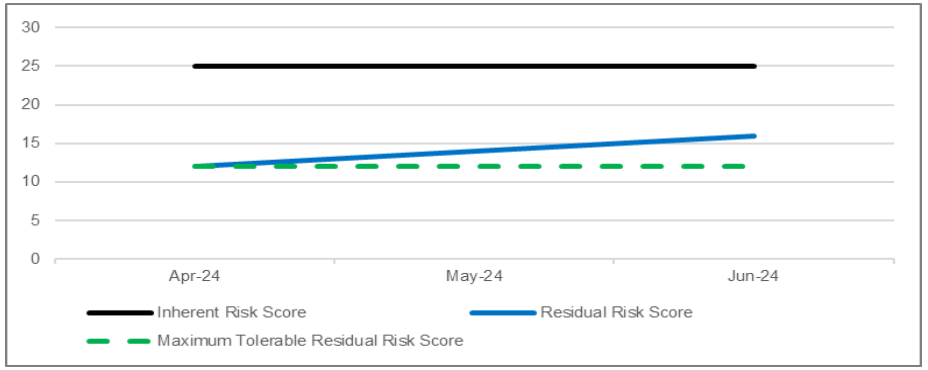
IF NHS Devon is unable to embed a focus on population health management across all of its own activities and those of its partners, **THEN** we will fail to deliver on our key statutory purposes (improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, 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:

At the first iteration, the residual risk score was 12; however, this has increased to 16 in light of the fact that funding for population health has been significantly reduced.



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.	Previously Green
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*	

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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	Outcomes				
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. Not yet an established Committee.
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.				
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.	Exec / Nigel Acheson			
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 due to take place no later than August 2024.

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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	June 2024

Principal Risk

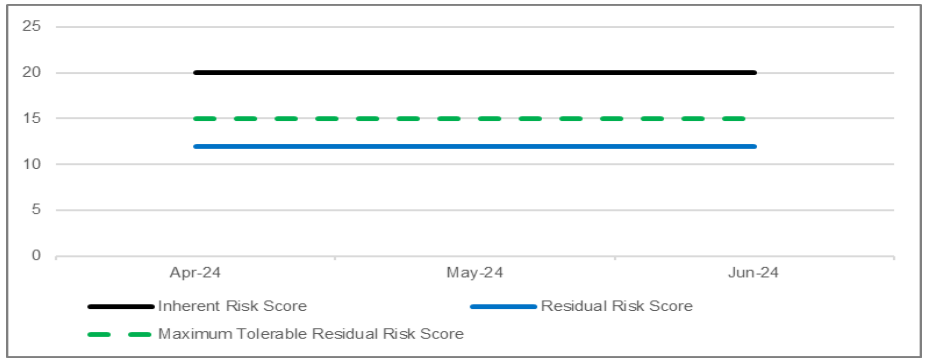
IF NHS Devon does not work effectively with system partners to deliver financial recovery plans, **THEN** we will fail to deliver on one of our key statutory purposes (enhance productivity and value for money), **RESULTING IN** patients across the One Devon Integrated Care System potentially not receiving 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.	Previously Amber

	Current Key Control Gaps
CG1	**Medium-Term Financial Plan** requires updating.
CG4	**ICB PMO** needs to be adequately resourced.
-	-

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4.	**Devon Investment Group (DIG)** in place and responsible for ensuring the adoption and application of best practice governance and decision-making for investments by NHS Devon.			-	-
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.	Previously Amber		-	-
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.

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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	
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.

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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	June 2024

Principal Risk

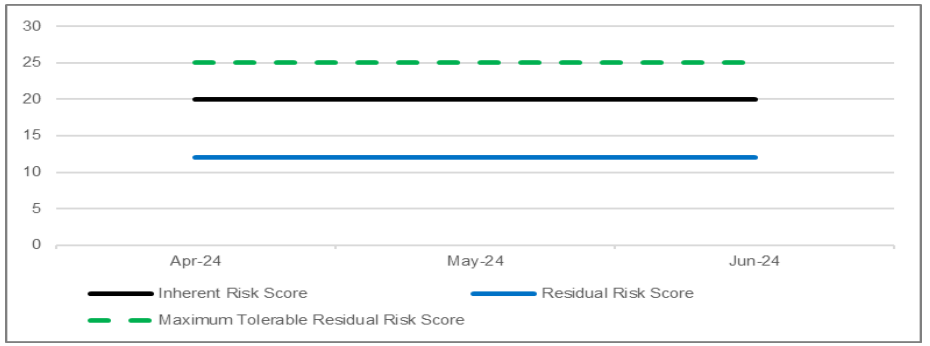
IF NHS Devon does not work with system partners to ensure an appropriate NHS workforce, **THEN** we will not be appropriately resourced to deliver safe and effective services, **RESULTING IN** patients across the One Devon Integrated Care System not receiving the services that they need.

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

	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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4.	**Workforce Programmes** in place to support wider service transformation. These focus on specific services / areas of greatest concern e.g. Urgent & Emergency 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** – People and Organisational Development Committee yet to be established for this workstream.
2.	**System Workforce Dashboard** in place and monitored on a monthly basis. The dashboard includes data relating to staff turnover, staff sickness absence rates etc.		AG2	**National People Plan for Devon** – System People Board to be established.
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

Annex A

				2024. First meeting of the Committee is due to take place before the end of August 2024.
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.

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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	June 2024

Principal Risk

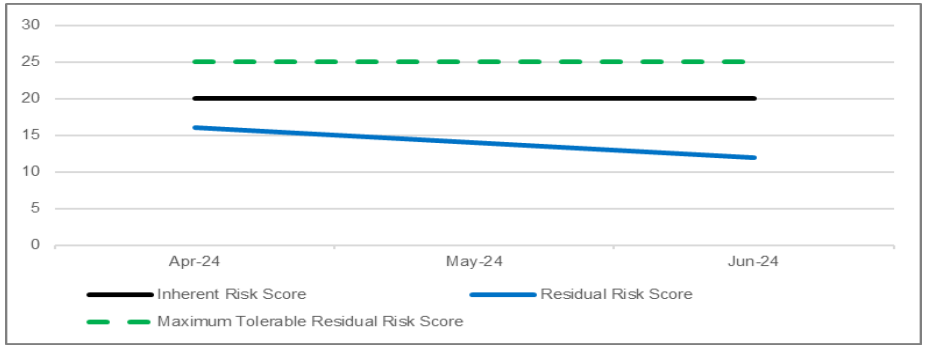
IF NHS Devon does not sufficiently develop its own leadership capability and that within system partners (particularly clinical leadership), **THEN** we will fail to deliver transformational change in relation to service delivery, **RESULTING IN** patients across the One Devon Integrated Care System 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	4	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.
CG2	**Compact and Articulation of Shared Vision for the System** – a Compact needs to be developed 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.	**NHS Devon Programme of Organisational Development Activities** – There is a clear programme of organisational development activities in place for NHS Devon.			CG4	**NHS Devon Organisational Development Action Plan** – This was approved by the Board at its meeting on 30 May 2024 and now needs to be implemented.
5.	**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.

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.		AG1	**NHS Devon Governance Structure** – to be reviewed and Board Assurance Committees clarified.
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.		AG2	**System Planning and Delivery Assurance Structures** need to be implemented.
3.	**System Planning and Delivery Assurance Structures** are clear and in place to ensure oversight of key risks and issues.		-	-
4.	**NHS Oversight Framework (NOF)** – Ongoing work with NHSE regional colleagues to ensure that NHS Devon has the appropriate senior capacity and capability to deliver the priorities set out in NHS planning guidance, the overall aims of the NHS Long Term Plan (LTP), and the NHS People Plan, as well as the shared local ambitions and priorities of the One Devon Integrated Care System.		-	-

Mitigating Actions **(what do we plan to do to address the control gaps / assurance gaps identified above?)**	**Action Owner**	**Planned Completion Date**	**Action Status**	**Update Since Last Review**
CG1: Organisation Change Programme – substantive recruitment to unfilled leadership roles to be completed.	Steve Moore	End Q2 2024/25	On Plan	Proposed approach to filling of final Phase 1 roles to be approved by the Executive on 02 July 2024 and announced w/c 08 July 2024.
CG2: Compact and Articulation of Shared Vision for the System – Develop a Compact to provide formal articulation of the shared vision of system partners and an explicit set of reciprocal behaviours to deliver this.	Philippa Harding	End Q2 2024/25	On Plan	Compact due to be discussed at NHS CEOs session on 23 July 2024 and finalised by end of September 2024.
CG3: NHS Devon's ability to lead System partners – Phase 2 of the NHS Devon organisational change process yet 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.

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CG4a: NHS Devon Organisational Development Action Plan – Draft to be presented to the Board at its meeting on 30 May 2024.	Katy Kerley	-	Complete	The Organisational Development Action Plan was approved by the NHS Devon Board on 30 May 2024.
CG4b: NHS Devon Organisational Development Action Plan –implement areas of focus for 2024/25 (clarity of purpose and function, leadership development and embedding a culture to support the delivery of NHS Devon's purpose and function.	Katy Kerley	End Q4 2024/25	On Plan	Leadership Development plans being outlined and work started on purpose and function.
CG5: System Organisation Development Action Plan to be developed for the system and then signed off by each of the system partners via the appropriate governance routes.	Katy Kerley	End Q3 2024/25	Not Yet Started	
AG1 NHS Devon Governance Structure – to be reviewed and Board Assurance Committees clarified.	Philippa Harding	-	Complete	The new NHS Devon Board Assurance Committee framework was approved by the NHS Devon Board on 30 May 2024.
AG2 System Planning and Delivery Assurance Structures need 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.

