

NHS Devon Integrated Care Board (ICB) Meeting

Aperture House, Pynes Hill, Exeter, EX2 5AZ

26 March 2024

0900 - 1200

Agenda for meeting in public

The quorum for meetings of the Board is:

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

	Introductory Items	Lead	Action	
1	Welcome, introduction and apologies for absence	Sarah Wollaston, Chair	Discussion	09:00
2	Declarations of Interest	Sarah Wollaston, Chair	Noting	
3	Minutes of the meeting held on 7 February 2024	Sarah Wollaston, Chair	Approval	
	Citizen Story	Lead	Action	
4	Primary Care	Andrew Millward, Chief Officer, Communications and Corporate Affairs	Discussion	09:05
	Leadership Reports	Lead	Action	
5	Chair's Report	Sarah Wollaston, Chair	Noting	09:20
6	Chief Executive's Report	Steve Moore, Chief Executive	Noting	09:25
	National Oversight Framework Segment 4	Lead	Action	
7	Progress Towards NOF4 Exit	Bill Shields, Chief Finance Officer Anthony Fitzgerald, Chief Delivery Officer	Assurance	09:35
	For Approval and Endorsement	Lead	Action	
8	5 Year Joint Forward Plan Refresh	Nigel Acheson, Chief Medical Officer	Approval	09:45
9	Primary Care Access Recovery Plan	Nigel Acheson, Chief Medical Officer	Approval	10:00
10	Torbay Section 75 Agreement	Bill Shields, Chief Finance Officer	Approval	10:10
	Governance, Performance and Assurance Reports	Lead	Action	
11	Integrated Quality, Performance and Finance Report	Anthony Fitzgerald, Chief Delivery Officer	Assurance	10:20

12	Board Assurance Framework	Philippa Harding, Company Secretary	Approval	10:35
13	NHS Devon 2023 Staff Survey Results and Action Plan	Andrew Millward, Chief Communications and Corporate Affairs Officer	Assurance	11:05
	Working with Partners	Lead	Action	
14	Cornwall and Isles of Scilly ICB Update	Kate Shields, Chief Executive Officer Cornwall and Isles of Scilly ICB	Information	11:20
15	One Devon Integrated Care Partnership Update	James McInnes, Chair of One Devon Integrated Care Partnership	Assurance	11:25
	Committee Chairs' Reports	Lead	Action	
16	Finance and Performance Committee – 27 February and 14 March 2024	Kevin Orford, Independent Non-Executive Member	Assurance	11:35
17	Quality and Patient Experience Committee – 21 February and 14 March 2024	Thandiwe Hara, Independent Non-Executive Member	Assurance	11:40
18	Primary Care Commissioning Transition Committee – 8 February and 14 March 2024	Judy Hargadon, Independent Non-Executive Member	Assurance	11:45
19	Audit and Risk Committee – 19 February and 13 March 2024	Graham Clarke, Independent Non-Executive Member	Assurance	11:50
	For Information – to be discussed by exception only	Lead	Action	
20	Finance Reports i. NHS Devon Month 10 Report ii. ICS Month 10 Report	Bill Shields, Chief Finance Officer	Noting	
21	Quality Report	Penny Smith, Interim Chief Nursing Officer	Assurance	
	Closing Items	Lead	Action	
22	Action Register	Sarah Wollaston, Chair	Approval	11:55
23	Questions from Members of the Public	Sarah Wollaston, Chair	Discussion	
24	Any Other Business	Sarah Wollaston, Chair	Discussion	
	Close			

NHS Devon Board - Declaration of Interest Report 26 March 2024

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

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Declaration of Interest	Thandiwe Hara	Non-Executive Member	Integrated Care Board, One Devon ICP, Remuneration Committee, Primary Care Transformation Commissioning Committee, People and Culture Assurance Committee, Quality and Patient Experience Committee	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality.	
				Member on the NIHR SW Clinical Research Network Board.	
Declaration of Interest	Philipa Harding	Company Secretary	Finance and Performance Committee, Executive Team, Senior Management Executive, Audit & Risk Committee, Integrated Care Board, Remuneration Committee, Provider Selection Regime Steering group	Founding Director of Harding Advisory Ltd, a professional services company providing corporate governance expertise.	
Declaration of Interest	Judith Hargadon	Non-Executive Member	People and Culture Assurance Committee, Primary Care Transformation Commissioning Committee, Remuneration Committee, Integrated Care Board	Spouse is Chair of Dartington Hall Trust	
				Brother is a GP in Cornwall	
Nil Declaration	Ruth Harrell	Director of Public Health	Integrated Care Board, Remuneration Committee, System Quality Group		
Declaration of Interest	Hisham Khalil	Co-opted Member of the Audit and Risk Committee	People and Culture Assurance Committee, Audit & Risk Committee, Integrated Care Board	Wife is an ophthalmologist at UHP	13/12/2023
				Consultant ENT Surgeon, UHP NHS Trust Derriford Hospital, Plymouth	
				Consultant ENT Surgeon, Nuffield Health Hospital - Limited private practice in Nuffield Health Plymouth	
				Clinical academic in the University of Plymouth	
				Director (dormant limited company)	
				Working with the Devon Training Hub on a project to train GP trainees on an end-of-life care and early diagnosis of cancer	
				Training Programme Director for Foundation Programme UHP NHS Trust	
				Director	
Declaration of Interest	Donna Manson	Chief Executive Officer Devon	Senior Management Executive, Integrated Care Board, Remuneration Committee	CEO Of Devon County Council	
Declaration of Interest	James McInnes	Chair of One Devon Partnership Board (ICP)	One Devon ICP, Integrated Care Board	Manage Europe, Chief Executive – Governance and Leadership consultancy	
				The Safeguarding Community, Managing Partner – safeguarding governance and practice consultancy	
				Schumacher Institute, Fellow – multiple interest in infrastructure resilience consultancy	
Declaration of Interest	Andrew Millward	Chief Communications and	Senior Management Executive, Executive Team, People and Culture Assurance Committee, Audit & Risk Committee, Remuneration Committee, Integrated Care Board, One Devon ICP, Vacancy Control Panel	Chair of Friends of Eggesford All Saints Trust, a registered charity.	
				Fellow of the Centre for Communications Research, Buckinghamshire New University	
				Non-Executive Board member of Delt Shared Services	
Nil Declaration	Steve Moore	Chief Executive Officer	Executive Team, Integrated Care Board, One Devon ICP, Senior Management Executive		
Declaration of Interest	Frank O'Kelly	Partner Member for ICB	Clinical and Professional Cabinet, Primary Care Transformation Commissioning Committee, Remuneration Committee, Integrated Care Board, Quality and Patient Experience Committee	GP Partner at Amicus Health	
				Blundell's School Lead Doctor	
				Member of the National Armed Forces Reference Group	
				CQC Manager for Amicus Health	
				Attends Tiverton High School Welfare Meeting fortnightly	
				Contributor to FASD Forum	
				5 adopted children, 2 with recognised learning difficulties both relieving PIP and with residential or supported living in Devon	
				Wife is a book-keeper for STEER Education	
Declaration of Interest	Kevin Orford	Non-Executive Member	Integrated Care Board, Audit & Risk Committee, Remuneration Committee, Finance and Performance Committee	Wife registered Carer for Adopted Child with Learning Difficulties	
				I attend a monthly online meeting of Primary Care Partner Members, which is organised and Chaired by the NHS Confederation	
				Non Executive Director on the board of Royal Devon and Exeter NHS FT (Ceased 30.06.22)	
				Non Executive Director on the board of Northern Devon Healthcare NHS Trust (Ceased 30.06.22)	
				Director and Majority Shareholder of Kevin Orford & Associates Ltd, which undertakes consultancy contracts	
				Non-Executive Director on the Board of the Intellectual Property office, a government agency in the Department of BEIS.	28/11/2023

NHS Devon Board - Declaration of Interest Report 26 March 2024



Nil Declaration	Kate Shields	Chief Executive Officer, Cornwall and Isles of Scilly ICB	Integrated Care Board		
Declaration of Interest	William Shields	ICB Chief Finance Officer	Executive Team ,Integrated Care Board,Primary Care Transformation Commissioning Committee,Finance and Performance Committee,Senior Management Executive,Devon Investment Group,Provider Selection Regime Steering group	Secondary employment with Welsh Health Board 10-14 days, no conflict of interest anticipated with NHS Devon ICB Director of Shields Health Advisory Limited (Dormant) Member HMFA Digital Council Deputy Chair, HMFA ICB CFO Forum Co Chair, NHSE Integrated Finance Board Writes a blog for HMFA Occasional presentations for HMFA, EY, KPMG, Channel 3 Consulting and Deloitte Anthony Fitzgerald (Chief Delivery Officer) and I have a longstanding friendship which could result in a perceived conflict of interest if I am called upon to make performance management decisions as Anthony's line manager whilst I am acting as Interim Chief Executive Officer.	01/10/2023
Nil Declaration	Penny Smith	Interim Chief Nursing Officer	Devon Investment Group,Integrated Care Board,Executive Team ,Quality and Patient Experience Committee,System Quality Group ,Provider Selection Regime Steering group		
Nil Declaration	Piers Tetley	Interim Chief People Officer	Vacancy Control Panel,Remuneration Committee,Integrated Care Board		

DRAFT Minutes of a meeting of NHS Devon Integrated Care Board held in public at the Boardroom, Aperture House, Pynes Hill, Exeter, EX2 5SP and via Microsoft Teams on Wednesday 7 February 2024 between 09.00am and 12.15pm

<i>Name</i>	<i>Title and organisation</i>
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
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Bill Shields	Interim Chief Executive and Chief Finance Officer, NHS Devon
Penny Smith	Interim Chief Nursing Officer, NHS Devon
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Kirsty Denwood	Interim Deputy Chief Finance Officer, NHS Devon
John Finn	Deputy Chief Operating Officer, NHS Devon
Philippa Harding	Company Secretary, NHS Devon
Cllr James McInnes	Chair, Devon Integrated Care Partnership
Andrew Millward	Chief Communications and Corporate Affairs Officer, NHS Devon
Richard Schofield	Locality Director and Director of Strategic Transformation, NHS England South West
Jon Taylor (Agenda Item 8 only)	Strategy Manager, NHS Devon
Piers Tetley	Interim Chief People Officer, NHS Devon
Sam Wadham Sharpe (Agenda Items 7 and 10 only)	Director of Performance and Assurance, NHS Devon
Apologies for absence	
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Kevin Orford	Non-Executive Member, Finance and Remuneration, NHS Devon
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly

Item	Discussion
1	Welcome, Introductions and Apologies The Chair welcomed everyone to the meeting, in particular Piers Tetley who was attending the Board in his role of Interim Chief People Officer for the first time. It was noted that apologies for absence had been received from Kevin Orford and Kate Shields. Anthony Fitzgerald had also submitted apologies for absence and John Finn was deputising. The meeting was deemed quorate.
2	Declarations of Interest Liz Davenport, Partner Member for NHS Trusts, notified the meeting of an update to her declaration of interest in that she was no longer a Director of Torbay Pharmaceuticals as this organisation was no longer owned by Torbay and Devon NHS Foundation Trust. The Board noted the Register of Interests
3	Minutes of Previous Meeting The minutes of the meeting in public held on 6 December 2023 were approved as a correct record.
4	Citizen Story Andrew Millward, Chief Officer Communications and Corporate Affairs introduced a short film which featured three individuals from black and minority ethnic backgrounds talking about their experiences of living and working in Devon and some of the challenges they had faced, including a lack of diversity in the population and how racial differences could affect medical conditions and diagnoses. The positive progress that had been made in the past few years was also discussed, including increased conversations and education about race, as well as the positive impact of internet communications on medical care in less diverse areas. The following issues were then discussed: • There needed to be a move away from strategising and planning towards implementation. • Following reports on race equality in the Devon system there had been a detailed implementation plan with actions across the whole system in recent years. • The impact of the NHS England “Getting to Equity” programme in raising awareness of unconscious bias within the NHS which was evident from the high number of members of the global majority who were in junior positions and trying to break through the glass ceiling into senior posts. The system needed to be visibly active in the work it undertook in this area and fair workforce processes together with workforce metrics such as disparity ratios would support this visibility. • That, whilst there was a range of initiatives being undertaken to tackle inequalities, these would be more effective if there was a collective approach. • Addressing inequalities was a complex issue, for example SA also raised the poor health outcomes for white working class men. • The grouping of a range of ethnic minorities under one label was problematic, as was the notion of privilege being applied to a particular grouping of individuals. • It was key that leaders across the system needed to support integration by accepting individual accountability and promoting collective accountability. • It was essential that there was a level playing field in terms of education and practice so that international medical and clinical staff were not at any disadvantage. It was by looking after NHS staff that benefits for patients would be realised. • There was an opportunity to reduce inequalities through the design of services being focused upon the people who find accessing them more difficult and this in turn would result in benefits for all.

	The Board noted the presentation. Actions: • The Torbay & South Devon NHS Foundation Trust Charter in respect of racial equality to be circulated to the Board. • A report be brought to a future meeting of the Board which provided 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.
5	Chair's Report The Chair introduced her report which provided a progress update in respect of the petition regarding Seaton Community Hospital which had been received at the Board meeting on 6 December 2023 and the formal report of an urgent decision in respect of the Month 9 Financial Report to NHSE England which was taken by herself and the Interim Chief Executive. The Chair extended her thanks to Bill Shields for undertaking the role of Interim Chief Executive for the past five months and confirmed that the new Chief Executive Officer, Steve Moore, would be commencing in role on 12 February 2024. The Board noted the Chair's Report.
6	Chief Executive's Report The Interim Chief Executive, Bill Shields (BS) thanked the Chair and informed the meeting that it had been a privilege to lead NHS Devon through the winter and such a challenging period. BS then introduced his report which provided an update on system pressures, the NHS Devon organisational re-structure, the new office accommodation at Aperture House and the work of the Executive Committee. The following points were highlighted: • System pressures were still being experienced, particularly in the area of urgent and emergency care despite significant support from regional and national teams. • Progress had been made with the organisational change process with the executive and senior leadership team structures now largely finalised. Work was now underway in respect of the contingency arrangements to ensure that assurance can be provided as to the delivery of business as usual whilst some posts remained unfilled. • An early draft of the NHS Devon Staff Survey results had been received which, once analysed, would be presented to the Board together with the resulting action plan. The results clearly reflected that the survey had been undertaken during a time of great challenge and uncertainty for staff, particularly in light of the organisational change process. Challenge was raised as to whether the pursuit of performance management targets might result in unintended consequences for those areas which were not subject to such scrutiny and whether the national targets were always in the best interest for the Devon system in terms of promoting effectiveness and efficiency. It was confirmed that NHS Devon was always curious in respect of the data it collected and would look beyond the headline target data to identify any negative impacts. In addition, the Chair highlighted that the Board had clearly stated that areas other than those covered by the current performance targets in relation to NHS Oversight Framework Segment 4 (NOF4) exit criteria remained a priority, including services for Children & Young People and those in respect of neurodiversity. The board noted that NOF4 exit would provide more flexibility to deal with other areas of concern for the system including hospice care. BS noted that NOF4 was an assessment of the system's performance which at present was not providing patients with a good experience of urgent and emergency care services and that addressing the harms of this remained a priority.

	The Board noted the Chief Executive's Report.
7	NHS Oversight Framework (NOF) – Progress Towards NOF4 Exit The Director of Performance and Assurance, Sam Wadham-Sharpe (SWS) joined the meeting to introduce a report which set out NHS Devon's oversight and assurance mechanisms for exiting NHS Oversight Framework Segment 4 (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 December 2023 for UEC and November 2023 for Elective Care. The following points were highlighted: • Since the presentation of this report to the Executive Committee and the Finance and Performance Committee, further information has been received from NHS England resulting in amendments to the year end forecast position. • Devon's and the region's improvements in respect of elective care were highlighted. Whilst the Devon system had been the driver for regional improvement, it had been achieved through use of high cost solutions (insourcing and outsourcing) and work was now underway to reduce the system's reliance on those solutions. • The elective improvement had been supported by Professor Briggs and the Getting It Right First Time (GIRFT) team and brought together teams across the system to improve the quality of care provided to patients in terms of access, experience and outcomes. The next suite of specialties adopting the GIRFT methodologies was due to commence shortly. • Whilst exiting NOF4 would not be achieved by the first quarter of 2024-25, this had always been an ambitious target when considering the amount of change required at scale. Re-forecasting work was now underway with the NHS England regional team in terms of a revised timeline and exit criteria. • The System Improvement Director, Allison Williams (AW) was producing a report for the NHSE national team which would set out the progress that had been made by NHS Devon in the last year. In addition to key metrics, this report, which would be shared in due course with the NHS Devon Board, would reference the cultural improvements that had been made in terms of collaboration and joint working as a system. • UEC performance still required significant improvement and the integrity of the plans to achieve the required improvement would need to be robust. Those plans would be presented to a future Board meeting to provide oversight on progress against them. • When considering productivity for 2024-25 a review had been undertaken of the investment made into services up to this point in terms of funding, resourcing and also insourcing and outsourcing to enable application of the GIRFT methodology to understand what had worked well and what had not. Spinal surgery was an example of where this had been done as a large majority of this work had been outsourced to the independent sector. This work had resulted in a plan to repatriate the vast majority low acuity work back into the Devon system with two more surgeons having been recruited. The Board: 1. Noted the current position against the NOF4 exit criteria. 2. Noted the new trajectories for Urgent and Emergency Care, Elective Care and the updated financial position following the H2 review. 3. Noted that the system could currently not provide assurance of meeting the target NOF4 exit date of Q1 2024/25. Action: • The report of the System Improvement Director in respect of progress against NOF4 criteria to be presented to a future meeting of the Board. • The Urgent and Emergency Care Plans to be presented to a future meeting of the Board, having been scrutinised by the Finance and Performance Committee.

8	Clinical and Care Professional Leadership (CCPL) Framework The Chief Medical Officer, Nigel Acheson (NA), introduced the Strategic Manager, Jon Taylor (JT), who introduced a report which sought approval of an interim CCPL Framework to guide short-term system development and provide up-to-date context for NHS Devon's internal re-organisation, in advance of a full update later in 2024. The following points were highlighted: • The benefits of dispersed leadership models were already being seen, particularly across provider collaboratives, and it was important that a broad range of clinical leaders was given the opportunity to develop through initiatives such as this framework. • The support being provided to this change in culture and in practice included a change in the Chairing arrangements for the Clinical and Care Professional Cabinet which now included a Local Authority Allied Health Professional. The Voluntary Care and Social Enterprise (VCSE) sector was also represented on the Cabinet. • Work was underway to explore what a dispersed model would look like across the areas of pharmacy, optometry and dental services. A key issue was how dental and clinical advice would be sourced and regional colleagues were currently advising on this. • Consideration was given to whether this model would create tensions between clinicians and management if the former were driving the change, with it being contended that the best led systems were those where clinical leaders and other leaders worked together well to achieve shared objectives and that feedback from the programme for developing non-clinical managers may be useful. • The clinical workforce was a great resource for the Board to draw upon in support of the delivery of strategic and operational business; a mature Board would bring clinical voices into the room to enrich debate and decision-making. • Time to lead was one of the biggest challenges across the NHS and the way in which that time could be built into the working week of individuals so they could contribute to the leadership agenda would need consideration including of how the system would balance the cost and value associated with that time. Challenge was raised in relation to the fact that the provider collaboratives appeared to have been aligned to professions and the impact that this would have in comparison to a multi-agency approach which reflected the whole care pathway. In response it was highlighted that the aim of the collaboratives had never been upon a single focus and that each of the collaboratives were keen to ensure that a broad range of disciplines were represented. It was acknowledged that research could drive innovation and a query was raised as to whether the system's approach to this should be reviewed. It was emphasised that all of the opportunities available within the system should be drawn upon, as well as those further afield, with it being noted that the Health Innovation Network (South West) was currently considering how all of the available resources could be drawn together. The Board approved the adoption of the interim Clinical and Care Professional Leadership Framework to guide short-term system development and provide up-to-date context for NHS Devon's internal re-organisation in advance of a full update later in 2024.
9	Integrated Quality, Performance and Finance Report (IQPR) The Deputy Chief Operational Officer, John Finn (JF) 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 Integrated Care System (ICS), at both place and system level that issues are being identified and addressed. The following points were highlighted: • Industrial action continued to impact upon the achievement of targets in respect of waits for treatment. • Waits for treatment in respect of Child and Adolescent Mental Health Services (CAMHS), including those for speech and language and autism, were critical for future health outcomes and so a more proactive approach should be adopted to identify new models of care and

	alternative approaches to services, for example by utilising the range of digital offers that were available. • Whilst the 2 week wait data for cancer performance was no longer a stand alone national reporting standard, it remained part of the 28 day standard. • Although the waiting targets for cancer were not applied to services for Children & Young People (C&YP), there was a clear understanding of the current position; however, consideration could be given to additional measurements if this would provide additional insight. • There were significant workforce challenges in delivering C&YP services across the system, together with gaps in terms of capacity against ever increasing demand. A broader system approach to the health and wellbeing of young people and their families needed to be adopted to ensure that early interventions were possible and the pressure on specialist services therefore reduced. A more consistent approach as to how the system engages with the VCSE in this area was also important. • The Quality and Patient Experience Committee was to undertake a deep dive into the current services for C&YP, with the same approach being taken by the Finance and Performance Committee in respect of UEC, as the IQPR had identified these services as resulting in the biggest failing for patients both in terms of the quality of care and the differential performance. The Board noted the current performance position against the Key Performance Indicators measured through the IQPR. Actions: • The waiting list for CAMHS to be shared with the Board. • Quality and Patient Experience Committee to undertake a deep dive with respect to C&YP services and report back to the Board to provide assurance on the work being undertaken in this area. • Finance and Performance Committee to undertake a deep dive with respect to UEC and report back to the Board to provide assurance on the work being undertaken in this area.
10	2024-25 Operational Plan Update SWS re-joined the meeting to introduce the report which provided an overview of NHS Devon's approach to developing its Operational Plan for 2024-25 and also a detailed timeline for the initial high level plan submission as requested by NHS England for the approval and submission of the Plan. The following points were highlighted: • The Plan was being developed in the absence of any national guidance and templates which were not now expected to be published until after the Budget. • There was a One Devon Strategy, the Joint 5 Year Forward Plan and NHS Devon has its strategic objectives. An exercise should be undertaken to understand whether the Operational Plan contributed to the delivery of strategic ambitions and, if not, consider how these could become more aligned. • Getting the strategy right for the system was key to prevent there being roadblocks when operational delivery plans were developed and delivered. The level of the operational and financial challenge in the years ahead would not be met without a clear roadmap for the pattern and delivery of clinical care. When the provider collaboratives were fully established the system would look to them to guide this strategy. It was noted that providers were due to submit their baseline plans on 30 January 2024 and would then have until 21 February 2024 to finalise these. A high level operational plan report submission would be considered by the Finance and Performance Committee at its meeting on 27 February 2024, with this then being presented to the March meeting of the Board in private. It was acknowledged that the Board would be dependent upon the Finance and Performance Committee stress testing the Operational Plan submission as there would be a gap between the expectation and the reality of where the system was starting from which would require significant mitigation and difficult decision-making.

	The Board approved the sign off process for the 2024-25 Operational Plan set out in the report.
11	Committee Chair's Reports – Finance and Performance Committee In the absence of the Chair of the Finance and Performance Committee, the Interim Deputy Chief Finance Officer, Kirsty Denwood (KD) introduced reports which provided the Board with an overview of the issues considered by the Committee at its meetings on 11 and 30 January 2024. The following was highlighted: • A deep dive had been undertaken in respect of workforce growth between 2019-20 and 2023-24 which had provided insight into where things had gone well and not so well in relation to transformation, together with the importance of triangulating workforce, finance and activity. • An update had been received in respect of the former ward accommodation at Seaton Community Hospital to clarify which space had been classed as void. • An initial review of underlying financial position had been undertaken with it having been noted that whilst Cost Improvement Plans had been delivered for 2023-23 this would not be recurrently and there had also been recurrent increases around the costs of drugs and prescribing. This would contribute to a greater than anticipated challenge going into 2024-25 which would impact upon the Operating Plan. Further work was to be undertaken around this, which has been captured in the Operational Plan timeline. • When considering the IQPR the Committee had noted the potential quality impact of long waiting times in Mental Health services and the services provided to Children and Young People and agreed to refer the issue to the Quality and Patient Experience Committee to ensure that the Board could receive assurance in respect of this. The Chair thanked KD for acting up into the role of Interim Deputy Chief Finance Officer whilst BS had taken on the role of Interim Chief Executive. The Board took assurance from the Committee Chair's Reports from the meetings of the Finance and Performance Committee held on 11 and 30 January 2024. Action: The recommendation of the Finance and Performance Committee in respect of the quality impact of long waiting times to be referred to the Quality and Patient Experience Committee.
12	Committee Chair's Report – Audit & Risk Committee 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 10 January 2024. The Committee had considered the Emergency Planning, Resilience and Response (EPRR) Assurance Report and taken assurance that NHS Devon had met 43 of the 47 standards against which it was measured for 2023, with the remaining 4 being considered partially compliant and that work would continue to become fully compliant against all standards. The EPRR report was presented as part of the Committee Chair's Report for the approval of the Board. It was noted that the Committee had escalated the following issues for the consideration of the Board: • The learning from the internal control review commissioned by the Executive Committee would be taken into account during the development of the revised Standards of Business Conduct Policy. • The current indicative Head of Internal Audit Opinion (HIAO) of Limited Assurance, which although would be the same rating as for 2022-23 should be accompanied by a narrative which acknowledged the significant progress that had been made during the year in respect of internal control and process. • The lack of signed contracts in place with NHS providers and that this should be addressed by year end.

	• A query had been raised in relation to the ability of NHS Devon to fulfil its regulatory responsibilities in relation to health inequalities and its subsequent reporting in the Annual Report. BS referred to the indicative HIAO and its links with the issues highlighted by GC in his report and highlighted the importance of clear internal controls, recognising that these were being developed and strengthened across NHS Devon, including arrangements for contracting all suppliers. The Board: • Approved the Emergency Planning, Resilience and Response Assurance Report 2023; and • Took assurance from the Committee Chair's Report from the meeting of the Audit and Risk Committee held on 10 January 2024.
13	Committee Chair's Report – Quality and Patient Experience Committee The interim Chair of the Quality and Patient Experience Committee, Independent Non-Executive Member for Citizen and Community Involvement, Thandiwe Hara (TH) introduced a report which provided the Board with an overview of the issues considered by the Committee at its meeting on 17 January 2024. The following points were highlighted: • When considering the IQPR it had been noted that there had been a decline in the reporting of Serious Incidents which was due in part to the move to the new reporting framework. Further work was being undertaken in respect of the visibility of harm across the system and this would be the subject of a deep dive at a future meeting of the Committee. • A report had been received from Healthwatch which had provided the public and patient perspective of services and the Committee had agreed that it would be helpful if the data was complemented with context to guide decision-making and action. Work would also be undertaken on how to best use other reactive indicators and triangulate the data available in relation to patient experience. • The Committee had welcomed confirmation that a Mortality and Morbidity Group was to be established and that the NHS Devon Mortality Lead was working to develop a mortality dataset for inclusion in the Integrated Quality Finance and Performance Report. Clarification was requested by the Committee in respect of the reporting of COVID deaths as they remained outside of the current reporting. • The Committee had received an overview of a proposed independent review, commissioned by the South West Provider Collaborative, of the care received by an individual from multiple health and care providers. The findings of the review would be presented to the Committee and to the System Quality Group to ensure a system response to the findings. • An update was received with regard to the challenges required in respect of C&YP and a deep dive would be undertaken in respect of maternity and mental health services at future meetings. • The Committee had taken assurance that the implementation of the Patient Safety Incident response Framework (PSIRF) across the system was progressing and endorsed the recommendation of the PSIRF Steering Group's recommendation that the Patient Safety Incident Response Plan for Royal Devon University Healthcare NHS Foundation Trust should be supported As the Chair of the Committee had stepped down from the Board in December 2023, the Committee had reviewed its Terms of Reference to ensure that its meeting could be quorate and had made a recommendation to the Board in this respect. The Board: • Took assurance from the Committee Chair's Report from the meeting of the Quality and Patient Experience Committee held on 17 January 2024; • Agreed that the membership of the Quality and Patient Experience Committee should be amended to the following: ○ 2 x Independent Non-Executive Members (Chair & Deputy Chair) ○ ICB Chief Nursing Officer

	○ ICB Chief Medical Officer ○ 1 lay member with lived experience (e.g. Healthwatch) ○ 1 acute provider representative ○ 1 primary care representative ● Delegated authority to the Chair, in consultation with the interim Chair of the Quality and Patient Experience Committee to appoint an additional Non-Executive Member to the Committee and confirm a substantive Chair.
14	Committee Chair's Report – Primary Care Commissioning Transition Committee 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 14 December 2023. The following points were highlighted: ● Pharmaceutical services had been considered in depth at the meeting and the Committee was concerned as to the closure of some pharmacies, together with the changes in operating hours or others. Work was underway to develop a Pharmacy Strategy and to integrate relationships at primary care network level. ● The Healthwatch Audit and Emergency Department Report had been received and whilst the qualitative data was extremely useful, there were concerns as to the interpretation of data from the associated clinical audit. ● There was concern as to the lack of Primary Care representation on the Urgent and Emergency Care (UEC) Board. It was noted, however; that there was primary care representation at the locality level UEC groups which reported into the UEC Board. ● There Committee was also concerned as to the delay caused by scrutiny processes regarding the building of a health and wellbeing hub in Teignmouth which had resulted in increased costs for the project. The Committee recommended to the Board consideration be given to the service being received from the Optometry, Dental & Pharmacy Hub in terms of capacity as it is not currently sufficient. It was noted that potential investments had recently been considered by the Devon Investment Group in respect of community pharmacy commissioning, primary care dental commissioning and GP resilience. Whilst short term solutions were required, there also needed to be a strategic approach developed to prevent reactive responses being necessary and this work, which included reviewing best practice from other systems, was underway. The Board took assurance from the Committee Chair's Report from the meeting of the Primary Care Commissioning Transition Committee held on 14 December 2023. Action: 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.
15	Finance Month 9 Reports The Board received the NHS Devon and One Devon System Month 9 finance reports which sought to provide assurance to the Board on the current and projected financial position for the year ending 31 March 2024. The following points were highlighted: ● Since the presentation of this report to the Executive Committee and the Finance and Performance Committee, further information had been received from NHS England resulting in amendments to the year-end forecast position. ● There had been some slippage in the delivery of strategic programmes across the system, with the NHS Devon allocation of this slippage resulting from the agreed risk share agreement that had been reached with providers. ● The need for quality and inequality assessments to be undertaken, as the process would deliver opportunities as well as highlighting the risks. ● As part of the 2024-25 investment work that was underway a review of previous investments into C&YP services showed that these had not always resulted in the expected outcomes in

	terms of improved performance and better outcomes. As the system was often spending more than that of other systems in this area, the leadership and delivery of these services should be considered in addition to the funding available. The Board took assurance from the information provided with regard to the NHS Devon and One Devon System financial position as at the period ended 31 December 2023.
16	Action Register The Board: 1. Approved the closure of Action 58; and 2. Noted the updates in respect of Actions 52 to 57 inclusive and Action 59.
17	Questions from Members of the Public The Chair referred the meeting to the following question that had been submitted by Martin Shaw on behalf of Seaton Hospital Steering Committee: <i>“Will the Board agree that the hand back of space in Seaton Hospital be limited to the former ward accommodation, as agreed by the September Finance & Performance Committee and ratified by the October board?”</i> The Chair made the following response: “As we have said in the update paper before Board colleagues today, the office accommodation above the ward would be relocated to the other void area within the main hospital, which is untenanted. Having a completely empty wing facilitates the hand back of the wing as it would be easier to repurpose by NHS Property Services. Taken together, these changes would essentially remove or fill the void areas in the hospital. We understand why the steering group might be worried that the empty space in the main hospital, which has been previously used to house a temporary Covid vaccination space, would be part filled by the relocated office space. At this point, it is important to remember that the vacant space in the hospital costs us around £280,000 a year – this figure is partly made up of the cost of the vacant space in the main hospital and we simply cannot justify spending that money each year to hold a space empty just in case the space is needed for vaccinations in the future. Our financial challenges remain significant and have been discussed by Board members here today. However, in a pandemic situation, the NHS pulls out all the stops to make things happen – in Exeter, for example, we built an entire hospital. If that space in the main hospital, or indeed other space in and around Seaton, needed to be repurposed for a vaccination space, it would happen. In terms of the successful community-based model of care that is in place at the moment, there is no intention to change it and, as we have said before, this is not a piece of work that involves revisiting the discussions from the 2017 consultation on models of care. To respond to the group’s question, we are clear that the decision to hand back the ward building has been taken, and it has been clarified through the paper included in today’s Board papers, that this includes the accommodation above it. The Board stands by that decision. That said, we continue to work with NHS Property Services and the steering group and the League of Friends and I look forward to meeting you again at the hospital next week (14 February) to further those discussions. The Chair then referred the meeting to the public petition dated 19 December 2023 in support of Exeter Hospiscare that had been received by NHS Devon. The Chief Communications and Corporate Affairs Officer, Andrew Millward, informed the meeting that NHS Devon was meeting with the Chief Executive of Hospiscare Exeter on 12 February 2024 to discuss the issues raised within the petition.

	It was noted that the funding for hospices was inherited by NHS Devon when it was established in July 2022. Earlier this year an initial review was undertaken into end of life care commissioning in Devon and the Executive Team were now working on plans to move towards equitable funding for all four adult hospices in Devon. Several options that were part of the initial review were being assessed and work was being undertaken with the NHS England regional end of life care team as to how an equal standard of end of life services could be implemented across the Devon system. The Board noted the petition in line with the requirements of NHS Devon's Constitution. Action: 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.
18	Any Other Business The Local Authority Partner Member, Donna Manson (DM) extended her thanks to the Chief Nursing Officer, Penny Smith and BS who had agreed to a pace setting meeting in respect of the significant challenges being faced C&YP services across the system, with this meeting also being supported by the Police Commissioner. A key element of the work currently being undertaken was a Strategic Needs Assessment in respect of care leavers including what the offer to those young people should be and how to get that offer in place. Meetings were taking place weekly to progress this issue and DM asked whether the Board would be prepared to hear the voice of care leavers to understand their experience. It was noted that the One Devon Partnership had considered the challenges in respect of services for C&YP at its most recent meeting, the outcome of which would be reported back to the Board at its next meeting in public. In addition, significant Business Intelligence work had been undertaken in this area, particularly in respect of statutory requirements and it would be beneficial for the synthesis of this work to be brought back to the Board to provide a broad perspective. Action: The Chair and Company Secretary liaise with DM and PS as to the content of an item in respect of C&YP which can be brought to the next meeting in public of the NHS Devon Board.
Meeting Closed: 12.15pm	

NHS Devon Integrated Care Board

Chair's report

Date of meeting	Date report produced
26 March 2024	6 March 2024

Author(s)		Report approved by	
Name and title:	Sarah Wollaston, Chair	Name and title:	Sarah Wollaston, Chair
Phone:		Date:	19 March 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, including leadership updates, visits and Board training.

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

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

Leadership update

1. I'd like to begin by welcoming Steve Moore to his first Board meeting as Chief Executive, after joining on 12 February 2024.
2. Steve has extensive experience across the NHS and understands the challenges and opportunities that we face. I am confident that he will use his knowledge, expertise and skills to help us meet our ambitions and challenges in the months and years ahead. As well as focusing on the intense pressures across the whole of Devon I know that Steve has also been making time to meet and to listen to as many stakeholders, colleagues and system partners as possible.
3. On behalf of the Board, I'd like to thank Bill Shields for carrying out the role on an interim basis since October, and I am grateful that he is remaining with us as our Deputy Chief Executive and Chief Finance Officer.

Board roles and responsibilities

4. Following the departure of our Deputy Chair at the end of 2023, I took the decision to invite expressions of interest from all our Independent Non-Executive Members in relation to the following two roles (role descriptions attached to this report):
 - Deputy Chair
 - Senior Independent Director
5. I'm pleased to be able to confirm that Kevin Orford has accepted the role of Deputy Chair and Graham Clarke has accepted the role of Senior Independent Director.
6. In line with best practice, these appointments will be reviewed on an annual basis; therefore, the terms of their appointment will last until 31 March 2025, at which point they will either step down from the role or be reappointed for a further term. There will be no restriction on the number of years that an individual can fulfil either of these roles.
7. At the meeting of the Board on 07 February 2024, the Board delegated authority to me, in consultation with the interim Chair of the Quality and Patient Experience Committee to appoint an additional Non-Executive Member to the Committee and confirm a substantive Chair. I am pleased to be able to confirm that Thandiwe Hara has agreed to take the role of Chair of this Committee and that Kevin Orford will be joining this Committee. This will help to improve sharing of information and triangulation across performance, finance and quality.
8. In light of these appointments, I thought that it would be useful to confirm all our key Board roles and responsibilities, as follows:

Independent Non-Executive Member (INEM) Board roles:

- Deputy Chair – Kevin Orford
- Senior Independent Director - Graham Clarke
- Conflict of Interest Guardian - Graham Clarke
- Champion for Equality, Diversity and Inclusion – Thandiwe Hara
- Champion for Freedom to Speak Up – Kevin Orford
- Champion for Emergency Planning, Preparedness and Resilience – Graham Clarke
- Champion for children and young people with special educational needs and disabilities (SEND) – to be confirmed
- Champion for Safeguarding – to be confirmed
- Champion for Environmental Sustainability – to be confirmed

Executive roles:

- Senior Information Risk Owner (SIRO) – Andrew Millward
- Caldicot Guardian – Nigel Acheson
- Executive lead for Equality, Diversity and Inclusion – Andrew Millward (to pass to Chief People Officer once final organisational structure is implemented)
- Executive lead for Freedom to Speak Up – Penny Smith
- Board Executive lead for children and young people (aged 0 to 25) - Nigel Acheson
- Executive lead for children and young people with special educational needs and disabilities (SEND) - Nigel Acheson
- Board Executive lead for Safeguarding (all-age), including looked after children – Penny Smith
- Board Executive lead for Learning disability and autism (all-age) Nigel Acheson and Penny Smith
- Board Executive lead for Down syndrome (all-age) - Nigel Acheson
- Accountable Emergency Officer – Anthony Fitzgerald
- Health and Safety Lead – Andrew Millward
- Infection Prevention and Control (IPC) Lead – Penny Smith
- Counter Fraud Lead/Champion – Bill Shields
- Executive lead for social and economic development – Andrew Millward (to pass to Deputy Chief Executive Officer once final organisational structure is implemented)

Board training

9. Board members attended a safeguarding training session on 14 February 2024, delivered by NHS Devon's Head of Safeguarding.
10. The session aimed to deepen understanding of NHS Devon's safeguarding responsibilities and how these are met.
11. Topics included an overview of the key legislation underpinning safeguarding practice together with the safeguarding arrangements in place at NHS Devon, including the challenges and strengths of those arrangements.

12. On 26 February 2024, NHS Devon's Data Protection Officer (DPO) provided Data Protection training to Board Members.
13. The session provided an update for the Board on their responsibilities under data protection legislation, and covered a range of topics including the Board's responsibilities in relation to data protection, personal data breaches and examples, individual rights and access to health records requests, and an update on the Data Protection and Digital Information Bill.
14. On 15 March 2024, several NHS Devon Board Members received National Cyber Security Centre (NCSC) Assured training on Cyber Security and we intend for a further session to be offered which will also include members of the Audit and Risk Committee.
15. The session was designed to encourage essential cyber security discussions between the Board and its technical experts, focussing on seeking assurance that NHS Devon has appropriate management policies and processes in place to govern its approach to the security of network and information systems.
16. Board members will also be undertaking the Oliver McGowan mandatory training on learning disability and autism in the coming weeks, with dates for these sessions currently being finalised.

Visits and engagements

17. Steve Moore and I were pleased to have met with several of our local MPs in late-February as part of our regular meetings. As ever, it was valuable to catch up and discuss the topics that are important to them and their constituents, including dentistry, primary care and estates.
18. I was pleased to attend a meeting in February with NHS partners, NHS Property Services and local groups, including the League of Friends, to discuss ideas and explore ways forward in connection with the vacant ward at Seaton Hospital.
19. I also attended an event with fellow Integrated Care Board and Trust chairs in late-February, led by Richard Meddings, chair of NHS England. The session covered a range of topics including planning and delivery, digital transformation, and workforce.
20. I am grateful to Westbank Community Health and Care for hosting my meeting with Devon Carers and Devon Young Carers to hear more about the experience of unpaid carers across the county and discuss how they are being supported. I am grateful to Devon Young Carers for agreeing to facilitate a meeting of young carers with board members.

Plymouth partners unite to remove unexploded bomb

21. I'd like to thank partners and colleagues in Plymouth who worked together to safely dispose of the unexploded bomb that was found in the Keyham area last month.
22. Plymouth City Council, with support from Devon and Somerset Fire and Rescue Service, Devon and Cornwall Police, members of the Armed Forces and the health service, led a major operation to safely evacuate more than 10,000 residents from the vicinity of where the bomb was found.
23. It was then transported along a cordoned route before being taken to sea for a control explosion.
24. The operation was an excellent demonstration of team work in extremely difficult circumstances and showed what great people and organisations we have across Devon.

Deputy Chair Role Description

The Deputy Chair is an Independent Non-Executive Member (INEM) appointed by the NHS Devon Board to undertake the role described below.

The Deputy Chair may be but does not have to be the Senior Independent Director.

In the Chair's absence, the Deputy Chair will deputise for the Chair in respect of all matters. In addition, the Deputy Chair is responsible for the following:

NHS Devon Board

The Deputy Chair shall normally preside at meetings of the NHS Devon Board in the following circumstances:

- a) when the Chair is unavailable to act as meeting chair;
- b) on occasions when the Chair declares an interest that prevents them from taking part in the consideration or discussion of a matter before the NHS Devon Board.

INEMs

The Deputy Chair shall support the Chair in facilitating the effective contribution of INEMs and encouraging active engagement by all members of the NHS Devon Board.

Relations with stakeholders and partners

The Deputy Chair shall ensure sufficient contact with stakeholders and partners and to understand their issues and concerns.

Senior Independent Director Role Description

The Senior Independent Director is an Independent Non-Executive Member (INEM) appointed by the NHS Devon Board to undertake the role described below.

The Senior Independent Director may be but does not have to be the Board Deputy Chairman.

The Senior Independent Director will be available to members of the NHS Devon Board and Executive Committee if they have concerns which contact through the usual channels of Board Chair, Chief Executive, or Company Secretary have failed to resolve or where it would be inappropriate to use such channels.

In addition to the duties described here, the Senior Independent Director has the same duties as the other INEMs.

The Senior Independent Director, the Chair and INEMs

The Senior Independent Director has a key role in supporting the Chair in leading the NHS Devon Board and acting as a sounding board and source of advice for the Chair.

The Senior Independent Director should hold a meeting with the other INEMs in the absence of the Chair at least annually as part of the Chair's appraisal process.

There may be other circumstances where such meetings are appropriate. Examples might include informing the re-appointment process for the Chair, where INEMs have expressed concern regarding the Chair or when the NHS Devon Board is experiencing a period of stress as described below.

The Senior Independent Director and the NHS Devon Board

In circumstances where the NHS Devon Board is undergoing a period of stress the Senior Independent Director has a vital role in intervening to resolve issues of concern. These might include concerns regarding the Chair's performance; where the relationship between the Chair and Chief Executive is either too close or not sufficiently harmonious; where the organisation's strategy is not supported by the whole NHS Devon Board; where key decisions are being made without reference to the NHS Devon Board or where succession planning is being ignored.

In the circumstances outlined above the Senior Independent Director will work with the Chair and other Board members to resolve significant issues.

NHS Devon Integrated Care Board

Chief Executive's report

Date of meeting	Date report produced
26 March 2024	6 March 2024

Author(s)		Report approved by	
Name and title:	Steve Moore, Chief Executive	Name and title:	Steve Moore, Chief Executive
Phone:		Date:	18 March 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 the Staff Survey, organisational change and industrial action.

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

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

Thank you for the warm welcome

1. It is a real privilege to be the new Chief Executive of NHS Devon and One Devon as of 12 February 2024. I'd like to thank colleagues for their warm welcome.
2. Devon is my home and I'm pleased to be back working in the system with many people who I know and, of course, some new colleagues who I am yet to meet.
3. I've had the pleasure of meeting our Board, staff, partner Chief Executives and MPs in my first few weeks, and I'm looking forward to seeing more people as I settle in.
4. I have now met several times with NHS England and I am well aware of the challenges we are facing as a system.
5. I have also met with most of our staff – following a series of Staff Briefings – and have been talking to them about priorities for the year.
6. These include: revising and refining our strategy for the future, working towards moving out of NOF4 (as a result of improvements to our service and finance performance), building a resilient organisation and enhancing NHS Devon's reputation and partnership working.
7. Partnership working is something that I passionately believe in. The challenges we are facing in health and care are significant and it is only by coming together, trusting each other and truly collaborating that we will be able to succeed.
8. It's clear that we have much to be proud of as a system and it gives me a great deal of hope as we move forwards together.
9. I am looking forward to working with you to help our health and care system provide the best care and support to the communities, families and patients in our care.

Staff Survey results

10. We received our Staff Survey results in January, which around 80% of staff completed last October and November.
11. Last year, we were the fifth most positive Integrated Care Board (ICB) in the country, but for the first time in five years, our results have declined, in some areas significantly so.
12. Among the challenges, there are, however, some positives including staff feeling like they have good support from teams/managers, are valued, and that team members understanding each other's roles.

13. We recognise the pressures that staff are under due to several factors including the accommodation move, organisational change restructure, and the NHS Oversight Framework, which have had an impact on what our staff feel about working in NHS Devon.
14. We held a series of directorate events in February to bring together teams to share and discuss the results, including any suggested improvements people had. The feedback is currently being compiled and will help to shape an action plan.
15. As in previous years, there will also be targeted support for teams with lower scores and/or particular challenges.
16. Since the survey was undertaken in October/November 2023, we have made significant progress with the organisational change process and have moved into our new office. We hope that both of these will help to improve staff morale, although we recognise there is no quick fix.
17. Making NHS Devon a great place to work is a key priority for me and whilst we need to urgently work through some of the detailed feedback we have received, I am keen to begin exploring our organisational, individual and team based development opportunities with our HR & OD team, as well as our Staff Partnership Forum.
18. Finally, I'd like to thank staff for completing the survey and for their continued support.

Organisational change

19. Work continues to design our phase two structures, which cover all roles below the Executive and Senior Leadership Team.
20. Given the scale of the challenge (30% reduction in our running costs by 2025/26), we are taking our time to get it right and to minimise the impact organisational change has on our staff wherever possible.
21. All Executives led engagement sessions with their directorates in February to update staff on the latest progress and listen to their thoughts on the structures.
22. Once the structures are finalised, we will begin a consultation with staff.

Strikes

23. I'd like to express my thanks to staff across the county who worked incredibly hard in the lead up to, and during, the industrial action last month.
24. Junior doctors were on strike from 7am on Saturday 24 February to 7am on Wednesday 28 February.

25. Colleagues across our system were involved in planning for the strikes, caring for patients, and keeping them safe throughout the period.
26. Along with our system partners, we issued communications to media and local communities to ask people to choose the right services for their needs. We also signposted people to the latest advice and guidance on a dedicated page on our website.

Executive Committee meetings

27. The Executive Committee Terms of Reference require a report to be provided at each NHS Devon Board meeting, to demonstrate how the Committee has discharged its responsibilities (since the last meeting of the NHS Devon Board).
28. The Executive Committee met on 30 January 2024, 06 February 2024, 20 February 2024 and 05 March 2024. Set out below is a summary of the business that was transacted.

30 January 2024

29. The Executive Committee reviewed the following reports that were presented to the NHS Devon Board meeting on 07 February 2024, agreeing the action to be taken in response to the issues highlighted:
 - Progress towards NOF4 Exit
 - Integrated Quality and Performance Report
 - NHS Devon (ICB) and One Devon (ICS) Finance Reports
30. The Executive Committee also reviewed the first iteration of the Quality Report, which can be found elsewhere on the agenda for this meeting of the NHS Devon Board.
31. Other issues considered by the Executive Committee at this meeting include:
 - The arrangements for staff car parking at Aperture House.
 - An update on the progress of work on sustainability across the One Devon Integrated Care System (ICS) – subsequently presented to the Finance and Performance Committee at its meeting on 14 March 2024.
 - The funding requirements of the Torbay, Plymouth and Devon Voluntary, Community and Social Enterprise (VCSE) Assembly.
 - The resources required to manage the Hub established to support NHS Devon in fulfilling its responsibilities in relation to Pharmacy, Optometry and Dentistry (POD) commissioning.
 - The scope of a potential rapid review to be undertaken by the Unscheduled Care Board of intermediate care provision within the One Devon ICS localities.
 - The current position within NHS Devon and One Devon ICS providers on the production and outcome of Equality Quality Impact Assessments (EQIAs) – also presented to the Finance and Performance Committee

meeting on 30 January 2024 and the Quality and Patient experience Committee on 21 February 2024.

- The discussions that took place at the NHS Devon Board Seminar on 25 January 2024, the actions that needed to be taken in preparation for the NHS Devon Board meeting on 07 February 2024 and initial draft agendas for the Board meetings in public and private in March 2024.
- The draft agendas for the following Board Committee meetings:
 - Audit and Risk Committee meeting 19 February 2024
 - Quality and Patient Experience Committee meeting 21 February 2024
- Current Freedom to Speak Up arrangements, the concerns that have been raised, work that has been undertaken in this area and plans for future work.
- An overview of the programme of work being undertaken within the Women and Children's team, with a spotlight on the health inequalities faced by children and families.

06 February 2024

32. The Executive Committee discussed the outcome of an independent review of actions taken by NHS Devon in relation to the recruitment of international nurses in 2022/23 and the proposed action plan to be completed in the light of the review's findings.

20 February 2024

33. The Executive Committee discussed the following issues at this meeting:

- The draft System Level Access Improvement Plan that has been developed in line with the national Primary Care Access Recovery Plan. This was presented to the Primary Care Commissioning Transitional Committee at its meeting on 08 February 2024 and can be found elsewhere on the agenda for this meeting of the NHS Devon Board.
- A high-level overview of the indicative timelines for Phase 1 and Phase 2 of the NHS Devon Organisational Change Programme in the coming months.
- The draft Board Assurance Framework, ahead of its submission to the Audit and Risk Committee meeting on 13 March 2024 and its inclusion elsewhere on the agenda of this meeting of the NHS Devon Board.
- The outcomes of recent Devon Investment Group meetings.
- An update on the progress of the 2023/24 Internal Audit Plan, the draft 2024/25 Internal Audit Plan and progress against Internal Audit Recommendations. This information was subsequently presented to the Audit and Risk Committee at its meeting on 13 March 2024.
- The draft agendas for the Board meetings in public and private in March 2024.
- The draft agendas for the following Board Committee meetings:
 - Audit and Risk Committee meeting 13 March 2024
 - Quality and Patient Experience Committee meeting 14 March 2024
 - Finance and Performance Committee meeting 14 March 2024

05 March 2024

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

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

NHS Devon Integrated Care Board

Progress towards NOF4 Exit

Date of meeting	Date report produced
26 March 2024	1 March 2024

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe Director of Performance and Assurance	Name and title:	Bill Shields Chief Finance Officer
Phone:		Date:	1 March 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 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, clinical strategy, urgent and emergency care (UEC), elective care and finance. This report will cover the key performance data for January 2024 for UEC and December 2023 for elective care.

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

The Executive Committee reviewed the report at its meeting on 05 March 2024. The Finance and Performance Committee reviewed the report at its meeting on 14 March 2024.

Key recommendations and actions requested

1. To **note** the current performance position against the NOF4 exit criteria.
2. To **note** the process being undertaken for 24/25 operating planning.
3. To **note** that system can currently not provide assurance of meeting the target NOF 4 exit date of Q1 2024/25.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Exit from NOF4 impacts on all of the 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	Exit from NOF4 impacts on all of the areas.
Health inequalities	
Workforce	
Resources and finance	
Legal	
Digital and Data	
Engagement and consultation	

Progress towards NOF4 Exit

Introduction and background

- 1. NHS Devon is currently in Segment 4 of the National Oversight Framework (NOF4) and in receipt of mandated support from NHS England (NHSE) as set out in the national Recovery Support Programme (RSP). The criteria to move from Segment 4 to Segment 3 have been agreed and require robust recovery and improvement plans to be in place with clear oversight via NHS Devon’s governance framework.
- 2. The expectation is that when NHS Devon’s Board considers that the NOF4 exit criteria have been met, with the associated evidence, a proposal will be presented for evaluation by the NHSE South West Regional Team, and a recommendation made to the national team for a change in segmentation. The same applies to all NHS provider trusts within Devon, who would also require NHS Devon’s support of their assessment.

Oversight and assurance mechanisms for exiting NOF4

- 3. The scope of the NHS Oversight Framework (NOF) covers 6 domains with NHS Devon’s NOF4 categorisation based upon three key areas for improvement:

SOF Domains



Devon Improvement Areas (2023-24)

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

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

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

5. The NOF includes an oversight process which follows an ongoing cycle of monitoring performance against the 6 NOF Domains. As the Integrated Care Board (ICB), NHS Devon has a key role alongside NHSE in assessment of local Trusts.
6. The monitoring process set out in the NOF includes a requirement to hold monthly reviews of progress against key performance indicators and exit criteria which will be provided in the form of flash reports. The reviews take place at the System Improvement and Assurance Group (SIAG), which is chaired by NHSE. Although these meetings had moved to quarterly in the past, in light of recent performance a monthly meeting has now been re-instated.
7. To support the delivery of the improvement required across Devon a System Recovery Programme has been embedded to enable the One Devon ICS to become financially, clinically and operationally sustainable over the next 3-5 years. This programme is being overseen by the System Recovery Board, which is supported by the Elective Care Improvement Board and the Unscheduled Care Board to drive and monitor the required improvements.

Progress against NOF4 exit criteria – January 2024

8. NHS Devon has assessed itself as on target with 1 of the 9 NOF4 exit criteria. The remainder of this report details achievements against plans and performance trajectories, plus any emerging risks and mitigations as of the end of January 2024.
9. There are no recommended alterations to exit criteria ratings in this month. Progress continues to be made in reducing elective long waits despite the ongoing impacts of industrial action. It should be noted that without the impact of industrial action the system would have undertaken enough activity to have cleared all 78 week waits as a minimum. Based on this and the rationale given in the previous SIAG for financial performance remaining at amber, it could be considered that elective long waits should also be categorised as an amber.

Key to Ratings:

On track and with clear evidence to meet the exit criteria by the planned date

Emerging risk of inability, or no clear evidence of ability to meet exit criteria by the planned exit date

Off track with high risks of inability to meet exit criteria by planned date

Exit criteria achieved and embedded

Resources just deployed, too early to tell

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

NOF4 Exit Criteria	Senior Responsible Officer	Rating (self-assessment)	Previous rating (self-assessment)
Leadership Demonstrate collaborative decision-making in delivering all the RSP exit criteria at both system and organisational levels, based on the principle of delivering the best, most sustainable and most equitable solutions for the whole population served by the system.	Steve Moore		
Strategy Delivery of phase 1 of the Acute Services Sustainability Programme.	Liz Davenport		

10. Steve Moore commenced in post as Chief Executive Officer for NHS Devon on 12 February 2024.

11. The system wide approach to 2024/25 operational planning continues. Bottom-up plans from providers have been received for finance, workforce, activity and performance. Further opportunities have been identified through better use of capacity and productivity opportunities identified through Getting it Right First Time (GIRFT) and model hospital. Check and challenge events have been undertaken to ensure correct levels of productivity aspiration are being built into planning and these will continue into March.

12. The mandate for phase 2 of Provider Acute Sustainability Programme (PASP) was agreed in January. Phase 2 will encompass 3 workstreams: fragile services, productivity opportunities and significant service change.

- Fragile services – a new methodology has been approved for management of the fragile services workstream with a structured approach towards identification, scope and planning of solutions. The next 3 priorities for fragile services have been identified as maxillofacial, obstetrics and gynaecology, and stroke, with clinical leadership identified.
- Productivity: the mandate and scope for a programme of work regarding pathology and radiopharmacy was agreed by the Peninsula Acute Provider Collaborative (PAPC) with options being developed by end of Q1.
- Significant Service Change: The scope of the modelling of the clinical scenarios is being developed. The PAPC has agreed to include the implications for maternity and neonatal services in the modelling of paediatric scenarios and a clinical reference group is being established to support this work. A review has started to identify high complexity and low volume services which will feed into the scenario modelling. Significant service change training has been arranged has been arranged for March for the PAPC.

13. An alignment process is being planned for 4 March 2023 to ensure the key objectives of the PASP are aligned with the priorities of the elective and urgent and emergency care (UEC) improvement programmes included in the 2024/25 operating plan. This process will ensure that resources can be utilised effectively to deliver both programmes of work and prevent any duplication or conflict between programmes.
14. There was no PAPC Board meeting in January 2024, however the Q3 report was approved by boards and the fragile services priorities and methodology has been approved to prevent any delay to next phases of work.

Key Actions in Strategy and Leadership in next 4 weeks

- Alignment of PASP with system elective and UEC improvement programmes – Adel Jones/Sam Wadham-Sharpe
- Fully scope PASP phase 2 deliverables and timelines – Jenny Turner
- Commence recruitment of ICB Chief Medical Officer post – Steve Moore
- Review CEO meeting arrangements and supporting programmes – Steve Moore

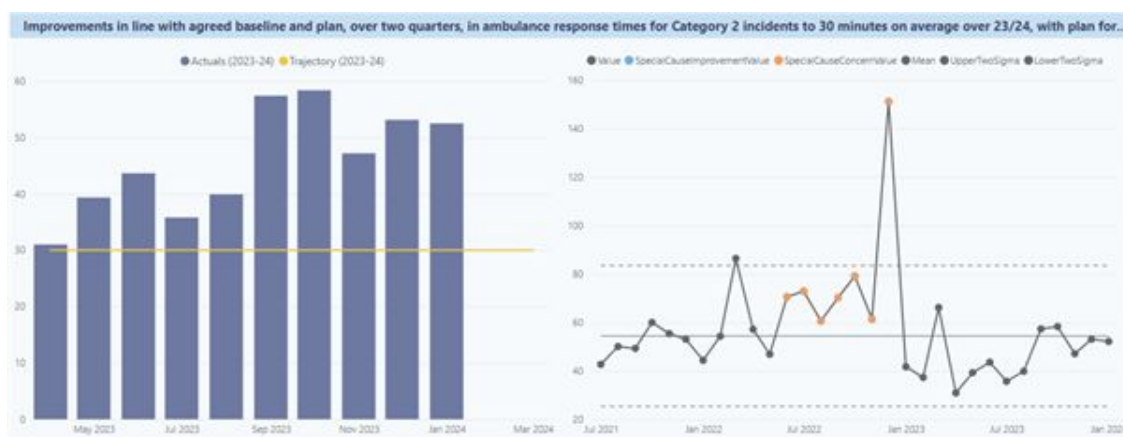
NOF Domain(s): Quality of Care, Access and Outcomes Preventing Ill Health and Reducing Inequalities

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

UEC

15. Metrics relating to urgent care have deteriorated during January 2024 and remain behind trajectory and national standards. Ambulance handover delays above the 15-minute target worsened in January to 12,749 hours lost from 11,407 hours which remains behind trajectory. 4 hour performance worsened to 62.5% in January from 63.5% in December and remains below trajectory.
16. Category 2 response times improved in January with an average response time of 52 minutes and there was a deterioration against the 12 hours in department standard which increased to 3219.



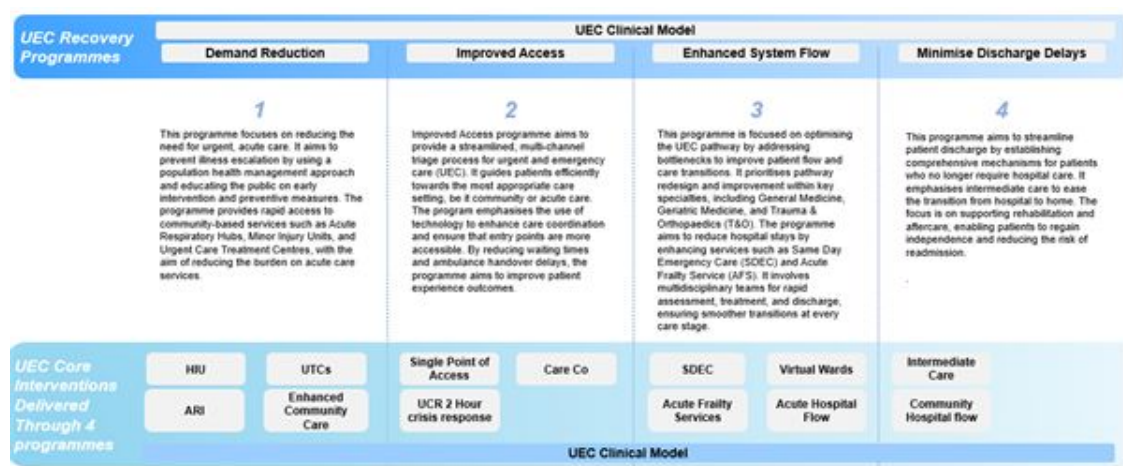


17. The system has been preparing for the 2024/25 operating planning round by working with all providers on assumptions required to enable improvement against key UEC performance metrics. Modelling has been undertaken to identify the conditions required to achieve and maintain 77% four-hour performance and these would include

- 1.1 day non elective LoS reduction
- 5% reduction in ED attendances (based on 23/24 forecast outturn)
- 11% reduction in occupancy

18. The system coordinated a UEC lock in on 1 February 2024 to agree the level of aspiration for improvement, agree planning assumptions and begin to develop plans to deliver on these aspirations. At this lock in the 2023/24 plan was reviewed and it was agreed that the priority areas of falls, frailty, end of life, ambulance handover, discharge delays, length of stay and mental health all remained key areas of focus for 2024/25.

19. To ensure a greater focus on delivery and enable a system approach to UEC recovery in 2024/25 a new clinical model is being developed, led by Dr Anthony Hemsley. This clinical model will involve working across the system to develop best practice pathways using clinical best practice and GIRFT as a benchmark. The initial framework for the clinical model can be seen in the diagram below.



20. To support the development of the clinical model, NHS Devon is leading on two pieces of work in conjunction with system partners. A delivery plan has been developed in response to a GIRFT review of the ‘alternatives to ED’ available in Plymouth and West. The review identified that only 28% of the possible ‘alternative to ED’ pathways were available, and this could be a cause of the increased attendance and pressure being experienced by UHP. National best practice indicates that there should be 50% of the possible ‘alternatives to ED’ available. The UEC team under the direction of the Chief Operating Officer is identifying a delivery plan to increase the alternative pathways available as part of the 5% reduction in expected UEC growth required for next years’ plan.
21. NHS Devon is also leading on a review of community services across the system. The review is identifying what has been commissioned, the capacity available and the performance of these services. Data has identified that urgent community response services benchmark poorly in Devon for referrals, access and utilisation. This review will be undertaken by Colin Bradbury and will make recommendations on areas of improvement to support demand management. This review will also include recommendations on the continuation or disinvestment of schemes funded with last years’ UEC funding based on impact seen through this year.
22. Impact has been seen through the demand management schemes undertaken by NHS Devon through the current winter period. The care coordination hub has received 2466 referrals to date, of which 82% have been diverted away from emergency departments. Acute respiratory infection hubs are operational in all bar 4 PCNs, and have so far delivered 14,525 additional appointments with an onward referral rate of 0.5%. The Primary care admission avoidance LES is being delivered in 103 GP practices across Devon and work is underway to understand the impact of the additional activity.

23. Each acute provider has been tasked with developing a short-term plan to improve all type 4 hour performance from current levels to the 76% requirement by end of the financial year. Each provider has submitted a first version of the key actions and a check and challenge has been undertaken with the ICB. These plans will be monitored thorough the weekly tier 1 meetings.

Key Actions in Urgent Care for completion in next 4 weeks

- Alternative to ED delivery plan – John Finn
- Out of hospital review and recommendations – Colin Bradbury
- 76% plan delivery and monitoring – Anthony Fitzgerald
- Initial clinical model scoping and delivery plan – Anthony Hemsley
- UEC investment review and recommendations – John Finn

Elective Care

24. The finalised December position shows that the One Devon ICS has not met the submitted 104 week wait or 65 week wait trajectory but has met the trajectory on 78week waits. Ongoing issues with activity lost as a result of industrial action is a factor that continues to impact on recovery of activity and performance levels detailed within the operating plan. Data reporting for H1 identifies that industrial action led to the cancellation or not booking of activity that would have provided 2911 admitted and 4475 non admitted clock stops. The totality of clock stops lost due to industrial action is greater than the total number of 78ww and 65ww forecast for end of 23/24. Further impacts from industrial action in Q4 has limited the ability to recover the position to required levels.





25. The system had six 104 week waits in January and is predicting 18 in February, all at University Hospitals Plymouth NHS Trust (UHP). The remaining 104ww patients forecasted for February has grown since last month due to the impact of the latest period of industrial action and the loss of the orthopaedic ward to elective patients at UHP. UHP is working to clear all remaining 104 week wait patients by FYE and has identified 3 patients who are currently at risk of missing this standard for March 24.
26. Following the receipt of the H2 operational guidance letter on 8 November 2023, the system undertook a review of its long waiter trajectories for the remainder of 2023/24. The providers included the impact of industrial action within H1 within these trajectories but not the impact of any future industrial action, as per the guidance.
27. Each provider is undertaking a 10 week challenge for the remainder of 2023/24 to improve these forecasts as much as possible. Actions being undertaken include
- Annual leave scrutiny for half term and Easter
 - Swapping of theatre sessions to target specific long waiters
 - Further validation of waiting lists
 - Additional clinics to clear non admitted waiters – WLI, insourcing and productivity
 - Additional scrutiny on scheduling, priority coding and PTL tracking

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

29. As a result of the lock-in, there was a commitment to meeting upper quartile productivity metrics for both admitted and non-admitted pathway elements in the key specialities that account for the majority of elective activity. The specialities are in addition to the key specialities of focus from 2023/24 and are listed below:

- Urology
- General Surgery
- Gynaecology
- Dermatology
- Neurology
- Cardiology

Key Actions in Elective Care to be completed in January.

- Full productivity scoping for inclusion in 24/25 plan - Sam Wadham-Sharpe
- Speciality Improvement Programmes check and challenge – John Finn
- System wide gynaecology meeting to agree opportunity – John Finn
- NetCall Go live – Steve Matson

NOF Domain(s): Finance and Use of Resources

NOF4 Exit Criteria	Senior Responsible Officer	Rating (self-assessment)	Previous rating (self-assessment)
Finance • Develop and deliver a short-term financial plan (2023/24) that is signed off regionally and nationally.	Bill Shields		
• Develop an outline longer-term financial plan that shows non-recurrent balance in 2024/25 and recurrent balance for 2025/26, that has Board agreement from all Devon organisations and is signed off regionally and nationally.	Bill Shields		
• Develop and agree a Capital Plan that is clearly aligned to System strategic priorities.	Bill Shields		

30. As at month 10 the One Devon ICS is reporting a year to date £89m deficit against a planned deficit of £53.7m – an adverse variance of £35.4m. (M9 £26.9m variance). This is against the original deficit plan and profile.
31. The forecast outturn system position in M10 is a £96.2m deficit which includes £6.9m costs relating to industrial action in December 2023 and January 2024 in line with the H2 reforecasting exercise. However, on discussions with NHSE, the forecast outturn in M11 will be amended to £47m plus the industrial action costs of £6.9m to £53.9m as information has been shared that additional funding will be received to cover our original planned deficit.

Organisation	Year to date				Forecast			
	Plan	Actual	Variance		Plan	Actual	Variance	
	Surplus/ (Deficit) £000	Surplus/ (Deficit) £000	Favourable/ (Adverse) £000		Surplus/ (Deficit) £000	Surplus/ (Deficit) £000	Favourable/ (Adverse) £000	
Devon ICB	40,472	30,354	(10,118)	↓	48,567	36,425	(12,142)	→
Royal Devon University NHS FT	(32,050)	(39,703)	(7,653)	↓	(28,035)	(41,042)	(13,007)	→
University Hospitals Plymouth Trust	(33,657)	(47,424)	(13,767)	↓	(33,600)	(53,328)	(19,728)	↑
Torbay and South Devon NHS FT	(30,121)	(33,961)	(3,840)	↓	(32,571)	(41,552)	(8,981)	↓
Devon Partnership Trust	1,686	1,686	0	→	3,300	3,300	0	→
Total	(53,670)	(89,047)	(35,378)	↓	(42,339)	(96,197)	(53,858)	↑

32. The main drivers for the year to date deficit remain similar as previous months and include (£6.9m) net impact of industrial action, a shortfall in pay award funding (£2.6m), an overspend on primary care prescribing (£20.5m) a year to date over spend on drugs (£8.9m), overspends on pay relating to specialising and supernumerary overseas recruitment (£7.8m). Some of these costs are offset by non-recurrent underspends.
33. The year to date and outturn by organisation as at January 2024 against the new outturn plan and phasing is as follows.

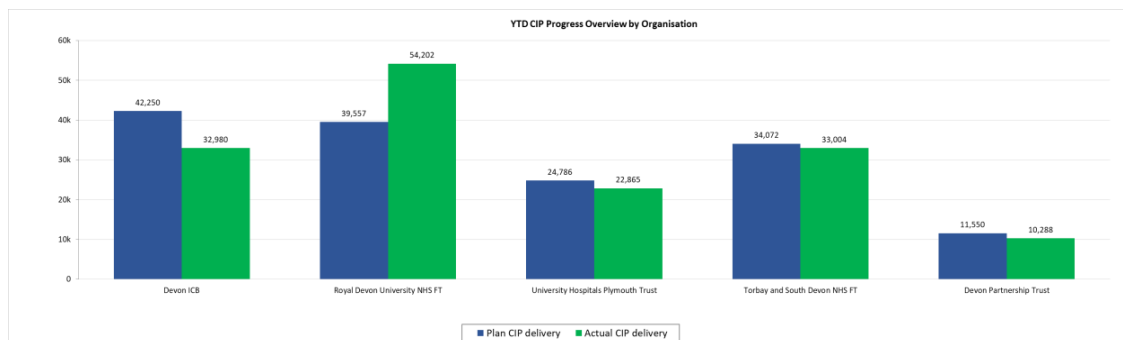
Organisation	Year to date				Forecast		
	Plan	Actual	Variance		Revised Plan	Actual	Variance
	Surplus/ (Deficit) £000	Surplus/ (Deficit) £000	Favourable/ (Adverse) £000		Surplus/ (Deficit) £000	Surplus/ (Deficit) £000	Favourable/ (Adverse) £000
Devon ICB	30,354	30,354	0		36,425	36,425	0
Royal Devon University NHS FT	(37,830)	(39,703)	(1,873)		(40,040)	(41,042)	(1,002)
University Hospitals Plymouth Trust	(44,435)	(47,424)	(2,989)		(48,807)	(53,328)	(4,521)
Torbay and South Devon NHS FT	(34,093)	(33,961)	133		(40,218)	(41,552)	(1,334)
Devon Partnership Trust	1,686	1,686	0		3,300	3,300	0
Total	(84,318)	(89,047)	(4,729)		(89,340)	(96,197)	(6,857)

34. The year-to-date position includes £6.9m of industrial action impact across the three acute trusts offset by improvements in ERF performance. Additional funding for future industrial costs is expected to be received.
35. The delivery of savings and efficiencies as at January 2024 is as follows:

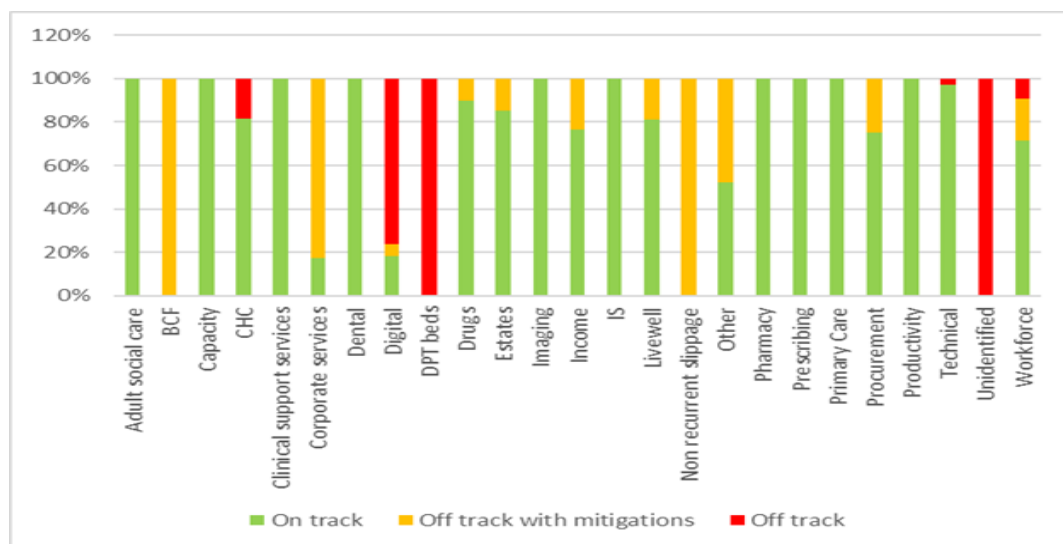
Strategic CIP Scheme Delivery

Figures are in £'000s

Organisation	Year to date			Forecast		
	Plan CIP delivery	Actual CIP delivery	Variance	Plan CIP delivery	Actual CIP delivery	Variance
Devon ICB	42,250	32,980	(9,270)	50,693	41,806	(8,887)
Royal Devon University NHS FT	39,557	54,202	14,645	60,296	76,957	16,661
University Hospitals Plymouth Trust	24,786	22,865	(1,921)	39,477	28,285	(11,192)
Torbay and South Devon NHS FT	34,072	33,004	(1,068)	46,578	42,156	(4,422)
Devon Partnership Trust	11,550	10,288	(1,262)	15,191	13,194	(1,997)
Total	152,215	153,339	1,124	212,235	202,398	(9,837)



36. At month 10 the Devon ICS had made efficiency savings of £153.3m which is £1.1m adverse to plan. (M9 £8.6m favourable). CIP FOT movement compared to M9 is due to a reporting error correction in UHP and does not impact the bottom line forecast.



37. Forecast savings are adverse to the plan of £212.2m by £9.8m. (M9 £2m favourable variance). The movement is due to organisational shortfalls on the strategic efficiency schemes compensated by Royal Devon University Healthcare NHS Foundation Trust overperformance.

38. Financial planning for 24/25 continues, with top-down opportunity established to bring the system to an £84m deficit, against the £30m deficit position in the

MTFP. Bottom-up planning shows a further £75m risk against the top down position with work now continuing to explore further top down opportunity and ICB leading work with each provider to validate and improve their bottom up position

39. System wide CIP programmes are on track to be established by 1 April 2024, with PMO support to ensure PIDs, EQIAs and routine programme architecture in place for each SRO and where possible programmes have begun to forecast multi-year savings to build the foundations of a 3 year CIP programme

40. Modelling against GIRFT metrics has established a route to cash for productivity

Key Actions in Finance for completion in next 4 weeks

- Validate Provider bottom up positions to close gap in Finance plan – Steve Webster
- Establish route to cash for UEC productivity – Steve Webster/Toby Hewlett
- Ensure readiness of CIP programmes for 1st April delivery through validation of PIDs – Toby Hewlett

within Elective Care which is being now built into provider plans. Similarly top-down modelling of the UEC opportunity will establish the route to release investment from Unscheduled care through disinvestment in schemes to manage failure demand.

Conclusion

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

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



Devon SIAG

Devon System Overview Framework Criteria Report

Date: February 2024

#OneDevon

Segment 4 Exit Criteria

Theme	Criteria	Rating	Key:
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		On track and with clear evidence to meet the exit criteria by the planned date
Strategy	Delivery of Phase 1 of the Acute Services Sustainability Programme.		Emerging risk of inability, or no clear evidence of ability to meet exit criteria by the planned exit date
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		Off track with high risks of inability to meet exit criteria by planned date
	Achieve the defined expectations of the National Taskforce		Exit criteria achieved and embedded
Elective recovery	Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement		Resources just deployed, too early to tell
	System performance improvements are delivered in accordance with agreed plans (Cancer and elective long waiters)		
Finance	Develop and deliver a short-term financial plan (2023/24) that is signed off regionally and nationally		
	Develop an outline longer-term financial plan that shows non-recurrent balance in 2024/25 and recurrent balance for 2025/26, that has Board agreement from all Devon organisations and is signed off regionally and nationally		
	Develop and agree a Capital Plan that is clearly aligned to System strategic priorities	Changed to red from green – following conversation with region	

Estimated Segment 4 Exit Date : Q1 2024/25

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



Must Do's

Theme	Must Do	Commentary
Leadership	Evidence of the use of the System Decision-making Framework, as previously agreed by organisations within the system	Q3 report approved for Boards and Fragile service priorities and methodology approved for next phase of work. Agreement to modelling to inform options for strategic change confirmed by all organisations.
Strategy	Evidence of all organisations' boards committing to pooling of capital, workforce and estates, where this is the best solution for the whole system. This includes use of the System Decision-making Framework, where appropriate	The mandate for phase 2 of PASP was agreed in January. Phase 2 will encompass 3 workstreams: fragile services, productivity opportunities and significant service change. - Fragile services: new methodology has been approved for management of the fragile services workstream with a structured approach towards identification, scope and planning of solutions. The next 3 priorities for fragile services have been identified as maxillofacial, obstetrics and gynaecology and stroke with clinical leadership identified. - Productivity: the mandate and scope for a programme of work regarding pathology and radiopharmacy was agreed by the Peninsula Acute Provider Collaborative (PAPC) with options being developed by June. - Significant Service Change: The scope of the modelling of the clinical scenarios is being developed. The PAPC has agreed to include the implications for maternity and neonatal services in the modelling of paediatric scenarios and a clinical reference group is being established to support this work. A review has started to identify high complexity and low volume services which will feed into the scenario modelling. Significant service change training has been arranged has been arranged for March for the PAPC. Strategy objectives will need to be reviewed once Phase 2 mandate agreed. Dates associated with public consultation aligned with exit criteria need to be reviewed with NHSE before end of financial year
UEC	High intensity use (HIU)	- Currently being worked through to cover the gap in the South due to need to re-tender service - Tender in South has closed with review planned for 29th February - Meeting between ICB and Livewell BI to develop performance and impact reporting with a plan in progress to make improvements - Meeting scheduled w/c 27/02/2 in Plymouth locality to work through issues and potential resolution through using Primary Care honorary contracts as was set up in the initial scope of the project. - In Torbay and South Devon support of 65 people has seen a 56% decrease in ED attendance and 59% decrease in Ambulance conveyance for this group
	Expansion of virtual wards	- The virtual wards across Devon achieve 70% occupancy against a target of 80%, and further achieved 65% admission avoidance against a target of 70%. This is the highest performance by the ICB to date and is as a result of the various improvement activities in place. - Providers performance trend line continues to show an upward trajectory of achievement for occupancy. - ICB BI team have been asked to apply a more granular scrutiny in this reporting to validate the performance. - Continue engagement with the GIRFT team as they review each locality. - Continue working towards completing a financial baseline of each VW to understand spend per VW bed and identify opportunities to expand the bed base within existing investments. - Begin the planning work towards a VW, UCR, and Falls & Frailty admission avoidance paper to inform 2024/25 priorities. - Continue to support the localities as required to help them hold their provider partner to account to deliver the required performance.
	Frailty / falls service and UCR	Falls & Frailty: - The project is under review due to wider scoping work to take place to look at the community admissions avoidance pathway inclusive of Falls & Frailty. Meeting was arranged for 12/02/24. - Scoping to be undertaken to understand what other systems have in place for Falls and Frailty. Awaiting return of the Programme Manager to understand what has been undertaken to date before commencing this.

Must Do's

Theme	Must Do	Commentary
UEC	A load bearing system control centre is established with the authority to manage UEC pressures across Devon against a pre-agreed escalation framework	The NHS Devon 7-day System Control Centre continues to provide leadership across the system in response to the UEC pressures. NHS Devon has appointed a Winter Director to provide executive oversight and enable the ICS to hold system partners to account for delivering agreed capacity, managing escalation plans and assurance on actions to deliver safe services. Additional ICB resource has been redirected to SCC to maintain robust rota cover and system support. Implementation of SHREWD is enabling up to date understanding of pressures in acute providers
	Have in place a set of pre-agreed triggers and actions to be undertaken by all system parties to support the wider system in each stage of the Opel framework and organisational and system critical incident	The Devon system has in place a set of pre-agreed triggers and actions to be undertaken by all system parties to support the wider system in each stage of the Opel framework and organisational and system critical incident. This document was signed off in April 23 by system partners. We are currently reviewing these actions in the light of learning over the last 9 months and this learning is reflected in a revised document currently going through system governance.
	Implementation of the agreed National UEC Taskforce recommendation	These requirements are being addressed through the development and enactment of the System, Locality and Provider UEC Recovery Plan. A new internal oversight cadence has commenced to ensure the plans are being enacted with the rigour and pace required to drive improvement. Further updates are being provided to Tier 1 to give assurance on actions taken at a weekly basis. A further revamp of this work is being undertaken in line with the launch of the ICB PMO. This will be covered through the productivity and clinical pathways improvement programme in line with the 24/25 Operating Plan.
	Implement 100-day discharge plan and BCF	Delivery of this is now being managed through the new UEC recovery plan cadence and will be reported through Tier 1 processes. Improvements in delayed discharge and reduction in non-elective LoS are both key aspects of the plan and this will include review of BCF spend and relationships with local authority teams. Assurance in this area requires strengthening hence the reset of UEC oversight. The improvements in this area are also being driven through the new weekly oversight cadence with escalations to unscheduled care board as required.
	Reduction in length of stay (LoS)	Develop and optimise Transfer of Care Hubs (discharge hubs) including pathways and SOPs - Review of 9 key principles will take place in March. Localities embedded as BAU with providers. • Demand and capacity modelling to ensure sufficient supply to support complex discharge pathways – • Demand and Capacity modelling completed across the patch using IPACS to ensure sufficient capacity to meet demand and align closer to best practice.. • Delivery of plans are underway within each locality. Improve the process of transferring care for complex discharge to independent providers – Awaiting update on feedback of Discharge checklist due 19/02/24. Performance Metrics – • This hasn't seen the impact projected on performance data due to industrial action and high acuity of patients within winter months has increased LoS and has impeded flow and additional progress, • In UHP, Cornwall caseload of NCTR continues to be high average 40% of delays.. • Discharge huddle meeting with locality leads is in place.