Annex B

Assessing and Scoring Risks:

Current risks are scored using a combined assessment of both the likelihood and impact of the risk materialising, as summarised in the matrix below. Further information on the definition of the likelihood and impact categories can be found in NHS Devon's Risk Management Policy.

The inherent risk score is the rating assigned to a risk before any mitigations / controls are applied; the current risk score is the rating assigned to a risk that takes account of the mitigations / controls applied to it.

Risk Scoring Approach = Impact / Consequence x Likelihood (I x L)

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Impact / Consequence	5 Catastrophic	**5**	**10**	**15**	**20**	**25**
	4 Major	**4**	**8**	**12**	**16**	**20**
	3 Moderate	**3**	**6**	**9**	**12**	**15**
	2 Minor	**2**	**4**	**6**	**8**	**10**
	1 Negligible	**1**	**2**	**3**	**4**	**5**

For grading risk, the scores obtained from the risk matrix are assigned as follows:

Colour	Risk Score Range	Risk Grading
	1 to 6	Low Risk
	8 to 10	Moderate Risk
	12	High Risk
	15 to 25	Extreme Risk

BAF Controls and Mitigating Action Status - Colour Keys:

Annex B

Control - In Place?
In Place
In Place BUT Concerns Over Effectiveness of Control
Not in Place

Mitigating Action Status
Not Yet Started
Completed
On Plan
Behind Plan

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’s Risk Appetite Statement (Board Approved: 26 March 2024):

Annex B

NHS Devon's Risk Appetite Statement documents the delegation of risk taking from the Board to senior management. It specifies the overall risk levels that the Board is willing to accept whilst operating in full compliance with regulatory and legal requirements:

NHS Oversight Framework Theme	Risk Appetite	Tolerance Level for Residual Risk
Quality of Care, Access and Outcomes	AVOID	8 to 12
Preventing Ill-health and Reducing Inequalities	AVOID	8 to 12
Finance and Use of Resources	OPEN	15
People	SEEK	20 to 25
Leadership and Capability	SEEK	20 to 25
Local Strategic Priorities	OPEN	15

NHS
Cornwall and
Isles of Scilly

Board meeting of the Integrated Care Board (ICB)

Agenda item: ICB chief executive update

Date of meeting: 11 July 2024
Meeting section: Public session (part 1)
For: Discussion

Author: Kate Shields, chief executive

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1. Executive summary

The chief executive's update is a regular feature of each board meeting. The report focuses on highlighting emerging issues and significant developments that are not otherwise covered on the board agenda. It helps ensure members are aware of key areas of work happening within the Cornwall and Isles of Scilly integrated care system (ICS). A verbal update on other key areas may also be given.

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2. Recommendations

The ICB Board is asked to receive the chief executive update and enquire further, as necessary.

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3. Main report

3.1 Caring where it matters – a new plan for Cornwall and Scilly

To deliver on the Operating Plan, we need to ensure our people and communities buy into the transformation at its heart. With that in mind, a new overarching narrative and a campaign strapline "Caring where it matters" have been developed as the starting point for a range of internal and external communications activity, included as the front end to our public facing version of our operating plan, attached as Appendix 1. We will be using the new narrative across our related internal and external communications in the year ahead and welcome feedback on what is proposed. Also attached, at Appendix 2, is an essentials narrative of our operating plan for sharing with our workforce and partners across the system.

3.2 CIOS ICB Annual Assessment

NHS Cornwall and Isles of Scilly Integrated Care Board
Call us on 01726 627 800
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Part 2S, Chy Trevail,
Beacon Technology Park,
Dunmere Road,
Bodmin, PL31 2FR
Chair: John Govett
Chief executive officer: Kate Shields

The final element of the ICB annual assessment for 2023/24 took place in June. In summary it was **a challenging but positive year, defined by:**

- The **increasing maturity of our system work** in response to the challenges we faced into,
- A renewed commitment to **recover performance** with notable achievements by year end.
- A **step change in our channel shift**, which we intend to maintain and build on in 2024/25.
- **Developing novel and innovative solutions** and a willingness to do things differently in response to the challenges faced, increasingly with the **VCSE as a key delivery partner in health creation initiatives.**
- **Patient and public voices shaping** how and what we focus on.
- An **emphasis on place and communities**, and an increasing focus on **health equity.**
- The mobilisation of **clinically led, evidence informed, and population engaged** clinical reference groups, using a population **health management approach** to long term condition pathway improvement.
- An ongoing commitment to **delivering on our financial commitments.**

Whilst the outcome of the annual assessment from NHS England is awaited, the tone of the assessment panel meeting was positive, with recognition of the progress made over the last year, underpinned by increasingly mature system relationships and innovative solutions to the challenges we face. I will share the formal assessment feedback when received.

3.3 ICB Chief Executives and NHS England Executive Group Meeting (25 June)

The next meeting of NHS England's Executive Group with ICB Chief Executives took place on 25 June, with the discussion led by Amanda Pritchard, NHS Chief Executive on immediate priorities, workshop sessions on tech-enabled productivity and cyber security, and NHS Dorset ICB showcasing their secondary prevention in respiratory services.

3.4 Aspiring Chief Executive Programme Panel Interviews (26 June, 2 and 3 July)

I was delighted to be invited to be an assessment panel member for NHS England's Aspiring Chief Executive Programme taking place over three days. The programme is for those in executive director level positions, who are aspiring to their first chief executive level (or equivalent) in an NHS accountable role focused on service provision and system development within the next 12-24 months. This programme is part of the NHS's strategic approach to identify, develop and deploy our most senior leaders.


Cornwall and Isles of Scilly
Integrated Care System
Caring where it matters

Cornwall and Isles of Scilly Integrated Care System

Introduction

Our System Operating Plan for the Cornwall and Isles of Scilly Integrated Care System 2024/5

CIOS Integrated Care System Operating Plan 2024/25

CARING WHERE IT MATTERS

Cornwall and Isles of Scilly Integrated Care System

When people are sick or feeling vulnerable, the things they crave are kindness and care they can absolutely rely on.

It sounds so simple. It's what we all believe in at the NHS. But sometimes the sheer complexity of the system and the planning it requires overshadow our focus on real life patients and what they hope for from us.

So this year we're going back - to our people and communities

With the benefit of our integrated, system-wide perspective, we can see that so many of the challenges – from ambulance queues to overspends – derive from us providing care which is sometimes unsuitable and often in the *wrong place* for real people in Cornwall and Scilly. Our traditional structures and pathways funnel patients away from home and their loved ones and into an acute system which provides exceptional care for so many people, but just doesn't suit everyone's needs.

That's why we need to change. Great colleagues up and down the region have been working innovatively for years on prevention and on ways of caring for patients nearer to where they live . But to have real impact this shift needs to go deeper and wider. 2024/5 will be the year when rigorous management will allow us to make the precise, efficient investment in the parts of the system – such as primary care – where a focus on real people's needs, closer to home, will really make a difference.

Let's make space for kindness, for caring where it matters.

SYSTEM OPERATING PLAN 2024/25

Cornwall and Isles of Scilly Integrated Care System

This is the operating plan for the Cornwall and Isles of Scilly healthcare system for 2024/25. It takes its objectives from our five-year Joint Forward Plan and 2024/25 national planning guidance. It sets out the performance we expect to achieve and level of activity required from healthcare services. The plan sets out changes our system will make towards delivering the triple aim of better care for individuals, better health for our population, and sustainable use of NHS resources.

INTRODUCTION

Cornwall and Isles of Scilly Integrated Care System

We want Cornwall and the Isles of Scilly to be great places to be born, live, thrive, and age well with connected, healthy, caring communities for one and all.

Babies, children and young people have the best start in life.

We all live well.

As we get older, we age well, living happy lives in a place we call home.

This is our plan as a system for what we will do in 2024/25. It is a year of continued improvement and accelerating change so that the right care is provided for the right people, at the right time, at the right cost.

We are accelerating changes to how and where we provide care to match the changing health needs of our local population.

During 2024/25 you will see us

- Shifting our system towards creating and maintaining population health and wellbeing.
- Building on the strengths of individuals and communities with personalised, out of hospital care at home and at place, with 24/7 urgent care in the community.
- Working together to focus our resources and efforts on an agreed set of priorities that will have maximum impact.

This system operating plan for 2024/25 blends together:

a) Delivering our five system priorities for transforming care at pace.
b) Delivering all the performance improvements required in 2024/25 by NHS England for operational recovery.
c) Cost improvements required to improve value and deliver a balanced budget for 2024/25.