Must Do's

Theme	Must Do	Commentary
Elective recovery 1ST Page	System wide PTL	As a result of a lack of national working examples system financial constraints and high levels of operational pressure, a bespoke technical PTL solution has not been sought to move forward with at the current time and agreed via the Elective Care Improvement Board. However, learning has been taken from discussions with other colleagues in various systems nationally, as well as detailed internal discussions as to what is the best method for operationalising patients having access to clinically appropriate treatment as quickly as possible. Learning from mutual aid has been at the core of all decisions in order to support patient choice. At the System IPT meeting 30th Jan initial actions were taken following a systemwide date review of potential equalisation opportunities. Key actions have been aligned to short term potential impacts in neurology, dermatology, pain management, rheumatology and breast surgery. Longer term actions for managing patients at point of referral to assist in equalisation of waits are also being looked into. Opportunities to further increase PIDMAS uptake are also being looked into to support the management of individual Trust challenges. For spinal patients, PTL patients at RDUH and UHP have been reviewed weekly for opportunities to offer suitable (HVLC) patients to appropriate additional IS capacity and creating additional capacity within Devon in the form of a dedicated HVLC spinal surgery offer at the Nightingale Hospital. Where possible NHS teams have also put on additional activity to target the long waiting patients. For Orthopaedics a similar approach to PTL management has taken place, with weekly review of availability for particular patient cohorts to be offered to be treated at alternative sites where there may be appropriate capacity. This includes IS service and NHS services at other providers. The pilot approach has also included mobilising schemes to provide additional activity in system assets, such as Nightingale hospital with a collaborative workforce effort through an Expression of interest approach to all appropriately trained staff. RDUH 52ww P2 PTL for cardiology is being managed closely with again a collaborative effort from both TSDFT and RDUH teams maximising any existing capacity and standing up additional capacity across all sites and with teams working collaboratively.
	Waiting list management – EBIs validation DNAs	EBI Ongoing monitoring of all EBI interventions. Specific work to be undertaken in relation to EBI within community and Independent sector. Non-Clinical Validation Non-clinical validation continues to be delivered by UHP and DRSS (on behalf of RDUH and TSDFT). UHP are validating all patients down to 12 weeks which is in line with national expectations. TSDFT and RDUH have been scaling up the numbers of patients validated via DRSS. Achievement of the national target for these trusts has been hindered by the delay in implementing Netcall due to technical issues. The delay has meant that implementing validation of Paediatrics has been delayed until Q2. Validation within Gynaecology has been flagged as a priority to trusts via the recent Specialty Improvement Programme 1:1 meetings. Devon's Primary and Secondary Care Interface The interface document has been signed off by RDUH and TSDFT execs. UHP are taking the document to the Exec team this week. The first meeting of the Primary Care and Trust leads will be taking place on 14th February to review of impact and effectiveness. These meetings will then be undertaken on a 6 weekly basis. DNA Improvement in DNA rates is being picked up at a specialty level via the Specialty Improvement Programme. 1:1 meetings with providers focused on Gynaecology have taken place with actions to reduce DNAs agreed. Best practice within providers will be shared across the system and showcased at the System Gynaecology Improvement Summit on February 27th.

Must Do's

Theme	Must Do	Commentary
Elective Recovery 2 nd Page	PIFU and advice and guidance	Advice and Guidance (A&G) / Advise and Refer (A&R) The recommendations set out in the Advice and Refer paper were approved at the Elective Care Improvement Board in January 2024. This includes the requirement for all providers who wish to go live with Advice and Refer to complete a checklist confirming that all necessary infrastructure is in place. A recent issue in relation to A&G turnaround times have highlighted the need for a self-assessment tool to gain assurance from all services offering A&G that it is working effectively. A process is in development to monitor turnaround times of A&G at specialty level as a trigger for a deeper dive into potential issues. A&G improvement is being picked up at specialty level via the Specialty Improvement work programme. Devon continues to exceed the required 21% target for A&G requests. PIFU As at December 2023 Devon has achieved 4.4% patients moved or transferred to a PIFU pathway. This means that as a system the 5% target has now slipped following November's achievement. Christmas holiday pressures as well as industrial action have contributed to this slip in achievement. Work continues with all providers to support enhancing PIFU through the Specialty Improvement Programme. Clinical oversight of PIFU is supported via the system Clinical Risk and Long Waiters group reporting into the Elective Care Improvement Board for strategic oversight and governance.
	Productivity improvements – theatres/outpatient s etc	As of 26th Jan, 104ww trajectory for Feb is 6 capacity breaches against a plan of 0; these are at UHP. End of March trajectories for 78ww and 65ww have been noted at 648 against a plan of 322 giving a negative variance of 326 in 78ww and 2,895 against a plan of 2,323 giving a negative variance of 572 in 65ww. These positions in 78 and 65ww patients do not include the independent sector (IS). The IS have been directed that all 78ww patients should be treated prior to 31st March 24, however there is a degree of risk against this at Nuffield Plymouth. A new waiting time dashboard is being rolled out to support work to identify areas of opportunity for equalising waiting lists. This was initially presented at the IPT steering group on 30th Jan to provider colleagues. Speciality improvement work is continuing across the system with additional system resource being brought in to support the setting up of the next specialities following the rollout of gynaecology. The first formal system gynaecology specialty improvement group is scheduled for 27th Feb and will be chaired by Nigel Acheson ICB Medical Director. The delivery of the wider specialty improvement work is closely linked in with the discussions around operational planning for FY24/25. It is being planned for all five specialty improvement programmes (covering OP, Surgical Pathway Improvement and Theatre Utilisation) to be implemented during Q1 of FY24/25 with ongoing monitoring and management throughout the year. The implementation of additional specialty improvement programmes will take place through Q2-Q3 as opportunities are identified. These will also be linked in with all work taking place to equalise waits across the system, the update of PIDMAS and access at point of referral. Planning is taking place in preparedness for the upcoming cohort 2 rollout of PIDMAS. As of 23rd Jan, 41 patients have been IPT'ed to alternative providers through PIDMAS - including IS which is 8% of the total requests. Devon had 461 PIDMAS requests in total (including 9 with our IS providers), 444 were deemed as being valid requests by NHSE, with capacity offered for 123 patients. These were broken down as 251 admitted and 123 non admitted requests (excluding IS). Of these 34 patients were not suitable to transfer, 27 patients were booked with the originating Trust and 75 patients had the transferred cancelled (due to various reasons). Third Children's theatre in Plymouth is now open. Discussions taking place on how Directory of Services to accept patients for non-specialised ortho, ENT, plastics, urology, generalised surgery, to go direct to UHP for triage and to repatriate patients from Bristol. Full focus continues to meet 0 65 wk admitted and non-admitted waiters for Spinal and Orthopaedics. All teams mobilising additional capacity at base sites (3 session days/weekend working) wherever possible with further support offers being mobilised. Single Point of Access for Spinal low back pain pathway went live on 29/01/2024, CRG publication early Feb. and education events. Review planning/baseline to be developed in February 2024. All ophthalmology teams having introduced the CEE linear acquisition pathway for Glaucoma and Medical retina and maximising assets. TSDFT working with CEE to support reduction in backlog before going live with their dedicated linear acquisition centre early autumn 2024.

Must Do's

Theme	Must Do	Commentary
Elective Recovery 3 rd Page	Deliver the merger plan agreed by the RDUH Board	Extended our Board subcommittee, the Integration Programme Board, for a further 12 months to oversee the next phase of our clinical integration changes as well as the operational structure changes that will support and enable further integration. Currently participating in the nationally led post 12 months learning lessons review which was the final requirement set out by NHSE SW. NHSE learning lessons report has been received through Board governance and the Trust is now enacting the next phase of integration which is a move towards an integrated service structure to enable greater clinical sustainability of the most challenged NDDH's high priority services.
	Development of increased primary care access	Primary care continues to perform well in Devon, achieving higher than national average scores against the GP patient survey and against national General Practice Access Data (GPAD) metrics, recognising though that there is some variation across the county. All 31 PCN level (PCARP) Capacity and Access Improvement Plan reviews have taken place with all cases positive plans for change being presented and progressing to action(s). We continue to actively signpost practices and PCNs into national General Practice Improvement Programme (GPIP) offers and will target those that are most in need. In addition, we are establishing comprehensive data packs to support peer expert visits in 2024 to review access challenges with contractors identified as being most likely to benefit from such.
	Optimising use of IS across Devon and use of other providers – Sulis	Work is continuing to support additional in county mutual aid to support RDUH's cardiology long waiters. Pathways and reporting mechanisms are being worked through with final resolutions being agreed. Contracts held at the ICB with Fortius and Cleveland Clinic London are set to end on 31st Jan and 31st March respectively. Work is taking place to support this not impacting on long waiting patients. The national directive is for mutual aid work to be supported via the DMAS framework as much as possible and so this will be the preferred system mechanism moving forward for out of county mutual aid. Weekly meetings with all local IS providers remain in place, with capacity and further opportunities being discussed as a standard agenda item.
Finance	A shared unambiguous view on the drivers of the deficit	A drivers of the deficit process was undertaken in Feb 23 with the outputs forming an integral plan of the 23/24 financial recovery plan. All trusts have taken the final report through their finance committees / boards. COMPLETE
	Productivity – focus on OP, extended access	Productivity has been a focus of the 23/24 operating plan with a requirement to fully include and model all opportunities from GIRFT/HVLCs/ One Devon Elective Pilot. A productivity paper has gone to finance and planning board and system recovery board to discuss the relative productivity status of the three acute trusts and to agree the broad approach to reporting and understanding the drivers of productivity going forwards. A further report on the plans and timescales for developing a shared and consistent specialty/service level view of productivity by Trust will be taken to SRB before 31 March. In addition, a more granular view of opportunities and plans for moving elective productivity to upper quartile/GIRFT levels is being developed to support the elective improvement programme for 2024/25.

Devon System Exit Criteria Measures



Key: RGC Rating

Meets Objective

Misses Objective

Exit Criteria Measures														
Key Measures		Apr -23	May-23	Jun-23	Jul -23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	RGC
UEC														
Month on month improvements, over two quarters, in ambulance handover delays (>15 minutes) against the agreed baseline and trajectories	Target	4600	4729	5436	5444	4995	5419	6295	5368	6230	6222	5851	5422	
	Actual	5056	8041	6804	6384	8542	10,761	13,942	12,514	11,407	12,749			
Improvements in line with agreed baseline and plan, over two quarters, in ambulance response times for Category 2 incidents to 30 minutes on average over 23/24, with plan for further improvements in 24/25	Target	35	35	30	30	30	30	30	30	30	30			
	Actual	31	39	44	36	40	57	58	47	53	52			
Improvements in line with agreed baseline and plan over two quarters, in 12 hour breaches.	Target	2752	3466	2823	2016	2898	2992	3487	3040	2935	3483			
	Actual	2752	3466	2823	2016	2898	2992	3487	3040	2935	3483			
Improvements in line with agreed baseline and plan over two quarters, 4 hour performance (to meet 76% in 23/24)	Target	63.5%	66.0%	67.2%	68.1%	67.9%	67.7%	68.0%	68.6%	68.8%	68.6%	70.7%	72.8%	
	Actual	63.5 %	62.4%	60%	63.6%	62.1%	62.2%	60.7%	60.8%	63.5%	61.0%			
Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	Target													
	Actual													
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 5%	Target	10.2%	10.9%	10.1%	8.3%	8.3%	7.0%	6.3%	6.0%	6.9%	7.3%	6.5%	6.2%	
	Actual	11%	12%	11%	10%	10%	12%	12%	12%	12%	12%			
Elective Recovery * published two months in arrears														
Reduction in waits over 104 weeks in line with agreed plan, against agreed baseline	Target	167	153	96	44	27	0	0	0	0	0	0	0	
	Actual	162	133	97	71	51	22	2	2	6				
Reduction in waits over 78 weeks, in line with agreed plan, against agreed baseline	Target	1190	1109	1026	855	808	853	745	760	787	692	530	322	
	Actual	1288	1189	987	936	960	885	784	736	771				
Significant reduction in 65 weeks by March 2024, in line with agreed plan, against agreed	Target	4926	4809	5112	4886	4914	4486	3987	3358	3243	2971	2658	2232	
	Actual	5056	4898	4665	4419	4598	4181	3985	3346	3278				
75% of GP referred patients diagnosed within 28 days (%)	Target	74.54	75.32	74.19	74.66	74.89	74.24	74.65	74.35	74.43	73.8	76.2	76.95	
	Actual	76.6%	77.3%	78.2%	76.7%	74.5%	73.5%	75.1%	75.3%	77.9%				

Devon System Exit Criteria Measures



Key: RGC Rating

Meets Objective

Misses Objective

Exit Criteria Measures														
Key Measures		Apr -23	May-23	Jun-23	Jul -23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	RGC
Elective Recovery * published two months in arrears														
To exit Tier1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 (≤12.8%) and working towards achieving the national target.	Target	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8	12.8
	Actual													
To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable, or improving for 2 out of 3 months for the quarter	Target	707	710	741	694	728	715	689	696	687	622	565	488	
	Actual	620	648	582	577	572	575	606	609	601	681			
Finance														
Performance against system savings trajectory	Target	9521	9653	9981	12913	13043	13379	21971	17341	17339	28164	28168	30768	
	Actual	12,315	13,763	11,892	10,178	17,878	11,268	12,333	18,739	24,350	20,628			
Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery	Target	6895	7026	7354	9715	9843	10180	13273	13642	13639	22965	22969	22950	
	Actual	4,227	5,675	7,816	3,551	6,445	7,375	8,297	10,580	12,124	16,684			
Productivity back to 19/20 levels as a minimum	Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Actual			83.6%	84.7%	85.1%	86.1	86.5	87.6					
Meet the financial plan every month for the quarter	Target	-9,761	-17352	-24272	-27998	-32565	-36944	-38763	-45438	-53358	-53672	-51452	-42339	
	Actual	N/A	-17,603	-24,552	-33,299	39,725	57,687	74,806	-60,880	-80,278	-89,047			
Reconfirm the underlying exit run-rate	Target													
	Actual													

Devon System Exit Criteria Measures -



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

Key:

On track and with clear evidence to meet the exit criteria by the planned date

Emerging risk of inability, or no clear evidence of ability to meet exit criteria by the planned exit date

Off track with high risks of inability to meet exit criteria by planned date

Exit criteria achieved and embedded

Resources just deployed, too early to tell

Critical Path Overview

Summary:

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

Critical Path

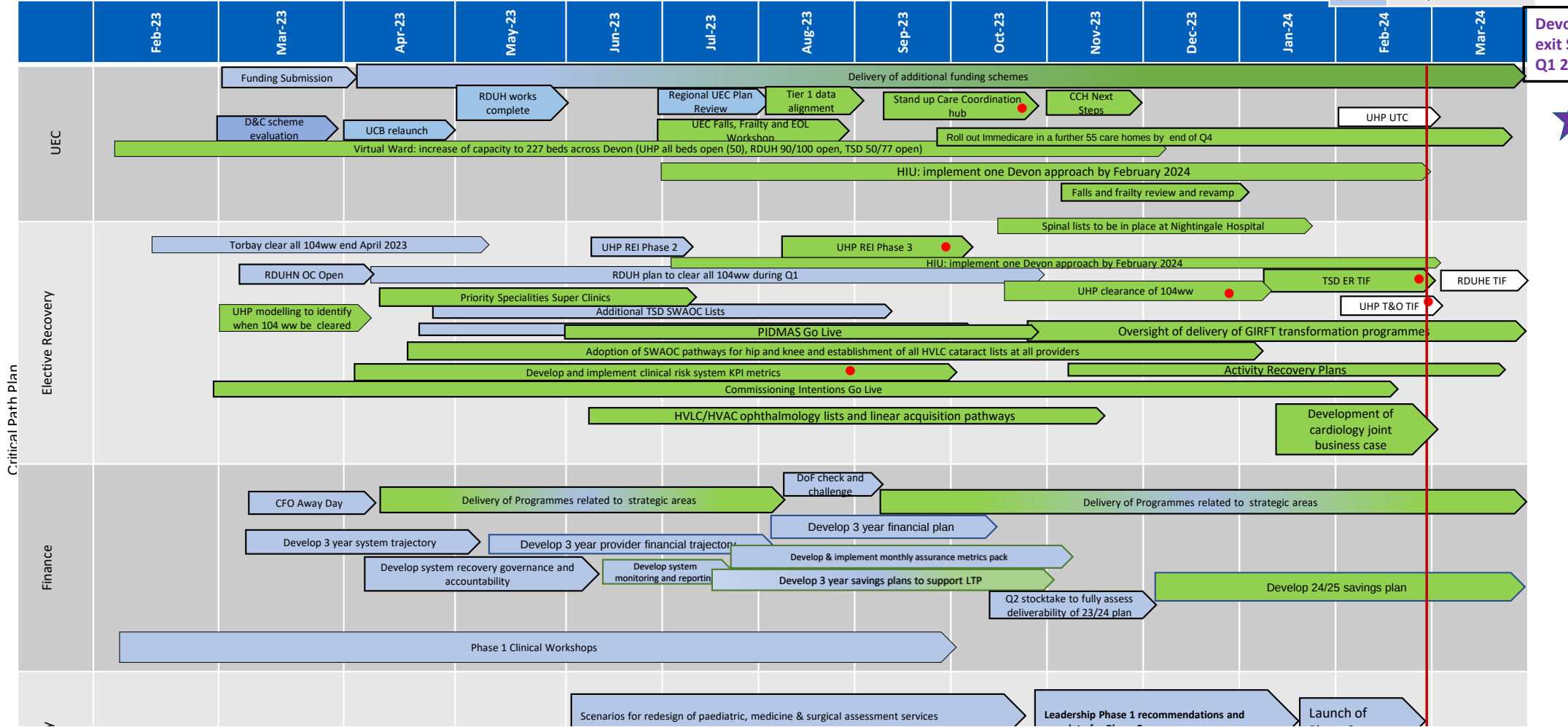
At Risk

Not Started

In Progress

Complete

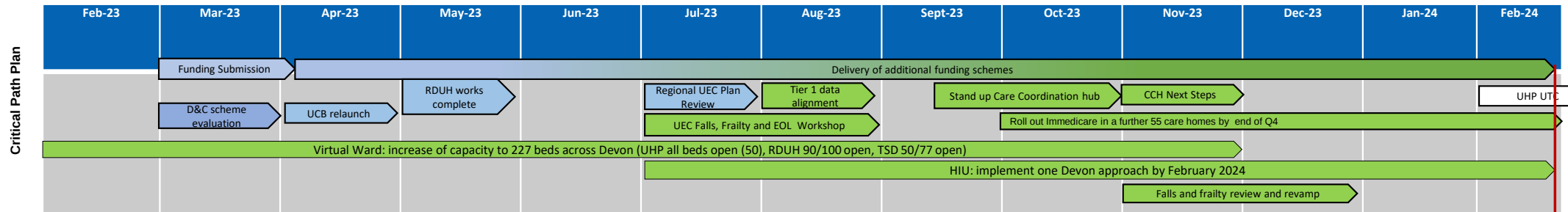
NHS



Devon System Overview Framework Criteria Report: Urgent and Emergency Care



Critical Path Key:			
	At Risk		Not Started
	In Progress		Complete



Re-focus for remainder of 23/24

- Operating plan requirements and assumptions
- Review of all funding since 19/20
- Commencing clinical model plan
- Ated Review delivery plan
- GiRFT focus and key actions
- Out of hospital review commissioned

Provider 76% 6 week plan focus to end of year

Care Coordination Hub

- 2466 referrals to date
- 82% ED attendance avoidance
- Link to AtED review

Enhanced Access

- 1270 of clinical time appointment time commissioned per week
- Being delivered in 103 practices

Virtual Wards

- 227 Beds Open
- Occupancy improved to 70%
- 65% admission avoidance

ARI Hubs

- Live in 27 out of 31PCNs
- 14,525 appointments offered
- 0.5% onward referral rate

Admission Avoidance LES

- Scheme is live in 100/120 practice.
- Most recent data shows 32,396 patients coded as at risk with 50,980 clinical contacts targeted to this cohort
- Expected to prevent 1,123 ED attendances and 641 unplanned admissions.

Devon System Overview Framework Criteria Report: Urgent and Emergency Care Cont'd **SAM - WS**



Planned Activities	Activity	Lead	Deadline
	Follow up UEC lock in to develop 24/25 Operating Plan	Sam Wadham-Sharpe	7th March 2024
	UEC investment review recommendations	John Finn	29th February 2024
	GiRFT AtED delivery plan and recommendations	John Finn	29th February 2024
	Out of hospital review and recommendations	Colin Bradbury	March 2024
	Clinical Model Framework - CRGs set up - GiRFT and best practice reviews	Anthony Hemsley	March 2024

Barriers and Areas for Escalation	Barriers	Mitigation
	Industrial action	Tactical control centre leadership, prioritisation processes
	Resources to support delivery of Care Coordination	Business case for Care Coordination Hub to DIG in February
	Continued levels of demand – winter pressures including RSV, covid and flu	Further work on understanding pressures in unscheduled care system - System agreement and alignment - Agree areas of focus – pre ED, in ED, acute flow, OOH

Area of escalation	Support Required	Expected Outcome
MIU data capture and performance impact	Clarity on process and impact	counting MIU activity

Devon System Overview Framework Criteria Report: Elective Recovery

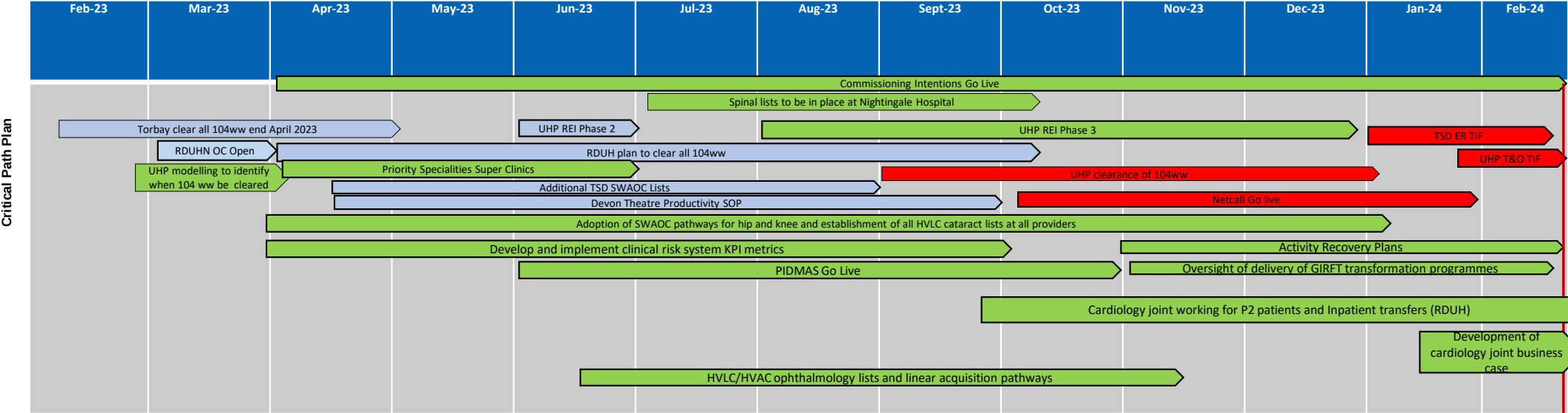
Critical Path Key:

At Risk

Not Started

In Progress

Complete



Preparation for PIDMAS cohort 2 is ongoing. As of 23rd Jan, 41 patients have been IPT'ed to alternative providers through PIDMAS - including IS which is 8% of the total requests. Devon had 461 PIDMAS requests in total (including 9 with our IS providers).

Recovery of the 104ww position as of 26th Jan, is behind trajectory for Feb being 6 capacity breaches against a plan of 0.

System actions for the mobilisation of the equalisation of waits project have been discussed and agreed via the IPT steering group on 30th Jan.

Discussions with additional IS provider for potential in system MA support via DMAS for cardiology are ongoing with pathways and reporting mechanisms just being finalised.

Waiting list comparison dashboard now in place to support identification of opportunities for equalisation or PIDMAS capacity.

Additional resource allocated to the support of the rollout of the specialty improvement programmes (expected to start w/c 5th Feb part time)

Elective operational planning discussions ongoing with draft opportunities being collated.

One Devon Elective - Demand and Capacity review in cardiology (RDUH E and TSDFT) and clinical session on 9th feb to define future service areas to standardise joint working

One Devon Elective – TSDFT TIF theatres go live 19/02/24, timetables generated and booking patients

REI theatres open dec 23 – first patient 03/01/24 with target HVLC numbers being delivered

Spinal SPOA live 29/01/2024, spinal consultant recruitment fully underway with start dates for late april/early may. Clinical passports in place for existing staff. HVLC spinal at Nightingale remain successful.

Ortho and spinal teams working to eliminate 78 wk waits and with the exception of UHP get to 0 65 wks by end march

New spinal consultant posts interviewed for on 26/01/24, estimated start date late April/early May 2024

All ophthalmology teams having introduced the CEE linear acquisition pathway for Glaucoma and Medical retina and maximising assets

Devon System Overview Framework Criteria Report: Elective Recovery



Planned activities

Activity	Lead	Deadline
NetCall go live	Steve Matson	29 th February
PIDMAS cohort 2 rollout (expected w/c 5 th Feb with 4-week rollout plan)	Rachael Burrridge	29 th February
BI team review with Trust colleagues; manual data capture of fallow list information and agree on reporting rhythm	Karen Helliwell	29 th February
Cornwall / UHP neurology (headache clinic) referrals repatriation plan to be in place	Sean Beeken	29 th February
System review of RDUH-N pain management pathways	Sean Beeken	20 th February
DRSS patient choice waiting list discussion script review	Sean Beeken / Rachael Burrridge	20 th February
System operational planning FY24/25 development for elective recovery first draft	Sean Beeken	29 th February
Work with Trusts on recovery of non-endoscopy DM01 modalities and reduction of +13 ww.	Bev Parker	Ongoing
Support Devon Diagnostic Centre in delivering against activity profile and business plan for purchasing mobile units .	Bev Parker	Ongoing
Point of referral scheduling options to be reviewed	Sean Beeken	29 th February
One Devon Elective Pilot: contractual letters to be issued following solicitors advice to local Optoms in terms of ensuring transparent choice of surgical provider. Capacity and demand modelling development to understand trajectory to deliver increased cataracts in NHS/system assets and workforce to deliver	Emma Herd/Rachael Burrridge	2nd Feb (letters) 19th Feb cap and demand
One Devon Elective Pilot: review and finalised Cardiology demand and capacity, relative rates of access and job planning information. Review business case development and retain grip around ongoing tactical actions with RDUH and TSDFT to ensure P2 WL position improves	Emma Herd	15th February
One Devon Elective Pilot: Orthopaedic and trauma mitigation actions to achieve 0 65 wk admitted by end march 2024 (several remedial actions outlined in slide 4)	Emma Herd	31st March
One Devon Elective Pilot: embed, monitor and review SPOA implementation and impact, appoint Spinal Consultants (joint posts)	Emma Herd	28th February
Devon System Clinically-led Gynaecology summit	Kim Maby	27th February

Devon System Overview Framework Criteria Report: Elective Recovery



Barriers

Barrier	Mitigation
Industrial action	Tactical control, prioritisation processes
Non elective surge	PEC agreement, commissioning intentions
Reliance on insourcing/outourcing	Commissioning intentions/productivity modelling
Clinical engagement/leadership	Engagement in elective care improvement board
Job planning – capacity for CMOs/clinical teams to review and implement recommendations	Commissioning by provider collaborative of external support. Information requested to confirm programme management approach of actions required to implement recommendations
Waiting well offer does not extend to CYP or tailored to be accessible to those with disabilities	Linking with CYP team to work through support that is available
Delay in implementation of paediatric non-clinical validation process means unable to meet NHSE targets.	NHSE to be made aware of the delays in implementing non-clinical validation.
No C2C referral data for RDUH	Claire Rudler working to achieve implementation of data feed
Current available diagnostic capacity is insufficient to meet the objectives within the operational plan 23/24.	Demand /capacity forecast completed to understand the gap. Seeking opportunities to increase capacity wherever possible through operational efficiency, use of IS, mutual aid and bids for additional funding.

Escalations

Area of escalation	Support Required	Expected Outcome
Commissioners are still waiting for the diagnostic recovery plan for DM01 non endoscopy modalities, following several requests to RDUH.	Support is required to assist all diagnostic leads to prioritise sharing individual Trust non-endoscopy modality recovery plans and attend a further discussion meeting if required. This was escalated at TDG 23 rd Jan however plans still have not been shared as of 31/01/24.	Accurate DM01 performance trajectories in place to support both operational delivery as well as FY24/25 planning.
Assurance of programme plan and timelines for implementation of consultant job plan review, as a result of recent diagnostic exercise, is not fully in place.	Support is required to ensure all providers share relevant assurance as a part of the One Devon job plan review	Improved system productivity in light of aligned job plans.
There are significant delays in the mobilisation of the UHP orthopaedic theatre TIF development. This has slipped to 27th May 24 from an initial go live of August 23. The TSD modular theatres have also slipped to 19th Feb from an initial plan of November 23 (interim slip flagged as 26th Jan 24).	None at present in terms of build programme however support being provided to achieve best possible end of March PTL position and maximising use of TIF workforce assets available	Improved productivity with the commencement of additional capacity for the system.
Community Diagnostic Centre Torbay has been further delayed to August 24 from May 24 due to lease not being signed by the landlord.	None at present	Increased diagnostic performance and capacity.

Devon System Overview Framework Criteria Report: Finance

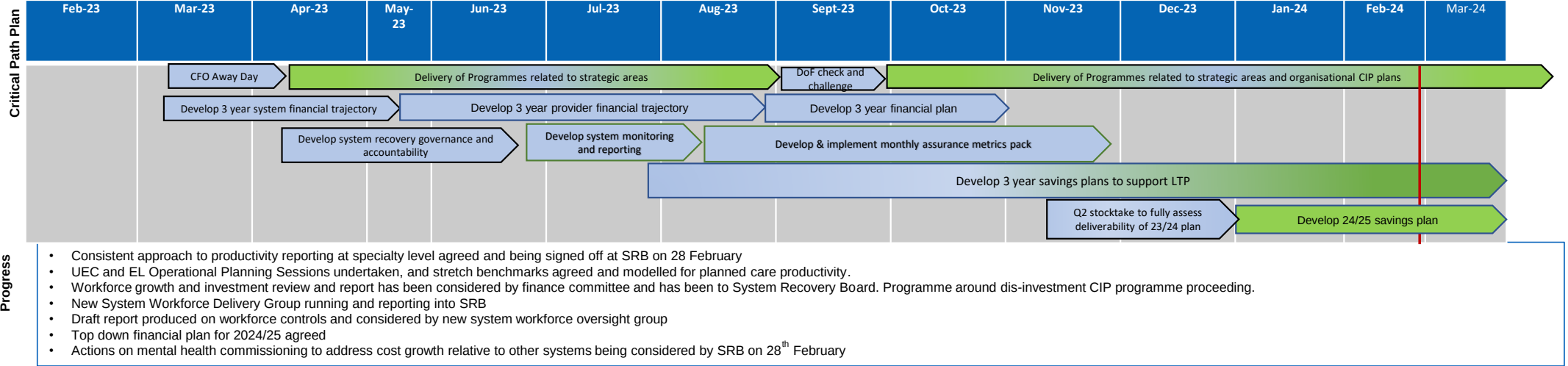
Critical Path Key:

At Risk

Not Started

In Progress

Complete



Planned activities

Planned Activities	Planned activities		
	Activity	Lead	Deadline
	Continue to develop 3 year CIP saving plans to support LTP	Steve Webster	End March
	Further review of underlying position to be undertaken for TSD	Steve Webster	For March submission
	Develop financial values, PIDs and delivery plans for 24/25 savings schemes	Steve Webster	End March

Barriers and Areas for Escalation	Barriers	
	Risk Description	Mitigation
	Ability to deliver high percentage cash out CIP	Escalation required.
	Lack of capacity and capability to deliver	ICB identifying additional resource (10 WTEs) and business case for continued but reduced level of external support. Additional RSP resource identified x3. Continued support from RSP into 24/25.
	Inability to deliver 19/20 productivity levels	Detailed recovery plan. Development of local productivity analysis to understand key drivers.

Escalation		
Area of escalation	Support Required	Expected Outcome
Impact of 23/24 exit run rate on 24/25 plan and ability to deliver high percentage of cash out CIP.	Support to review options available.	A change in agreed recovery trajectory.

Devon System Overview Framework Criteria Report: Strategy

Critical Path Key:

At Risk

Not Started

In Progress

Complete

Critical Path Plan

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Phase 1 Clinical Workshops												
				Scenarios for redesign of paediatric, medicine & surgical assessment services				Leadership Phase 1 recommendations and mandate for Phase 2.			Launch of Phase 2.	

Progress

- PASP Board – No PASP Board held in January
- PAPC Quarter 3 submitted
- Approach and Methodology for Fragile services signed off and launched. Priorities agreed for fragile services
- Support and endorsement for Phase 2 secured from NHS Devon
- Agreement secured to include implications for maternity and neonatal services

Planned Activities

Activity	Lead	Deadline
Secure endorsement to end of Phase 1 recommendations and mandate for Phase 2 from Cornwall & Isles of Scilly ICB	Liz Davenport/Allison Williams	01/03/2024
Review NOF4 exit criteria and milestones with NHSE SW	Liz Davenport/Allison Williams	30/04/2024
Fully scope PASP Phase 2 deliverables and timelines	Jenny Turner	29/02/24
Recruit PAPC Programme Team	Liz Davenport	30/03/24
Agreement on alignment of system productivity workstream with elective recovery and system improvement programmes	Liz Davenport/Allison Williams	30/03/2024
Secure resource for modelling of clinical scenarios	Liz Davenport/Allison Williams	30/03/2024
Consider the implications of the paediatric scenarios for maternity and neonatal services	Jenny Turner	30/03/2024
Identify High complexity/Low volume procedures to contribute to the modelling of scenarios	Jenny Turner	30/03/2024
Refine case for change	Jenny Turner	30/03/2024

Barriers and Areas for Escalation

Barriers

Risk Description	Mitigation
Options unaffordable	Put in place PASP financial framework in the context of Devon and Cornwall's ICS financial frameworks
Insufficient leadership support and buy-in	Regular communication and engagement with Trust CEOs, Peninsula leadership and NHSE SW leadership
Lack of public and patient support for PASP	PASP communications and engagement plan in place covering: partners, OSCs, workforce public and patients
Insufficient resources to support PASP delivery	PASP Programme Team to be established. Resource for modelling to be identified.
Fragile Services workstream does not deliver a set of agreed outcomes and at pace	60-day approach being implemented to programme support in place.
Interfaces with other priority programme of work are not clear	Work with other programmes in PASP Phase 2 to understand and manage the interfaces

Escalation

Area of escalation	Support Required	Expected Outcome
Modelling resource	Resource required to support the modelling of clinical scenarios	Resource identified
Maternity services	National Team support for clinical models for small, geographically isolated maternity unit.	Region have agreed connections between Devon and national team

Devon System Overview Framework Criteria Report: Leadership – System Working

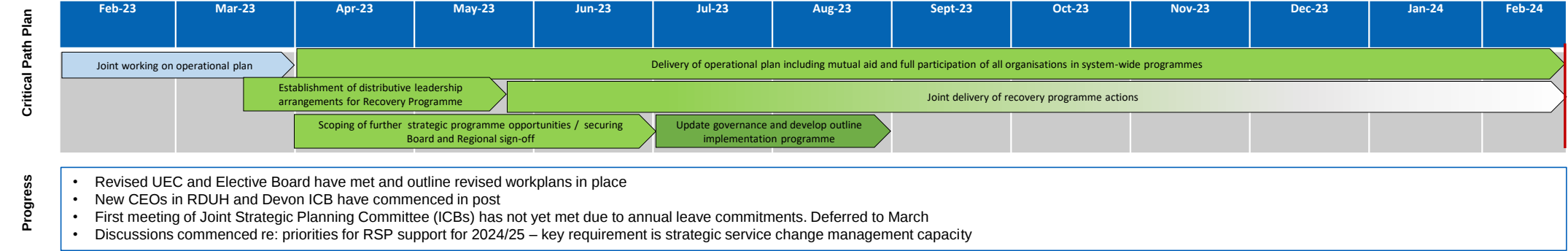
Critical Path Key:

At Risk

Not Started

In Progress

Complete



Planned activities

Activity	Lead	Deadline
Conclude discussions with CEOs re: evaluation of RSP process to date and likely support needs for 24/25	CEOs	End March
ICB to commence recruitment for replacement CMO (NA retirement) and substantive CNO	SMoore	End Feb / End March
New ICB CEO to review CEO meetings arrangements and the Chairing of the System Recovery Board and supporting programmes with a view to implementation during March	SMoore	March
Consistent expectations for 24/25 plans to be agreed by CEOs and communicated to all teams	AW / CEOs	19 th February

Planned Activities

Barriers

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

Escalation

Area of escalation	Support Required	Expected Outcome
UEC system leadership to be reviewed again given changes in personnel	None – for CEOs to address	To note given ongoing risk

Barriers and Areas for Escalation

Devon System Overview Framework Criteria Report: Leadership – OD activities

Critical Path Key:

At Risk

Not Started

In Progress

Complete

Critical Path Plan

Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Funding Secured/Contracting Completed	Scheduling of Outward Mindsets senior system leadership 12 month prog	Implementation – 12 month Outward Mindsets senior system leadership programme; UEC Effective Navigation innovation work; Spread of adoption of outward mindset										
	Agree plan/next steps for adoption of Devon Op Model	Implementation – adoption of the Devon Operating Model and associated frameworks – decision making and delegation										
	Complete co-production and publish Devon 5-Year Joint Forward Plan	Implementation – Devon 5-Year Joint Forward Plan										

Progress

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

- Continued progress on UEC Effective Navigation programme –100 days reached on 14th Dec 23. Sustainability workshops completed, highlighting the innovations achieved for each of the three groups. The 'What's next' workshop is complete, learning report has been drafted and is being shared/tested with the three teams. Sustainability plans for continued support are being worked on. UEC – 100 days of the 100-day challenge is complete. What's Next workshop held in January demonstrated positive outcomes from each of the three projects
- The approach to adopt outward mindset with Senior System Leaders has been paused. This decision was taken at NHS Devon Board in Dec 23. Work continues to deliver of the Outward Mindset Forward plan supporting system partners through 8 trained Devon facilitators.
- Completed the refresh of the 5-Year Joint Forward Plan - the work to implement this is on pause due to resource from the System Development Team being disbanded/repurposed

Planned activities

Activity	Lead	Deadline
Outward mindsets – some delivery continues as part of the Outward Mindset forward plan, delivered through 8 Devon facilitators. Focus of this work is currently supporting local authorities and voluntary sector	Katy Kerley	End May 2024
Continued work with HIN South West to complete learning report and support sustainability plan.	Katy Kerley	End Feb 24
Devon Operating Model – complete discussions to agree how to commence adoption of the Model [paused until April 2024]	Warwick Heale	May 2024
Continuation of work to refresh the 5-Year Joint Forward Plan – assessment of the impact on JFP of the immediate singular focus on system recovery is needed	Jenny Turner	End Jan 24

Barriers and Areas for Escalation

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

Escalation

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



Devon SIAG Provider Highlight Report - TSD

Date: February 2024

#OneDevon

Devon System Overview Framework Criteria Report



TSDFT

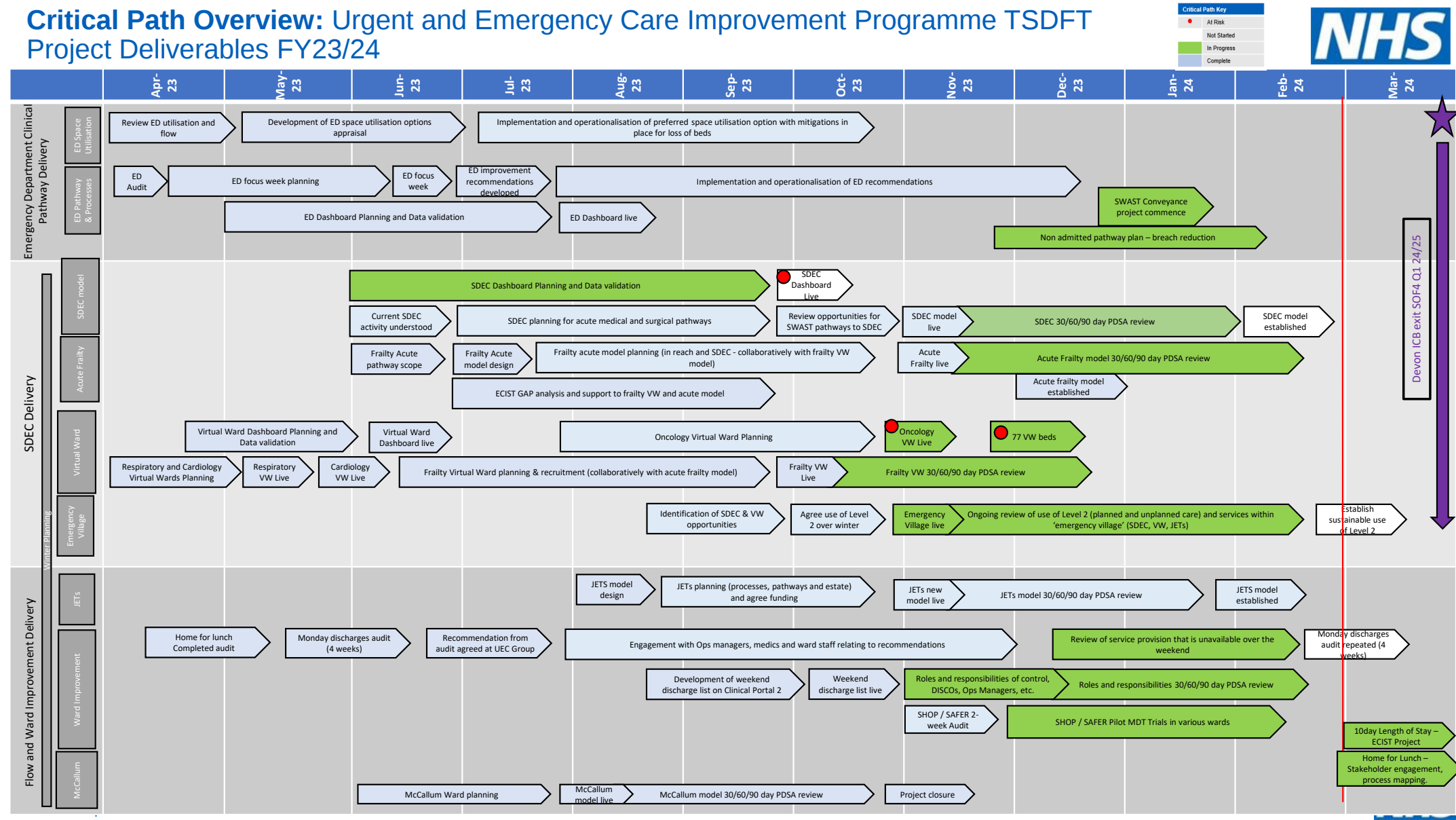
Exit Criteria Measures													
Key Measures		Apr - 23	May - 23	Jun - 23	Jul - 23	Aug - 23	Sep - 23	Oct - 23	Nov - 23	Dec - 23	Jan - 24	Feb - 24	Mar - 24
UEC													
Month on month improvements, over two quarters, in ambulance handover delays (>15 minutes) against the agreed baseline and trajectories (hours lost)	Target	894	582	1038	992	1111	1137	1416	996	1213	1287	1205	1110
	Actual	1233	1605	1555	1223	1707	2579	3591	3141	2141	3634		
Improvements in line with agreed baseline and plan over two quarters, 4-hour performance (Trajectory to achieve 76% by 23/24)	Target	59.99%	65%	68%	68%	68%	72%	72%	73%	75%	70%	73%	78%
	Actual	61.75	60.83%	64.63%	63.52%	67.9%	68.4%	66.6%	67.0%	68.03%	65.1%		
Improvements in line with agreed baseline and plan over two quarters, 12-hour breaches. (time in department)	Actual	568	893	797	636	794	686	822	770	622	836		
Month on month improvements, over one quarter, in pre-midday discharges against agreed baseline and trajectories	Target	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%		
	Actual	17.35%	18.59	19.9%	20.5%	21.6%	21.5%	20.3%	22.4%	23.7%	22.5%		
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the "criteria to reside in hospital" to no more than 5%	Target	10.15%	10.15%	10.15%	7.51%	7.51%	7.51%	5.16%	5.16%	7.45%	7.5%	5.0%	5.0%
	Actual	7.62%	7.48%	7.0%	6.0%	7.5%	7.4%	8.3%	7.2%	6.4%	6.6%		
Elective Recovery													
Reduction in waits over 104 weeks in line with agreed plan, against agreed baseline	Target	0	0	0	0	0	0	0	0	0	0	0	0
	Actual	0	0	0	0	0	0	0	0	0	0		
Reduction in waits over 78 weeks, in line with agreed operating plan trajectory following NHSE review June 22023	Target	173	208	130	130	130	111	92	73	65	35	19	0
	Actual	173	173	130	129	156	187	155	179	163	141		
Significant reduction in 65 weeks by March 2024, in line with agreed operating plan trajectory following NHSE review June 2023	Target	1,292	1,362	1,312	1,307	1,387	1,189	991	793	650	397	199	0
	Actual	1,244	1,197	1221	1155	1274	1161	1018	871	842	788		
75% of GP referred patients diagnosed within 28 days	Target	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
	Actual	75.54%	80.75%	77.5%	79.5%	75.6%	75.1%	77.5%	75.7%	77%	74.9%		

Devon System Overview Framework Criteria Report

TSD



Exit Criteria Measures													
Key Measures		Apr - 23	May - 23	Jun - 23	Jul - 23	Aug - 23	Sep - 23	Oct - 23	Nov- 23	Dec - 23	Jan - 24	Feb - 24	Mar - 24
Elective Recovery													
To exit Tier1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 ($\leq 12.8\%$) and working towards achieving the national target.	Target	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%	12.8%		
	Actual	6.5%	6.2%	5.8%	5.3%	6.9%	5.4%	7.2%	7.9%	10.2%	11.0%		
To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable or improving for 2 out of 3 months for the quarter.	Target	160	150	152	155	162	170	175	179	182	163	148	138
	Actual	107	111	100	89	120	105	143	147	158	173		
Finance													
Performance against system savings trajectory	Target	625	625	623	3,083	3,082	3,082	8,898	3,900	3,898	6,256	6,256	6,250
	Actual	0	0	4,351	3,091	3,125	3,082	6,833	5,456	3,995	3,071		
Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery	Target	281	281	280	2,167	2,165	2,167	2,732	2,734	2,732	5,090	5,090	5,086
	Actual	0	0	3,715	1,776	2,198	2,486	2,333	3,110	3,009	2,362		
Productivity back to 2019/20 levels as a minimum	Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Actual	As per NH SE&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I	As Per NHS E&I		
Meet the financial plan every month for the quarter	Target	(4,883)	(5,215)	(4,853)	(2,446)	(2,601)	(2,537)	1,275	(3,404)	(3,707)	(1,577)	(976)	(1,649)
	Actual	(4,861)	(4,764)	(4,843)	(2,699)	(4,273)	(3,546)	(1,089)	393	(4395)	(3,850)		
Reconfirm the underlying exit run-rate	Target	(5,144)	(5,476)	(5,179)	(3,614)	(3,597)	(3,356)	(4,796)	(4,614)	(5,049)	(2,739)	(2,050)	(2,730)
	Actual	(5,528)	(5,430)	(5,509)	(5,189)	(5,478)	(4,213)	(4,261)	(4,414)	(4,766)	(4,384)		



Devon System Overview Framework Criteria Report: Urgent and Emergency Care

TSD 2023/24 Devon SOF Criteria Report

Critical Path Key:

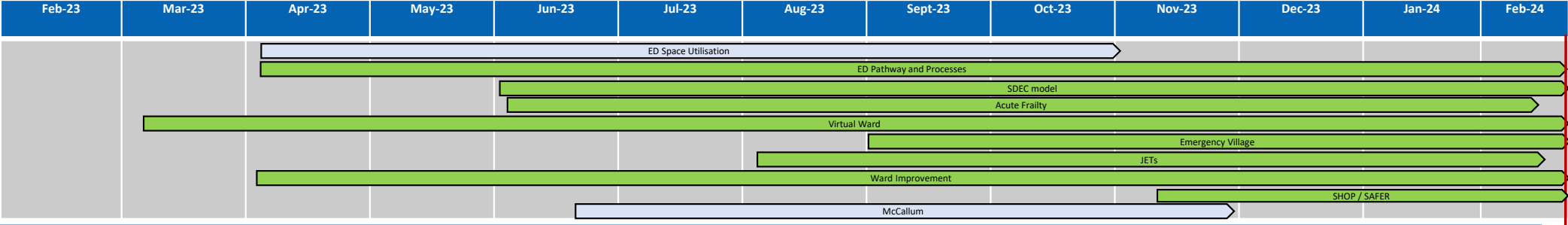
At Risk

Not Started

In Progress

Complete

Critical Path Plan



Progress

- ED Utilisation paper - UEC Future Improvement Event held, findings currently being drafted. Scoping work around Non-Admitted Pathway Projects to start Feb 24. Various meetings around potential PPG contract to define potential, costings and timeframes.
- ED Clinical Pathway - Establish re-direct to Primary Care, scoping has commenced
- IPS Phase 1 – SSPAU space utilisation, demand, and capacity mapping to commence 6 Feb 24. Phase 2 – Orthopaedics data review underway, admitted pathway completed and shared with CGD and stakeholders. Phase 3 – AMU scoping commenced
- Virtual Ward - OPAT Service scoped with trauma and orthopaedic and numbers included in virtual ward capacity. GP planning session to look at the potential for direct respiratory referrals, and SWAST. Frailty open to UCR and IC referrals.
- Emergency Village - Frailty SDEC Model scoping into next day patients from Medvivo, Data subgroup created to investigate data collected since going live.
- Emergency Village – SWAST Conveyancing to provide Improvement Support around engagement, process mapping and data analysis.
- Flow & Ward – Sick, Home, Other Patients (SHOP) phase 2 Planning meeting, baseline data, and stakeholder engagement and comms have commenced for George Earl and Simpson wards.
- Flow & Ward – Home for Lunch to focus on comms strategy, stakeholder engagement and focus groups to understand current state and barriers and to identify improvement opportunities.
- Flow & Ward – Closure report for Weekend Discharges being drafted.
- Flow & Ward – JETs decision was made to not progress once Frailty SDEC took over the space
- Establishing Care Community Hub in partnership with the ICB. - Completed

Planned Activities

Planned activities in next reporting period	Lead	Deadline
Internal professional standards – targeted approach to specialties meet these standards – specifically the response to ED clinical review	COO	Long Term Project
Review and implementation of GIRFT UEC recommendation link to the wider Trust UEC Plan – This is in progress	COO	December 2023
Virtual ward continuation of expansion towards 77 beds	COO	March 2024
Action associated with the 6 focus areas highlighted through the Tier 1 meeting – with weekly to regional and National Teams. Quick wins non admitted night activity review. Completed. Further work commenced to align improvement plans to focus areas and improve performance – see Tier 1 summary	COO	ongoing
ED Clinical Pathway – to complete scoping and findings, and to agree pilot to commence February	COO	February 2024
Flow & Ward - Sick, Home, Other Patients (SHOP) – New SHOP Meetings to be audited and final report to be draft by end of Feb	COO	February 2024
Flow & Ward - Home for Lunch stakeholder engagement and process mapping to commence	COO	February 2024
Flow & Ward – 10-day length of Stay – ECIST project to commence	COO	February 2024

Barriers and Areas for Escalation

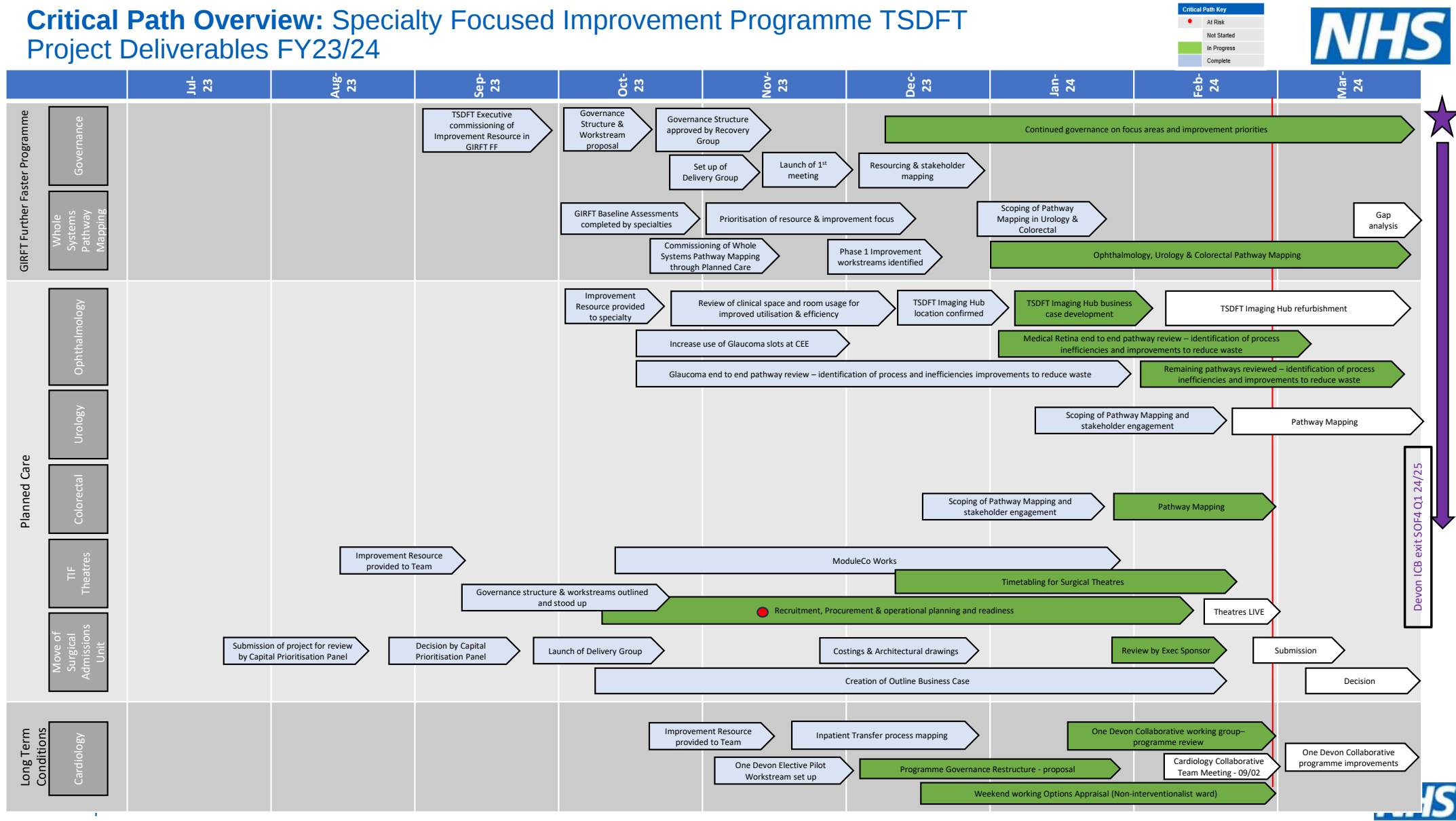
Barrier	Mitigation
Infection control impact on bed base and flow - standing down of BAU activities to support improvement work – Opel 4	Focus on maintaining improvement capacity. Further infection control measures with estate improvements to mitigate impact.
BI capacity to deliver datasets for monitoring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

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

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Provider Update Tier 1 240209 – Torbay and South Devon

Previous Week w/c 22 nd Jan	Actions Undertaken	Latest Week w/c 29 th Jan	 Risks and Escalations
Minors Type 1 88.3% Not Admitted 57.6%	• Actions for paediatrics embedded – impacted by weekend demand and lack of SSPAU • Ortho data review complete and actions for improvement moving to Delivery group action plan . • Maintain performance in UTC/MIU. • PPG streaming – GP slots OOH remain inconsistent in terms of capacity. Test of change commencing this week to optimise slots available. • Tracker role pulled into workforce to support increased acuity – review ongoing to understand ensure this is minimised . • Robust validation of all non-admitted pathways .	Minors Type 1 92.7% Not Admitted 56.4%	Risks Workforce – Substantive Vs Locum • Ambulance Demand and Management • Industrial Action • Infection Issues – small bed base • Overnight use of Discharge lounge, impacting Pre-Noon percentages as AM discharges moved to lounge overnight. Escalations *NCTR – DCC sourcing process *GP Streaming availability
% 4-5 Hour Breaches 15.0%	• Maintaining capacity in see and treat has been challenging with increased infection through ED – Balancing priorities with maintaining bed allocation and ambulance offloads . • Medical staffing requested to increase shift cover for middle shift and late to reduce the workload handed over to night shift- risk associated as requires volunteers. • In addition - Acute Medicine Locum secured to provide further support to ED - start date 12/02/2024 • Additional Acute medic Locum cover for “sift and sort” in ED commencing 12/02/2024- avoiding referral and providing see and treat . • Breach analysis shows onward flow to speciality beds and time to be seen as key contributors	% 4-5 Hour Breaches 15.1%	
Pre 12 Discharge 26.5%	• Maintaining focus on plus 1 at weekends and discharge lounge opening • Focus on community discharge to support early transfer of patients from the Acute Trust • Robust process for managing infection control to reduce the impact of ward closures . Impact in this report period of discharge ward and restrictions to the use of the discharge lounge for patients with infections.	Pre 12 Discharge 21.2%	
24-48 LoS 65	• Increase use of Virtual ward – Step up to support admission avoidance - Capacity at 66 – current occupancy 75.5% • Impact of recent outbreak affecting discharges from closed areas.	24-48 LoS 73	
Overnight Breaches Arrived & Breached: 304 Breached overnight: 417	• Deep dive requested into overnight breach reasons . workforce requested to support middle and late shifts • Escalation status impacting on flow • Provision of out of hours transport commenced 10/01/2024 • Further review of bed opportunities OOH – site management focus	Overnight Breaches Arrived & Breached: 308 Breached overnight: 484	
Handovers > 60 min 55.5%	• XCAD embedded as planning and handover tool. • Exec-led support for a focus on no >60 minute handover delays. • Care Coordination South Spoke Model – Phase 1 – live focused on Community Urgent Response and Intermediate Care Offer • SWAST conveyance audit completed. • Further deep dive into handover process – with actions for ED and SWAST to ensure reporting is accurate reflection of delay	Handovers > 60 min 40.4%	
NCTR 7.8%	• Our Ready to go unit is supporting a reduction in care needs – increasing patients going home on P1 rather than alternative setting (P2-3) • 10 day review remain in place – promoting alternative options from inpatient beds..	NCTR 5.2%	



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

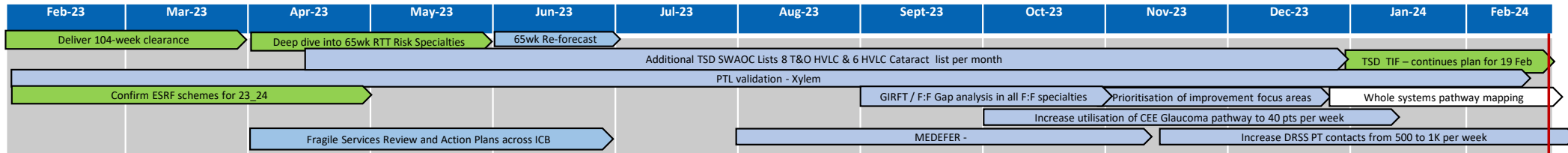
Devon SOF Criteria Report

Critical Path Key:

●	At Risk	■	Not Started
■	In Progress	■	Complete



Critical Path Plan



Progress

- ESRF – Current ESRF forecasts are on track to deliver break even ESRF position. Further plans to mitigate previous Industrial Action have been shared with the ICB and the Trust awaits a decision on whether to adopt these plans.
- 1st OPA cohort cleared from 6K to 500 at the end of November.

GIRFT Further Faster

The Trust is engaging in the GIRFT FF programme for all assigned specialties. End to end pathway redesign planned, with agreement to start with Ophthalmology, Urology and Colorectal pathways.

Glaucoma pathway within Ophthalmology redesign complete and implementation underway. Utilisation of CEE has increased to 40 per week, news waiting is rapidly decreasing ahead of trajectory.

TIF

- Stakeholders to continue with the delivery of targeted activity against the project plan to enable full operational readiness by 19th February.
- Theatre opening event arranged for 9th February.
- Simulation to commence; DSU 8th February, Ophthalmology 13th February
- First patients to arrive for pre-operative assessments on 12 February
- Workforce risks being mitigated through use of some agency staff in the interim

Outpatient transformation programme with focus on:

- Utilisation of Attend Anywhere
 - 1st appointments, advice and guidance and relationships with primary care providers
 - Administration errors, codesigning outpatient admin systems to be accessible and responsive to the different needs of patient groups
 - Room utilisation, DNA's and PIFU
- Cardiology** Collaborative working with RDUH (N&E) to reduce waiting times across the region by providing a 7-day service (including inpatient and outpatient patient). Collaborative clinical meeting on 09/02 to further structure working arrangements and network.

Planned activities in next reporting period 2024

Planned Activities

Activity	Lead	Deadline
Business case for refurbishment of Albany Street Clinic into an ophthalmology high-volume imaging hub	Sandie Heyworth	End of March 2024
Pathway mapping for remaining ophthalmology pathways (medical retina, cataract, oculoplastic, paediatrics, eye casualty, etc.)	I&I Team on behalf of Ria McCoy, Derren Westacott	Mid-February 2024
Stakeholder engagement and project scoping for Urology and Colorectal	I&I Team	Early-February 2024

Barriers and Areas for Escalation

Barriers

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

Escalation

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

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

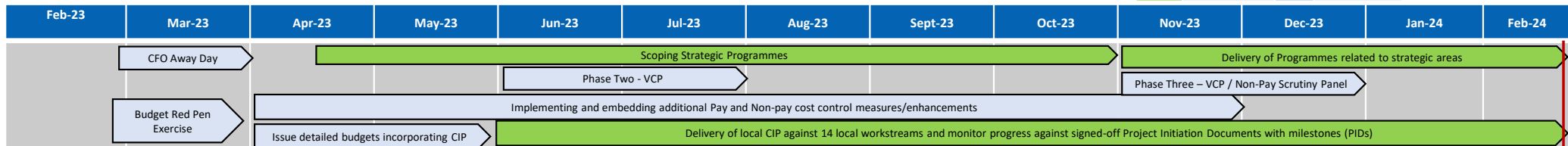
Devon SOF Criteria Report

Critical Path Key:

●	At Risk	■	Not Started
■	In Progress	■	Complete



Critical Path Plan



Progress

- The progress of CIP delivery is actively monitored and remains on track for 23/24. The process to build the 2024/25 detailed CIP Plan is fully underway. The pipeline continues to expand, incorporating new schemes for the 24/25 period.
- To enhance control over non-pay, there is a focus on a 'back-to-basics' titled 'Call to Action.' This initiative aligns directly with the M06 close-down letters from the ICB (Internal Control Board). The CEO is overseeing a comprehensive timeline and program of works.
- In response to the scrutiny of the M07 forecast, additional controls have been implemented for Workforce (Pay), including panels for Medical, Nursing, and Non-Clinical areas, chaired by Executive for sign off Sign-off. Similar controls have been applied for Non-Pay through the Non-Pay Scrutiny Panel that reviews Weekly Dashboard of all non pay expenditure.
- Trust-wide communication regarding the recovery plan has been disseminated to all staff. Weekly drop-in panels have been implemented to share the message to staff that may have queries.
- Planning 24/25 period, Demand & Capacity templates have been distributed to all Care Group areas for evaluation, alongside the Finance 1st Cut Planning Budget Template.
- The first iteration of the integrated 2024/2025 plan has been reviewed with all Care Group Directors.

Planned Activities

Activity	Lead	Deadline
The Governance and Recovery Group is in place and running weekly. The CIP Development and Planning process for 2024/25 has been signed off at the Recovery Group and implementation is fully underway. The first round of 2024/25 CIP Workshops have been completed across Care Groups and the Corporate areas, and the weekly follow up sessions are in place to support the development of the detailed CIP schemes. An Executive CIP Workshop is also planned to cover the larger strategic CIP Plans that require decisions to be made. A Pipeline of schemes are being focused on to make sure fully worked up schemes are in place and ready for delivery from the 1st April.	Director of Delivery	BAU and ongoing
Continued review of 'call to action' / Recovery Plan on 23/24 Forecast and enhanced Pay and non-pay controls (Non-Pay Controls / Weekly Dashboard)	Director of Delivery on behalf of CEO and CFO	BAU and ongoing
Review of detailed staffing review (Budgets / Establishment) – All Care Groups and Corporate Areas	Director of Delivery and CFO	Ongoing
Planning 24/25 - 1st Cut of Integrated Plan to be reviewed on the 5th Jan	Director of Delivery and CFO	Submission completed

Barriers

Escalation

Barriers and Areas for Escalation

Barriers	Mitigation	Area of escalation	Support Required	Expected Outcome
Delays in implementing strategic ICS wide schemes	ICB joint working approach clearly set out project milestones Progress is moving at pace	Kendall Bluck – approach for job planning management	It is expected that we will need SME's to really embed this work and make sure we have a clear and sustainable plan based on the findings	SME will be picked up with the Intensive support team
Large volume of conflicting priorities takes focus from CIP and the progression of amber and red schemes that need to be accelerated to green	Recovery Group and PMO meetings with each Care Group and Corporate Directors fortnightly basis	No workforce growth principle will undo past approved business cases, review of past decisions needed	ICS and Trust Board - 'Call to Action' launched and ICB support obtained	Undo some past decisions, strengthen go forward processes
Change Management culture to understand the Trust position and work differently to build a sustainable position	Senior Managers briefing, engagement sessions and visits and visuals from Trust Communications team supported by Finance and Workforce teams	Joint plan is required with Local Authorities on Social Care	Devon ICP level transformation initiatives and support	Joint Strategic Management of the market & provision of Care
Further Industrial Actions	System wide response to quantify industrial action costs and full impact is in place and reduction of ESRF targets			



Devon SIAG Provider Highlight Report - RDUH

Date: February 2024

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Devon System Overview Framework Criteria Report

RDUH



Improvement plan category	Specific category metric	Plan vs actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
UEC	ED: Ambulance handovers > 15 mins [Completed by ICB]	Plan	1,313	1,397	1,306	1,242	1,274	1,243	1,326	1,305	1,314	1,315	1,254	1,293
		Actual / forecast	2,080	2,092	2,111	1,853	3,029	2,726	3,013	3,106	3,730	3,524		
	ED: 4 hour all types performance	Plan	63.9%	66.5%	67.3%	69.2%	68.5%	68.1%	69.5%	70.8%	70.8%	72.2%	74.2%	76.0%
		Actual / forecast	64.6%	63.2%	63.4%	63.3%	59.2%	61.8%	62.7%	63.7%	64.3%	64.5%		
	ED: 4 hour Type 1 performance	Plan	55.0%	58.0%	60.0%	61.0%	61.0%	62.0%	63.0%	64.0%	65.0%	66.0%	68.0%	70.0%
		Actual / forecast	56.7%	54.8%	54.4%	55.0%	50.3%	52.3%	52.7%	54.8%	55.4%	54.9%		
	ED: 12 hour breaches (Number of waits for admission from DTA over 12 hours)	Plan												
		Actual / forecast	103	82	68	28	52	114	86	54	115	148		
	ED : 12 Hour all types performance (Time in Dept)	Plan												
		Actual / forecast				2.77%	4.63%	5.40%	5.32%	3.50%	4.72%	5.50%		
Elective recovery	Discharges: Pre mid-day discharges	Plan	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
		Actual / forecast	15.42%	14.41%	14.54%	13.79%	15.05%	13.35%	29.22%	28.22%	28.13%	27.08%		
	Discharges: No criteria to reside (NCTR) as % occupied beds	Plan	10.9%	12.0%	10.7%	8.5%	9.1%	6.9%	5.9%	5.1%	5.7%	6.5%	5.5%	5.3%
		Actual / forecast	11.6%	11.2%	11.5%	10.6%	10.1%	11.2%	11.9%	12.5%	16.0%	17.0%		
	Discharges: No criteria to reside (NCTR) average daily count	Plan	119	122	107	93	96	72	59	50	52	59	52	50
		Actual / forecast	119	116	117	105	102	117	125	129	161	175		
	RTT: 104+	Plan	23	8	-	-	-	-	-	-	-	-	-	-
		Actual / forecast	17	13	7	1	2	8	0	0	0	2		
	RTT: 78+	Plan	592	485	466	395	322	314	211	174	137	103	68	-
		Actual / forecast	646	643	520	476	470	440	399	342	383	360		
	RTT: 65+	Plan	2,520	2,346	2,530	2,249	2,078	1,790	1,550	1,280	1,014	881	774	710
		Actual / forecast	2,672	2,585	2,329	2083	2134	1974	1980	1719	1712	1642		
	Cancer: 28 day Faster Diagnosis	Plan	70.3%	70.9%	70.8%	70.9%	71.6%	71.8%	72.1%	72.9%	73.4%	74.3%	74.6%	75.1%
		Actual / forecast	73.3%	74.09%	75.8%	72.0%	71.4%	70.8%	68.0%	71.0%	77.1%	73.8%		
	Cancer: Patients over 62 days as % total waiting list	Plan	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%
		Actual / forecast	8.8%	9.0%	8.4%	7.6%	7.1%	7.9%	8.1%	8.7%	9.4%	10.7%		
	Cancer: volume of patients over 62 days	Plan	273	264	294	260	301	295	278	293	293	265	241	198
		Actual / forecast	303	292	283	271	255	291	294	290	260	306		

Devon System Overview Framework Criteria Report

2023/24 Devon SOF Criteria Report

RDUH



Improvement plan category	Specific category metric	Plan vs actual	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Finance	CIP: Performance against systems savings trajectory	Plan	0	0	0	0	0	0	0.8	0.8	0.8	4.4	4.4	4.4
		Actual / forecast	0	0	0	0	0	0.5	0.2	0.2	0.2	0.4		
	CIP: Performance against Trust savings trajectory	Plan	2.2	2.3	2.7	2.8	3.0	3.1	3.5	3.8	3.8	5.5	5.5	6.5
		Actual / forecast	1.6	1.9	1.9	2.6	9.6	3.0	3.0	3.2	14.4	11.5		
	Productivity: weighted activity recovery vs 2019/20	Plan	95%	102%	115%	99%	115%	110%	101%	111%	112%	114%	118%	108%
		Actual / forecast	106%	112%	105%	107%	109%	107%	109%	113%	119%	109%		
	Financial performance: achieving financial plan	Plan	-5.8	-2.9	-2.5	-1.7	-2.5	-2.2	-3.9	-4.1	-4.2	-2.2	-0.4	4.4
		Actual / forecast	-5.8	-2.9	-2.5	-1.7	-6.4	-9.6	-9.6	4.3	-2.6	-2.9		
	Financial performance: achieving underlying run rate	Plan	-9.3	-6.5	-6	-5.3	-6	-5.8	-7.4	-7.7	-7.7	-5.8	-3.9	0.8
		Actual / forecast	-9.3	-6.5	-6	-5.3	-9.9	-13.2	-13.1	0.7	-6.1	-6.5		

% performance vs baseline	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHSE actuals as % baseline	106%	112%	105%	107%	109%	107%	109%					
RDUH Operating plan	95%	102%	115%	99%	115%	110%	101%	111%	112%	114%	118%	108%
RDUH actuals as % baseline	107%	111%	105%	106%	109%	106%	110%	113%	119%			
RDUH forecast as a % baseline										109%	109%	109%

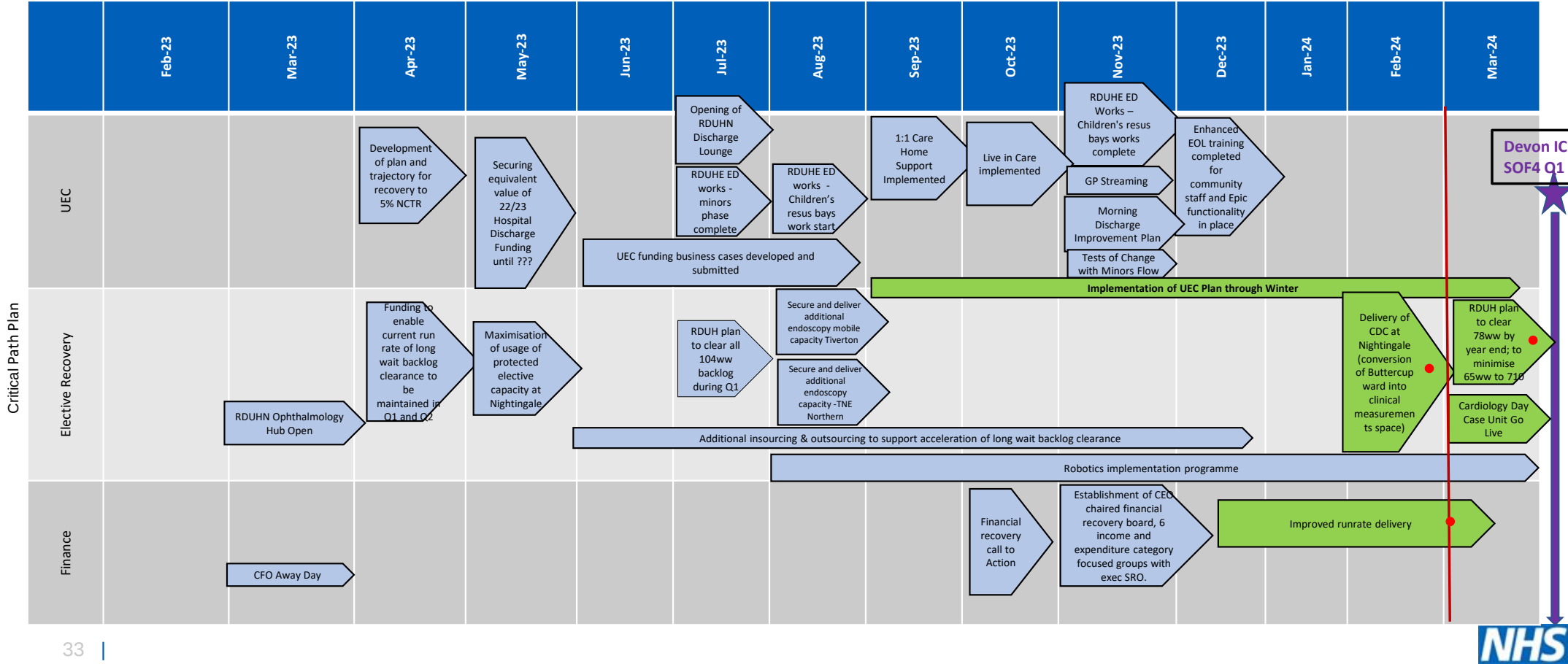
Critical Path Overview - RDUH



Summary:

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

Critical Path Key	
	At Risk
	Not Started
	In Progress
	Complete



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

2023/24 Devon SOF Criteria Report – @ February 2024

Critical Path Key:

At Risk

Not Started

In Progress

Complete



Critical Path Plan	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
			Development of plan & trajectory for recovery to 5% NCTR	Securing equivalent value of 22/23 Hospital Discharge Funding	UEC funding business cases developed and submitted	Opening of RDUHN Discharge Lounge	RDUHE ED Works – Children’s resus bays works start	Implementation of UEC Plan through Winter	UEC Winter Plan	UEC Winter Plan GP streaming Morning discharge Improvement plan	UEC Winter Plan	UEC Winter Plan	UEC Winter Plan	UEC Winter Plan	
						RDUHE ED Works – Minors phase complete									
						UEC funding business cases developed and submitted	UEC funding business cases developed and submitted	1:1 Care Home Support implemented	Live in Carer implemented	RDUHE ED Works – Children’s resus bays works complete Test of change with Minors flow	Enhanced EOL training completed for community staff and Epic functionality in place				
Progress	• UEC funding agreed by ICB for 1:1 Care Home Support, Live in Care, Sidmouth Community Hospital bed, Hospice Care Nurse in SPOA. Business cases submitted for GP streaming, out of hours District Nursing call handling service, Virtual Ward Night Sitting Service, • Daily focus on morning discharges, including increased use of discharge lounge, and through expediting earlier use of discharge lounge. • Discharge planning support with ECIST visits planned on 28 & 29/2 • GP Streaming demonstrating a positive impact on 4 hour performance in minors for Northern and Eastern Services • SHREWD measures have been amended to accurately reflect ED status • ACP’s now attending ED huddles to actively pull patients to SDEC • Board round audit for consistency and compliance against 'medically optimised' and EDD to target reducing NCTR • ED floor manager input to include Saturday and Sunday – to target flow and patients imminently due to breach • GP Streaming demonstrating a positive impact on 4 hour performance in minors for Northern and Eastern Services														
Planned Activities	Activity					Planned activities in next reporting period 2023						Lead	Deadline		
	Continuing to recruit and onboard GPs to support GP streaming. Increasing rota fill rates from January 2024, and focus on increasing productivity.											FC/PL/HB	25.01.24		
	Northern - Detailed analysis of overnight breaches to understand reasons and implement solutions. In January 99% of patients are majors, not minors and a large proportion are admission avoidance, awaiting Pathfinder in the morning. Explore options for additional senior medic to review remaining cohort. A small number are psychiatry patients who arrive late in the evening and are then not seen until the morning. Regular meetings with DPT have been set for cohesive working to avoid potential delays. Review of patient engagement survey Healthwatch to understand what informed patients’ decisions to attend ED. Review of communications for signposting to other services.											LD, HB	Ongoing		
	Eastern - Pilot of making ED Nurse in Charge supernumerary to support enhanced safety in the ED, underpin improvement 4-hour performance and reduction in overnight breaches											AB	31.03.24		
	Huddles being rolled out to include increased Senior Leadership Team representation and responsibility for chairing meetings to support ownership of ED performance across whole organisation. Training to ensure continuity and consistency.											FC	28.02.24		
	XCAD fully implemented in RDUH (Northern Services) to improve DQ and ambulance handovers, ongoing monitoring to validate performance . Plan to extend XCAD to other ambulance receiving areas in Eastern Services											AB / LM	28.02.24		
Barriers and Areas for Escalation	Barriers					Mitigation		Area of escalation		Escalation		Support Required		Expected Outcome	
	Aggregate impact of additional funding released by ICB estimated to address c50% of bed capacity gap identified in Trust’s Winter Plan, Process for determining allocation of funding for UEC schemes has been protracted and complex, and has resulted in both delay to approval, and introduction of lack of parity between system providers. Significant gap in funded beds identified for RDUH across North & East remains					ICS release of further funding		Patients waiting for: • Mental health beds • Mental health act assessments out of hours				ICS and DPT capacity provision		Reduced delays for mental health beds and out of hours mental health act assessments	
	Demand for UEC services within system exceeding available capacity					ICS Release of slippage		UEC funding – communication received on final share of £13.8m. Further discussion on slippage, and on additional Winter resilience schemes.				Additional schemes identified to mitigate the gap in beds identified as part of the Winter Capacity & Demand modelling.			
	Successful delivery of System Plan is predicated on all system partners playing an equal part in relation to both mutual aid and dynamic conveyancing					System participation and ICS coordination		Ongoing deficit in P1 capacity for RDUH (Eastern Services). Options paper shared with ICB.				Provision of funding to address shortfall.			

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

2023/24 Devon SOF Criteria Report – @ February 2024

Critical Path Key:

●	At Risk	■	Not Started
■	In Progress	■	Complete



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Critical Path Plan		RDUHN Ophthalmology Hub Open	Funding to enable current run rate of long wait backlog clearance to be maintained in Q1 & Q2	Maximisation of usage of protected elective capacity at Nightingale		RDUH Plan to clear all 104ww backlog during Q1	Secure and deliver additional Endoscopy mobile capacity Tiverton						Delivery of CDC at Nightingale (conversion of Buttercup ward into clinical measurements space) ●	RDUH plan to clear 78ww by year end; and minimise 65ww to 710. ● Cardiology Day Case Unit Go Live
							Secure and deliver additional Endoscopy capacity - TNE Northern							
						Additional insourcing & outsourcing to support acceleration of long wait backlog clearance								
						Robotics implementation programme								
Progress	- Nightingale usage in December has been impacted by both industrial action and increased annual leave. SWAOC (orthopaedic) utilisation for December was c.70%, plus 2 further additional weekend lists to support UHP long wait transfers. Fallow theatre time was utilised to fulfil maintenance and IPC deep clean requirements. DDC (Devon Diagnostic Centre) utilisation across all modalities was 93%; Fluoroscopy performance continues to be challenged with consultant vacancies but has improve since last month and is now 66.4%. CEE (Ophthalmology) outpatient utilisation continues at greater than 100%, and day case at c.60% utilisation of available sessions; improved in list utilisation is being reviewed to accommodate both pre-assessed patients and see and treat pathways across provider lists - Not yet seen (year end 65 week cohort) position at 29^h January was 305 patients. Of these, 85 without 1st Outpatient yet booked i.e. 28% of 522 still require appointments. Organisation working on solutions to this including equalising waiting list disparities between sites. - Cardiology service being supported by TSD who are providing both UEC and elective cath lab capacity. Trust exploring with ICB opportunities for further mutual aid at Regent's Park Plymouth. - To address specific sub-specialty long wait pressures within T&O (Spinal and Knees), 1 soft-tissue knee ESP appointed and starting in February. In addition, Soft-tissue knee Consultant appointed and starting Aug-24 and Arthroplasty Consultant appointed and starting Apr-24. Spinal also has a new Consultant joining the surgical team in February. - With last round of Industrial Action in Dec/Jan, long wait elective recovery was significantly disrupted by appropriate prioritisation of Urgent care and Cancer treatments. YTD analysis indicates that the Trust would be meeting it's 65+ and 78+ operational plan trajectories in the absence of strikes. - Cancer PTL 62 day + backlog deteriorated in January to 306, 50% over fair shares. 28 FDS dropped to 73%. Performance impacted by bank holidays and backlog from increased referrals in the summer. Particular challenges in Dermatology and Urology. Working with PCA on additional activity and outsourcing solutions to improve performance.													
Planned Activities	Activity					Planned activities in next reporting period 2023					Lead		Deadline	
	GIRFT plans in place in orthopaedics, ophthalmology, cardiology, spinal, general surgery – in year resourcing considerations to come forward to Execs by specialty. Further / faster programme in development through Professor Tim Briggs. Specialty meetings in progress.										Clinical & divisional teams		Ongoing	
	10-week challenge launched in January to year end focusing on reducing long waits. Specific activities planned at Specialty level alongside more general activities targeting validation, scheduling, patient level tracking, maximising use of the independent sector and annual leave carry-over. 8 week challenge for Cancer recovery launched alongside, focussing on time to first appointment, diagnostic TATs, 31 day performance and long waits										JP		End Mar	
Barriers and Areas for Escalation	Barriers				Mitigation				Area of escalation		Support Required		Expected Outcome	
	Delivery of Elective Recovery Plan is predicated on successful system delivery of Urgent Care and No Criteria to Reside Plans and Trajectories				System participation and ICS coordination				Mutual aid within Devon very limited		Structuring of System approach and agenda		More organised mutual aid and escalation when services require consolidation across Devon, including agreement of a funding framework to accompany mutual aid agreements	
	Theatre Capacity – Cancer Access				Theatre schedule changes – launch April 24 Hybrid Theatre bid				PIDMAS diverting staff at ICB (DRSS) and Trust away from core roles		None, impact uncertain depending on patient uptake.		Reduction in capacity to complete validation of patients (ICB) and organise travel and transport of patients out of area (Trust).	
	Consultant vacancies for cancer – oncology, colorectal, urology (UAN) Lung, gynaecology,				Advert for CR surgeon x2 , Oncology x 1.5– recruit Jan 24 WLI and outsourcing				TIF bid for vascular hybrid and / or trauma and orthopaedic theatre capacity for Eastern Services		Signed off internally, subject to formal funding route from NHSE confirmation.		Increased theatre capacity.	
	Potential for further Industrial Action				Long waiters and cancer protected where possible.									