CIOS Integrated Care System Operating Plan 2024/25

THE CHALLENGES WE ARE TACKLING TOGETHER

Cornwall and Isles of Scilly Integrated Care System

1. The ongoing impact of the pandemic

Surges in demand (physical and mental health), long waiting lists and times, delays in discharge.

2. Changing needs

A growing population: 83,000 more in 20 years

The baby boomer effect: 56% more people aged 75-84 and 87% more people aged 85+ (2019-2038)

An increase in health problems that can be prevented. More people have preventable illnesses and are having more years of ill health, often with multiple illnesses which can combine physical and mental health problems.

Increasing health inequalities: 88,000 people at greater risk of long-term illnesses, part of the 20% most deprived communities in England.

Climate change: We are at risk from more extreme weather events and need to reduce our environmental impact to improve overall health.

3. Challenges in providing care and support

Workforce supply: workforce demographics and labour market supply across health and care.

Finite resources to meet growing demand: we need to keep within our funding allocation and make every £ stretch further to respond to growing demand.

Our geography and settlement pattern: A peninsula and islands with 40% of people living in settlements of under 3,000 and only 5 larger towns with a population between 20,000 and 30,000 affects service provision.

We have to balance helping our children and young people start well with support for a rapidly growing number of older people.

A consequence of all these in combination is that our traditional way of providing care based around the acute hospital is no longer able to meet the needs of our population, as seen in delays in providing both urgent and planned care and ineffective use of our overall resources. Our model of care must change.

Sources: A growing population and the baby boomer effect 2019-2038, Cornwall and Isles of Scilly ISNA/ONS population estimates; Preventable illnesses, Cornwall and Isles of Scilly Population Health Profile 2021-22; Equality and Health inequalities, NHS Right Care, December 2018

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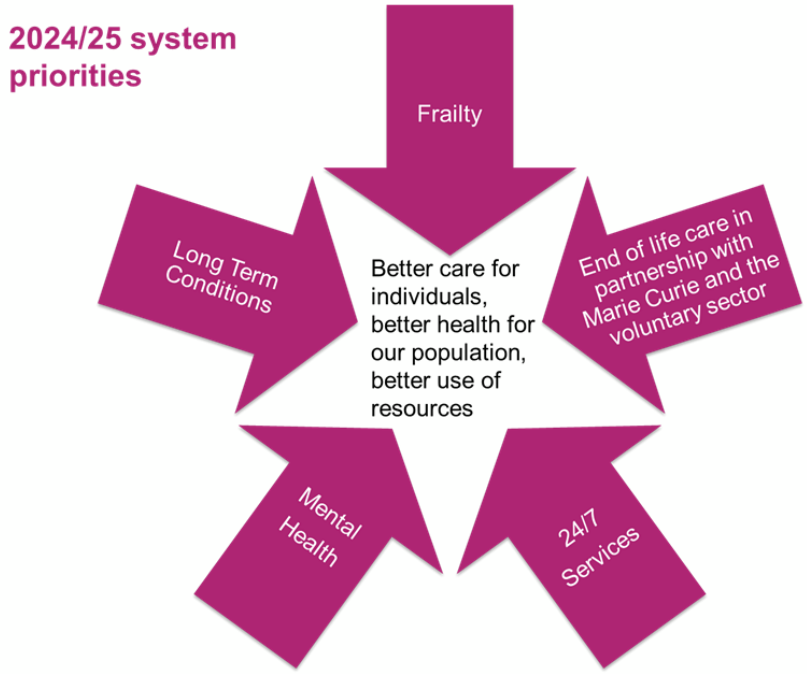
CIOS Integrated Care System Operating Plan 2024/25

SYSTEM PRIORITIES TO TRANSFORM CARE AT PACE

Cornwall and Isles of Scilly Integrated Care System



Responding to the 'baby boomer'* challenge
We have identified two population groups for whom, because of our rapidly expanding older population, we must prioritise changing how we provide care and support:

a) People who are frail;
b) People at end of life.

Frailty becomes more common as a population ages. It is a national challenge that:

- More people living with frailty are attending emergency departments.
- Older people living with frailty are more likely to be delayed in hospital waiting for further care.

> ***"Up to 65% of older patients experience decline in function during hospitalisation. Many could prematurely end up in a care home because of loss of functional abilities in hospital."***
>
> ***- British Geriatrics Society***

*Baby boomers are the generation of people born from 1946 to 1964 during the post World War 2 baby boom.

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SYSTEM PRIORITIES TO TRANSFORM CARE AT PACE

Cornwall and Isles of Scilly Integrated Care System

We have about 11,000 people who are frail, at highest risk of falls, disability, hospital admission, or needing long-term care. We admit about 74% of frail patients who attend the emergency department and they comprise 21% of inpatients.

In Cornwall and the Isles of Scilly of people aged 65 or older:

- 39.7% die in hospital
- 35.5% die in care homes
- 25.5% die at home

At present nearly 21.9% of hospital bed days are in use for people in the last 90 days of life compared to a nationally recognised target of 12.7%.

Given our rapidly ageing population we need to increase the number of people being supported to die in alternatives to hospital that are more comfortable for the person experiencing end of life and accord with their choice.

The provision of urgent care services 24 hours a day every day of the week is essential for people who are frail or at end of life. In considering how best to provide this it became clear that it could benefit everyone needing urgent care if the whole of our urgent care system is more integrated and includes an increased focused on community provision of urgent care when people do not need the facilities of an acute hospital. Enabling the acute hospital to improve its care and reduce waiting times for people with more serious injuries.

the facilities of an acute hospital. Enabling the acute hospital to improve its care and reduce waiting times for people with more serious injuries.

Tackling the preventable diseases that become long-term conditions that people have to live with

In order to reverse the trend of more people of all ages living with major diseases that could be prevented, we must also prioritise people with long-term conditions and how we change from treating physical or mental ill health as it occurs to preventing it, stopping or slowing down the progress of diseases, and reducing their impact.

We are starting with 3 major diseases that are long-term conditions people of all ages have to live with and have a significant impact on their physical health and mental wellbeing:

a) Diabetes
b) Cardiovascular disease
c) Respiratory disease

Reducing increasing health inequalities

Frailty and long-term conditions start earlier and progress more rapidly in socio-economically deprived areas. People of all ages with serious mental health issues or learning disabilities or members of travelling communities are more at risk of experiencing major diseases earlier in life.

We need to adapt how we provide care to reduce these inequalities.

SYSTEM PRIORITIES TO TRANSFORM CARE AT PACE

Cornwall and Isles of Scilly Integrated Care System

Responding to more people with mental health disorders
Mental health disorders are predicted to increase among adults until 2030. Children and adults have increased need or complexity of problems due to the isolation experienced during the COVID pandemic.

Among older adults, depression is the most common, treatable and reversible mental health illness and expected to affect one in five .

We have a high suicide rate.

Making changes suitable for local circumstances and within finite resources.

We will make changes in a way that suits our geography and settlement pattern and ensures care is viable with the workforce available and affordable within a finite budget.

All the changes we make will have:
People at the centre with personalised care.
Prevention in every element of the care we provide.
Place-based delivery whenever possible and integrated to avoid duplication, make the most of our resources, and deliver better results for individuals.

Personalised care means we can be more efficient in how we allocate resources to get the best results by helping individuals achieve what matters to them.

Prevention offers individuals better health and wellbeing and quality of life and for our system a lower cost alternative at each stage of caring for someone, whilst making progress towards net zero care.

Focusing on delivering as much as practical at place reflects our geography and settlement pattern, reducing travelling costs and times for both people using and providing services with a positive environmental impact.

Changes will take place over the 5 years of the Joint Forward Plan with input from front-line practitioners and local people with a significant shift to place-based care closer to local communities in 2024/25 to accelerate the pace of change.

Achieving the priorities
All members of our Integrated Care System will work together on six programmes to change how we provide care. These are described in the next section.

The end results we are aiming to achieve for each priority are set out in the following table.

CIOS Integrated Care System Operating Plan 2024/25

SYSTEM PRIORITIES TO TRANSFORM CARE AT PACE

Cornwall and Isles of Scilly Integrated Care System

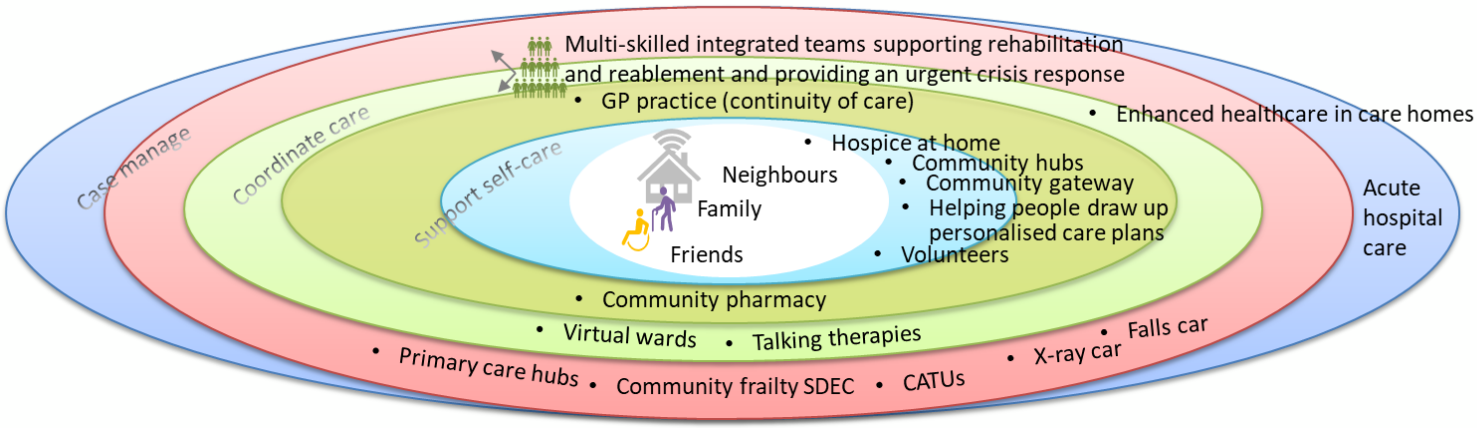
Priority	The outcomes (end results) we aim to achieve for each priority
Frailty	1. Older people who are mildly frail or moderately frail do not lose any further functional ability. 2. Older people who are frail and need urgent (but not emergency) care, experience better results, enabling them to continue to live independently at home. 3. Older people leave hospital as soon as they are clinically fit to do so. 4. Care is provided more cost effectively so that we can deliver care to the increasing number of older people within existing budgets (equivalent to £4.6 million efficiency).
End of life	1. Improved choice for older people at end of life to be able to remain at home, or in a care home if that is their usual place of residence, if they wish, instead of being taken into hospital. 2. Care is provided more cost effectively so that we can deliver care to the increasing number of older people within existing budgets (equivalent to £0.4 million efficiency).
24/7 services	1. People of all ages needing urgent (but not emergency) care will have increased access to local facilities 2. Everyone needing emergency care will experience improved waiting times in emergency departments 3. Improved ambulance handover times, enabling the ambulance service to improve response times.
Mental health	1. Fewer people of all ages with severe mental health problems have to leave Cornwall for treatment. 2. More children and adults receive mental health services to meet their needs. 3. Fewer people commit suicide.
Long term conditions	1. People of all ages who have long term conditions are better able to manage them with fewer complications. 2. Fewer people of all ages with long-term conditions need urgent or acute care. 3. Fewer people of any age experience health inequalities in relation to major diseases. 4. How we provide care is financially sustainable and can be done with the workforce available.

HOW ALL OUR CHANGE PROGRAMMES AND EXISTING SERVICES WILL CONTRIBUTE TO ACHIEVING THE OUTCOMES FOR PEOPLE WHO ARE FRAIL

Cornwall and Isles of Scilly Integrated Care System

All our change programmes will contribute and how we optimise care for people who are frail will be part of all services

Care and support wrapped around people who are frail



Our 24/7 integrated urgent care change programme will provide the community infrastructure for people of all ages to be assessed and treated quickly in the community to return them home. Primary care hubs will improve on the day support and enable general practice to increase continuity of care for those who need it. Our discharge to assess programme will prevent avoidable delays in discharge. Proactive care to prevent the progression of long term conditions will help reduce the risk of people who are frail deteriorating further. Our mental health programme will improve access to talking therapies for older people for anxiety and depression. Our end of life change programme will offer a better experience for older people who are frail reaching end of life.

We also have existing services that will contribute such as community wellbeing workers, community hubs and the community gateway, and our place-based multi-skilled teams will be integral to ensuring people follow the best pathway of care for their needs.

SYSTEM CHANGE PROGRAMMES FOR 2024/25

Cornwall and Isles of Scilly Integrated Care System

These are the change programmes identified for 2024/25, on which we will focus resources, and where they contribute to the plan.

	Where they will contribute to our 2024/25 system operating plan			
Change programmes for 2024/25	**Agreed System priorities**	**Performance and quality improvements**	**Sustainable costs**	**Challenges being tackled**
1. 24/7 integrated urgent care including enhanced community provision (e.g. community Same Day Urgent Care and Community Assessment and Treatment Units)	✓(24/7 services and frailty)	✓ (A&E waiting times)	✓	
2. Primary care hubs	✓(Frailty)	✓(Primary care access)		
3. Discharge to assess (reducing length of stay in hospital)	✓(Frailty)	✓(Reduced delays in discharge)	✓	
4. Transforming our approach to major conditions (focusing in 2024/25 on diabetes, cardiovascular and respiratory).	✓(Long term conditions and frailty)	✓(NICE, Core20PLUS targets)	✓	
5. Mental health – increasing access to services and maximising the value of investment to improve equity with physical health	✓(Mental health and frailty)	✓(Access to mental health services and suicide rate)		
6. Providing 24/7 end of life care	✓(End of life and frailty)	✓(Reduced hospital admissions, more choice)	✓	

These build on schemes tested last winter to enable more people to be cared for either at home or in community settings, making a significant difference to the care people receive and shifting our focus to out of hospital care and support.

CIOS Integrated Care System Operating Plan 2024/25

CHANGE PROGRAMME 1: 24/7 INTEGRATED URGENT CARE

Cornwall and Isles of Scilly Integrated Care System

1 TO 4 Keeping older people who are frail or anyone of any age with aggravations of long-term conditions out of emergency departments, avoiding hospital admissions and achieving better outcomes for them.

5 TO 6 Better experience and outcomes for people of all ages who do need acute care.

This has 6 elements:

1 Immediate advice, guidance/triage and virtual support

24/7 virtual function. NHS 111, ITK, call before convey, video consults, signposting and risk holding, direct referral to onward services e.g. virtual ward, clinical assessment service, GP out of hours function, care home support team who in turn all provide advice and guidance. Has at its heart, senior decision makers.

2 First in person response at home

Rapid response vehicles (falls, x-ray and right care cars), urgent community response (DN), virtual wards, acute GPs, care home support team, acute care at home, out of hours care.

3 Urgent face to face response close to home

Primary care hubs (managing urgent on the day demand), minor injury units, diagnostics, urgent treatment centres.

4 Urgent care frailty in the community

Blending secondary/primary care, community assessment and treatment units, same day urgent care, low acuity frailty units, new frailty models at Bodmin and West Cornwall hospitals.

5 Urgent care in an acute hospital

Same day emergency care (for people with acute needs), acute medical unit, surgical assessment units, paediatric assessment unit, same and next day in patient/specialist units directly accessible.

6 Emergency care in an acute hospital

It will improve performance and people's experience:

- Enabling emergency departments to see more people within four hours.
- Freeing up more acute hospital beds for planned care, helping to reduce those waiting times.
- Avoiding the risk of causing individuals to become frailer as a result of a stay in hospital bed.
- Shifting care from being centred around the acute hospital to being delivered locally.

An early assessment indicates it is likely to deliver better care at a lower cost.

CHANGE PROGRAMME 2: PRIMARY CARE HUBS

GP practices worked together over winter to set up local hubs to provide additional same day appointments for people with minor illnesses, these will be continued in 2025/26.

It will enable GP practices to spend more time with individuals most at risk to prevent hospital admissions.

CHANGE PROGRAMME 3: DISCHARGE TO ASSESS

Cornwall and Isles of Scilly Integrated Care System

Improving how we support older people to leave hospital as soon as it is appropriate, continuing their care and assessment out of hospital. This will include:

a) Our hospitals improving their processes for getting people ready to leave.
b) Providers of home care collaborating on a Home Together Programme, which will be an integrated home reablement service providing multi-disciplinary, personalised community services.
c) Community hospital support for people with delirium and improving flow through community hospitals.

Meet the Reablement@Home who join ward visits to assess on ongoing needs for those leaving hospital.

Cornwall and Isles of Scilly Integrated Care System

CHANGE PROGRAMME 4: TRANSFORMING CARE FOR MAJOR LONG-TERM CONDITIONS.

In 2024/25 focusing on three conditions, which have a major impact on population health and on the use of healthcare:

- Diabetes
- Cardiovascular disease
- Respiratory disease

Other major conditions will follow in future years.

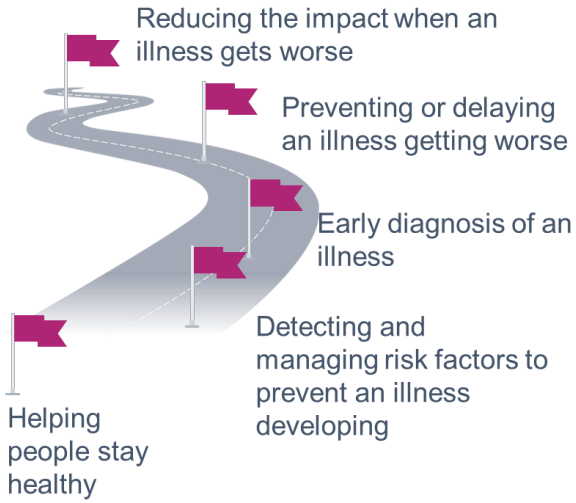
We are setting up Clinical Reference Groups to undertake the practical redesign of care.

They will review current activity and redesign care to be personalised, focused on prevention, and, when feasible, delivered locally.