Devon System Overview Framework Criteria Report: Finance RDUH

2023/24 Devon SOF Criteria Report – @ February 2024

Critical Path Key:			
●	At Risk		Not Started
■	In Progress	■	Complete



Critical Path Plan
Progress



- Trust CIP delivery: ahead of plan YTD but reliance on non-recurrent technical schemes. Financial recovery plan focused on improvement in H2 with recent months performance positive.
- Performance vs financial plan: Financial recovery plan in place to improve position into H2.
- Call to action for financial recovery launched 25/10/23 – focus on reducing run rate of spend to month 12. Run rate improvements have now been seen in Month 8 and Month 9 with further improvement planned as financial recovery actions are being embedded.

Planned activities in next reporting period 2023

Planned Activities

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

Barriers

Barriers and Areas for Escalation

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

Escalation

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



Devon NOF(SOF)SIAG Provider Highlight Report – UHP

Date: February 2024

#OneDevon

Devon System Overview Framework Criteria Report

2023/24 Devon SOF Criteria Report



UHP

NOF4 Exit Criteria Measures															
Key Measures		Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
UEC															
Month on month improvements, over two quarters, in ambulance handover delays (hours >15 minutes excl first 15mins) against the agreed baseline and trajectories	Trajectory (SWAST Cat 2 delivery requirement, 60% improvement at UHP)	N/A	N/A	2393	2750	3093	3211	2610	3039	3554	3068	3603	3623	3392	3019
	Actuals	4960	8457	3350	5079	4071	3437	5108	6359	8906	8543	8227	9257		
Improvements in line with agreed baseline and plan over two quarters, 4 hour performance (Trajectory to achieve 76% by 23/24)	Trajectory	N/A	N/A	59.8%	61.5%	62.5%	63.7%	64.2%	61.6%	61.1%	61.1%	60.5%	61.9%	63.8%	64.8%
	Actuals	52.9%	53.4%	55.3%	52.3%	52.6%	57.1%	58.1%	58.1%	54.1%	52.6%	53.3%	54.0%		
Improvements in line with agreed baseline and plan over two quarters, Patients in ED >12 hours	Trajectory	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
	Actuals	1748	1899	1491	1735	1335	926	1391	1447	1774	1706	1596	1800		
Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	Trajectory	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
	Actuals	24.8%	25.2%	20.8%	20.5%	19.0%	20.7%	20.3%	20.5%	19.3%	19.4%	20.7%	21.1%		
Achieve and sustain for two quarters a reduction in number of patients who no longer meet the “criteria to reside in hospital” to no more than 5%	Trajectory	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%
	Actuals	12.6%	13.5%	12.4%	13.3%	10.8%	10.6%	13.0%	14.6%	13.6%	12.5%	10.4%	11.4%		
ELECTIVE RECOVERY															
Reduction in waits over 104 weeks in line with agreed plan (note: revised from Jun onwards), against agreed baseline	Trajectory	377	336	144	145	91	44	27	0	0	0	0	0	0	0
	Actuals	184	140	133	120	90	70	49	20	2	2	6	10		
Reduction in waits over 78 weeks, in line with agreed plan (note: revised from Jun onwards), against agreed baseline	Trajectory	995	1072	425	416	370	310	355	428	442	388	274	155	0	0
	Actuals	537	410	434	382	345	333	334	267	234	218	223	213		
Significant reduction in 65 weeks by March 2024, in line with agreed plan, against agreed baseline	Trajectory	N/A	N/A	1114	1101	1270	1330	1449	1507	1446	1246	1073	1390	1587	997
	Actuals	1244	1126	1127	1154	1142	1203	1206	1055	987	785	726	737		
75% of GP referred patients diagnosed within 28 days <i>Note: figures will change in line with national submissions</i>	Trajectory	78.0%	78.0%	79.1%	79.6%	77.0%	77.9%	78.2%	76.5%	77.6%	75.4%	75.5%	71.4%	78.9%	79.8%
	Actuals	80.7%	82.8%	76.9%	75.2%	78.8%	76.4%	73.3%	73.0%	81.2%	80.5%	79.3%	76.4%		
To exit Tier1: The percentage of patients waiting over 62 days to start cancer treatment across the system is less than double the requirement for March 2023 (≤12.8%) and working towards achieving the national target.	Trajectory	N/A	N/A	11.0%	11.9%	11.8%	11.2%	10.6%	10.0%	9.4%	9.0%	8.5%	7.8%	7.0%	6.1%
	Actuals	9.6%	8.0%	8.4%	10.3%	7.2%	7.4%	6.8%	6.5%	6.7%	8.1%	9.4%	9.0%		
To exit Tier 1: The weekly number of patients waiting over 62 days decreases over 4 consecutive weeks and remains stable, or improving for 2 out of 3 months for the quarter.	Trajectory	199	187	274	297	294	279	265	251	236	224	212	194	176	152
	Actuals	220	191	210	283	205	217	197	179	169	172	183	202		

Devon System Overview Framework Criteria Report

2023/24 Devon SOF Criteria Report



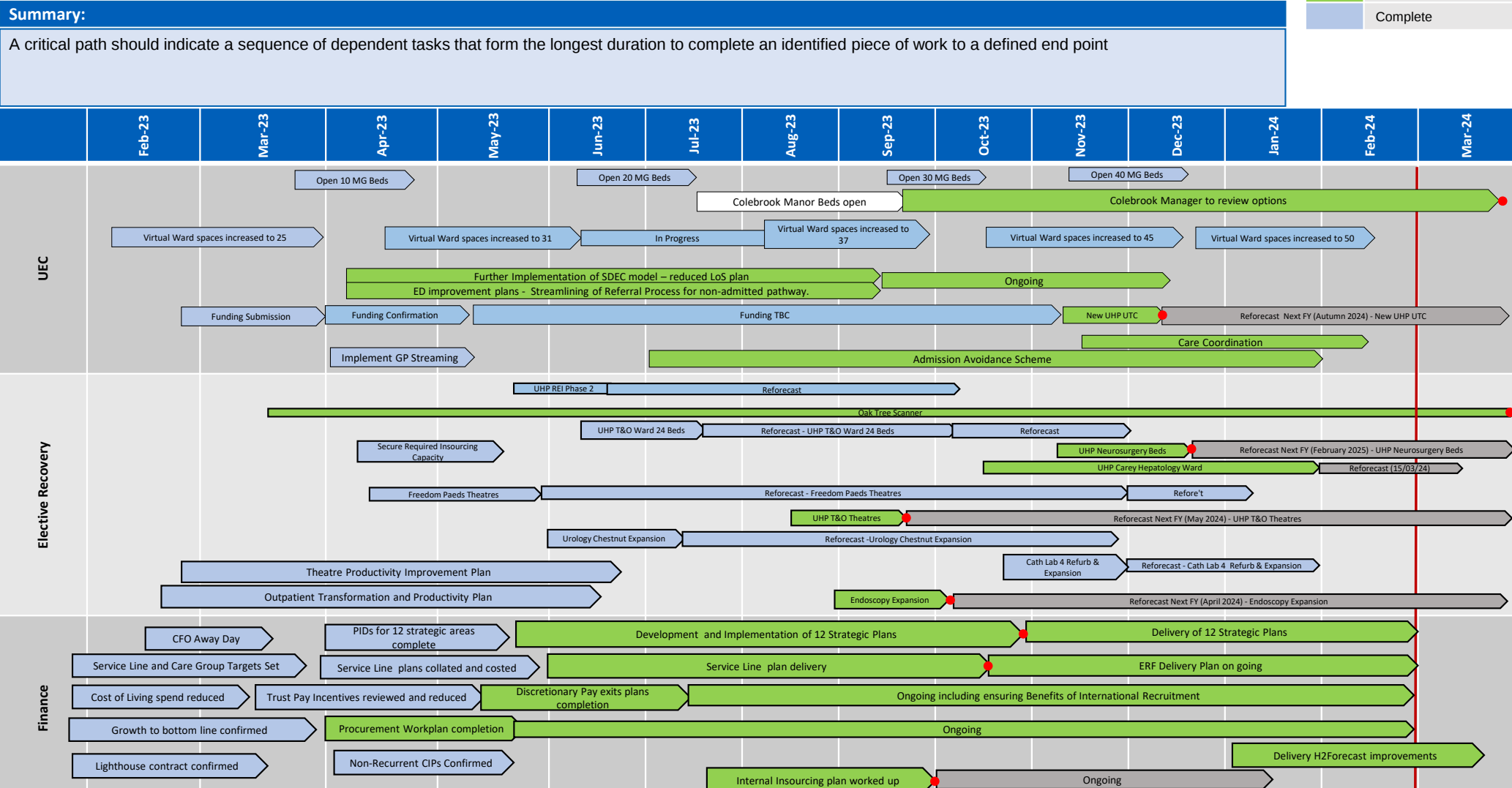
UHP

NOF4 Exit Criteria Measures													
Key Measures		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
FINANCE													
Performance against Trust and System savings trajectory (annual plan cumulative)	Plan £m	1.5	2.9	4.4	6.1	7.8	9.6	12.7	15.8	18.9	24.8	30.6	39.5
	Actuals £m	1.3	3.4	6.2	8.7	10.9	12.8	15.2	17.6	20.4	22.9		
Significant improvement in underlying recurrent position (£ms) - monthly monitoring of CIP delivery (annual plan cumulative)	Trajectory £m	1.3	2.6	3.9	5.4	7.0	8.6	11.3	14.0	16.7	22.1	27.6	33.0
	Actuals £m	0.7	1.6	2.8	3.9	5.4	6.7	8.5	9.8	11.9	12.9		
Productivity back to 19/20 levels as a minimum (From NHSE Regional team)	Trajectory %												
	Actuals %	(Not yet available)	(Not yet available)	80%	81%	82%	(Not yet available)	87%	88%	(Not yet available)	(Not yet available)		
Meet the financial plan every month for the quarter (annual plan cumulative)	Trajectory £m	-3.3	-6.8	-10.5	-13.7	-17.1	-20.9	-24.5	-28.0	-32.3	-33.7	-35.0	-33.6
	Actuals £m	-3.9	-7.4	-11.1	-15.3	-19.1	-27.9	-35.2	-33.9	-41.7	-47.4		-37.3
Reconfirm the underlying exit run-rate	Trajectory £m												
	Actuals £m												

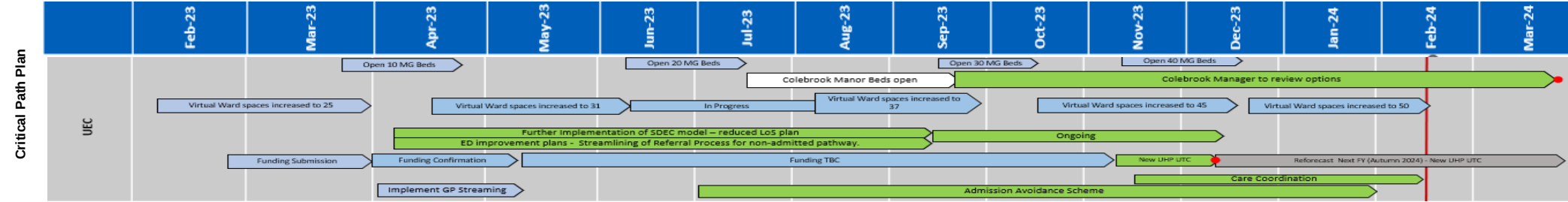
Critical Path Overview - UHP



Critical Path Key	
●	At Risk
	Not Started
	In Progress
	Complete



Devon System Overview Framework Criteria Report: Urgent and Emergency Care UHP
2023/24 Devon SOF Criteria Report



- Key areas of focus
- Ambulance Handovers: Refresh and further education in collaboration with SWAST team in late January. Additional ECA planned alongside HALO for February to continue to embed processes. Compliance at >90% on 02/02 and monitored daily.
 - Focus on alternatives to admission – Care Home Conveyance work, Care Co-ordination Hub pilot extended and launch of call before convey till March 24. Processes with Care Co-ordination Hub to review patients that have arrived at ED and focused work with HALO team to promote alternative pathways and Care Co-ordination. Care Co-ordination roadshow at UHP at end of January to promote service. GIRFT AIED report received.
 - Primary Care Streaming – 4-hour performance (Target 76%- Actual 72% YTD); Two further posts appointed to and commencing in February with aim of 7/7 cover with extended hours to 10pm. Increased numbers per weekday and consistent numbers between 20-25 at weekends.
 - ED Minors and ambulatory – Surgical SDEC opened in CDU late January with impacts being assessed, 90% of patients discharged from service with pull model by surgical team from ED in place.
 - Cumberland UTC – 4-hour performance: Daily validation in place and performance 87% YTD. Next day appointments introduced at Cumberland to reduce early closures and in early stages of evaluation with plan to roll out for ED overnight use with limited requirement to utilise these to date.
 - Internal Professional Standards - Finalisation of next version of IPS with Trust wide comms plan for February to launch. IPS dashboard being developed for SDEC / assessment areas.
 - ED Validation: Ongoing daily validation review. Impact of 0.8% type 1 in January
 - Discharges by midday remain under 33%: Action - Refresh ward flow standards linked to planned Building Brilliance program with EDD's across all wards in Medicine and 'Hospital to Home' early discharge in place to increase flow to the discharge lounge and earlier discharges.
 - No Criteria to reside at 11.4%. Cornwall caseload increased again at end of January along with maximum delay Cornwall position has been escalated through ICB. Dementia P2 capacity coming online incrementally and additional P1 capacity.
 - Length of Stay improvement behind trajectory for 21 day stranded - 35 patients off trajectory.
 - EBCM project launched, and integration work begun. Funding has now been confirmed and recruitment to D&I posts in progress. Flow work with extension of EPMA to Community Hospitals and patient referral lists under review to be included in the programme outputs.
 - Focused Task and Finish groups on TTA's and one hour CT set up in January 24 and will become part of the 'Every Day Matters' top 7 workstreams

Planned Activities	Activity - Planned	Lead	Deadline
	GIRFT UEC meetings fortnightly with focussed clinical support for acute medicine and frailty.	David Sheridan / Johnathan Kelly	Ongoing
	IPS version 1.3 roll out in February 24 as part of 'Every Day Matters'.	Kath Potts / Mark Hamilton/ Amanda Nash/ David Sheridan / Richard Bullogh/ Grant Sanders	15/02/2024
	EBCMS – Funding confirmed for March 24 with one year accelerated programme. Programme revision underway and recruitment to roles commenced.	Kath Potts / Lee Pester	Ongoing
	Launch of 'Every Day Matters' and agreed key flow workstreams groups.	Exec and Care Group Teams	Feb 24

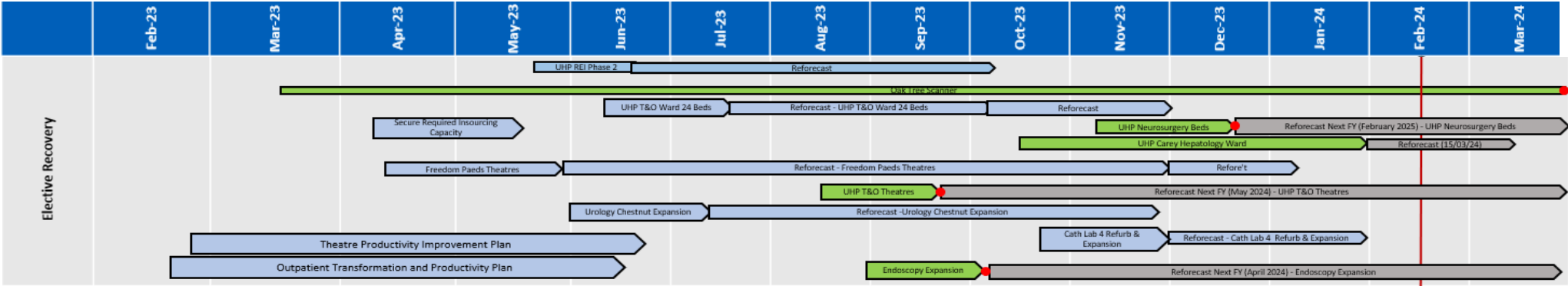
Barriers and Areas for Escalation	Barriers	Mitigation	Area of Escalation	Support Required	Expected Outcome
	Primary Care Streaming Medical Capacity inconsistent for 7- days and opening hours.	Recruitment ongoing to vacant posts and improved shift fill with HUC.	Cornwall and Devon NCIR improvement trajectory	Trajectory to be developed and implemented	Reduction of NCIR to 5%
	Demand increase – Type 1 ED attends in January 19% above plan for 23/25 and 15% above 19/20.	Review of all Alternatives to Conveyance and Admission. Care co-ordination hub pilot.	Forecast capacity gap	System actions	Reduction in attendance
	Additional Nursing, Medical and Program Resource.	Increased establishment/agency in ED.	Dynamic conveyancing	Confirmation of process for sign off and implementation timeline	Sign off and implementation of agreed protocol

Devon System Overview Framework Criteria Report: Elective Recovery UHP

2023/24 Devon SOF Criteria Report –



Critical Path Plan



Progress

- Daily RTT long wait huddle launched from the beginning of February for daily oversight of long wait actions.
- Plan for elective orthopaedic ward to re-open from 19th February 24, on 12 bedded ward.
- Deep Dive visit held for Ophthalmology with System lead, to review waiting list position and new ways of working.
- Theatre productivity work stream in place for Urology with new reminder service being trialled, and weekly huddle arranged. Also reviewing potential for two nephrectomy cases per list.
- Continuation of HBS insourcing lists.
- 3rd Children's theatre opened 15th Jan 24.

Planned Activities

Activity	Lead	Deadline
Plan to recommenced orthopaedic surgery in reduced bed base from 19 th Feb 24. (12 beds) until theatres complete	Fiona Peck	19/02/2024
Continue to book elective capacity between now and end of March 24, to minimise patient choice impact upon long waiters	Jacqui Beer/Jemma Edge	12/02/2024
Continued focused work on clearing 65 ww's non admitted (March 24 cohort)	Jacqui Beer/Jemma Edge	09/02/2024
Commissioning meeting required with Devon ICB (DRSS changes, pelvic cases)	Jo Beer/Jemma Edge	20/02/2024
Meet with Bristol Children's hospital and Devon ICB to progress the transfer of paediatric work back to UHP for patients within our catchment area	Jemma Edge/Fiona Peck	28/02/2024

Barriers and Areas for Escalation

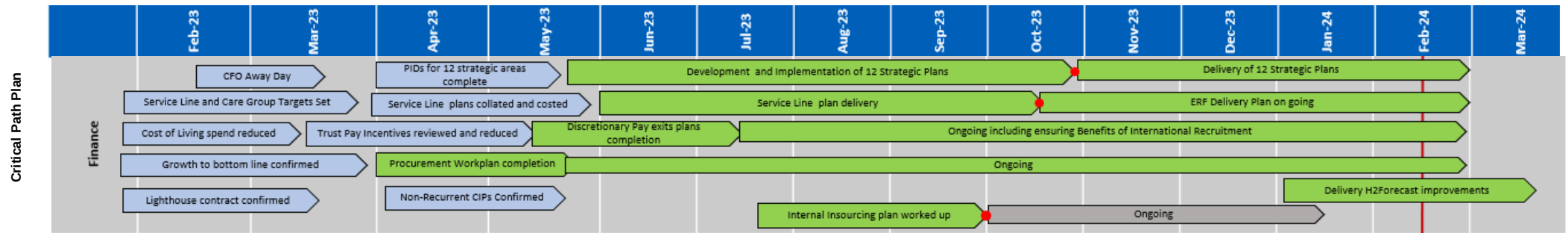
Barriers	Mitigation	Area of escalation	Support Required	Expected Outcome
Loss of capacity due to IA	Pre and Post IA additional capacity in place to maximise preparation and recovery.	Delayed Orthopaedic theatre build and repatriation of elective ward	Mutual Aid required from RDU & TSD.	78- & 65-week trajectory impacted
Freedom Paeds theatre heating	Weekend lists. Estates ongoing work	PPG – IPT's for long waiters due to surgeon's withdrawing from PPG (UGI) and RCHT	Funding for additional capacity. Investigation by the ICB, and visibility of long waiters and waiting list clearance plans within other providers.	Impact on 52-65 ww's,
Trauma Surge impacting on long wait recovery	Weekend HBS to focus on electives will be converted to trauma where this is required to free capacity. Review of Trauma weekend business case. Three session days planned for electives.	Endoscopy activity lost due to refurbishment - 4 months	Clarity on capacity available at new Torbay unit	Worsening performance and potential patient harm
Ortho new build further delay (24th May24)				

Devon System Overview Framework Criteria Report: Finance UHP

2023/24 Devon SOF Criteria Report –

Critical Path Key:

●	At Risk	■	Not Started
■	In Progress	■	Complete



- Progress**
- Month 10 Financial Position has an adverse variance to plan of £13.8m. This position is in line with the revised H2 forecast position other than the financial impact of December and January Industrial Action of c£4.5m. Remaining variance is due to impact of a funding shortfall on the final Pay award of £1.8m, variance of £2.0m for caused by drugs and devices above plan, £1.9m CIP shortfall on system transformation plans and £3.6m on other net budget variance including higher than planned costs of International Nurses in training.
 - H2 Reforecast position revised to £0.8m favourable position after confirmation of additional funding of £16m (Originally £15.2m adverse from plan). Additional income profiled in month 12.
 - M10 Forecast position shows variance of £3.7m, £0.8m favourable as per H2 Reforecast and £4.5m adverse variance due to Industrial Action in December and January (direct cover costs and reduced ERF income).
 - System savings have been reviewed through 'Route to Cash meetings' and further mitigating actions identified and included in the H2 reforecast. Work underway to continue development of plans for 2024 as directed by the FPB.
 - Trust internal savings gap of £1.5m now found as per H2 reforecast.
 - Further progress with Service Line Discretionary pay exit plans, including International Recruitment Training plan as significant reduction in supernumerary numbers in December and January and increased controls on Nurse bank spend.
 - Care Group H2 Financial Recovery plans completed and monitoring underway.

Planned activities in next reporting period

Activity	Lead	Deadline
Implementation and monitoring of Care Group H2 Recovery plans	Care Group leads	Mar 2023
Continued productivity improvement and insourcing efficiency to maximise ERF income as per H2 Reforecast	Care Group leads	Mar 2023
Internal review process of Investments, Implied Productivity and WTE increase underway to identify and develop CIPs for run rate reductions in Q4 and 2024 CIP plan.	Sarah Brampton	Mar 2023
Agree plan to return Orthopaedic elective joint replacement ward	Jo Beer	Feb 2023
Assessment of System Transformation and Productivity CIPs underway to be completed for 2024-25 plan	Sarah Brampton	Mar 2023

Barriers

Barriers	Mitigation
Impact of further strikes	Would look for further national solutions
Potential cost of further Winter Operational Improvement – additional costs and ERF impact of closing Orthopaedic Ward	Assessment underway – potential forecast gap
Pay cost pressures through International Recruitment nurses in Training	Enhanced training programme introduced
Oaktree funding not confirmed	Offset with additional income
Band 2-3 HCA back pay issue.	Would need to find additional savings

Escalation

Area of escalation	Support Required	Expected Outcome
Potential cost of further Winter Operational Improvement	Additional funding for any significant costs	Potential forecast gap
Additional Industrial Action impact	National Funding solution	IA impact to be covered
H2 Forecast risks on Oaktree funding, Band 2-3 HCA back pay, Winter plan risk on ERF forecast.	System Support where appropriate	Potential forecast gap

NHS Devon Integrated Care Board

Refreshed Joint Forward Plan for Devon

Date of meeting	Date report produced
26 March 2024	5 March 2024

Author(s)		Report approved by	
Name and title:	Jenny Turner, Programme Director	Name and title:	Nigel Acheson, Chief Medical Officer
Phone:	01803 396421	Date:	7 March 2024
Email:	Jenny.turner3@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 England (NHSE) requires all Integrated Care Boards (ICBs) to refresh and publish their Joint Forward Plans (JFPs) by April each year. This paper outlines the approach taken to the refresh of the JFP for the One Devon Integrated Care System (ICS), provides details of the revised structure and highlights the main changes made to the Joint Forward Plan. The refreshed JFP is attached as an Annex to this report.



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

The Executive Team (Executive Committee in shadow form) considered and approved the proposed structure of the refreshed JFP for 2024/25 at a formal meeting on 09 November 2023.

The Executive Committee reviewed the draft refreshed JFP at its meeting on 16 January 2024. The NHS Devon Board considered the proposed structure of the JFP at a Board Seminar session on 26 January 2024.

This report was considered by the Executive Committee at its meeting on 12 March 2024.

Key recommendations and actions requested

1. To **approve** the Joint Forward Plan.

Impact on NHS Devon objectives

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

Outline the implications of matters covered in this report for the following areas (if none, please state)

Area	
Quality of services	The plans outlined in the JFP aim to improve quality of health and care services provided to the population of Devon.
Health inequalities	The plans outlined in the JFP aim to reduce health inequalities experienced by people living in Devon.
Workforce	The workforce plan within the JFP aims to ensure we have enough people with the right skills to delivery excellent healthcare in Deon, deployed in an affordable way.
Resources and finance	The plans in the JFP include the system ambition to achieve a sustainable financial position and exit NOF4.
Legal	The JFP outlines how the ICB will ensure it meets its statutory duties.

Digital and Data	The digital plan within the JFP aims to ensure that through investment we make the most of advances in digital technology to help people stay well, prevent ill health, provide care, better support our staff in their roles and enable the delivery of sustainable, effective and efficient services.
Involvement, Engagement and consultation	The communication and involvement plan within the JFP aims to ensure, through inclusive and meaningful involvement, we work in partnership with Devon's people and communities so that health and care services meet the needs of our population. We will champion involvement through a culture of ongoing conversations and collaboration, so that we act on what we hear and continue to build trusted relationships with a shared purpose

Refreshed Joint Forward Plan for Devon

Introduction

1. The first Joint Forward Plan (JFP) for Devon was published in July 2023 and is due to be refreshed for April 2024. In 2023, the One Devon Integrated Care Partnership decided that the JFP should be a system-wide plan (rather than just a health system plan) to fully reflect a shared, system-wide approach to delivering the Devon Integrated Care Strategy. This approach is encouraged by NHS England (NHSE) in its guidance on developing the joint forward plan, [B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/publication/b1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf).
2. The JFP published in July 2023 was endorsed by all Devon NHS Provider Trust Boards and the Health and Wellbeing Boards in Devon, Plymouth, and Torbay.
3. Integrated Care Board (ICBs) and their partner trusts are required to publish a refreshed JFP before the start of each financial year, setting out how they intend to exercise their functions in the next five years. This draft is being presented to the Board for approval.
4. This is a refresh of the JFP for Devon that has been written in collaboration with partners across the One Devon Integrated Care System. It describes how the health and care sectors plan to meet the challenges facing Devon, meet the population's health needs and the strategic objectives set out in the Integrated Care Strategy over the next five years.
5. The JFP (attached as an Annex to this report) reflects the work that is happening across the wider One Devon Integrated Care System, in the health and care sectors and beyond, and demonstrates how this work aligns with the strategic goals in the One Devon Integrated Care Strategy to deliver the required improvements in health and wellbeing.
6. The JFP reflects an intention to work in collaboration and partnership to deliver our system ambitions, but it is important to acknowledge that statutory duties remain with individual organisations. There are some specific statutory duties that NHS Devon needs to deliver as part of its statutory function, that must be met through the JFP, and these duties are incorporated throughout the plan.
7. Development of the One Devon Integrated Care Strategy and JFP was informed by analysis of extensive public feedback about health and care (collected across system partners) between 2018 and 2022 and direct engagement with Overview and Scrutiny Committees, Health and Wellbeing Boards and system partners including voluntary, community or social enterprise (VSCE) organisations and Healthwatch representatives.
8. This refresh of the JFP has been endorsed by the Devon, Plymouth and Torbay Health and Wellbeing Boards and (in light of the minimal changes proposed) submitted to NHS Provider Trust Boards for information.

Feedback on the 2023/24 JFP

9. Feedback has been received on the JFP from a variety of sources, including Devon NHS Provider Trust Boards, Health and Wellbeing Boards, senior system leaders and NHSE. Programme leads have been provided with the feedback relevant to their individual programmes for consideration when refreshing their plans.
10. On the plan overall, it was felt that it was too long, did not link programmes to the One Devon Integrated Care Strategy aims, did not create links between the programmes and our overall ambition, did not articulate priorities and did not explain the difference the plan would make to the people of Devon. Positive feedback included that the JFP clearly articulated a strategic link to the One Devon Integrated Care System objectives, the programme plans were clear, and the plan recognises the wider determinants of health and reflected a shared, system-wide approach to delivering the objectives set out in the One Devon Integrated Care Strategy.

Refreshed JFP for 2024/25

11. The plans outlined in the JFP have not significantly changed from the version published in 2023 although the structure of the plan has been amended and the content reduced in response to feedback.
12. The refreshed plan is structured around three themes/priorities:
 - Healthy People;
 - Healthy, safe communities; and
 - Healthy, sustainable system.
13. The content of each programme plan has not materially changed from the version published in July 2023.
14. New content for each programme describes their key achievements in 2023/24, what people in Devon will see as a result of the programme and shows which of the One Devon Integrated Care Strategy aims the programme supports delivery of. We have removed the programme detailed action plans and milestones.
15. There is an immediate requirement to recover both the financial and performance position for Devon to ensure that we have a sustainable system going forward. This will require improvement in both financial and operational performance, access and quality of care.
16. All the programmes have outlined both their short-term objectives to support recovery and system exit from NOF4 and their longer term objectives to transform the way we work together across our system so that it is healthy and sustainable in the future.

Annual Plan

17. The JFP is a plan for the whole of the One Devon Integrated Care System. It is ambitious and wide ranging. In order to enable a focus on NHS-specific aspects of the JFP, an NHS-specific Annual Plan will be developed for 2024/25, which will incorporate the 2024/25 Operating Plan and the other NHS priorities for delivery in the coming year.

This will include the following programmes within the JFP:

- Acute Services
- Children and Young People and Women's Health
- Mental Health
- Learning Disability and Autism
- Population Health
- Primary and Community Care
- Communications and Involvement
- Equality, Diversity and Inclusion
- Community Development
- System Development
- Finance and Procurement
- Research and Innovation
- Infrastructure and Estates
- Digital
- Workforce
- Green Plan

18. This proposed Annual Plan will be presented to the Board at its meeting in May 2024.

Recommendation

19. The Board is asked to **approve** the refreshed Joint Forward Plan.



DRAFT **Devon 5-Year Joint Forward Plan**

April 2024

#OneDevon

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Foreword

We are excited to publish this refresh of our Devon 5-Year Joint Forward Plan (JFP), which demonstrates a different way of working within the Devon system, bringing together plans from across different sectors within health and care in response to the One Devon Integrated Care Strategy. Local Authorities and the NHS have agreed that they will work together and be held jointly responsible for delivering the plan.

The Strategy sets out the key challenges for our Integrated Care System, known as One Devon health and care system, and a set of strategic goals aimed at tackling these challenges over the next five years. Over the last 12 months, system partners have been working to ensure that they take account of the Strategy in their planning and delivery of services, in a way that ensures alignment between health and other sectors. The Devon 5-Year Joint Forward Plan brings together the strategies and plans that are in place or in development across our system, in individual organisations, in collaboratives and in system programmes, into a single over-arching Plan and has aligned these to the strategic goals set out within the Integrated Care Strategy.

We are pleased to be able to describe some of the key achievements across Devon that shows how the programmes we are working on together are making a difference for people who live and work in Devon. We should also recognise that the last 12 months have been challenging for public sector services. NHS partners have been delivering plans to support both NHS Devon and partner NHS trusts moving out of segment 4 of the NHS Oversight Framework and Local Authority partners have been managing their own significant operational and financial pressures. The JFP recognises this context and the need to ensure that our system recovery is prioritised in the early years of the Plan and that we earn the autonomy we need to deliver transformational change.

The JFP does not cover everything that we are doing across our system – it includes priorities in areas of wider social and economic importance, such as housing and employment, as we know that their impact on health and wellbeing is significant, and these are areas where we need to develop our collaborative working.



Sarah Wollaston

Steve Moore



Health and Wellbeing Board Opinions

There has been ongoing engagement with the three Devon Health and Wellbeing Boards throughout development of the Joint Forward Plan. Each of the Boards has submitted a formal opinion on the extent to which the JFP reflects their Health and Wellbeing Strategy, which is reproduced below.

Torbay Council	Plymouth City Council	Devon County Council
Torbay Health and Wellbeing Board endorse the refreshed Devon Joint Forward Plan, being satisfied that the Plan continues to take account of the current Health and Wellbeing Strategy for Torbay and continues to support its ongoing development.	Plymouth's HWBB have reviewed the updated JFP, which builds on the previous version which was developed with engagement and consultation with the HWB. The Plymouth HWB endorses the Plan and is assured that it takes account of the current health and wellbeing strategy for Plymouth. The focus on inequalities in access and in outcomes is welcomed, and we look forward to seeing the shift in resources required to deliver on this aim.	The Devon Health and Wellbeing Board has been engaged throughout the process of development of the JFP and has been consulted on each formal draft, raising questions and highlighting potential omissions. The DCC HWB is happy to endorse the refreshed Plan and is assured that it takes account of the current health and wellbeing strategy for Devon.



Introduction

#OneDevon

About Devon

Devon is a complex system, with many different arrangements across deliver functions and geographies. Elements of the plan are delivered across a range of provision including:

- Two unitary authorities (Plymouth City Council and Torbay Council)
- One county council (Devon), with 8 district councils,
- 121 GP practices, in 31 Primary Care Networks
- Devon Partnership Trust (DPT) and Livewell South West (LWSW) provide mental health services
- Four acute hospitals – North Devon District Hospital and the Royal Devon and Exeter Hospital, both managed by the Royal Devon University Healthcare NHS Foundation Trust (RDUH), Torbay and South Devon NHS Foundation Trust (TSDFT) and University Hospitals Plymouth NHS Trust (UHP)
- One ambulance trust – South Western Ambulance Service NHS Foundation Trust (SWASFT)
- Dental surgeries, optometrists and community pharmacies
- A care market consisting of independent and charitable/voluntary sector providers
- Many local voluntary sector partners across our neighbourhoods



Purpose of 5-Year Joint Forward Plan

The plan is structured around three themes: **Healthy People; Healthy, safe communities; and Healthy, sustainable system** and sets out our vision and ambition for the next five years and describes the programmes of work that we will be delivering.

Responding to the Integrated Care Strategy

- This is a refresh of the Joint Forward Plan for Devon written in collaboration with partners across our system. It describes how the health and care sector plans to address the challenges facing Devon and achieve the strategic objectives set out in the **Integrated Care Strategy** over the next five years.
- This JFP reflects the work that is happening across the wider Devon system, in the health and care sectors and beyond, demonstrating how this work aligns with the strategic goals in the Strategy to meet the **population's health and care needs**
- The JFP **brings together many strategies and plans** across the system, including, but not limited to: Joint local health and wellbeing strategies, Local authority strategies (eg: adult social care strategies); Local Care Partnership (LCP) objectives; Provider trust strategies; Provider collaborative priorities, AHP strategy and our Recovery plan.

The Devon 12 challenges

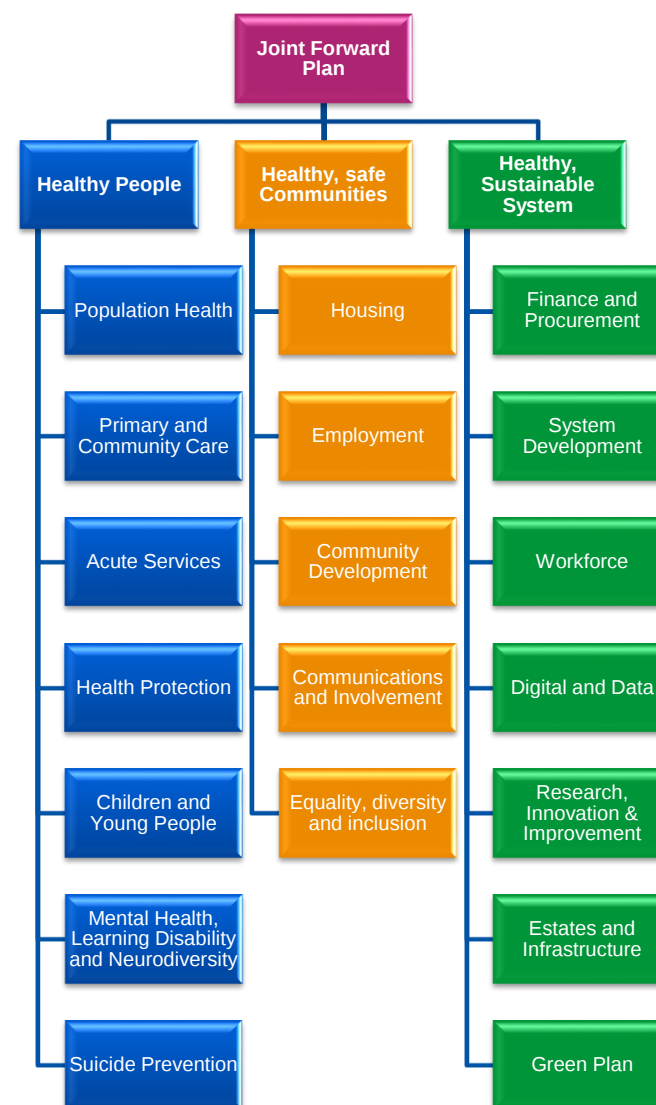
1. An ageing and growing population with increasing long-term conditions, co-morbidity and frailty
2. Climate change
3. Complex patterns of urban, rural and coastal deprivation
4. Housing quality and affordability
5. Economic resilience
6. Access to services, including socio-economic and cultural barriers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

One Devon's Integrated Care Strategy on a page

Our Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Our Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Our Strategic Goals	One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money			
	Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities across Devon and reduce suicide deaths across all ages	People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.	People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.	People in Devon will be provided with greater support to access and stay in employment and develop their careers.
	We will have a safe and sustainable health and care system.	Everyone in Devon will be offered protection from preventable diseases and infections.	People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.	Children and young people will be able to make good future progress through school and life.
	People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.	Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place	We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.	We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
	Population health and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death and disability	The most vulnerable people in Devon will have accessible, suitable, warm and dry housing	We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.	Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people
	Children and young people (CYP) will have improved mental health and well-being	In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.		Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably
	People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.			

Developing a sustainable future for health and care in Devon

- The JFP describes how the Integrated Care System plans to deliver health and care services that meet population need and are sustainable in response to the Integrated Care Strategy.
- The JFP is underpinned by a **three key themes** that reflect the system priorities, and foster conditions for successful enabling functions.
- Each theme is supported by a series of programme plans that articulate how the JFP will be delivered in the short, medium and long-term
- The programme plans encompass both **delivery** of services and the requirements to **enable** success.



Delivering a sustainable future for health and care in Devon

- In order to develop a sustainable future for the health and care services in Devon, we need to **recover our system, stabilise services and deliver long term sustainable improvements.**
- Each programme plan describes:
 - The programme **ambition**
 - The **difference** the programme will make to the people of Devon
 - **Achievements** delivered in 2023/24
 - **Short term objectives** to improve performance and reduce costs (recovery)
 - **Medium term objectives** to stabilise and improve services
 - **Longer term objectives** to transform services for a sustainable future
 - Which of the **ICS aims** it supports, providing a golden thread throughout the plan.