It will include:

- Redesigning care for people at all stages of life, giving the best start in life; improving how we support people of working age to successfully manage conditions; preventing further complications as people age.
- Preventing inequity in access, experience, or outcomes.
- Bringing together physical and mental health support to provide care for the whole person.

Focus on prevention in what we do



CHANGE PROGRAMME 5: MENTAL HEALTH

We continue to implement the Mental Health Investment Standard to increase investment in mental health services.

This programme will ensure:

- More people receive a service to meet their needs.
- Fewer people have to leave Cornwall for care.

It will link with the long-term conditions change programme to reduce early deaths from physical causes for people with severe mental illness.

People in mind
Mental health support from Cornwall's community sector

Cornwall and Isles of Scilly Integrated Care System

CHANGE PROGRAMME 6:
PROVIDING END OF LIFE CARE 24 HOURS A DAY, SEVEN DAYS A WEEK

We plan to increase the number of people being supported to die in alternatives to hospital that are more comfortable for the person experiencing end of life and accord with their choice.

We set out our intention in our Joint Forward Plan to provide personalised care at end of life and during 2023/24 have tested ways of further developing care at home. It will include:

- Plans for end of life care developed with people themselves recording their wishes, with protocols for service providers to follow.
- People staying at home in 'virtual wards' with remote clinical oversight and overnight hospice support.
- Building on the end of life urgent care pilot with St Luke's hospice in East Cornwall to provide an urgent service to respond to people who need help at home.
- Support to care homes with use of virtual wards and the urgent response service from hospices.
- Access to palliative care consultants 24/7 for advice and guidance and a review of processes in place to enable patients and their families to access them.
- Reviewing demand and capacity for hospice beds.
- Developing the skills of staff and carers involved with people needing palliative and end of life care.

Pilot service takes expert St Luke's hospice care to Cornish doorsteps

CONTINUED IMPROVEMENTS IN PERFORMANCE

Cornwall and Isles of Scilly Integrated Care System

We are continuing to drive forward operational recovery. This requires improved performance of core services against targets set by NHS England. The objectives for this are set out in our Joint Forward Plan and this plan has the detail on improving performance for 2024/25.

Joint Forward Plan objective: further improve access to primary care services

For 2024/25 our plan is:

- By March 2025 95% of anyone who needs a non-urgent appointment with their GP practice is seen within 2 weeks.
- We have increased the number of adults and children seen by a NHS dentist to 303,753 adults and 72,788 children in the last quarter of 2024/25.

To achieve this we are continuing to implement the national Primary Care Access Recovery Plan and GP practices are participating in the national General Practice Improvement Programme.

We will be working with local dentists to implement the new reforms to increase access to dentistry in accordance with the newly published NHS England » Our plan to recover and reform NHS dentistry with the aim of returning to pre-pandemic levels of activity.

Joint Forward Plan objective: reduce delays in urgent care

For 2024/25 our plan is:

- By March 2025 60.5% of people with type 1 injuries are seen within 4 hours at emergency departments.
- The percentage of people seen within four hours for minor injuries remains consistently at just over 95% throughout the year.

Both the integrated 24/7 urgent care change programme and the discharge to assess programme will contribute to achieving this plus anticipatory care services provided by the voluntary and community and social enterprise sector.

Joint Forward Plan objective: reduce waiting lists and waiting times in planned care

For 2024/25 our plan is:

- Reduce the overall waiting list size to 55,323 by March 2025.
- No one waiting for more than 65 weeks by September 2024.
- Further improve the percentage of people seen within 62 days for cancer to 80% by March 2025.
- Further improve the percentage of people receiving a diagnosis for cancer within 28 days to 80% by March 2025.

CONTINUED IMPROVEMENTS IN PERFORMANCE

Cornwall and Isles of Scilly Integrated Care System

Reducing the time children under 18 years of age are waiting is a priority within all the improvements we are making.

To achieve improved performance we are:

- Offering people the choice during 2024/25 of transferring to other providers to reduce the waiting list to a level that can be supported locally.
- Increasing local capacity by opening a new planned care surgical hub in St Austell with two theatres for high volume and low complexity operations to increase the pace at which the waiting lists for our population can be reduced and freeing up theatre space on the acute hospital sites for more complex cases.
- Reviewing the musculoskeletal pathway.
- Avoiding unnecessary follow-up appointments with more people offered the opportunity to initiate follow-ups themselves rather than be called in for a face to face appointment that was not needed.
- Increasing advice and guidance available to GPs before they refer people to acute care.

We are also reviewing two further pathways:

a) For people with acute weight problems, the weight management and bariatric services pathway;

b) For people on the neuro-rehabilitation pathway following recent successful pilots of group clinics delivered in collaboration by NHS, council, and voluntary sector staff

Joint Forward Plan objective: improve access to mental health services

For 2024/25 our plan is:

4,100 adults (12 month rolling average) with severe mental illness accessing transformed community mental health services each month.

584 people (12 month rolling average for each month) accessing specialist community perinatal mental health services each month.

8,500 (12 month rolling average for each month) children and young people supported through NHS funded services).

In response to increasing demand and recognising the need to integrate mental health support into care for people who are frail or approaching end of life or trying to manage long-term conditions, we are exploring a range of options to enable more people to access talking therapies.

We are working to reduce inappropriate adult acute mental health out of area placements and create capacity locally by a combination of providing alternatives to admission that support individuals to remain at home and providing community solutions that help reduce length of stay in acute care. We are collaborating with voluntary, community and social enterprise sector partners to find solutions and looking at how personal health budgets could be further utilised.

IMPROVING VALUE AND STAYING WITHIN BUDGET

Cornwall and Isles of Scilly Integrated Care System

We are working together as a system to drive improvement in costs so that we are able to maintain a balanced budget and free up monies to support delivery of our new model of care. We established system-wide oversight of financial recovery during 2023/24 for a shared commitment to a financially sustainable future.

Our ambitious cost improvement programme aims to reduce costs overall by £79 million to bring costs in line with the funding allocated to us by NHS England and includes a combination of:

Cost reduction initiatives	(£000s)
Reducing temporary staffing costs	£26,175
Remodelling services	£25,207
Contracting efficiencies	£7,765
Costs of medicines and consumables	£5,070
Estates and IT	£1,344
Corporate services	£3,734
Technical adjustments	£10,095
Total cost reduction	£79,390

There is a joint commitment to a 5.5% efficiency improvement based on evidenced opportunities for change.

Remodelling services is comprised of delivery of our five priorities and removing avoidable costs from some of our existing services, particularly as we are able to move away from the costs associated with having escalated spaces within our acute hospitals. Delivery of our five priorities also helps to reduce temporary staffing costs involved in creating additional capacity in our acute hospital.

IN CONCLUSION

Cornwall and Isles of Scilly Integrated Care System

Our system change programmes will deliver our new model of care, identifying opportunities to make the care we offer more personalised, preventing diseases, stopping or delaying their progression, and delivering care and support at home or as close to home as possible in a way that is more cost-effective.

Enabling them are:

- Our capital programme for 2024/25 (community diagnostic centres, the new elective surgical hub at St Austell, and digital improvements)
- Our workforce plan for 2024/25.

2024/5 is an exciting year for us, as we make a step change towards our new out of hospital model of care. We will see more people receiving care in their homes or local communities, and waiting times for those who need acute care (on an emergency or planned basis) starting to improve.

Whilst we are making these changes to better care for those who need our services, we are also looking at how we tackle those preventable diseases that impact on healthy life expectancy and use of health care resources.

We know that we will face challenges as we take this work forward, but working together as a health and care system, we believe we can deliver on the commitments we have set out here and deliver improved outcomes and experience for our local population.

The change programmes for 2024/25 are collectively the first stage of reshaping our whole system. The Integrated Care Board is making a fundamental shift in how it operates, having redesigned the way in which its streamlined workforce is organised to deliver as a strategic commissioner, working with local authority colleagues, to act as a convenor and facilitator of whole-system change.

We are proud of the plans we have set out, building on the schemes we tested in 2024/25, and we look forward to sharing our progress.

REFERENCES

Cornwall and Isles of Scilly Integrated Care System

NHS Rightcare: Frailty toolkit (2019)

British Geriatrics Society: Deconditions awareness (2017)

Cornwall and Isles of Scilly adult mental health strategy 'Futures in Mind' (2020-2025)

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
25 July 2024	13 June 2024

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

Board Assurance Framework (BAF) updates or escalation

The Committee received the report which informed it of the current position regarding those Board Assurance Framework (BAF) Risks, which the Committee is responsible for overseeing the management of. Work is ongoing to ensure that the next version of the BAF aligns with the 2024/25 Annual Plan.

Risk register review updates/escalation

None

Integrated Quality, Performance and Finance Report (IQPR)

The Committee received the IQPR and sought assurance regarding the percentages of cancer cases in absolute terms and the implications of these for diagnostic planning. Assurance was provided that the 28-day diagnosis percentage represents the proportion of patients referred within a two-week period and is calculated based on the total number of patients. Further efforts are being made in collaboration with the cancer team and the cancer alliance to focus

particularly on early intervention and diagnosing a greater number of cancers at stages one and two.

Concerns were raised by Committee members regarding the availability of data in relation to Children and Young People (CYP). The electronic systems of Children and Family Health Devon (CFHD) have been transferred to system one, leading to a temporary pause in the provision of data. However, assurance was provided that the systems will be operational by the end of June. Committee members asked for further assurance that the level of risk associated with the gap in data provision was fully understood. In light of this it was proposed that this should be incorporated on the Corporate Risk Register

Assurance was sought by the Committee in relation to the workforce metrics for community and primary care services. A more comprehensive analysis on safer staffing is planned. Efforts are also being made to establish the People and Organisational Development Committee promptly to address these issues.

Regarding Infection Prevention Control, Committee members noted that the Devon response to measles had been effective but there is a growing concern around the increase in cases of whooping cough.

Reports received, discussed, and noted

Devon Local Maternity and Neonatal System: Care Quality Commission Inspection of Maternity Services

All Maternity Services at the three acute trusts in Devon were inspected by the Care Quality Commission (CQC) between September and November 2023. The inspection, using the Key Lines of Enquiry, focused on the two domains of Safe and Well Led. All three trusts receive a rating of “Requires Improvement” for these services.

Concerns highlighted in the CQC inspection have also been recognised locally, providing reassurance that there are effective monitoring measures in place through routine enquiries, discussions with safety and governance, the Local Maternity and Neonatal System (LMNS) Board and the senior leadership teams.

The Committee received assurance in respect of key areas of the recovery plan for maternity services, including time scales, risks and responsibilities and the commitments to delivering the plan. The regulatory model in place is complex and creating some confusion within organisations, so the key to success is developing some level of simplification in the model and having the right governance, culture and processes in place.

Committee members sought assurance in respect of the involvement of the public, particularly in relation to the involvement of women. The Maternity Voices Partnerships has been commissioned by NHS Devon for some time. Whilst there have been some challenges in this relationship, partnerships have been strengthened under new hosting arrangements. There has also been an increase

in funding to support these efforts, with the goal of meeting all regulatory targets related to Maternity Voices Partnership contributions in the new contract.

Planned Care (adult) update
The Committee noted the report and asked for further assurance in respect of the management of the quality impacts experienced by long waiters, noting that this is also a health inequalities issue.

Equality Quality Impact Assessments (EQIAs)
The Committee noted that the NHS England's quality functions July 2023 publication, which was updated April of this year, does not reference EQIAs as part of the Quality Accountability Framework, but the winter quality planning letter which came in November 2023 from the regional Chief Nursing Officer (CNO) and Chief Medical Officer (CMO) highlights the importance of conducting EQIAs.

Some delivery plans for CIP programmes have not yet been fully formed; therefore no EQIAs have been completed in respect of these. A member of the nursing quality team will be attending all delivery programme meetings with Programme Management Office (PMO) support to ensure EQIAs are completed appropriately. It is anticipated that there will be a One Devon approach in place that is fully robust for 2025/25 planning activities.

Assurance was received in respect of providers having robust processes and governance in place to deliver appropriate quality analyses. The Head of Quality attends provider quality committees to obtain assurances through those processes. Additionally, a self-assessment has been carried out, serving as a baseline for completed work and this is due to be repeated at the end of the month.

Patient Experience Annual Report
The Committee noted the report and sought assurance in respect of the demographic profile of the individuals who were making complaints. However, while certain demographic information like age and sex can be gathered, more in-depth data requires significant resources to process through the datix system used to record complaints. There are plans, however, to improve the gathering and analysis of information in the space following the implementation of Phase 2 of the Organisational Change Programme.

The Patient Experience Team continues to experience a significant resources challenge.

The Committee is concerned about the potential impact on the Patient Experience Team of the delegation of specialised commissioning responsibilities, in light of the challenge faced following the delegation of commissioning responsibilities for pharmacy, optometry and dentistry services.

Healthwatch Monthly Insight Report
The Committee received the monthly update.

In relation to the handling of complaints, a report was submitted to University Hospitals Plymouth NHS Trust (UHP) following engagement with 22 patients who had gone through the complaint system. This report has been submitted to UHP for an official response, and feedback has been received confirming that it aligned with their own analysis of the issues faced by individuals. The report will be used to inform a refresh UHP complaint processes.

A report has also been completed on the experiences of unpaid caregivers in Devon, Plymouth, and Torbay, which was submitted to the carers leads for presentation in July. It is hoped that the report will contribute to the development of a new dementia strategy. Ongoing discussions with the chair of the steering group for the dementia strategy are underway, with a focus on informing carers strategies in each locality.

A deep dive of people's experiences in accessing primary care services is also currently underway. Early findings reveal themes such as lengthy wait times for appointments, issues with booking and online systems, and limited appointment availability. While many individuals report positive experiences with the system, there are still some facing barriers to communication, particularly with services translation, interpreter services for appointments, and feeling their concerns are not being taken seriously.

Transformation programme for Continuing Healthcare (CHC) and Funded Nursing Care (FNC)
The Committee noted that, whilst CHC and FNC expenses are significant, they ensure the provision of essential services to the most vulnerable individuals.

The Committee was assured that a transformation programme of CHC and FNC would be launched as “Phase 2.2" of the NHS Devon Organisational Change Programme. In the meantime, there has been some success in gaining permission to fill important positions in this team, which will help strengthen the service.

DPT CQC Licence conditions – update
The Committee was assured that efforts were being made to closely monitor the actions of Devon Partnership NHS Trust (DPT) to respond to the issues raised by the CQC. There is a high degree of confidence that the issues will be resolved swiftly.

UHP Internal Risk Summit and Improvement Plan - update
The Committee noted the report.

Quality and Patient Experience Terms of Reference
The Committee noted that the updated Terms of Reference (ToR) had been approved at the last meeting of the Board.

Committee decisions

None

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the Board

- Data regarding the missing data on Children and Young People as well as Primary Care
- A letter to be written to providers regarding EQIA elements.

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 – Quality and Patient Experience Committee

Date of meeting	Date of committee covered in this report
25 July 2024	11 July 2024

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

Board Assurance Framework (BAF) updates or escalation
The Committee received the report which informed it of the current position regarding those Board Assurance Framework (BAF) Risks, which the Committee is responsible for overseeing the management of. Work is ongoing to ensure that the next version of the BAF aligns with the 2024/25 Annual Plan. The BAF risk allocated to the Committee had initially focused on the quality aspects of the risk relating to Quality of Care, Access and Outcomes. However, it now addresses the operational aspect of the risk. The risk and mitigating actions will be presented to both the Quality and Patient Experience Committee and the Finance and Performance Committee to ensure oversight of all of those aspects.

Risk register review updates/escalation
None

Integrated Quality, Performance and Finance Report (IQPR)

The Committee received the IQPR and sought assurance regarding the impact of recent industrial action on the system and its potential effects on long wait times and activities. Work is ongoing with providers to better understand and minimise the potential impact of the industrial action on long wait times.

The Committee was informed that there had been ongoing conversations with the quality team and other teams regarding the improvement of the IQPR ensuring its user friendly presentation for clear communication of issue escalation and performance areas at Board.

Committee members sought assurance regarding the percentages and total numbers of cancer cases and the implications of diagnostic delays. Gaining a more comprehensive understanding would be beneficial if feasible, although at times limitations exist in the manner in which the data is obtained from various sources.

The Committee raised questions regarding Same Day Emergency Care (SDEC). SDEC is key, particularly in the urgent care environment. Work is ongoing to standardise the provision of this.

Committee members sought assurance regarding the data provided by Children and Family Health Devon. This is being actively managed through contractual routes and confirmation of whether planned timeframes for the provision of this data are being met will be provided in the next month's IQPR.

In relation to the recent water contamination incident, it was confirmed that Public Health colleagues in Torbay had managed the complex issue effectively. The boil notice had been lifted in the last remaining postcode areas earlier in the week, and there had been minimal significant health impacts. Three individuals were unfortunately hospitalised, but they had since fully recovered.

Reports received, discussed, and noted

Quality Report

Progress has been made regarding the implementation of the Patient Safety Incident Response Framework (PSIRF) and Learning from Patient Safety Events (LFPSE).

The triangulation of the data and the interrogation of the anomalies at patient level with providers was noted.

Regarding safeguarding there has been an increase in notifications of Serious Incidents related to neglect issues across children of all age groups and work is ongoing to conduct thematic reviews.

Committee members sought assurance on the progress of addressing the issues of right care right person and the involvement of the police.

Committee members raised concern regarding the Continuing Health Care (CHC) conversion rate and the resulting strain on families and the staff, given 87% of cases do not yield results. The standards for qualification are set at a very low level and are determined on a national level within legal limits.

Transfers of Care
Committee members raised concerns regarding the measures and mitigations put in place in relation to Transfers of Care; it was not possible to be assured by the report in relation to the size of the problem and outcomes being experienced by individuals as a result of it. Committee members supported the proposed move to a locality-based approach, but asked for more information about how NHS Devon could be assured that appropriate action was being taken.

Devon Local Maternity and Neonatal System
Committee members sought assurance in respect of the profiling still births. Information about these and the improvement actions being taken to address them will be brought back to Committee as a thematic analysis.