Improving outcomes in population health and healthcare



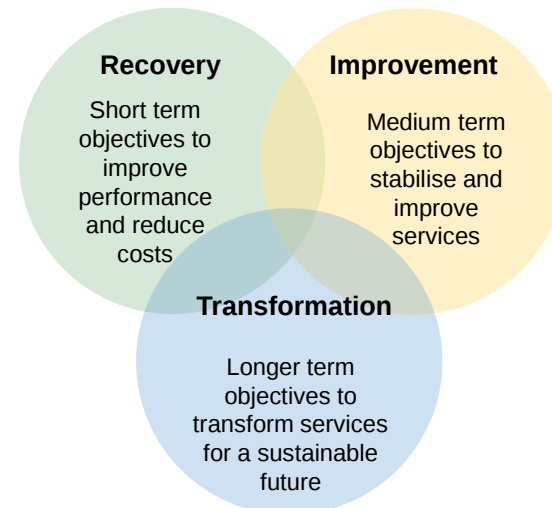
Tackling inequalities in outcomes, experience and access



Enhancing productivity and value for money



Helping the NHS support broader social and economic development



Financial challenge for 24/25 to be confirmed 21.3.24. Approach to recovery to be confirmed by end of March

Getting the system in balance – NHS recovery

Financial and Performance Position

Our Approach to Recovery

- There is an immediate requirement to **recover both the financial and performance position for Devon** to ensure that we have a sustainable system going forward.
- Devon ICB and xx of our acute hospital trusts are in section 4 of the NHS National Oversight Framework (NOF4). Exit from NOF 4 will require to **improvement in both financial and operational performance, access and quality of care.**
- Our financial challenge for next year is:**

- The JFP includes how we are approaching system recovery. All the programmes have outlined both their short-term objectives to support recovery and system exit from NOF4.
- Each NHS organisation will drive recovery within their own organisation supported by working together across organisational boundaries to implement system-wide solutions where most effective to do so.
- Diagram showing approach

Metric	2024/25
65+ Week waits	
78+ Week waits	
104+ Week waits	
A&E 4 Hours	
Cancer Faster Diagnostic	
System Financial Plan	
Workforce	



Awaiting update from
Plymouth

Getting the system in balance – local authority recovery

Torbay

Torbay's approach to adult social care is a collaboration Torbay Council, Torbay and South Devon NHS Foundation Trust, and our VCSEs enabling a comprehensive and focused approach to enhancing the well-being and independence of our community. Our integrated partnership aims to strengthen care and support and is aligned to Torbay's clear strategic vision of maximising people's choices and enabling them to live a fulfilling life in their own community. Torbay's vision is supported by system-wide transformation and guided by the values of the Adult Social Care Strategy and the Devon 5-year Joint Forward Plan. To support the accomplishment of our goals, Torbay has key objectives:

- Increasing independence, choice, and control through strategic shaping and oversight of Torbay's market with a focus on building independence through support for living and partnership with the VCSE sector and communities.
- Hospital discharge, supported by the expertise of Adult Social Care, is a seamless and personalised transition aimed at ensuring individuals return home with the necessary support, reablement, and community resources to foster independence and holistic well-being.
- Adult Social Care, transformed by data, technology, and digital improvements, enhances service accessibility, efficiency, and personalisation, ensuring a responsive and tailored approach to meet the diverse needs of our community members.
- Efficiency and innovation ensuring that Torbay's resources are optimally utilised, achieving better value for money while maintaining high-quality services and enhancing the well-being of individuals in our community.
- In embracing these objectives and vision, Torbay remains dedicated to the continual improvement of adult social care services, fostering a community where individuals thrive with autonomy, support, and a collective commitment to well-being.

Plymouth

Plymouth City Council faces significant financial risks, given the continuing forecast shortfall, uncertainty about resourcing from central government, the wider economic environment and the council's comparatively low levels of financial reserves. Savings plans totalling £25.8m have been developed across the authority for 2023/24, with further work ongoing around future years. The council is experiencing significant pressures post-Covid with increasing acuity of need and cost pressures within both children's and adult social care.

A recovery and transformation programme is in place for adult social care, which focuses on a number of key areas:

- Improving access to advice, information and support to neighbourhoods, through a network of health and wellbeing hubs, our community capacity builders and community assist offer
- Early intervention and reablement to provide enabling support for our most vulnerable and their unpaid carers
- Focussed review and reassessment programme led by Livewell Southwest
- Development of new model of care for working age adults, including targeted work on transition pathways and specialist housing provision in the city
- Remodelling of our homecare market to deliver a neighbourhood model, reducing travel across the city, supporting our net zero carbon agenda
- Reshaping of our existing care home market to increase specialist dementia capacity
- Supporting providers of health and care to recruit, develop and retain a workforce for the future through our Health and Skills Partnership.

Devon

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

With key local partners we will continue to quality assure, benchmark and improve how we do things so we can continue to deliver vital local services and improve outcomes for the people of Devon as efficiently and effectively as we can with a focus on strengthening partnerships and evidencing. Delivery of the savings and improvement programme will not be easy, but the level of commitment from teams, working together as one organisation, and the level of assurance that has been involved in the budget-setting process, mean that the 2024/25 budget is as robust as possible and will deliver best value for the people of Devon.



Our Joint Forward Plan

Our Vision	Equal chances for everyone in Devon to lead long, happy and healthy lives			
Our Aims	Improving outcomes in population health and healthcare	Tackling inequalities in outcomes, experience and access	Enhancing productivity and value for money	Helping the NHS support broader social and economic development
Our Themes	Healthy People		Healthy, safe communities	Healthy, sustainable system
Our Programmes	Population Health		Housing	Recovery, Finance and Procurement
	Primary and Community Care		Employment	System Development
	Acute Services		Community Development	Workforce
	Health Protection		Communications and Involvement	Digital and Data
	Children and Young People		Equality, diversity and inclusion	Research, Innovation and Improvement
	Mental Health, Learning Disability and Neurodiversity			Estates and Infrastructure
	Suicide Prevention			Green Plan



One Devon

Healthy People



#OneDevon

Healthy People

Some of our key challenges in Devon relate to the health and well-being of people.

- We have **an ageing and growing population with increasing long-term conditions, co-morbidity and frailty**, the Devon population is older than the overall population of England we have a disproportionately small working age population relative to those with higher care needs.
- Significant inequalities exist across One Devon, with people living in deprived areas and certain population groups, experiencing significant health inequalities as a result. People living in more deprived areas have **poorer health outcomes caused by modifiable behaviours and earlier onset of health problems** than those living in the least deprived communities. This leads to lower life expectancy and lower healthy life expectancy in these communities, coupled with higher and earlier need for health and care services. The proportion of the population providing **unpaid care is increasing**, with higher levels of the One Devon population caring for relatives, both the physical and mental health of carers can suffer as a result.
- The Covid-19 pandemic has **changed the pattern of infectious disease** and along with increasing levels of healthcare associated infections and the risks posed by anti-microbial resistance. These diseases have disproportionately affected the most disadvantaged and vulnerable in our society and contribute further to health inequalities.
- Our population experiences **poorer than average outcomes in relation to some measures of mental health and wellbeing**. Suicide rates and self-harm admissions are above the national average, anxiety and mood disorders are more prevalent, there are poorer outcomes and access to services for people with mental health problems.

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

- Every suicide should be regarded as preventable and we will save lives by adopting a zero suicide approach in Devon, transforming system wide suicide prevention and care.
- People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.
- Population health and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability
- Children and young people (CYP) will have improved mental health and well-being
- People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.
- People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.
- Everyone in Devon will be offered protection from preventable infections.
- Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place



Acute Services

Our Vision

We will work together across our local NHS organisations to deliver **high quality, safe, sustainable and affordable services** as locally as possible improving patient outcomes and experience. We will ensure that addressing health inequalities are a focus of all our work and that the whole population of Devon is able to access the care they need. We will make sure people access the right service at first time through **effective navigation** around the care system; people with a care need should be seen by **the right professional, in the right setting, at the right time**.

What Devon will see



Services stabilised in the short-term with increased productivity, maximised capacity and best practice adopted and embedded



Services sustained in the medium term delivering high quality clinical outcomes for the whole population and consistently meeting agreed performance targets



Services transformed in the longer term working as one joined-up system of services without organisational barriers and improved equity of access for all



Improved A&E waiting times and ambulance response times



Improved access to urgent treatment centres



Reduction in waiting times for elective surgery



Faster access to diagnostics



Increase in cancers diagnosed at stages 1 and 2



Easier navigation around our urgent care system



Increased working with services in Cornwall to ensure that together we deliver the best possible services to patients



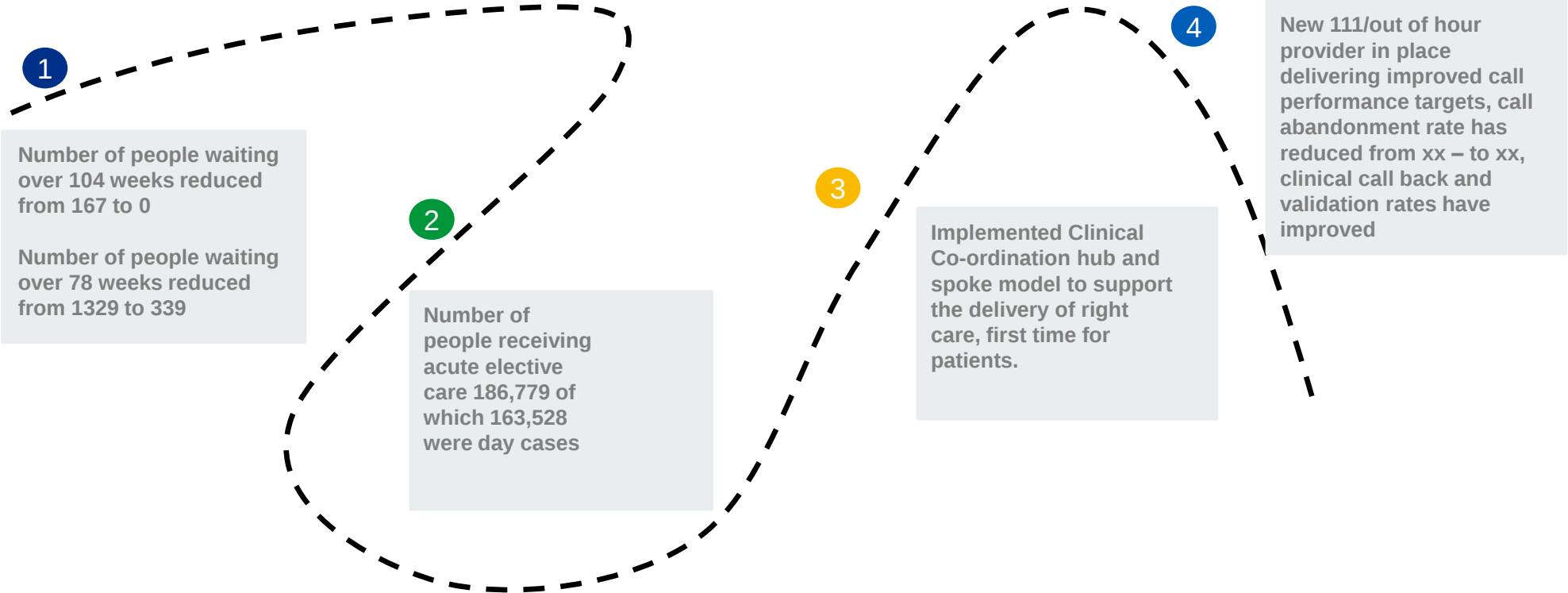
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• Improve productivity and efficiency of all acute services through optimising of pathways and developing a common and shared workforce model	✓	✓	✓
• Reduce the number of long waiting patients for elective care and return to waits of less than 18 weeks by 2027 by increasing productivity, maintaining high quality services, reducing health inequalities and maximising elective capacity in Devon.	✓	✓	✓
• Stabilise acute services that are fragile	✓		
• Transform acute services to ensure workforce, clinical and financial sustainability	✓	✓	✓
• Increase diagnostic capacity including Community Diagnostic Centres	✓		
• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with 75% early diagnosis ambition	✓	✓	✓
• Improve A&E waiting times so that no less than 72% of patients are seen within 4 hours by March 2025	✓		
• Improve category 2 ambulance response times to an average of 30 minutes by March 2025	✓		
• Improve effective navigation around the urgent care system including implementation of a care co-ordination hub and spoke model for healthcare professional	✓		
• Enhance the role of community urgent care to manage demand for urgent care through Urgent Treatment Centres	✓	✓	✓

What we have achieved in 2023/24



Primary and Community Care

Our Vision

Our vision is to deliver **an integrated model of care across our communities** to support all people (including carers and families) to be as healthy and independent as possible in their own homes and able to access the right care when they need it. This integrated health and care offer, which includes primary care, community services, social care, the independent sector and the voluntary and community sector, will ensure that we meet people’s needs in a way that matters to them and that supports them to stay living safely at home in their community, retaining their independence for as long as possible, living the life they want to lead.

What Devon will see

-  People will experience a more multi-disciplinary, personalised and strength-based approach by services that focuses on keeping people connected and supported in their own communities
-  People will receive services that are aimed at preventing poor health
-  People will be able to access services on the same day (when clinically appropriate) when they have an urgent need
-  People will be able to remain living at home, independently for longer
-  People will know what services are available in their community and how to access them
-  People will be able to have access to specialist support in the community where appropriate
-  GP practices will be more resilient and able to meet clinically appropriate demand



Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• We will develop a collaborative approach to working across communities. By 2025, we will have effective collaborative mechanisms in place for primary care, community services, voluntary and community services and independent social care providers.	☑		
• We will have an integrated approach, neighbourhood approach focussed on PCN boundaries. By 2025, we will have developed integrated ways of working that encompass primary care, community services, mental health, social care, voluntary and community services and acute services working as part of a multi-disciplinary team to jointly deliver services	☑		
• By 2025, We will develop our same day services so they can consistently meet people's urgent needs and avoid emergency admission to hospital. This includes pro-actively identifying people at high risk of admission, virtual wards, timely access to general practice and community pharmacy services, urgent community response, social care support and access to specialist support.	☑		
• By 2026, each PCN will adopt an integrated, proactive approach, with a focus on prevention and early intervention. PCNs will use population health data to support the identification of the people that are most likely to benefit from this approach.	☑	☑	
• By 2025, we will have developed consistent, robust pathways for End of Life and falls and frailty, so people are able to access the right, expert input to support them at home. By 2026, we will have developed outreach models to hospital specialists are supporting professionals in the community to look after people in their own homes.	☑	☑	
• By 2026, people will be easily able to understand what community-based services are available and how to access them. By 2024, we will have implemented the consistent use of the Joy App by social prescribers across 100% of PCNs.	☑	☑	
• A personalised approach will be utilised across every integrated team, prioritising those population groups who will benefit most from the approach (end of life, frailty and dementia)	☑	☑	☑
• By 2028, we will have resilient, sustainable and high-quality general practice which is able to meet clinically appropriate demand, offer timely access, operate at scale and have a planned approach to managing change.	☑	☑	☑
• We will maximise the potential of pharmacy services ; by 2028 we will have increased service resilience and improved patient access, safety and quality of care.			
• Local authorities will meet their Care Act duties by ensuring a sufficient care market	☑	☑	☑
• Innovative extra care and supported living schemes will be developed to provide people with greater independence and support them to remain in their own homes	☑	☑	☑
• By 2028 the ICB will have commissioned sufficient dental services to ensure all disadvantaged groups have access to a routine dental check-up, every 24 months for adults and 6-12mths for children, as well as enough capacity to meet demand for urgent care	☑	☑	☑

What we have achieved in 2023/24



Mental Health

Our Vision

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

What Devon will see



Adults who have serious mental illness can get an annual physical health check, and, if they need it, support to improve their physical health.



People of all ages will have access to 24/7 mental health advice and support via 111.



People will have a timely dementia diagnosis and planned onward care and support.



People of all ages 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.



People of all ages experiencing mental health crisis will be able to get the help they need as early as possible without needing to go to A&E.



People with an Eating Disorder will get timely access to more onward care and support



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.



People of all ages who need mental health care get treatment within 4 weeks of referral.



More children and young people will get access to timely and co-ordinated mental health support

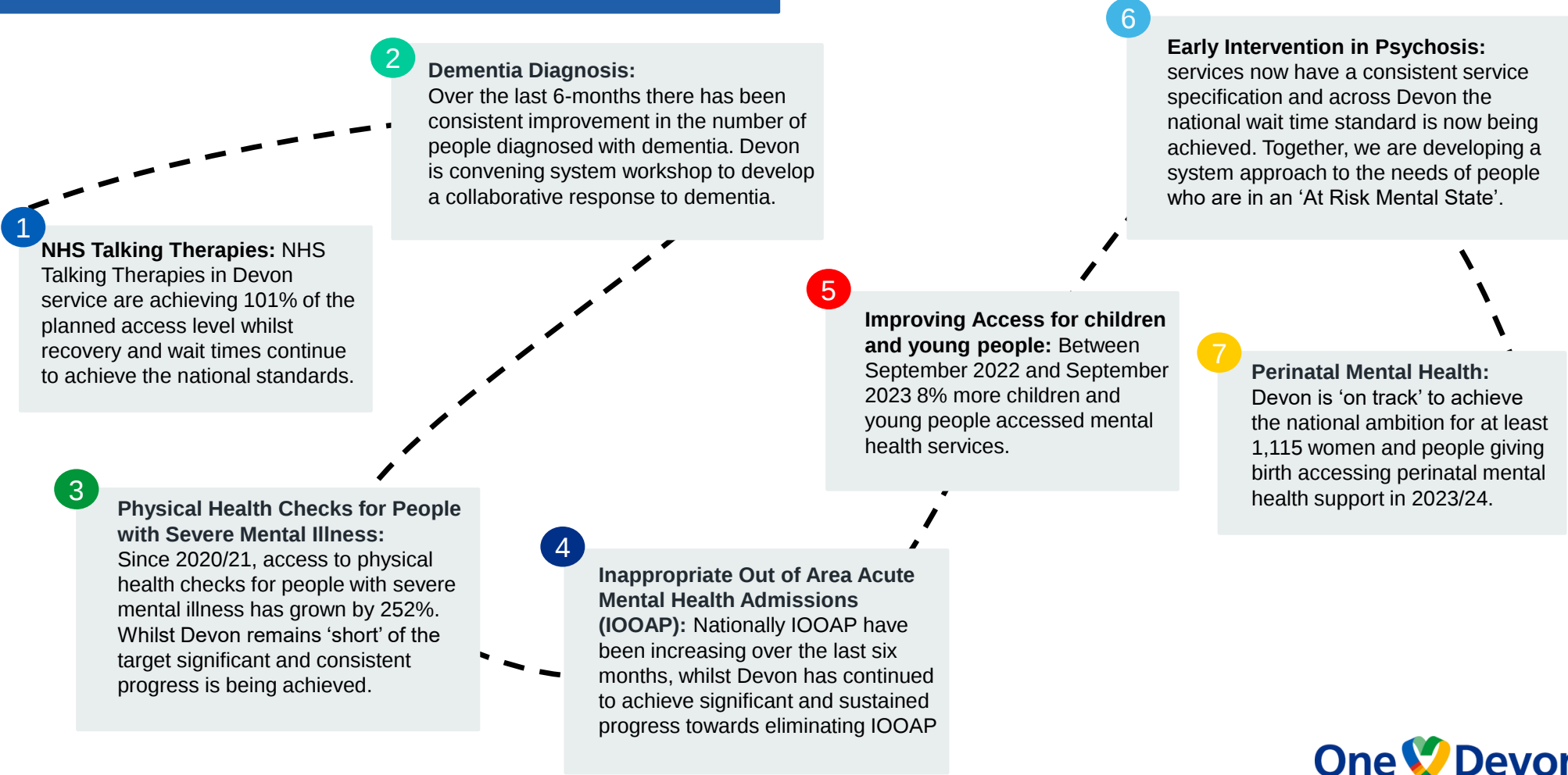
Our objectives

Which ICS Aim(s)



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

What we have achieved in 2023/24



Learning Disability and Autism

Our Vision

The Learning Disability and Autism Partnership reviewed up to 30 different national strategic documents, Acts and legislation that are associated with the system provision of health and social care for Learning Disabilities and Autistic People (LDAP). As a system we agreed that for our approach to have value and commitment to the people we serve, we would reduce those strategies to a number of measurable described and defined pledges. Those pledges will be co-owned through an integrated governed system - mobilised, monitored and overseen in the Learning Disability and Autism Partnership.

What Devon will see

 Our vision is that autistic people get the support and opportunities they need to lead full and happy lives. As partners, we will work to improve services, reduce waiting lists, support the removal of barriers for autistic people of all ages and their families/carers, through improving training and awareness, such as Oliver McGowan, provision of meaningful support, assessment and diagnosis, early identification and reducing the reliance on inpatient care through community services

 The empowerment of people and families to work with us as partners in making sure people get the best care and support possible. We want to find more ways to bring this to life in the work of the innovations we support. Reaching out to those communities, that are difficult to engage due to rurality and culture, hearing more balanced views and increasing opportunities to co produce.

 Opportunities to increase the number of our adult working age community into meaningful employment

 A reduction in health inequalities and improvement in health outcomes for people with a learning disability and autistic people delivered through actions and learning.

 Collaborative working, with system ownership, shared outcomes and examples of good practice and innovation, led by expertise and clinical knowledge and experience.

 Housing and Accommodation: A new model of delivery for people with learning disabilities and autism, including those with the most complex needs. Housing-based needs share five common principles of providing the best living environment; a clear common pathway for delivery; ensuring better life outcomes and making best use of financial resources to create sustainable housing and services over the long-term

 Golden thread of reasonable adjustments to access all services across Devon



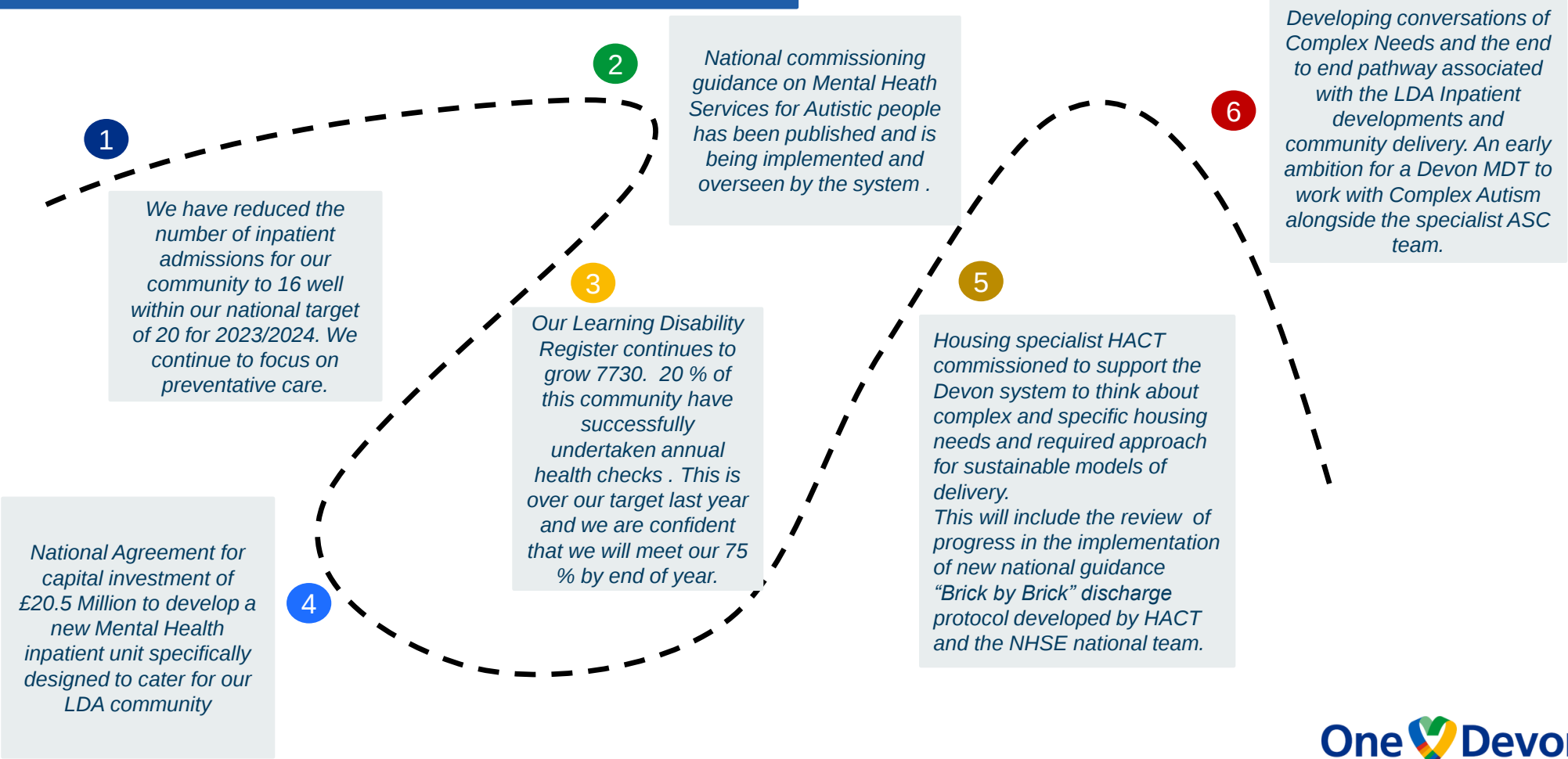
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024 as well as continue to improve the accuracy and increase size of GP Learning Disability registers.	☑	☑	☑
Reduce reliance on Mental Health locked and secure inpatient care, while improving the quality of Mental Health inpatient care, so that by March 2028 (in line with national target) no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12-15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an Mental Health inpatient unit	☑	☑	☑
Test and implement improvement in autism diagnostic assessment pathways including actions to reduce waiting times by March 2028	☑	☑	☑
Develop integrated, workforce plans for the learning disability and autism workforce to support delivery of the objectives set out in the guidance	☑	☑	☑

What we have achieved in 2023/24



Children and Young People and Women's Health

Our Vision

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 ensure that Maternity and Neonatal care is safe, equitable, personalised and kind, delivered through a positive culture of respect, learning and innovation. 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.

What Devon will see



Using our collective resources, **we will create, inclusive, accessible and sustainable services** and settings where children can learn and achieve their potential in life.



We will **ensure safe birth and optimise the first 1000 days of a child's life** and **enable the early identification of issues** for children.



We will **listen to our communities** to truly understand the needs of children and young people and their families, women and birthing people.



We will **identify and set steps for improvement within these key priorities:**

1. Waiting list recovery and transformation: acute and community
2. Integrated approach to support vulnerable children and young people with Complex Needs
3. Improve women's health and maternity care
4. Strengthen our data and intelligence
5. Embed co-production in all our work



We will meet the **requirements of the Core20PLUS5** by **proactively addressing health inequalities, working collaboratively with communities and the voluntary sector** to shift to a child and family driven approach, ensuring that safeguarding is a golden thread.



We will ensure that **transition for young people into adulthood** and achieving their potential will be focus for every relevant pathway.



The needs of CYP with Special Education Needs and Disabilities (SEND) are a specific focus for our health, care and education system, so that we can respond effectively to the weaknesses identified through inspection and the challenges experienced by our children and families.



Our approach will be informed by **joint use of high-quality data and information.**

One Devon

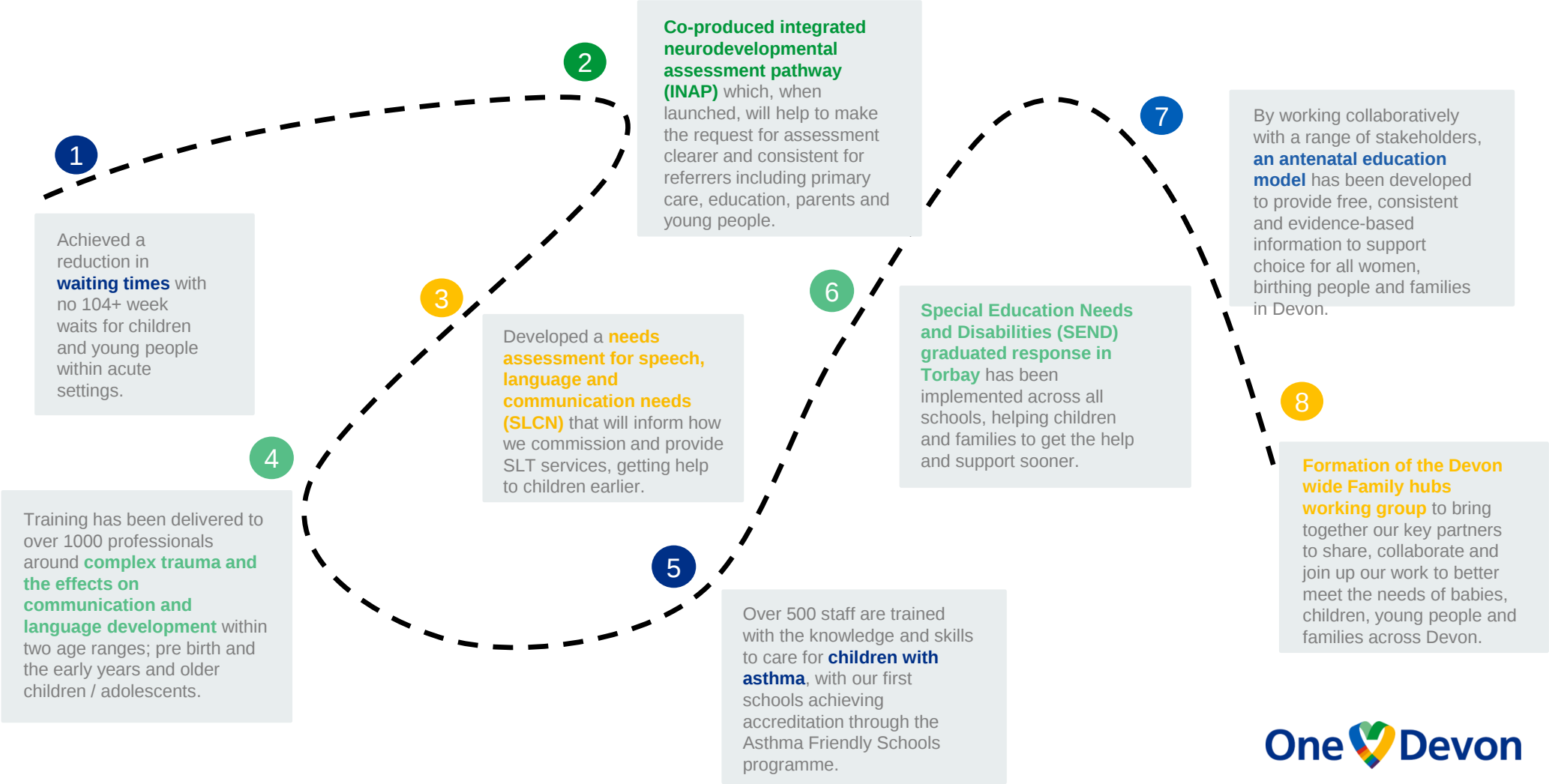
Our objectives

Which ICS Aim(s)



Objectives – Children and Young People	Year 1-2	Year 3-4	Year 5+
Services for children who need urgent treatment and hospital care will be delivered as close as possible to home. There will be a recognition on the potential impact and harm for CYP and their families whilst on waiting lists for paediatrics within acute, community and surgery procedures. By the transformation of pathways to better prioritise the use of clinical capacity, waiting times will steadily improve across the next five years.	✓	✓	✓
Through implementation of the neurodiversity offer by, 2027 children and families with neurodiverse, emotional and communication needs will be able to access services and be supported across health, care and education, preventing crisis and enabling them to live their best life (incl. wait list recovery for community services).	✓	✓	
- Through our work to improve outcomes for children with long term conditions, we are focussing on reducing health inequalities by understanding differences for our Core20PLUS5 populations. - To address significantly poorer outcomes for care experienced children and young people, we will tackle issues affecting access and equity of care.	✓	✓	✓
We will fulfil our statutory safeguarding responsibilities under ‘Working Together to Safeguard Children’ (2018) and respond to the local safeguarding children partnership priorities; to ensure that the health needs of all vulnerable children are identified and met by 2028.	✓	✓	
Family Hub and Early Help models will be developed across Devon ICS and in each local area by 2026, working with Local Authorities and other key partners to collaborate, identify and ensure a joined-up approach is taken to meet the needs of babies, children, young people and families across Devon at an earlier stage through a more holistic approach.	✓		
The Special Education Needs and Disabilities (SEND) of children and families will be prioritised across the Devon ICS. SEND reforms will be embedded across the three Local Authorities to address the weaknesses identified through the Torbay, Devon and Plymouth Local Area Inspection’s within the mandated timeframes for each local area.	✓	✓	
Objectives – Women’s Health and Maternity	Year 1-2	Year 3-4	Year 5+
Through a 5 year maternity and neonatal delivery plan, maternity care will be delivered safely and will offer a personalised experience to women, birthing people and their families. Maternity and neonatal workforce will be inclusive, well trained and fit for the future. The Core20PLUS5 approach for women and birthing people will be implemented as part of the core programme.	✓	✓	
We will work collaboratively with System Partners to establish and deliver responsive, data led, inclusive and accessible services to meet the health needs of young girls and women across their life cycle through local implementation of the national Women’s Health Strategy. Women’s Health hubs will be developed and implemented across Devon ICS by 2025.	✓		

What we have achieved in 2023/24



Population Health

Our Vision

As the Integrated Care System develops, there will be an increasing focus on improving the health of the population: shifting the allocation of resources from treatment to prevention, increasing access to services and reducing health inequalities. This will require changes throughout all parts of the system and, in particular, in the way the ICB carries out its roles as both a commissioner and a system convenor and facilitator. These changes will be embedded in the ICS development programme as we move to a longer term focus.

What Devon will see

- 

Devon ICB will lead system partners to increase their focus on population health and ensure that all decisions are made with an understanding of the impact on population health and health inequalities
- 

There will be a co-ordinated programme of work across all parts of the system focused on improving population health
- 

There will be an expert Population Health Team who can support others to deliver the programme and share and learn from their experiences
- 

Everyone working in Health and Social Care will have the skills, tools and knowledge to deliver change (including using the PHM approach)
- 

We will improve the way that we share and use data to support what we do
- 

Improved performance against Core20+5 targets
- 

We will work together as Anchor Organisations to support social and economic development



Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Our LCPs and Provider Collaboratives will have the support and evidence base they need to deliver change at local level and will be empowered to make decisions with their populations on an ongoing basis	✓	✓	✓
Ensure delivery of Core20+5 deliverables (including adult and CYP) in line with national reporting requirements	✓	✓	✓
Implement co-ordinated prevention plans in priority areas including CVD, diabetes and respiratory	✓	✓	✓
Develop the ICB and NHS partners as Anchor Organisations by March 2025	✓		
Support the implementation of new ways of working focused on population health by April 2025	✓		

What we have achieved in 2023/24



Health Protection

Our Vision

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

What Devon will see



Reduced health care associated infections.
Working collaboratively across organisational boundaries, to drive forward further reductions in healthcare associated infection across the whole system.



- **Effective antimicrobial use** Deliver the UK 5-Year Action Plan for Antimicrobial Resistance (2019-2024) which has a strong focus on infection prevention and control..



Improved vaccination uptake
Focusing on MMR, the 4-in-1 pre-school booster and school-age immunisations and working to reduce health inequalities.



A system that can respond to health protection incidents Pathways in place for key pathogens and communities.



Improve uptake of cervical & breast screening Supporting vulnerable and underserved populations.



100% offer to eligible cohorts for influenza and Covid vaccination programmes Working to reduce health inequalities.



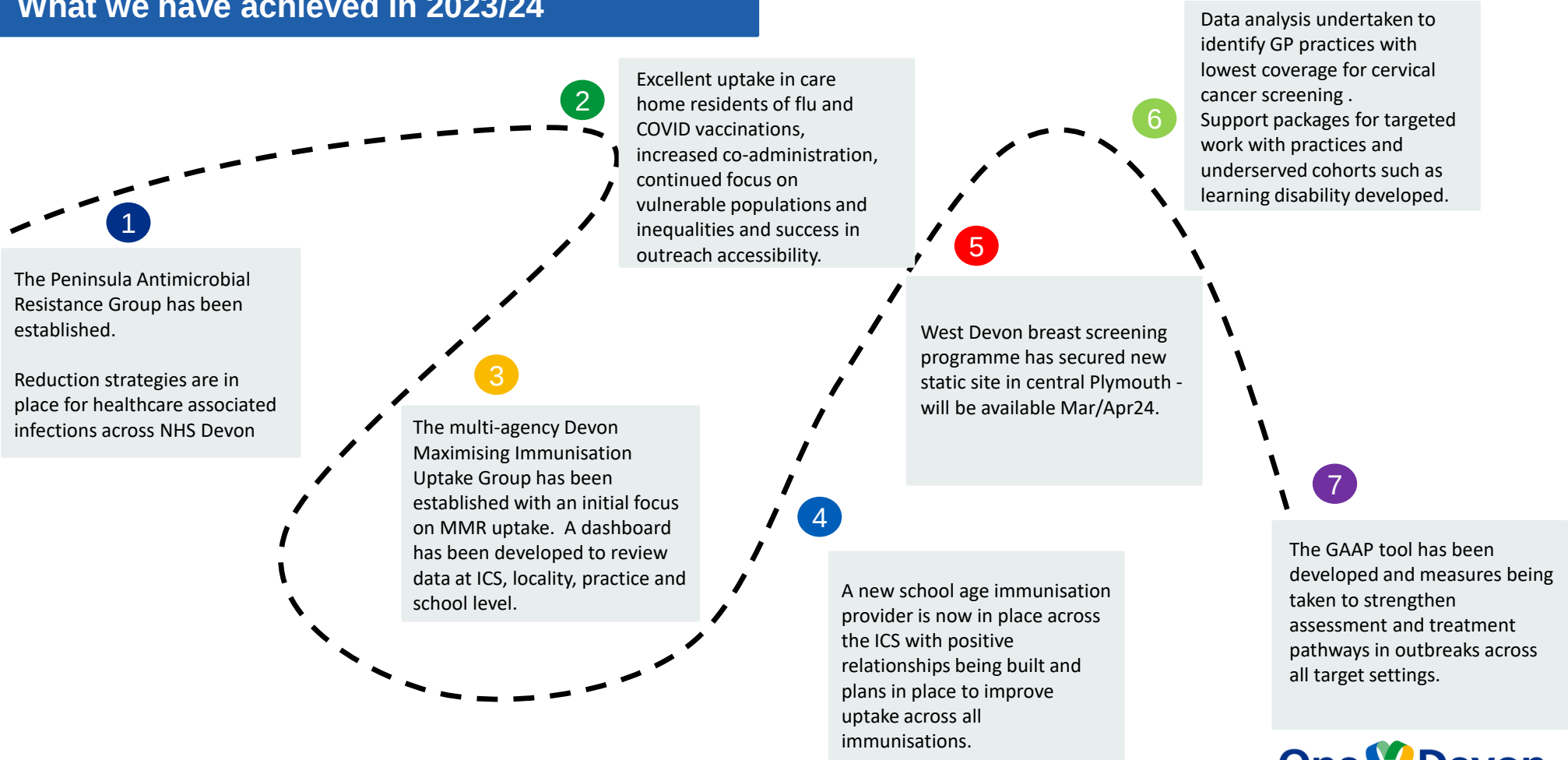
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Reduce occurrences of healthcare associated infections (HCAI) (Clostridium difficile (C. diff), methicillin-resistant Staphylococcus aureus (MRSA) and community onset community associated (COCA) occurrences of HCAs	✓	✓	✓
Ensure effective antimicrobial use in line with NICE guidance and the Start Smart Then Focus principles to optimise outcomes, reduce the risk of adverse events and to help slow the emergence of antimicrobial resistance and ensure that antimicrobials remain an effective treatment for infection	✓	✓	✓
Providers must demonstrate a 100% offer to eligible cohorts for influenza and Covid vaccination programmes – with particular focus on Devon's priority populations (CORE20PLUS5) for children and young people (CYP) and adults and aim to achieve at least the uptake levels for influenza of the previous seasons for each eligible cohort, and ideally exceed them where applicable.	✓	✓	✓
Vaccine coverage of 95% of two doses of MMR by the time the child is five, with particular focus on Devon's priority populations (Core20PLUS5) for CYP	✓	✓	✓
Vaccine coverage of 95% of 4-in-1 pre-school booster by the time the child is five, with particular focus on Devon's priority populations (Core20PLUS5) for CYP	✓	✓	✓
Achieve recovery of School-aged Immunisation (SAI) uptake to pre-Covid levels, with secondary aim to achieve year on year improvement in uptake working towards the 90% target as stated in national service specification with particular focus on Devon's priority populations (CORE20PLUS5) for CYP	✓	✓	✓
Halt the decline in cervical screening coverage and then to improve uptake year on year towards a goal of 80%, with focus on first invitation and Devon's priority populations (Core20PLUS5) for Adults	✓	✓	✓
Work closely with NHS England commissioner to support the delivery of the upcoming national campaign to increase breast screening uptake and reduce inequalities coverage (NHS England and provider led) with focus on Devon's priority populations (Core20PLUS5) for Adults	✓	✓	✓
Addressed the commissioning and delivery gaps identified in the 2022 South West Gap Analysis Action Plan Tool for Health Protection Frontline Services to ensure that Devon has pathways in place for key pathogens and capabilities and can respond effectively to health protection related incidents and emergencies across different communities in Devon	✓	✓	✓

What we have achieved in 2023/24



Suicide Prevention

Our Vision

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

What Devon will see

 **Partners across Devon, Plymouth and Torbay working together to support wellbeing and build suicide safer communities.**

 **Suicide prevention is considered everyone’s business**

 **Targeted suicide prevention for people at most risk of suicide**

 **Community awareness and skills in suicide prevention is increased through suicide prevention training**

 **People bereaved by suicide are supported in compassionate and timely manner**

 **People are supported at times of crisis**



Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• Local Suicide Prevention Groups to each have a published annual action plan based on the national strategy which sets out local delivery priorities for the year	✓	✓	✓
• Local Suicide Prevention Groups to report annually on their suicide rates and their annual action plan to their respective Health and Wellbeing Boards	✓	✓	✓
• Local suicide prevention leads to present local suicide prevention action plans and suicide rates for whole of the ICS area to NHS Devon Suicide Prevention Oversight Group	✓	✓	✓
• Devon ICS to prioritise provision of appropriate suicide prevention training to relevant workforces and the wider population to continue to expand system knowledge of suicide and suicide prevention	✓	✓	✓
• Devon ICS to prioritise the ongoing provision of a suicide bereavement service and a real-time suspected suicide surveillance system, coordinated across the whole of Devon	✓	✓	✓

What we have achieved in 2023/24



One Devon
Healthy, safe
communities



#OneDevon

Healthy, safe communities

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

- Devon has **complex patterns of urban, rural and coastal deprivation**, hotspots of urban deprivation are evident, with the highest overall levels in Plymouth, Torbay and Ilfracombe. Many rural and coastal areas, particularly in North and West Devon experience higher levels of deprivation, impacted by lower wages, and a higher cost of living.
- Housing is **less affordable in Devon, and the age and quality** of the housing stock poses significant challenges in relation to energy efficiency and issues associated with excess heat, excess cold and damp.
- **Varied education, training and employment opportunities, workforce availability and wellbeing** is impacting on success later in life for children, the health of our economy and our ability to deliver high quality, safe services.
- **Access to health and care services varies significantly across Devon**, both in relation to geographic isolation in sparsely populated areas, as well as socio-economic and cultural barriers. Poorer access is evident in low-income families in rural areas who lack the means to easily access urban-based services. Poorer access is also seen for people living in deprived urban areas, certain ethnic groups and other population groups, where traditional service models fail to take sufficient account of their needs.

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

- The most vulnerable people in Devon will have accessible, suitable, warm and dry housing
- In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.
- People in Devon will be provided with greater support to access and stay in employment and develop their careers.
- Children and young people will be able to make good future progress through school and life.
- We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).
- Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people

Employment

Our Vision

Our vision in Devon is to create a supportive and inclusive employment landscape where those facing significant barriers, can access meaningful employment opportunities and career development. Focused on empowering the most vulnerable groups, including young people transitioning into adulthood, those with disabilities, mental health conditions, or other health-related employment barriers, and residents from the most deprived communities, we aim to harness the health and social care sector as an inclusive employment destination. This approach not only supports those in need of assistance but also strengthens our workforce, ensuring a healthier, more prosperous community for all.

What Devon will see



Youth unemployment reduced: we will see a significant reduction in the number of young people who are Not in Employment, Education or Training (NEET), especially among those from complex backgrounds and health related barriers to progression, leading to more young people transitioning smoothly into adulthood with stable careers and education paths.



Disability and health barriers overcome: we will see enhanced employment rates and career progression among individuals with disabilities or mental health challenges, reflecting a more inclusive and equitable job market.



Inclusive employment: we will see individuals from the most vulnerable and deprived communities overcoming barriers to employment, leading to a decrease in poverty levels and an increase in community resilience and economic stability.



Inclusive health and social care workforce: we will see a robust and diversified health and social care sector, with a workforce enriched by the inclusion of individuals from varied backgrounds, enhancing the quality and accessibility of care services.



Flexible and appropriate employment opportunities for carers: We will see unpaid carers supported to remain in employment or re-enter the labour market.

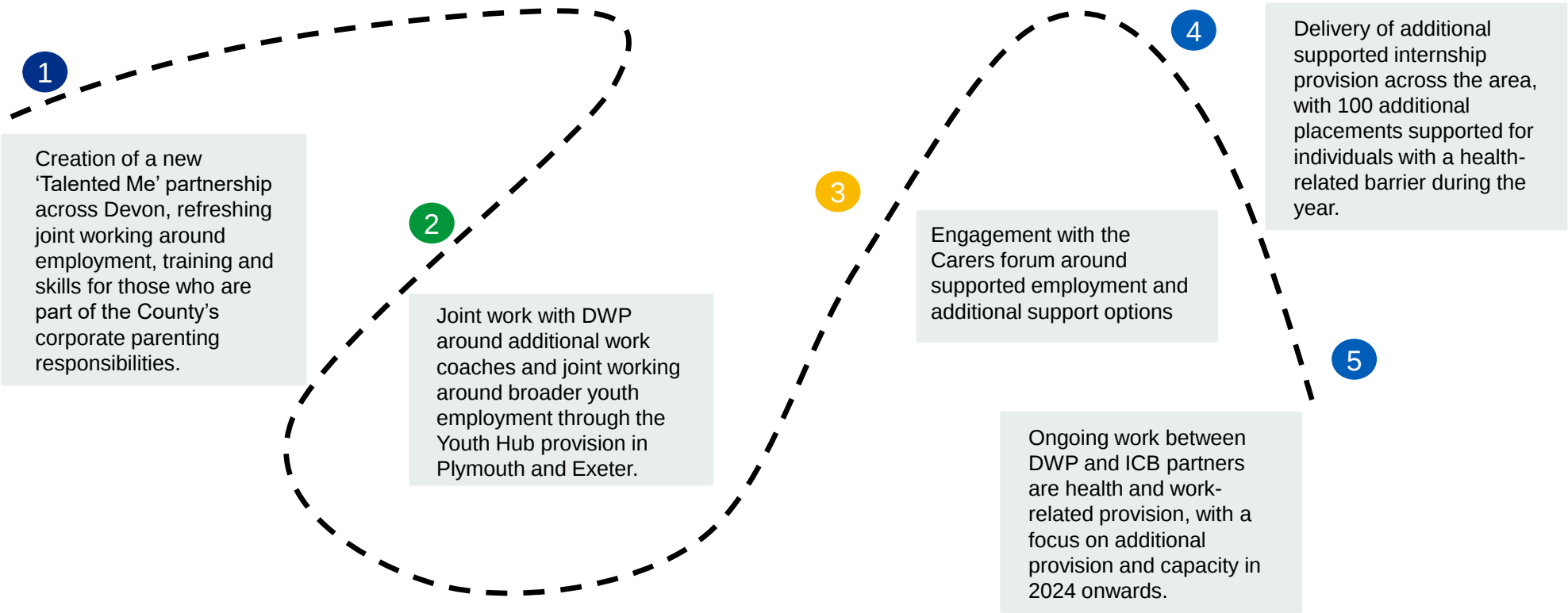
Our objectives

Which ICS Aim(s)



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

What we have achieved in 2023/24



Housing

Our Vision

Devon’s vision is to foster a thriving community through the provision of high-quality, affordable, and sustainable housing. This vision encompasses improved health outcomes via enhanced living conditions, increased availability of specialist housing for the most vulnerable, greater independence for the elderly and disabled through suitable housing options, accessible and affordable housing for key workers and the broader population, and a robust approach to effectively preventing homelessness.

What Devon will see



Support for people with health conditions caused, or exacerbated, by poor housing conditions: Residents will benefit from better health outcomes due to improved housing conditions. This includes homes that are warm, dry, and free from mould, which are crucial factors in preventing health issues.



Increase in the availability of specialist housing: The availability of specialist housing will increase, particularly for vulnerable groups such as those with complex learning disabilities and autism. This expansion will include wheelchair-accessible and supported accommodation, addressing specific needs and promoting inclusivity.



Effective homelessness prevention: Devon will see a reduction in homelessness, supported by comprehensive systems aimed at addressing the root causes. These systems will include strong support networks, providing essential help to those in need.



More people living independently in their own homes: There will be a noticeable enhancement in the independence and quality of life for the elderly and disabled in Devon. This improvement will be supported by a range of suitable housing options and necessary adaptations, located in sustainable areas.



An increase in the supply of affordable and accessible housing: There will be an increase in high-quality, affordable housing, including for key health and care workers and the wider population in high-demand areas. This will help address housing affordability and accessibility issues.



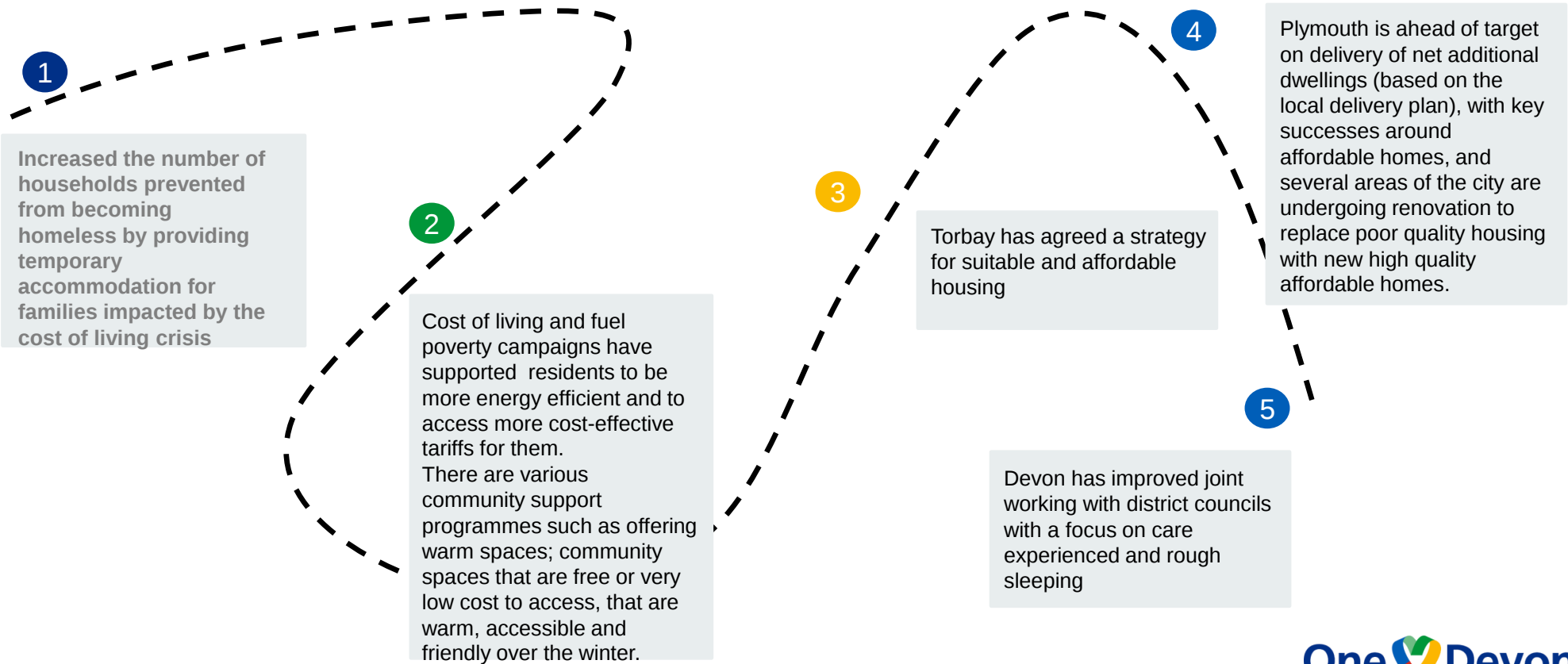
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
By 2025, we will establish processes to systematically identify vulnerable groups with chronic conditions such as children and young people with asthma, living in substandard housing and direct them to appropriate support services.	✓	✓	✓
By 2028, our aim is to decrease health issues arising from poor housing conditions. This will be achieved by increasing referrals of those living in inadequate housing to a variety of health, social, and VCSE support services.	✓	✓	✓
By 2025, we will implement processes to identify vulnerable individuals in poor quality housing on admission and discharge. This will improve the efficiency of admission/discharge planning and enhance the referral process for additional support.	✓	✓	✓
By 2028 the ICS will work to ensure that Local Plans reflect the needs of older people and those with health conditions, to support the delivery of suitable housing	✓	✓	✓
We will reduce homelessness in Devon, through the implementation of comprehensive support systems, and the expansion of support services. Specific targets include: - Ensuring no family stays in B&B accommodation for more than six weeks. - Achieving a 10% reduction in the number of households in temporary accommodation. - Increasing the success rate of preventing homelessness by 30%. - Offering accommodation to 100% of individuals who sleep rough.	✓	✓	✓

What we have achieved in 2023/24



Community Development

Our Vision

Communities are strong, resilient, inclusive and connected, where people support one another in an environment that promotes health and wellbeing

What Devon will see



A collaborative system that supports the VCSE and community groups to maximise the health and wellbeing of their local citizens through people led change.



People have multiple opportunities to influence the decisions that affect their health & wellbeing - 'no decision about me without me'



Community partnerships have identified their local priorities and goals



Community partnerships will have Identified existing assets (incl. networks, forums and community activities) so they can harness these to tackle gaps in local provision



A strategic framework as an ICS approach to building health capacity in communities with communities



Communities will have a greater sense of purpose, hope, mastery and control over their own lives and immediate environment



A learning culture that challenges, examine and reflect on our community development practice, providing accountability, reassurance and protection



Cross-sector partnerships established to enable collaborative working in communities



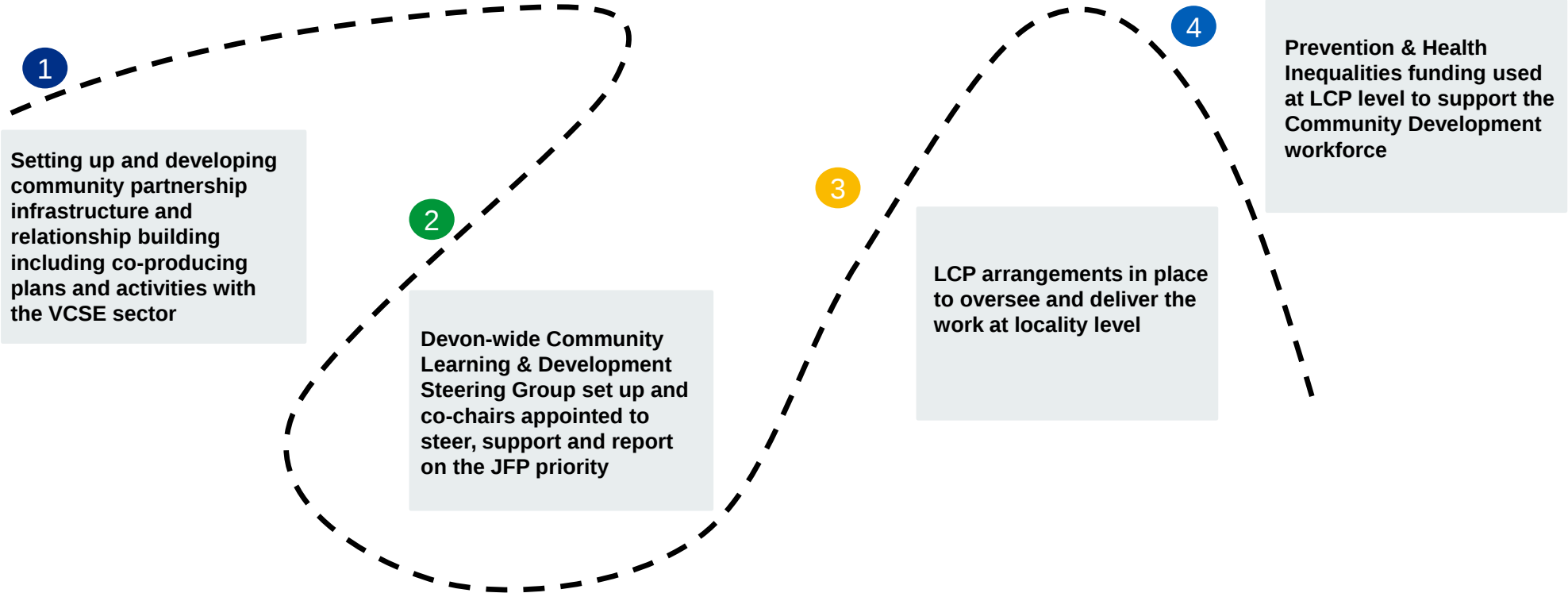
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• By 2028, local communities, and particularly disadvantaged groups, will be empowered by placing them at the heart of decision making through inclusive and participatory processes and have an active role in decision-making and governance – ‘no decision about me without me’		☑	☑
• By 2028, local communities will work in partnership to bring about positive social change by identifying their collective goals, engaging in learning and taking action to bring about change for their communities.	☑	☑	☑
• By 2028, a community development workforce will be supported, equipped and trained to agreed standards, code of ethics and values-based practice	☑	☑	☑
• By 2028, Local Care Partnerships will have integrated the role of community partnerships into their infrastructure and planning to ensure the communities of Devon are an equal partner both at system and local level		☑	☑

What we have achieved in 2023/24



Communication and involvement

Our Vision

Through inclusive and meaningful involvement, we will work in partnership with Devon’s people and communities so that health and care services meet the needs of our population. We will champion involvement through a culture of ongoing conversations and collaboration, so that we act on what we hear and continue to build trusted relationships with a shared purpose

What Devon will see

Good involvement will directly contribute to NHS Devon’s ability to deliver safe, high quality and efficient services by:



Improving safety, experience and performance through ongoing and continuous feedback and quality improvement.



Improving health outcomes and reducing health inequalities for local populations by understanding lived experiences and designing services that meet people’s needs.



Better planning and decision making as the voices of patients, service users, communities and staff are heard and that their insights influence change.



Confidence and trust with the public given a focus on transparency and the provision of clear public information about vision, plans and progress.



Understanding barriers to access which impact on the efficiency and sustainability of services and work together in solutions to address them.



Improving efficiency and sustainability by prioritising resources to where they have the greatest impact based on the needs, knowledge and experience of communities.



Improving value for money and use of NHS resources as people have the right services to meet their needs which reduces the need for further, additional care or treatment.



Reducing risks of legal challenges In line with section 14Z45(2) of the 2006 Act, which, if we fail to meet, can result in substantial costs and delays to transformation as well as damage to relationships, trust and confidence between organisations, people and communities.



Improving accountability by ensuring decisions in the NHS are transparent and clear to the public, patients and staff.



Our objectives

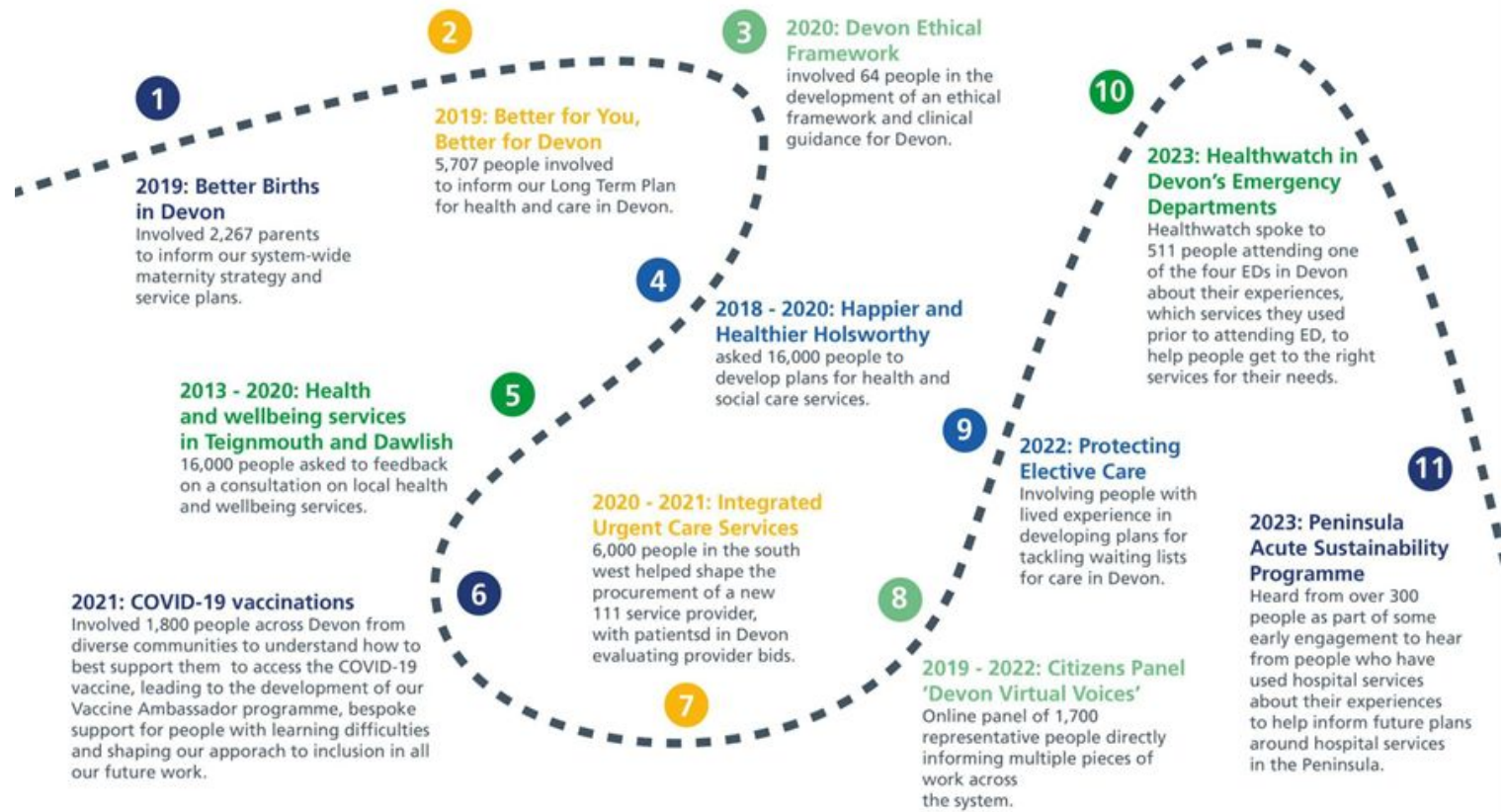
Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Strategic Communications Group - Develop a system approach to communications, working with professionals from all system partners to support consistent communications, involvement, collaboration, sharing of best practice, and co-production	✓	✓	✓
Involvement Operational Group - Develop a system approach, working with professionals from all system partners to support consistent involvement practice, collaboration, sharing of ways of working and resources and genuine co-production.	✓		
Develop the One Devon involvement platform to be the single online space for the One Devon Partnership, focussing on engagement and involvement with people and communities, including the One Devon Citizens Panel. This will be achieved by ensuring a Local Care Partnerships are all actively using the platform to support local engagement work	✓	✓	
Develop an involvement identity to be used by the One Devon Partnership to raise the profile of and awareness of involvement activity undertaken by system partners across Devon	✓	✓	
Establish Healthwatch Devon Plymouth Torbay as part of NHS Devon ICB governance to enable them to provide appropriate scrutiny to the ICB involvement work, whilst continuing to provide insight and intelligence to inform decision making at all levels of the ICB.	✓		
Work with the Integrated Care Partnership (ICP) and the Voluntary Community and Social Enterprise (VCSE) sector, to deliver engagement on behalf of the ICB and to provide insights from, and connection to, local people and communities	✓	✓	✓
Work in partnership with JFP programmes by providing expertise and guidance on working with diverse and vulnerable communities, building a continued dialogue with all people and communities in Devon, supporting delivery of the principles for best practice co-production, involvement and consultation, and holding the accountability of adherence to legal duties around involving people and Overview and Scrutiny Committees (Devon, Plymouth and Torbay)	✓		✓

What have we achieved so far?

People and communities' involvement



Equality Diversity and Inclusion

Our Vision

NHS Devon will be a great place to work where staff will feel valued and have a strong sense of belonging. As an organisation we will champion diversity as our route to innovation and improved performance. We will tackle health inequalities by working hand in hand with local populations and our partners to understand barriers to care and designing services that have the needs of everyone at their core

What Devon will see

Equality, Diversity and Inclusion (EDI) are essential components of effective health and social care. Good EDI practices ensure that services meet people's needs, give value for money and are fair and accessible to everyone. EDI means people are treated as equals, get the dignity and respect that deserve, and differences are celebrated. Some specific benefits also include:



Improving innovation and value for money

- New perspectives and different ideas that come from a diverse workforce support innovation.
- Diversity results in better decision making and therefore improves financial performance.
- Efficient services that better meet peoples' needs and keep people in good health can reduce the need for costly and prolonged care further down the line.



Improved workforce recruitment and retention

- An inclusive working environment, that encourages everyone to bring their own ideas forward helps employees feel valued, appreciated, and encouraged.



Building our reputation

- Equality and Diversity ensures we meet the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 which in turn builds trust with local communities and helps build our reputation as a positive and inclusive place to work.



Improving health outcomes and reducing health inequalities

- Equality and diversity help us overcome barriers to care so we can design services that meet the needs of everyone.
- Inclusive services provide better outcomes and experience and therefore help to tackle health inequalities.



Delivering better care

- When staff feel valued with a sense of belonging, they are likely to provide better care to patients.



Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Develop inclusive approaches to recruitment that encourage diverse populations to work for NHS Devon so that we can build a more diverse workforce that is reflective of Devon's local population with an initial focus on race and ethnicity (4% to 8%) LGBTQ+ (1% – 3%) and people with a disability (5% – 20%). This will build a culture where our people feel valued, heard and able to be their best selves at work	✓	✓	✓
Continue to support our leaders to champion the benefits of equality and diversity and represent EDI at a Board, Executive and Senior Leadership level	✓	✓	✓
Work with HR to further develop an NHS Devon Staff Network that is representative of our communities with a focus on; Providing peer support for our colleagues. Creating a reference point when undertaking inclusion initiatives. Seeking support and resourcing with campaigns	✓	✓	✓
Identify opportunities through the NHS Devon governance review to embed EDI to ensure we are learning and developing through an EDI lens through the Organisation Change process	✓	✓	✓
The EDI programme will celebrate diversity, raise awareness of discrimination, and involve our staff and communities on the EDI priorities that develop through our work. We will do this through targeted and effective integrated communications opportunities.	✓	✓	✓
Through an involvement campaign, ensure staff recruited via the International Recruitment Hub, are well supported in their roles and deliver a campaign that celebrates our diverse workforce, tackles racism and builds cohesion in the community	✓	✓	✓
Deliver inclusive involvement in collaboration with the People and Communities Strategy to support the ICB and ICS key aim of tackling inequalities in outcomes, experience and access.	✓	✓	✓
As part of the Organisation Change Programme deliver inclusive Recruitment training to Executives, Senior Leadership Team and recruiting managers to ensure people are aware of their biases when recruiting to their teams.	✓	✓	✓
As a system, work collaboratively to agree shared EDI priorities and work collectively on achieving a shared vision, with an initial focus on the six high impact actions in the NHS England EDI Improvement Plan.	✓	✓	✓

What have we achieved so far?

Equality Diversity and Inclusion



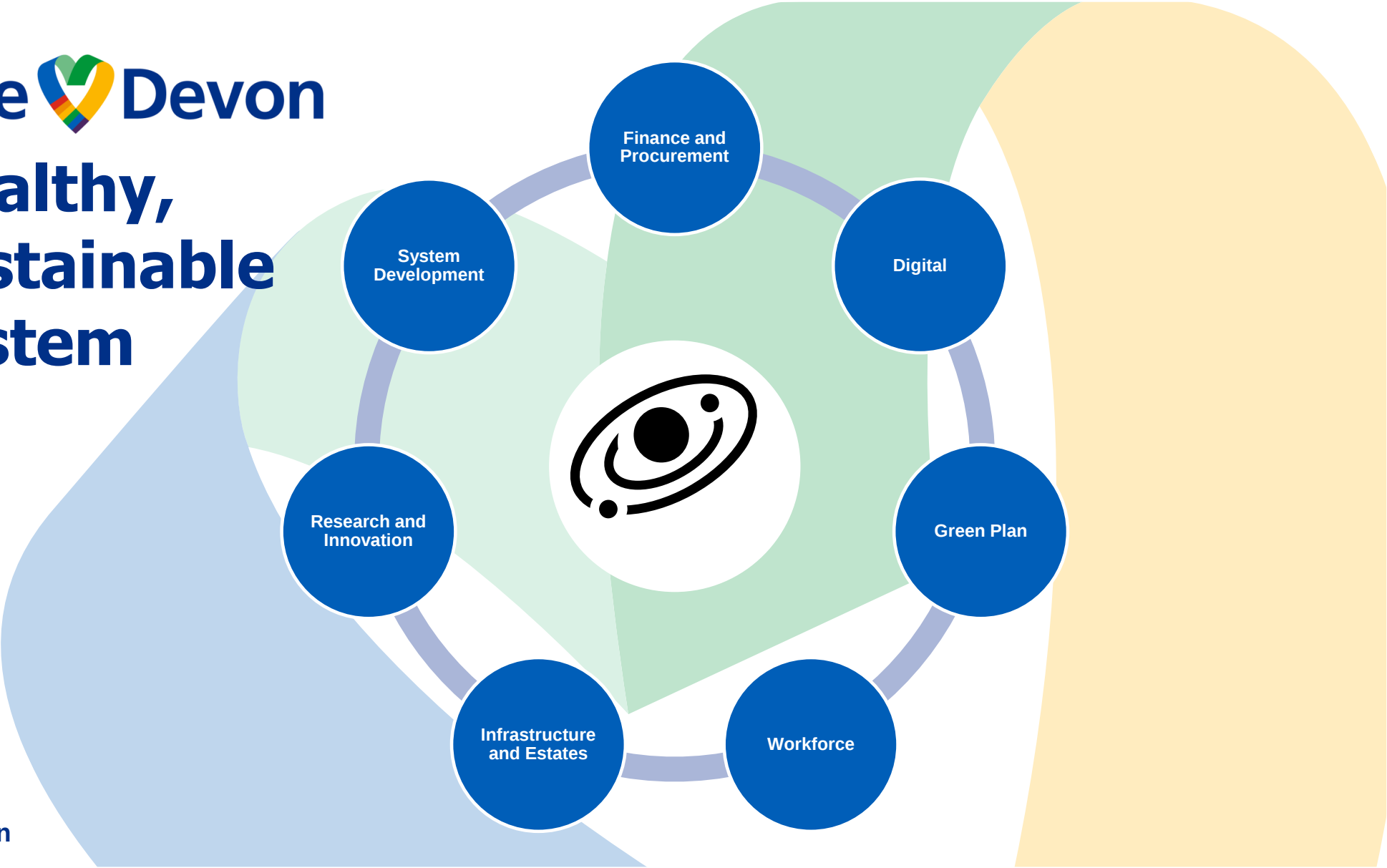


Healthy, sustainable system

#OneDevon

One Devon

Healthy,
sustainable
system



#OneDevon

Healthy, sustainable system

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

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

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

- We will have a safe and sustainable health and care system.
- People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.
- People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.
- We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.
- We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.
- Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably

Finance and Procurement

Our Vision

A financial framework that supports **integrated and collaborative working arrangements**, through the Devon Operating Model, that will **deliver better experience and outcomes for the people of Devon and greater value for money**. We will enhance every patient experience through delivering **maximum value and the best quality service through our collective procurement and supply chain excellence**.

What Devon will see



Recurrent balanced financial position by 2025/26.

With a financial framework that:

- supports collaborative working
- reflects the Devon Operating Model and delegation of budgets to LCPs and provider collaboratives.
- promotes innovative funding models and pooled budget arrangements.



Movement of funds into prevention.



A commitment to shared services, doing things once for Devon or the wider Peninsula where it makes sense to do so.



Patients will see the healthcare services they need are delivered on time and of the best quality.



Clinicians will be equipped with the goods and services they need to deliver world-class care.



Taxpayer will see the NHS is achieving value for every pound spent and delivering government priorities such as sustainability, NetZero and eradicating modern slavery.



Suppliers will find the NHS is easier to do business with, with opportunities to develop more innovative solutions to meet NHS and government challenges

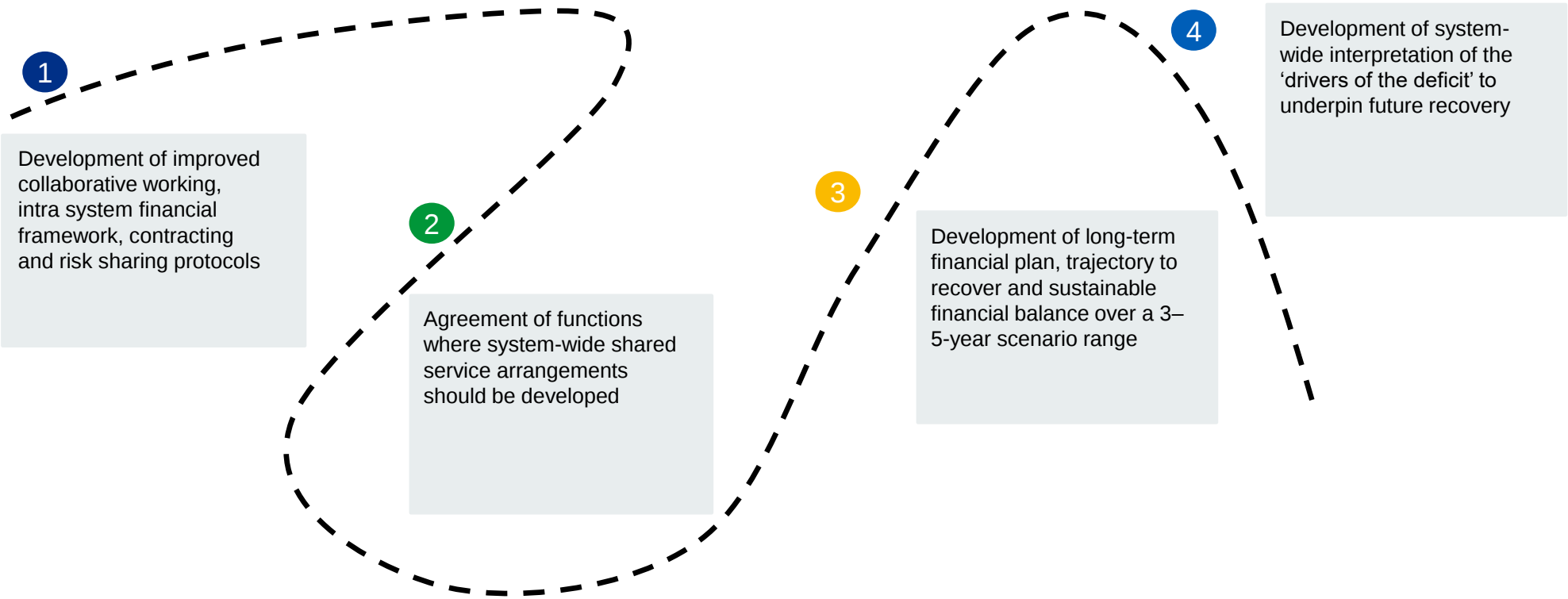
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Implement agreed shared service arrangements to increase efficiency and productivity and reduce costs	☑		
Delivery of 2024/25 recovery and Cost Improvement Programmes both organisational, strategic collaborative, and structural	☑		
Commence reprioritisation of funding upstream towards prevention and health inequalities		☑	☑
Take on formal delegation of specialised commissioning functions	☑		
Deliver corporate ICB right-sized for RCA (Running Cost Allowance) allocations	☑		
Deliver the long-term financial plan to achieve sustainable financial balance by system and by organisation	☑	☑	
Reduce total procurement cost by driving 'at scale' procurement delivery; enabling greater efficiency and effectiveness through the potential to standardise and minimise unwarranted variation	☑		
Improve supplier management by increased collaboration to leverage scale and value attained through our supplier base through a single voice for categories	☑		

What we have achieved in 2023/24



Estates and Infrastructure

Our Vision

To ensure that our estates and infrastructure are fit for purpose and located within the right places.

What Devon will see

-  A redeveloped the **acute hospital estate** through the funds available via the New Hospital Programme
-  A **community services and mental health estate** with more specialist services outside of the traditional hospital setting
-  A roadmap for estates and facilities activity to reach **Net Carbon Zero by 2040**
-  Estates and facilities expertise **working in collaboration** across the ICS to ensure efficiency, skill sets and joint delivery programmes remain optimal
-  **Estates and facilities contracts** that leverage buying power for providers on behalf of the ICS
-  **Development of the primary care** to integrate primary care with community service developments
-  **One Public Estate** opportunities are maximised



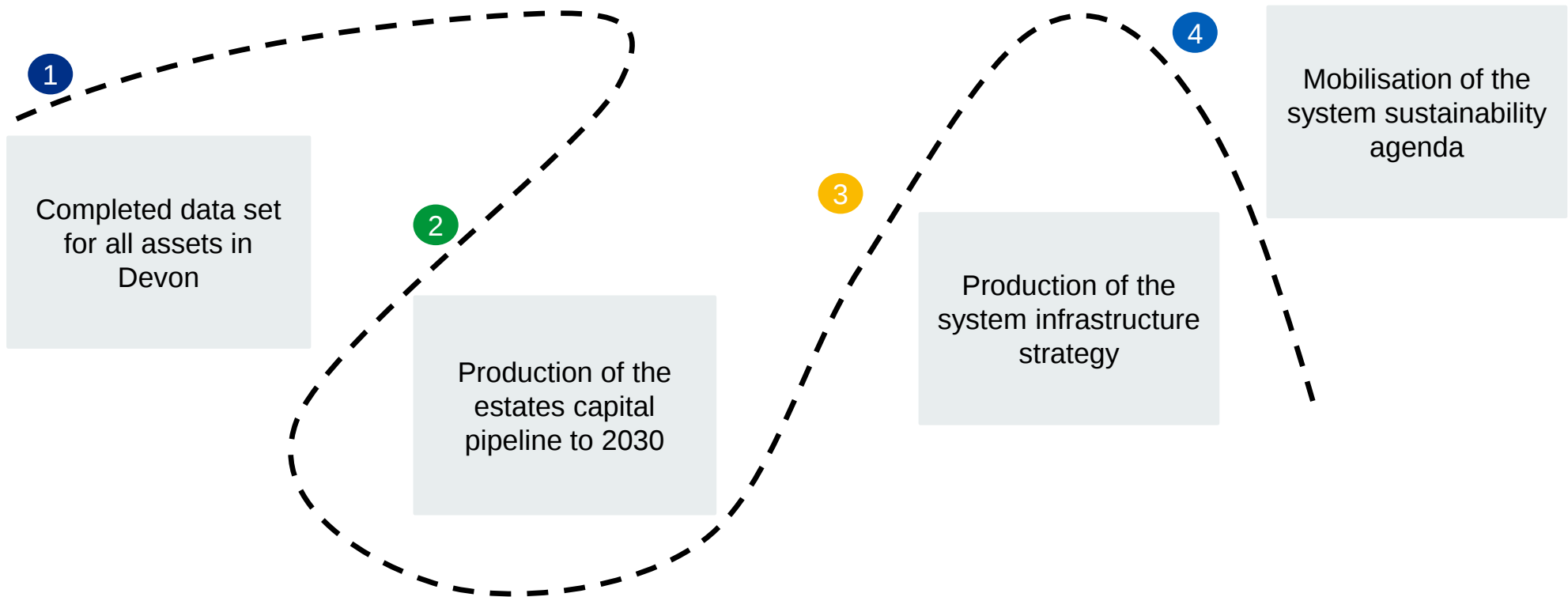
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Undertake strategic review of the ICS-wide health estate	☑		
Develop an investment plan and a five-year capital prioritisation pipeline	☑		
Develop a cross-matrix team that can support the delivery of estates and facilities at an ICS-wide level	☑		
Deliver a public facing ICS Estates Strategy	☑		
Categorise all of the estate into 'core, flex and tail' and agree strategies for each site or development opportunity	☑		
Prioritise funding allocations while taking advantage of national funding review outcomes and TIF funding	☑		
Integrate provider service departments where possible to create resilience, efficiencies and succession planning	☑		
Commence delivery of the implementation plans that shall support each area of the Estates Strategy	☑		

What we have achieved in 2023/24



System development

Our Vision

The Integrated System Development Programme aims to strengthen integrated and collaborative working in One Devon, to enable partners to implement innovative ways to collectively tackle our shared challenges improving the access to effective health and care for people in Devon.

What Devon will see



System Partners will collectively own the delivery of the Programme, actively involving communities and people with lived experience, and will adopt five core principles to underpin all of our work together:

- Learn by doing
- Prioritise and implement
- Shared purpose
- Trust & collaboration
- System focus



An innovative approach to reset the way we work together and apply learning will fundamentally change mindsets and improve the outcomes and experience for people across Devon. As a result the Programme will primarily support recovery of services and care in the short term and achievement of the overarching strategic goal outlined in the 5-Year Integrated Care Strategy:



One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money.



*By **2026/7** we will have: adopted a single operating model to support the delivery of health and care across Devon and will have achieved thriving ICS status.*



An increased role for provider collaboratives – undertaking some functions currently performed by the ICB and making better joint use of total provider capacity.



An increased role for Local Care Partnerships – bringing partners together at ‘place’ to improve population health and reduce health inequalities.



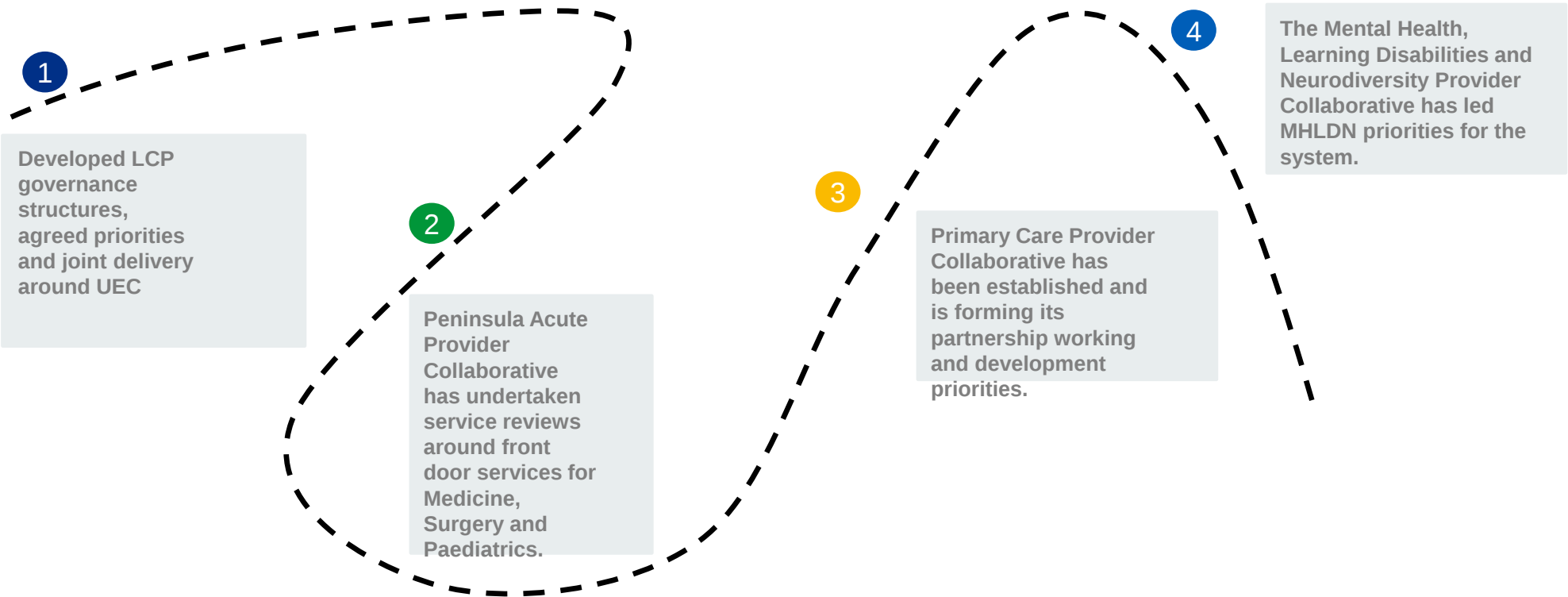
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• a strong shared purpose across system partners, Local Care Partnerships and provider collaboratives will support delivery of our Devon Plan achieving thriving ICS Maturity Assessment standards	☑		
• levels of trust and collaboration between system partners, Local Care Partnerships and provider collaboratives will have increased achieving thriving ICS Maturity Assessment standards	☑	☑	☑
• a 'learn by doing' approach will be embedded within our culture of improvement achieving thriving ICS Maturity Assessment standards	☑	☑	☑
• system partners, Local Care Partnerships and provider collaboratives will be consistently implementing priorities achieving thriving ICS Maturity Assessment standards	☑	☑	
• a unified system focus will be demonstrated by all system partners, Local Care Partnerships and provider collaboratives achieving thriving ICS Maturity Assessment standards		☑	☑

What we have achieved in 2023/24



Workforce

Our Vision

We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.