Concern was raised about the percentages reported in relation to University Hospitals Plymouth NHS Trust. There seemed to have been a substantial and positive change in the position since the reported figures, but that this needed to be confirmed.

Review of Orthopaedic Pathway report
Committee members raised concerns regarding the inclusion of patient perspectives in the review. It was proposed that this should be formally included in the Terms of Reference of the review.

Patient Safety Annual Report
Committee members asked for assurance in respect of the timing of the actions identified within the report. Progress is being made, with a focus on enhancing the Quality Management System. A Patient Safety Incident Response Framework (PSIRF) policy has been drafted for NHS Devon, and the next step is to work on the governance structures and share the resulting insights with internal colleagues, particularly those involved in mortality, maternity, and safeguarding. The policy is expected to be finalised in July.

Committee members expressed concern regarding the overall data on fatalities from Serious Incidents. It was observed that the vast majority of these deaths were attributed to suicide. An assessment of previous efforts to address issues using Learning from Patient Safety Events (LfPSE) shows that it has greatly facilitated discussions with providers concerning the incidence of suicide in mental health trusts across the country.

Update regarding CQC Regulatory notices in Devon
The Committee noted an oral update on regulatory action being taken by the Care Quality Committee in respect of NHS providers in Devon.

Update on Quality Management System Development and Quality Directorate Annual Plan
The Committee noted an on developments progressed by the Nursing & Quality Directorate. Work is ongoing to refresh the Quality Management System and a draft report will be brought back to Committee in the autumn.

Committee decisions

The Committee decided to move to bi-monthly meetings to enable an increased focus on the development of the System Quality Group.

Escalation to the Board – for information

- Concern about the national conversion rate profile related to CHC.
- Resource constraints within the Nursing and Quality team

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
25 July 2024	13 June 2024

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

BAF updates or escalation

The Committee received 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 May 2024. These risks are being discussed with risk leads to ensure that they align with the proposed 2024/25 Annual Plan.

Risk register review updates/escalation

None

Integrated Quality & Performance Report

The Committee noted the work being undertaken across the health and social care system on the development of the 2024/25 Annual Plan, encompassing all of NHS Devon's responsibilities including and beyond the NOF4 exit criteria, which includes the Joint Forward Plan, Operating Plan, and statutory duties. The redesign of the IQPR in light of this work development was also noted.

Issues discussed highlighted by the IQPR included the underperformance against the target for primary care same day appointments. The primary care team is working to address the issue.

The committee remains concerned about waiting times in services for Children and Young People. Children and Family Health Devon is currently not submitting any data to NHS Devon. Furthermore, there is also concern about the accuracy of the data previously submitted. The Committee was informed that these issues are being addressed through contract management activities.

Committee members considered whether additional data is required in respect of suicide reporting and whether it should be included in the IQPR. There is a commitment within the Joint Forward Plan to eliminate suicide in the next five years and it is anticipated that reporting on this objective will be addressed via reporting on the 2024/25 Annual Plan.

Assurance was sought in relation to the implementation of the Electronic Patient Record and the role of NHS Devon in respect of this. It was confirmed that NHS providers have dedicated resources for these programmes. The System Recovery Board receives assurance in respect of progress against programme milestones.

Assurance was received in respect of fulfilling the 28-day cancer target. It was confirmed that, whilst cancer performance is strong there are challenges around diagnostics. The Committee was informed that work is being undertaken to bring forward diagnoses of early-stage cancers.

Reports received, discussed, and noted

Progress towards NOF4 Exit

The Committee received a summary of current progress and the key actions being taken in respect of Strategy and Leadership; Urgent and Emergency Care (UEC); Elective Care; and Finance. In light of the reported position, Committee members noted that it was clear that the target date of Q1 2024/25 for exiting Segment 4 of the NHS Oversight Framework (NOF4) would not be achieved and this had been communicated to NHS England.

The report was written before the confirmation of the updated NOF4 exit criteria for 2024/25 and did not include the usual self-assessment elements. However, NHS Devon achieved a significant improvement on the previous month. The 4-hour trajectory for UEC had been met at both a system and individual provider level for April.

A piece of work had been undertaken around Accident and Emergency Department attendance levels in April, and performance improvement was seen against an increase in attendance levels within the month; there was an 8.8% increase on the corresponding time last year and also a 6.8 % all types attendance increase on winter.

Committee members discussed the fact that industrial action is not accounted for

in Operational Plan projections. However, assurance was provided that measures have been put in place to ensure there is a robust system to monitor and regulate forecasts for the potential impacts of industrial action at both regional and national levels.

Assurance was provided with regard to the Out of Hospital programme of work. Consideration is being given to appropriate clinical models and financial opportunities. Further information is due to be considered by the Committee at its meeting in June.

Committee members noted the encouraging start of 2024/25 in terms of performance but emphasised the importance of ensuring a continued focus on improvement.

Update on 2024/25 Operational Planning submissions:

(i) Operational Plan
(ii) Financial Plan

The Committee noted that the revised Operational Plan, as approved by the NHS Devon Board, had been submitted within the designated timeframe. Key differences between the May Operational Plan and the June Plan were noted in terms of the financial plan and operational performance. The updated Plan is being presented to the Board meeting in public on 25 July 2024. Further information relating to the proposed risk share agreement to address the additional deficit requirement in the updated Operational Plan will be considered at the next meeting of the Committee.

2024/25 CIP Update

The Committee noted that CIP data was derived from unofficially reported data, due to the absence of formal reporting in respect of month two. The most recent position displays an improvement, particularly in relation to unidentified CIP opportunities. Plans that are fully developed have increased from 15% to 35%, indicating positive movement overall.

Committee members considered the level of risk associated with CIPs across the Devon system noting a significant amount of risk across the totality of the CIPs. However, it is evident that meetings were taking place with relevant Senior Responsible Officers (SROs) to ensure that milestones were being met appropriately, where identified.

Assurance was received in respect of the triangulation of workforce data with finance data, which was not clear in the previous financial year. Work is being done to align workforce and finance data to allow better reporting in 2024/25.

Committee members also discussed workforce numbers and controls, asking for assurance that appropriate actions are being taken to ensure that workforce numbers, skills and bandings are aligned to plan requirements.

Cancer Services Deep Dive

The Committee noted the report.

Finance and Performance Committee Terms of Reference
The Committee noted that updated Terms of Reference (ToR) had been approved at the last meeting of the Board.

Committee decisions

None

Escalation to the Board – for information

- The progress against the NOF4 exit criteria and that the Committee had taken some assurance from month one Elective Care and UEC numbers.
- The immediate impact on forecast around industrial action.
- CIP performance was being kept under close review.
- The importance of triangulation of the profiling across financial workforce and activity metrics.

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

Chair's Report - Primary Care Commissioning Transitional Committee

Date of meeting	Dates of committee covered in this report
25 July 2024	20 June 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 discussed the risk register and noted that several actions are to be taken in relation to the possible risks around estates, spirometry, general practice sustainability and possible general practice industrial action. It was noted that the new risk management system is easier to read and understand and better describes the risks.

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 May 2024, with it being noted that there was additional recurrent delegated primary care budget due to the fair share allocation from government for Devon General Practice.

The Devon Investment Group had approved the requested Pharmacy Optometry and Dental investment areas for when there was capacity to do this work.

The **Quality Report** highlighted the concern that there was no Primary Care quality and performance capacity in the proposed new NHS Devon organisation structure. There were also updates on work being done and recommended at two Plymouth general practices.

Reports received, discussed, and noted

The **Deputy Director's Report** highlighted the establishment of a process for general practice incorporation which is a new area for NHS Devon. Members requested that the issue of continuity of care measures be pursued, whilst recognising the huge pressure staff are under during the transition caused by cuts to NHS Devon's running costs.

The meeting reviewed the progress made on workstreams in **Strategic Metrics** and heard that this is an updated series of metrics and as we move into a new year there will be new actions and targets.

The **NHSE Optometry, Dental & Pharmacy Monthly Report** from the regional Hub team was noted. Concern was expressed about the lack of primary care data for dental; as the waiting-list information was from almost two years ago. The need for a baseline against which improvements can be measured was regarded as important.

The **Contracting and Resilience Report** highlighted work being undertaken with a Western Devon practice regarding agreement between partners over a contract change. There was an update on the transition with the new provider at Mayflower Medical Group.

An update was received on the work of the **Devon Collaborative Board** where more progress had been made towards the setting up the formal GP Provider Collaborative Board, as a draft Memorandum of Understanding (MoU) was now out for discussion in the localities and should be ready for approval by the end of June. It was also noted that further detailed work was taking place on an operating framework and that Plymouth colleagues were leading on the development of a primary urgent care model.

The **Community Pharmacy workstream** highlighted the new training facility in Plymouth and the new rotational way education. Promoting the Pharmacy First scheme and improving IT challenges were being worked on to support resilience. There was an increase in numbers of pharmacists in the system with the need to recognise cross-sector dependence and drive collaboration with general practice moving forward.

An update on the **Dentistry workstream** was received with it being noted that five key priority areas had been reviewed for 2024/25. Significantly underperforming practices had been identified so that suitable support could be provided and there

would also be a focus on commissioning additional stabilisation services and a service for vulnerable children.

Committee decisions

After due consideration of a recommendation from Primary Care Senior Leadership Team, the Committee **approved** the permanent closure application of a branch site.

The Committee **supported** the four requests within the Primary Care Estates Focus Presentation and highlighted that the small amount of capital received this year should not be assumed to be a sufficient amount for future years.

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

NHS Devon Integrated Care Board

Committee Chair's Report - Audit and Risk Committee

Date of meeting	Dates of committee covered in this report
25 July 2024	28 May 2024

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

BAF updates or escalation
None

Risk register review updates/escalation
None

Integrated Quality, Performance and Finance Report
None

Reports received, discussed, and noted
Internal Audit Progress Report. The Committee received the Internal Audit progress report noting that five final reports had been issued. The Core Internal Audit plan which drives the Head of Internal Audit Opinion (HIAO) for 2023/24 has now been concluded, with the exception of one report in respect of payroll, which is in draft (with a "Satisfactory" assurance rating) but has not yet been finalised.

2023/24 Head of Internal Audit Opinion
The Committee noted the 2023/24 Head of Internal Opinion. The further assurances from third parties, particularly regarding national systems that NHS Devon does not provide, have now been received and the opinion will be revised accordingly. The Head of Internal Audit Opinion remains an improving 'Limited' opinion.

Internal Audit: Financial Management – additional assurance
The overall assurance rating from this audit was 'Limited'. Whilst the internal NHS Devon savings were managed well, there were discrepancies in the reporting of performance against system level plans. Also, at the time of review, only two thirds of system wide Cost Improvement Programs (CIPS) had a route to cash with recurrent savings on plan. This impacted NHS Devon's ability to meet key NOF4 exit criteria.

Committee members were assured by the additional actions being taken to respond to the issues raised by the audit. However, some concern was raised in respect of the "Limited" rating as a result of inaccurate information given to NHS Devon by providers. Committee members also highlighted that the level of CIPs that had been delivered was higher than had ever been achieved in Devon previously.

Internal Audit: People Plan Implementation Oversight – additional assurance
The overall assurance rating from this audit was 'Limited'. The key risk from an ASW perspective was that if the current lack of progress persisted, it could pose a significant risk to NHS Devon's ability to deliver key commitments. Two key areas of concern were identified - the governance and oversight of the previous delivery model and progress against the people planning work and strategic workforce agenda priorities.

The Committee was assured by the work that had already been undertaken to design a new governance and oversight model aligned to the new delivery model. The implementation of the model will ensure a more agile approach and quicker response to NHS Devon priorities, while also ensuring compliance with the 10 regulatory requirements for the NHS Devon people function and facilitating the delivering of the workforce elements of the operational planning process.

The Committee was assured that the new model will lead to improved audit outcomes in the future but sought additional assurance as to where the responsibility for monitoring and taking action on audit data sat. It was clarified that the Chief People Officer (CPO) group, consisting of CPOs from all NHS provider organisations in the system, is responsible for escalating any off-track programme of work. This group is also connected to senior people representatives from other provider organisations outside of the NHS. In addition, the workforce delivery group has oversight of the programmes linked to finance recovery.

Internal Audit: Primary Care Pharmacy, Optometry and Dental Services – Commissioning Arrangements – additional assurance
The main area of concern highlighted by Internal Audit was non-compliance with the requirement to complete and submit an Annual Self Assessment for delegated pharmacy, optometry and dental (POD) services.

Assurance was sough regarding the implementation of the POD delegation across all seven Integrated Care Boards (ICBs) in the South West Region. While all ICBs utilise the hub, and each ICB has made efforts to allocate local resources to support the delegated commissioning of these services.

Counter Fraud Interim Report
The Committee was informed that an evaluation of the Personal Health Care Budget exercise has revealed significant concerns with the processes; however, the responsible team has demonstrated receptiveness and is fully engaged in productive discussions to develop agreed-upon actions. A report has been issued, and the implementation of the corrective measures will be closely monitored and reported to the Committee at a future data.

Assurance was received in respect of the proactive measures to be taken to address weaknesses concerning supplier invoice processing. A wide range of proactive measures in respect of procurement is being planned as part of a national exercise.

Counter Fraud Deep Dive
The Committee was assured that proactive work will be undertaken to identify irregularities and instigate investigations into the arrangements for the delegation of POD services, with the work being split over the responsibilities retained by NHS England and those delegated to ICBs.

The 13 components of the Counter Fraud Functional standard was considered and NHS Devon is RAG rated green for all but one of the components, with that being rated amber.

Forward plan for future meetings
The Audit and Risk Committee noted its workplan and programme of deep dive reviews.

Committee decisions

None

Escalation to the Board – for information

- Summary of the status of the internal audit work.
- The work on financial reporting.
- Workforce planning.
- Oversight of the POD arrangements

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

NHS Devon Integrated Care Board

Committee Chair's Report - Audit and Risk Committee

Date of meeting	Dates of committee covered in this report
25 July 2024	28 June 2024

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

BAF updates or escalation
None

Risk register review updates/escalation
None

Integrated Quality, Performance and Finance Report
None

Reports received, discussed, and noted
2023/24 Annual Report and Accounts The Committee received the Annual Report noting that minor amendments had been made since the circulation of Committee papers. The requirement to address health inequalities and the NHS England (NHSE) statement on these, which had been issued in November 2023 were discussed. It was reported that feedback on this had been received from NHSE and,

consequently, this was detailed in Appendix 2 of the Annual Report. The Committee was assured by this.

Issues highlighted in the Annual Report included the need for population health inequalities to be further addressed, and it was mentioned that certain indicators would be more narrowly focused in the future. The Head of Internal Audit Opinion continues to be one of Limited Assurance, as previously disclosed to the Committee. However, the Committee was assured by the considerable effort that had been dedicated to reviewing and amending a comprehensive range of governance improvements and internal control arrangements to ensure that they were now more robust in their set up and articulation.

The delivery of the 2024/25 Internal Audit plan was noted and it was confirmed that NHS Devon had received 11 terms of reference for audits scheduled for the next two quarters, 9 of which had already been approved, allowing for the timely commencement of audit work.

The Committee considered the External Auditor's annual report, which will also be published on the NHS Devon website. This report aims to provide a summary of the work conducted across the accounts, including the Annual Report, Value for Money, regularity, and any additional responsibilities. The external audit of the Annual Report and Accounts was well executed in terms of teamwork, responsiveness to inquiries, and interaction with the finance team.

It was observed that 203/24 had seen two weakness in the Value for Money (VFM) audit of NHS Devon, related to governance procedures and financial sustainability. Work carried out in the past year has led to the correction of the governance weakness through the implementation of the Board Assurance Framework (BAF).

Committee members noted that despite the implementation of numerous Cost Improvement Programs (CIPs) there remained a certain lack of control over CIPs and future savings to achieve the ambitious plan for 2024/25. However, in relation to regularity and other areas, no new significant weaknesses or risks were identified. This suggests a strengthening position and, with better control over financial sustainability and the delivery of the criteria required to exit Segment 4 of the NHS Oversight Framework (NOF4), these issues are expected to be addressed in the future.

Committee decisions

None

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the Board

The Audit and Risk Committee **agreed to recommend** 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 2027.

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

NHS Devon

Integrated Care Board Meetings in Public - Action Log						
Action Ref	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**In progress / Completed**
37	03.05.2023	Chief Delivery Officer to review the orthopaedic pathway and barriers to an efficient, cost effective and user-friendly pathway. Review of specialist physiotherapist pathway to be brought back to a future Board Meeting.	Jul-23	Anthony Fitzgerald	10.07.2024 - Report circulated to Board Members. Propose to close 30.05.2024 - The report is now complete and will be circulated to Board Members and QPEC Members. 19.03.2024 - The pathway review has now been completed and the recommendations have informed the pathway as part of the One Devon Elective Pilot approach to be implemented for 2024-25. 15.11.2023 - A review of the hip and knee assessment pathway was undertaken by James Rodger, Consultant Physiotherapist and behalf of the ICB. The report has been considered by the Elective Care Board and the recommendations of this review and agreed action plan will be completed by the end of March 2024. 29.08.2023 The orthopaedic pathway is in the process of being reviewed as part of the One Devon Elective pilot building on the work that was completed last year using the methodology used for the spinal pathway review. The pathway is about to be reviewed and an update will be circlulated to Board members once the review has been completed.	**Completed**
ICB24 008b	30.05.2024	Consideration to be given to whether the successful delivery of the Organisational Development Plan should be included in NHS Devon's organisational objectives	31.07.2024	Steve Moore	17.07.2024 - Incorporated into Annual Plan and Governance Improvement Plan. Propose to close.	**Completed**
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	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.	**In progress**
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	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.	**In progress**
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	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.	**In progress**

Integrated Care Board Meetings in Public - Action Log						
Action Ref	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**In progress / Completed**
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.	26.03.2024	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	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. 14.03.24 - Scheduled for September 2024.	**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	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 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	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.	**In progress**
ICB24 009	30.05.2024	Decision-making structures in respect of commissioning to be clarified.	30.09.2024	Steve Moore / Philippa Harding	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 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	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.	**In progress**