What Devon will see

- 

Innovative and effective solutions that enable the attraction, recruitment and retention of talent across our health and care providers, reducing duplication and streamlining processes.
- 

Our Devon 2035 workforce vision brought to life and informing strategic workforce planning which will identify new roles and ways of working, informing our talent supply pipelines with national, regional and local training & education providers
- 

Our One Devon Workforce Strategy Themes and Principles embedded into workforce planning and service transformation and delivery
- 



System working



Stability



Learning & Education



Digital



Sustainable

We work collaboratively to enable our workforce to move flexibly across sectors and create new roles to meet the needs of the population and services.

We stabilise the workforce by supporting new and diverse career pathways for our current and future workforce.

We commit to investing in the workforce through enrichment of development opportunities ensuring that quality and safety is at forefront.

We utilise digital technology to support innovation and transformation to our workforce and across all services we deliver.

We commit to achieving a skilled workforce built on a system that is financially sustainable.



Our objectives

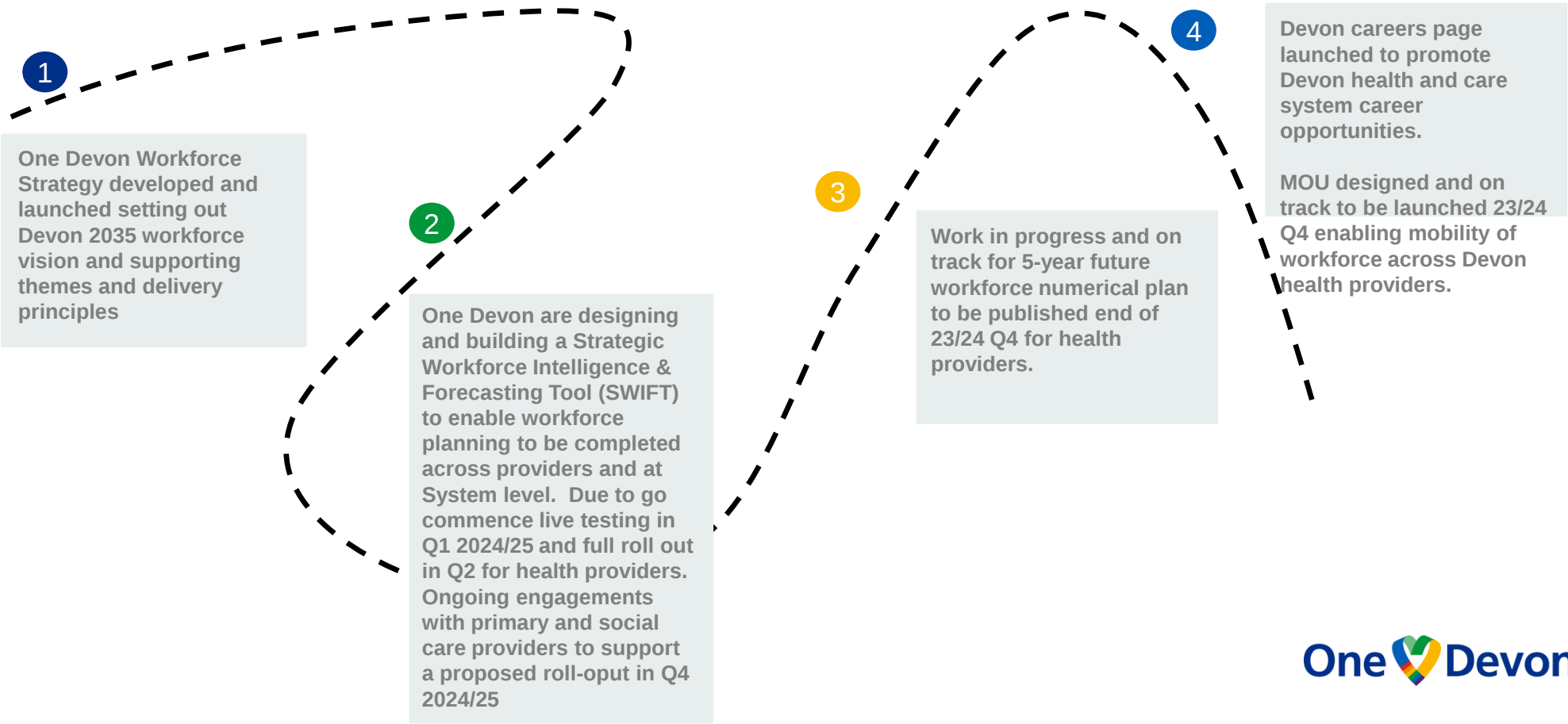
Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
• Objective 1 - Strategic workforce planning embedded at System level.	☑	☑	☑
• Objective 2 - System level attraction solutions in place that source new talent and position Devon System as an employer of choice.	☑	☑	☑
• Objective 3 - Development of new roles and new ways of working embedded across Devon ICS.	☑	☑	☑



What we have achieved in 2023/24



Digital

Our Vision

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

What Devon will see



Digital Citizen:

Empower citizens to take ownership of their wellbeing and care, through digital technology and contact across the system. Digital will offer new ways of delivering care to help citizens manage their care at home.



Electronic Patient Records (EPR) & Operational Systems:

The convergence to common digital solutions that meets the information sharing and workflow needs of the various organisations across the ICS.



Devon and Cornwall Care Record (DCCR):

DCCR will allow information to be available across care settings and coordination of care through specific functionality such as read/write for key flags and care plans.



Business Intelligence & Population Health Management:

A cross-system intelligence function to support operational and strategic conversations, as well as building platforms to enable better clinical decisions. This will necessitate linked data, accessible by a shared analytical resource that can work on cross-system priorities.



Unified and Standardised Infrastructure:

Levelling-up and consolidation of infrastructure, to support future enterprise scale digital systems such as Shared EPRs, digital technologies for citizens and also agile and frictionless cross-site working and support experience for the workforce.



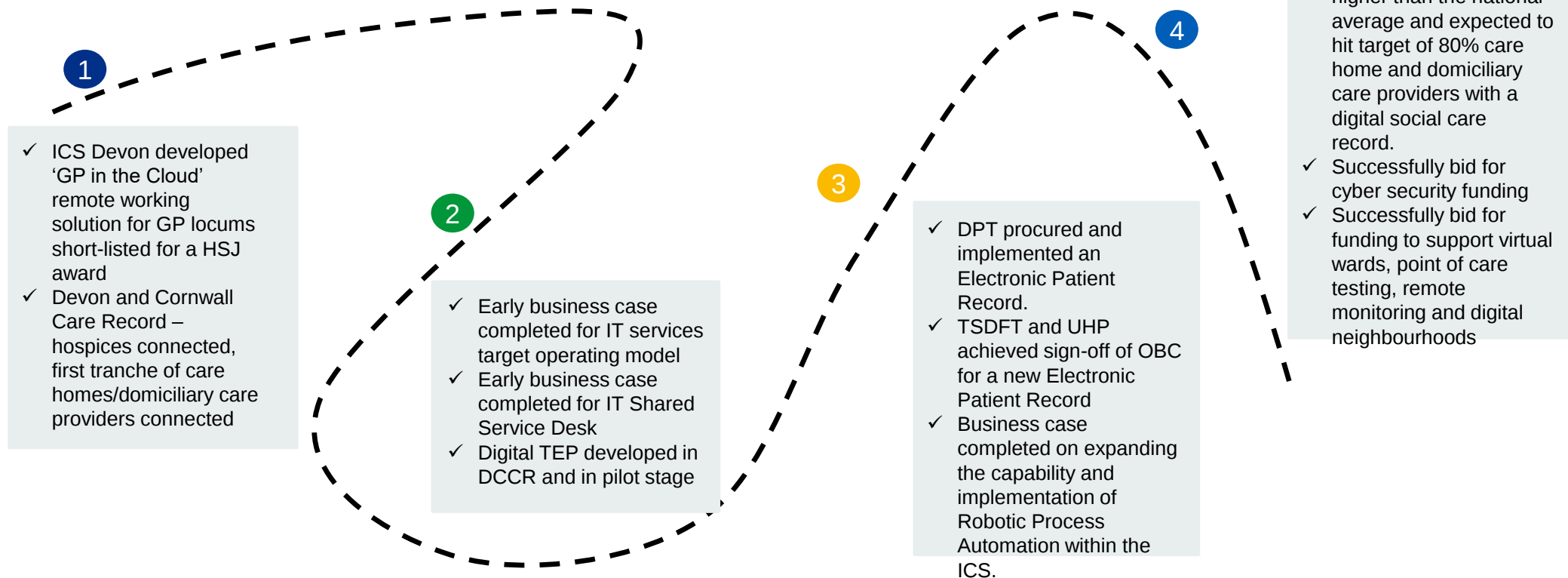
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2 24/25 to 25/26	Year 3-4 26/27 to 27/28	Year 5+ 28/29+
▪ Number of eligible citizens connected to the NHS App increased to support national target of 75% of people registered by 2024.	✓		
▪ Standardisation of GP practice websites achieved within 2025.	✓		
▪ Achieve planned Virtual Ward bed targets by April 2024 across the TSDFT, UHP and RDUH	✓		
▪ EPRs implemented in TSDFT and UHP by 2026	✓	✓	
▪ Peninsula PACS solution for the clinical network procured and implemented by 2025	✓		
▪ Peninsula LIMS solution for the clinical network procured and implemented by 2025	✓		
▪ Re-procurement of GP EPR clinical system by 2024	✓		
▪ Remaining core health and care organisations connected to the Devon and Cornwall Care Record by 2028	✓	✓	
▪ Additional functionality of the Devon and Cornwall Care Record scoped and implemented by 2028	✓	✓	✓
▪ Develop PHM architecture and reporting by March 2025	✓		
▪ Develop an ICS data platform and associated reporting, linked to EPR implementation and national developments including the Federated Data Platform by 2026	✓	✓	
▪ Work collaboratively with regional ICS teams to develop the regional secure data environment to support future research	✓		
▪ Data centre rationalisation subject to business case approval	✓	✓	✓
▪ Non-pay contract savings	✓	✓	✓

What we have achieved in 2023/24



Research and Innovation

Our Vision

We will work together to promote research and innovation to enhance the productivity of the Health and Care System, strengthen how we attract and retain our workforce and increase inward investment into the system. By doing this we will improve population health, prevent ill health and reduce inequalities. As we develop as a system we will spread research, learning and innovation into other rural and coastal regions in the UK and globally.

What Devon will see



Increased collaboration between health and social care and academic partners across the South West Region to increase opportunities for research and innovation and make best use of shared assets. This will include streamlined processes for governance and the innovation pipeline.



A research engaged workforce with an increased level of skills and an understanding of the benefits of research and how everyone can participate



An increased evidence base on what can make an impact in improving population health, preventing illness and reducing inequalities.



Rapid implementation of interventions with demonstrated effectiveness.



Increased inward investment from research and commercial partners



Increased patient and public participation in all stages of the research pathway



Increased alignment of research and innovation activity with the priorities of the health and care system with a specific focus on population health

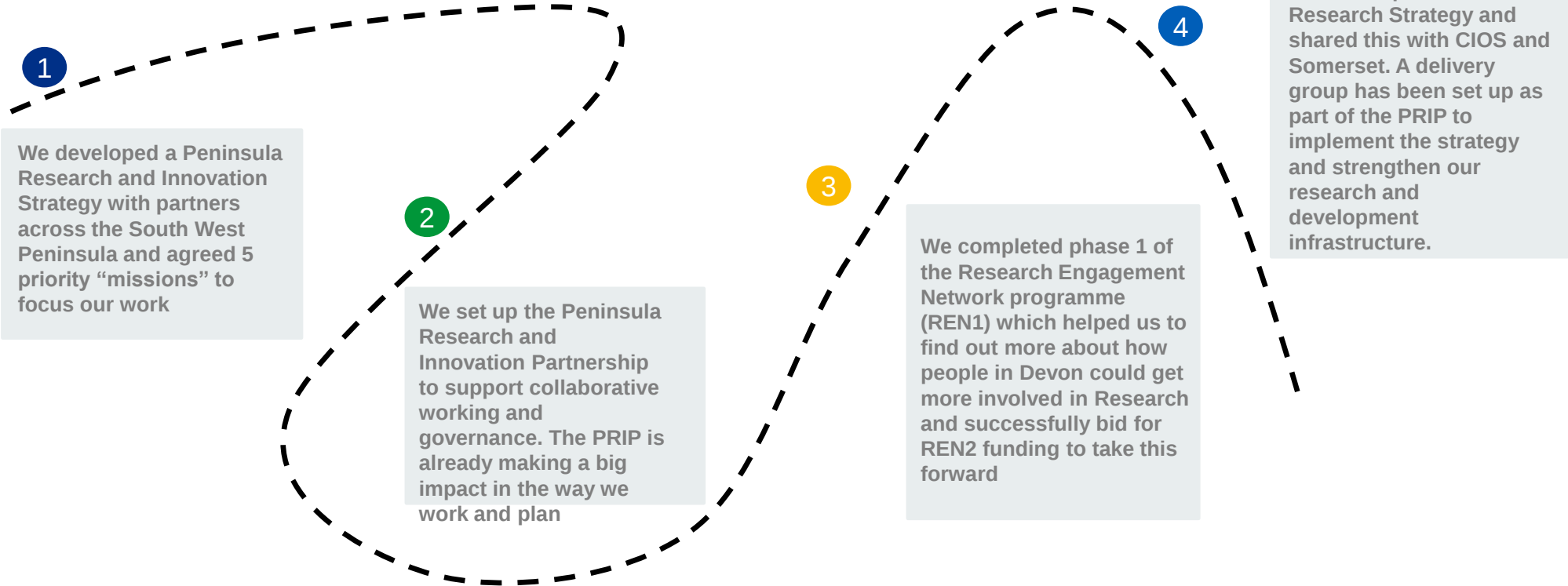
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
Build and strengthen networks at local, system, regional and national level by March 2025	☑		
Promote research and increase patient sign-up with demonstrable increase by end 2026	☑	☑	
Ensure all system workplans are underpinned by robust evidence of research and innovation by March 2025	☑		
Develop capacity and capability by having an ICB RII Team in place by April 2024	☑		
Develop underpinning structure and governance mechanisms including evaluation and links to Value-Based Approach principles by end of March 25	☑		

What we have achieved in 2023/24



Green Plan

Our Vision

We will create a greener, fairer and more environmentally sustainable health and care system in Devon, that adapts to and mitigates climate change and promotes actions to create healthier and more resilient communities

What Devon will see

-  A system that plays a significant contribution to the NHS target to achieve net zero emissions by 2040 with an interim target of 80% reduction by 2028-2032.
-  A workforce that understands the Green ambitions of Devon ICB and knows how it can make an active contribution.
-  A system that buys locally where possible and promotes the Devon Pound.
-  Data collection that shows the current position across all partners
-  A revised and refreshed ICS Green Plan in 2025.
-  A programme tracker for each NHS organisation in Devon to enable an understanding of performance and risk areas.



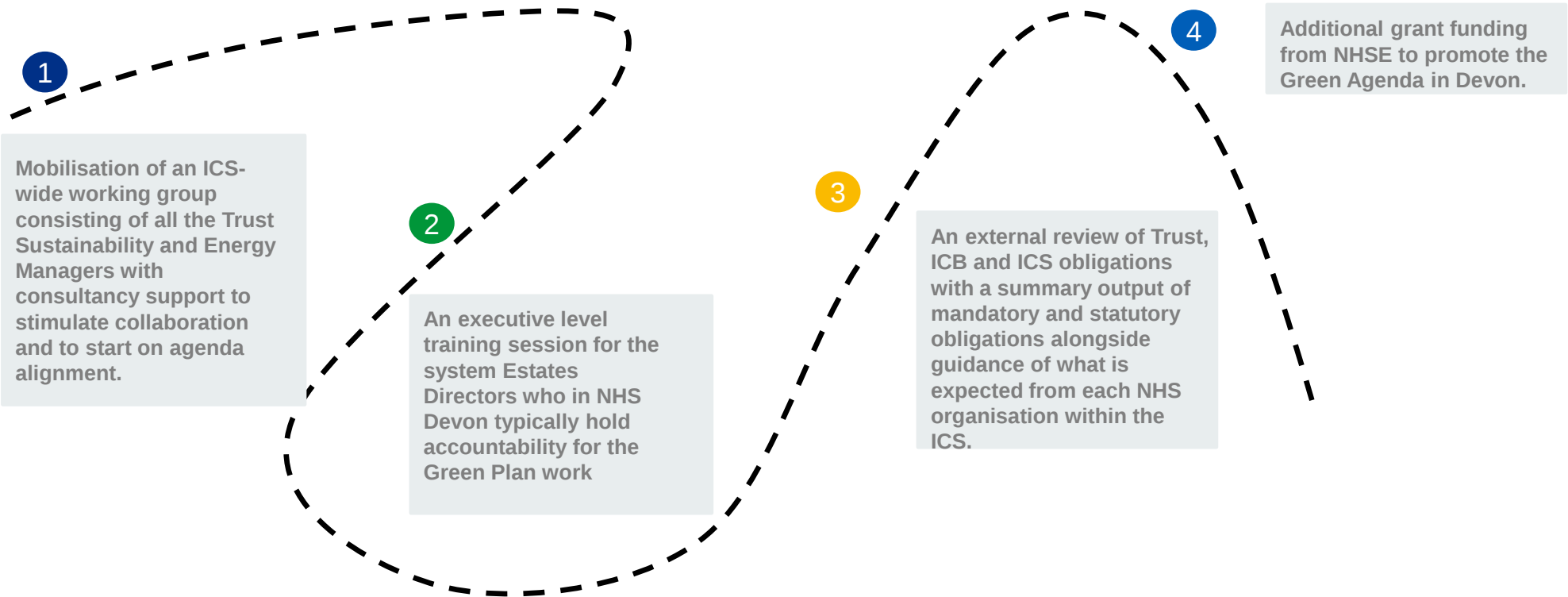
Our objectives

Which ICS Aim(s)



Objectives	Year 1-2	Year 3-4	Year 5+
More Devon ICB staff will make greener journeys to work.	☒	☒	☒
Devon ICB will be a paper free organisation by 2028		☒	
More products and services are bought locally promoting the concept of the Devon Pound across the ICS and its partners		☒	

What we have achieved in 2023/24





Delivering the Joint Forward Plan

#OneDevon

Delivery, Governance and Assurance of the JFP

Delivery

The JFP will be delivered through system architecture that includes:

- Primary care networks and collaboratives
- Local care partnerships
- Provider collaboratives
- System level transformation programme boards

Assurance

- The ICS Outcomes framework will be used to monitor progress towards the strategic goals
- Progress towards delivery of ICS strategic goals will be assured by the One Devon Partnership
- Delivery of JFP work programme milestones will be monitored through system programme infrastructure with assurance provided to the NHS Devon Board
- The System Recovery Board will drive delivery of the recovery plans

Engagement

- Development of the Integrated Care Strategy and the Joint Forward Plan was informed **by analysis of extensive public feedback** about health and care (collected across system partners) between 2018 and 2022 and **direct engagement** in production the plan in 2023 with Overview and Scrutiny committees, Health and Wellbeing Boards and system partners including VSCE and Healthwatch representatives.
- Programme leads have engaged with relevant stakeholders in the refresh of their plans and targeted engagement by programmes with people and communities will inform delivery.

Statutory Duties

- The JFP reflects an intention to work in collaboration and partnership to deliver our system ambitions, but it is important to acknowledge that **statutory duties** remain with individual organisations.
- There are some specific statutory duties that the Integrated Care Board needs to deliver as part of its statutory function, that must be met through the JFP, and these duties are incorporated throughout the plan and referenced in appendix A.

Annual refresh

- On-going work with system partners and programme leads to refresh each year



Accountability

Our Vision	One Devon Partnership	Equal chances for everyone in Devon to lead long, happy and healthy lives														
Our Aims	One Devon Partnership NHS Devon	Improving outcomes in population health and healthcare			Tackling inequalities in outcomes, experience and access			Enhancing productivity and value for money			Helping the NHS support broader social and economic development					
Our Strategic Goals	One Devon Partnership	Every suicide will be regarded as preventable and we will work together as a system to make suicide safer communities across Devon and reduce suicide deaths across all ages			People in Devon will have access to the information and services they need, in a way that works for them, so everyone can be equally healthy and well.			People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.			People in Devon will be provided with greater support to access and stay in employment and develop their careers.					
		We will have a safe and sustainable health and care system.			Everyone in Devon will be offered protection from preventable diseases and infections.			People in Devon will only have to tell their story once and clinicians will have access to the information they need when they need it, through a shared digital system across health and care.			Children and young people will be able to make good future progress through school and life.					
		People (including unpaid carers) in Devon will have the support, skills, knowledge and information they need to be confidently involved as equal partners in all aspects of their health and care.			Everyone in Devon who needs end of life care will receive it and be able to die in their preferred place			We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.			We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).					
		Population heath and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death early and disability			The most vulnerable people in Devon will have accessible, suitable, warm and dry housing			We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.			Local communities and community groups in Devon will be empowered and supported to be more resilient, recognising them as equal partners in supporting the health and wellbeing of local people					
		Children and young people (CYP) will have improved mental health and well-being			In partnership with Devon's diverse people and communities, Equality, Diversity and Inclusion will be everyone's responsibility so that diverse populations have equity in outcomes, access and experience.						Local and county-wide businesses, education providers and the VCSE will be supported to develop economically and sustainably					
		People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.														
JFP Programmes	NHS Devon/ Local Authorities/ Programme Boards	Mental health, learning disability and neurodiversity		Women and Children	Acute Services Sustainability		Primary and Community Care	Housing		Community Development and Learning	Employment		Health Protection		Suicide Prevention	
JFP Programmes		System Development		Workforce	Digital and Data	Estates and Infra-structure	Finance and Procurement	Communicatio ns and Involvement	Research, Innovation & Improvement	Equality, Diversity and Inclusion	Green Plan		Population Health			

ICS outcomes framework

The framework is available via an interactive dashboard with 'drill down' ability to highlight inequalities and drive local action

It offers of breakdowns of information at three ICS 'tiers' (system, LCP and PCN), two local authority 'tiers', and inequalities (socio-economic, geographic, personal characteristics, clinical factors)

It aligns with other frameworks (NHS, public health, Adult Social Care Outcomes Framework, health and wellbeing board)

Some narrative (qualitative) measures

Ongoing co-design process with strategic commissioning partnership to ensure fitness for purpose

Flexibility in terms of addition of new indicators

Indicators

Admissions Following Accidental Fall
Deaths in usual place of residence
Total Carbon Emissions (kt CO2)
NHS and LA Attributable Carbon Emissions (kt CO2)
Deaths attributable to air pollution
Index of Multiple Deprivation
Access to Community Facilities
Rough sleepers per 1,000 households
Average house price to FT salary ratio
Households in temp accommodation
Supply of key worker housing
Fuel poverty
One Devon Cost of Living Index
Community/Business investment
Experience of navigating services
Waiting Times
Support from local organisations to manage own condition
Digital exclusion risk index (DERI)
Unified digital infrastructure

Healthy Life Expectancy at birth
Gap in Healthy Life Expectancy at birth
Under 75 mortality rate from preventable causes (persons <75yrs)
Global Burden of Disease: Top 10 Causes (DALYs) and Top 10 Modifiable Risk Factors (DALYs)
Children achieving a good level of development at the end of Reception
16-17 year olds not in education, employment or training (NEET)
Employment of people with mental illness or learning disability
Workforce diversity (employment profile vs Devon by EDI characteristics)
Uptake/coverage of local authority Carer Support Services
Unpaid Carers Quality of Life
Carers Social Connectedness
MMR vaccine uptake (5 years old)
Flu vaccine uptake (at risk individuals)

Covid-19 vaccination rates
Children and young people accessing mental health services
Coverage of 24/7 crisis MH support
Suicide rate
Social Prescribing Uptake Rates
Access to CYP eating disorders services
Avoidable admissions for ambulatory care-sensitive conditions
Patient Activation Measures
Access to dentists / pharmacy / optometry / primary care
Vacancy Rate for ICS Organisations
Financial sustainability
Unified approach to procurement and commissioning
Community empowerment/volunteering



APPENDICES

#OneDevon



APPENDIX A

Universal NHS commitments

Statutory Duties

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National NHS objectives 2023/24

To be updated when
available from NHSE

Area	Objective
Urgent and emergency care	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
Primary care	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
	Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
Cancer	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
Use of resources	Deliver a balanced net system financial position for 2023/24
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
	Increase the number of adults and older adults accessing IAPT treatment
	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
	Work towards eliminating inappropriate adult acute out of area placements
	Recover the dementia diagnosis rate to 66.7%
	Improve access to perinatal mental health services
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

ICB core functions and statutory duties

Our NHS statutory duties	How we will meet our duties
Describe health services the ICB proposes to arrange to meet needs	This Joint Forward Plan broadly describes the health services we have in place, and will arrange, to meet the needs of our population as set out in the Integrated Care Strategy. Each year we also produce an Operating Plan that provides more detail about the planned performance of services.
Duty to promote integration	The Joint Forward Plan is an integrated system-wide plan that encompasses a wide range of programmes that will contribute to improving the health and wellbeing of people living and working in Devon. Each programme describes how system partners are working together to deliver joined up services.
Duty to have regard to wider effect of decisions	The Joint Forward Plan is a system-wide plan to meet the aims and strategic goals set out in the Integrated Care Strategy. The strategy is overseen by the One Devon Partnership which will have the remit to ensure the full consequences of any decisions made are understood
Implementing any JLHWS	There are three Health and Wellbeing Boards in Devon and we have worked closely with all three to ensure that their priorities are reflected in this plan.
Financial duties	The national financial framework sets requires a collective responsibility to not consume more than the agreed share of NHS resources. Slides 37- 42 outline how we plan to achieve system balance.
Duty to improve quality of services	Everybody has the right to feel safe and have confidence in the services provided across Devon. We are committed to securing continuous improvement and will ensure that our services are of appropriate quality and that we have robust mechanisms in place to intervene where quality and safety standards are not being met or are at risk. We have developed robust metrics to measure the impact of the plan through our outcomes framework and have a performance and quality reporting function in place. Our Chief Nursing Officer provides executive leadership for oversight of quality across our system.
Duty to reduce inequalities	One of our system aims is 'tackling inequalities in outcomes, experience and access' and two of our strategic goals focus on the top five risk factors and causes of death and disability. A third strategic goals explicitly states that we want 'everyone to have an equal opportunity to be healthy and well'. To achieve this the JFP programmes outline how they will contribute to reduce inequalities, particularly in relation to Core20PLUS5 and, in line with the 2022 Armed Forces Bill, with regard to serving military personnel, reservists, veterans and their families. To support this work, the Population Health programme has been developed.
Duty to promote involvement of each patient	We are committed to promoting personalised care across all the services we deliver across our organisations. Our approach outlined in the strategic goal 'People in Devon will be support to stay well at home, through preventative, proactive and personalised care'. Specifically, the Primary and Community Care programme describes how it will use the comprehensive model of personalised care to deliver this ambition.
Duty to involve the public	Our Working with People and Communities Strategy sets out our principles for involving local people. The communications and involvement programme outlines how we will support delivery leads to ensure people and communities are involved in a meaningful way.
Duty to enable patient choice	We support patient choice in our commissioning plans in a number of ways. These include expanding the use of personal budgets through our personalised care commissioning and the use of the Devon Referral Support Service (DRSS), which supports patient choice at the point of referral into secondary care.

ICB Core Functions and Statutory Duties

Our NHS Statutory Duties	How we will meet our duties
Duty to obtain appropriate advice	We ensure that we obtain appropriate advice throughout the development of plans. This includes from: clinicians (both local and through regional networks), NHSE (regional and national), the South West Clinical Senate and legal advice. Obtaining advice is particularly important to us in our delivery of transformation. Our system approach to delivering the JFP means that relevant partners are included on our Programme Boards and are able to influence and give advice as appropriate, this includes police, housing, education and public health.
Duty to promote innovation	We work closely with the South West Academic Health Science Network to ensure we are cognisant of innovation and best practice. The Research and Innovation programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
Duty in respect of research	We work closely with the South West Academic Health Science Network to ensure we are cognisant of research and best practice and that we promote research within Devon. The research and innovation programme has been developed to ensure all delivery programmes are supported in the delivery of this duty.
Duty to promote education and training	Our Joint Forward Plan has three strategic goals related to education and training including – school readiness, supporting people to access and stay in employment and ensuring we have people with the right skills within our system. The Children and Young people delivery programme focuses on this whilst the employment and workforce enabling programmes outline how they will support these ambitions.
Duty as to regard to climate change etc	Our Green Plan programme outlines our clear commitment to successfully deliver targets for all local authorities to be carbon neutral by 2030 and the NHS by 2040.
Addressing the particular needs of children and young people	Our plan includes two specific strategic goals on children and young people and the children and young people programme outlines the wide programme of work.
Addressing the particular needs of victims of abuse	Serious violence has a devastating impact on lives of victims and families, instils fear within communities and is extremely costly to society. NHS Devon has a domestic abuse and sexual violence (DASV) strategy that outlines actions to improve the health response to victims and perpetrators who are staff or patients in Devon. Over the last two years much has been achieved (eg: a network of DASV champions, robust DASV policies, commissioning of an Interpersonal Trauma Primary Care service, due to commence in April 2023). Locally, compliance with the Duty will be monitored through the Safeguarding and Vulnerable People Steering Group, which will report quarterly to the Quality and Performance Committee and updates regarding Duty activity will be included in safeguarding reports to the System Quality and Performance Group.



APPENDIX B

Glossary

#OneDevon

Glossary (A-C)

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

Glossary (D-I)

Abbreviation	Meaning
DASV	Domestic abuse and sexual violence
DCCR	Devon and Cornwall Care Record
DDR	Dementia Diagnosis Rate
DMBC	Decision-Making Business Case
DNA	Did Not Attend
DOS	Directory of Services
DPT	Devon Partnership NHS Trust
DSR/C(E)TR Policy	Dynamic Support Register (DSR) and Care (Education) and Treatment Review C(E)TR policy
DWP	Department for Work and Pensions
EBI	Evidence-Based Interventions
Ecosia	Search engine that uses the advertising revenue from searches to plant trees
ED	Emergency Department
EDI	Equality, diversity and inclusion
EHCP	Education, health and care plan
EHCS	Emergency Healthcare Plan
EPC	Energy Performance Certificate
ePHR	Electronic Patient Held Record
EPR	Electronic Patient Record
EPRR	Emergency Preparedness, Resilience and Response
EQIA	Equality and Quality Impact Assessment
ERF	Elective Recovery Fund
G&A	General and Acute
GIRFT	Getting it right first time national programme, designed to improve the treatment and care of patients through in-depth review of services
GRAIL	Healthcare company focused on saving lives and improving health by pioneering new technologies for early cancer detection
HbA1C	Haemoglobin A1c (HbA1c) test measures the amount of blood sugar (glucose) attached to your haemoglobin
HCAI	Healthcare associated infections
HEE	Health Education England
HEI	Higher Education Institution
HI	Health Inequalities
HR	Human Resources
HVLC	High Volume Low Complexity
HWB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board (NHS Devon)
ICP	Integrated Care Partnership (One Devon Partnership)
ICS	Integrated Care System (One Devon)
Immedicare	Telemedicine service providing 24/7 NHS video-enabled clinical support for care homes nationally
IPS	Individual Placement Support
gIUCS	Integrated Urgent Care Service

Glossary (J-N)

Abbreviation	Meaning
JCP	Job Centre Plus
JFP	Joint Forward Plan
JLHWS	Joint Local Health and Wellbeing Strategy
JOY app	Real-time directory and case management tool that enables GPs and other health and social care professionals to easily refer into local services, helping to create a more joined-up system for service users.
JSNA	Joint Strategic needs Assessment
L&D	Learning and Development
LA	Local Authority
LCP	Local Care Partnership
LD	Learning Disability
LDA	Learning Disability and Autism
LDAP	Learning Disabilities and Autistic People
LeDer	Learning from Lives and Deaths (People with a Learning Disability and Autistic People)
LES	Local Enhanced Services
LGBTQ+	Lesbian, gay, bisexual, transgender, queer (sometimes questioning) plus other identities included under the LGBTQ+ umbrella
LIMS	Laboratory Information Management System
LMNS	Local maternity and neonatal system
LOS	Length of Stay
LPA	Local Planning Authorities
LTC	Long term condition
LTP	Long Term Plan
MD	Medical Director
MDT	Multi-disciplinary team
MECC	Making every contact count
MH	Mental Health
MHLDN	Mental Health, Learning Disability and Neurodiversity
MHST	Mental Health Support Teams in Schools model
MIS	Maternity Information System
MMR	Measles, mumps, and rubella
MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant Staphylococcus aureus
MSW	Maternity Support Worker
NCTR	No criteria to reside
NEET	Not in employment, education, or training
NHP	New Hospitals Programme
NHSE	NHS England
NHSEI	NHS England and NHS Improvement
NICE	National Institute for Health and Care Excellence
NOF / NOF4	NHS Oversight Framework / NHS Oversight Framework segment 4
NOS	National Occupational Standards
NPA	National Partnership Agreement

Glossary (N-S)

Abbreviation	Meaning
NPDA	National Paediatric Diabetes Audit
NSS	Non-site specific
Ofsted	Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics
OP	Outpatient
OPFU	Outpatient Follow Up
ORCHA	Organisation for the Review of Care and Health Apps
OSC	Overview and Scrutiny Committee
PACS	Picture Archiving and Communication System
PASP	Peninsular Acute Sustainability Programme
PAU/CAU	Paediatric/Children's assessment unit
PCBC	Pre-Consultation Business Case
PCN	Primary Care Network
PHE	Public Health England
PHM	Population Health Management
PIFU	Patient-Initiated Follow-Up
PS	Property Service
PTL	Patient tracking list
RDUH	Royal Devon University Healthcare NHS Foundation Trust
RII	Research, improvement and innovation
rtCGM	Real time continuous glucose monitoring
RTT	Referral to Treatment
SABA inhalers	Short-acting beta agonists
SAI	School-aged immunisation
SCORE Culture surveys	Anonymous, online tool that can be used to gain insight into a team's safety culture to help the team identify strengths and weaknesses and start to drive genuine improvement
SDEC	Same Day Emergency Care
SEMH	Social Emotional Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SET	Senior Executive Team
SIAG	System Improvement Assurance Group
SIC ODN	Surgery in Children Operational Delivery Network
SLCN	Speech and Language Communication Needs
SLT	Speech and Language Therapist
SMART objectives	Specific; Measurable; Achievable; Realistic; Timebound

Glossary (S-Z)

Abbreviation	Meaning
SOP	Standard Operating Procedure
SRM	Supplier Relationship Management
SRP	System Recovery Programme
STAMP	Supporting Treatment and Appropriate Medication in Paediatrics
STOMP	Stopping overmedication of people with a learning disability, autism or both
Suicide Safer Communities	https://www.every-life-matters.org.uk/suicide-safer-communities/
SW	South West
SWAHSN	South West Academic Health Science Network
SWAST	South Western Ambulance Service NHS Foundation Trust
THRIVE	The THRIVE Framework for system change is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and their families.
TIF	Tech Innovation Framework
TLHC	Targeted Lung Health Check Programme
TSDFT	Torbay and South Devon NHS Foundation Trust
UCR	Urgent Community Response
UDA	Unit of Dental Activity
UEC	Urgent and Emergency Care
UHP	University Hospitals Plymouth NHS Trust
UKHSA	UK Health Security Agency
VBA	Value-Based Approach
VCSE	Voluntary, Community and Social Enterprise
VW	Virtual Ward
WRES	Workforce Race Equality Standard

NHS Devon Integrated Care Board

Devon System-Level Access Improvement Plan

Date of meeting	Date report produced
26 March 2024	13 February 2024

Author(s)		Report approved by	
Name and title:	Gill Munday, Head of Primary Care (Access, PCN Development, Population Health)	Name and title:	Nigel Acheson, Chief Medical Officer
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	Paul Green, Deputy Director of Primary Care		
	Contributions from identified workstream leads		

Phone:**Date:**

27 February 2024

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

n/a

Executive summary

In line with the national Primary Care Access Recovery Plan (PCARP) requirement, a System Level Access Improvement Plan was presented to the NHS Devon Board at its meeting in public on 4 October 2023. The plan was well received by the Board, with valuable feedback given.

NHS Devon is further required to submit a progress update on that October System Plan to its Board meeting in public in March 2024.

The Primary Care Access Recovery Plan has two central ambitions:

- 1. To tackle the demand peaks, particularly early a.m., and reduce the number of people experiencing difficulty in contacting their practice.
- 2. For patients to know on the day they contact their practice how their request will be managed.

The report describes some of the national and local context on the current financial and demand challenges being faced by primary care and then provides a progress update for each workstream under PCARP. A full description of the trajectories linked to PCARP delivery and current achievement is also included.

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

Primary Care Commissioning Transition Committee – 14 September 2023
NHS Devon Board – 04 October 2024
Primary Care Commissioning Transition Committee – 08 February 2024
Executive Committee – 20 February 2024

Key recommendations and actions requested

- 1. To **note** the content of this report;
- 2. To **consider** how key ambitions can be supported by wider system partners; and
- 3. To **be cognisant** of the need to adequately resource what is an expanding, and system critical, primary care transformation programme.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Positive – better access to primary care
Improve services and reduced unwarranted variation	Positive – reduction in variation of access

Make more efficient use of our resources	Positive – maximising digital opportunities to improve efficiency in primary care
Develop our culture and how we operate	Positive - Collaborate working between ICB, Primary Care providers, system partners and national and regional leads

Outline the implications of matters covered in this report for the following areas (if none, please state)

Area	
Quality of services	Improvements in access to primary medical care
Health inequalities	Reduction of variation in access in particular demographics
Workforce	Maximising opportunities to expand and retain primary care workforce.
Resources and finance	National funding streams associated with PCARP
Legal	None identified
Digital and Data	Digital transformation in primary care is key focus of PCARP as well as utilising data analysis from practice systems and national data streams
Involvement, Engagement and consultation	None identified

Primary Care Access Recovery Plan (PCARP)



System Level Access Improvement Plan

Progress Update For March 2024

NHS Devon Integrated Care Board



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

Contents Quick Links

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The Importance of Primary Care

- Primary Care is rightly seen as the bedrock of the NHS, with Primary Care services dealing with around 90% of patient contacts.
- The Kings Fund's February 2024 report, "Making care closer to home a reality" states:

"The health and care system in England must shift its focus away from hospital care to primary and community services if it is to be effective and sustainable."

- NHS Confederation recent research states:

"We need to invest in the Out of Hospital Care system in order to create savings."



Timeline and Approach

- March submission governance timeline:

Governance Milestone	Date
Feedback on October submissions from NHSE	17/01/2024
Primary Care Commissioning Transition Committee	08/02/2024
Executive Committee	20/02/2024
Devon ICB Public Board	26/03/2024

- A key element of the governance around the Primary Care Access Recovery Plan (PCARP), and instrumental in securing the progress made to date, is the transparent and collaborative approach taken with Devon ICB’s Collaborative Board, Local Medical Committee and Primary Care Network (PCN) and practice-level colleagues.

“Colleagues in the Devon ICB Primary Care Team have fully engaged with primary care to deliver a Primary Care Access Recovery Plan (PCARP) that reflects the needs of Practices across Devon. They have sought to address access and resilience in a way that makes sense, is collaborative and sensitive to the demands that primary care faces. This approach has encouraged both engagement and improvement which is evident in the progress that has already been achieved across Devon.”

- Dr Duncan Bardner. GP Chair. Devon Primary Care Collaborative Board



Context: National position

- General Practice access and resilience are prerequisites to delivering the Fuller integration agenda – need to get this right first so we can build on solid foundations.
- This year is the last year of a five-year contract deal. 24/25 contract negotiations are taking place, but it means there is significant uncertainty regarding next year's contract.
- In terms of funding, we have seen:
 - Reduced income: Based on national figures, in 2022/23, GP practices were paid £165 per registered patient, which is £12 (7.3%) less than in 2018/19 when adjusted for inflation, while raw demand has increased.
 - Increased cost: Practice costs have increased e.g. minimum wage increase.
- This is leading to “peak GP” workforce owing to affordability (e.g. shift to other roles, locum market changes, GP redundancies).
- NHS England (Jan 2024) acknowledged higher than plan inflation (system) costs had been paid for largely from transformation and primary care budgets.



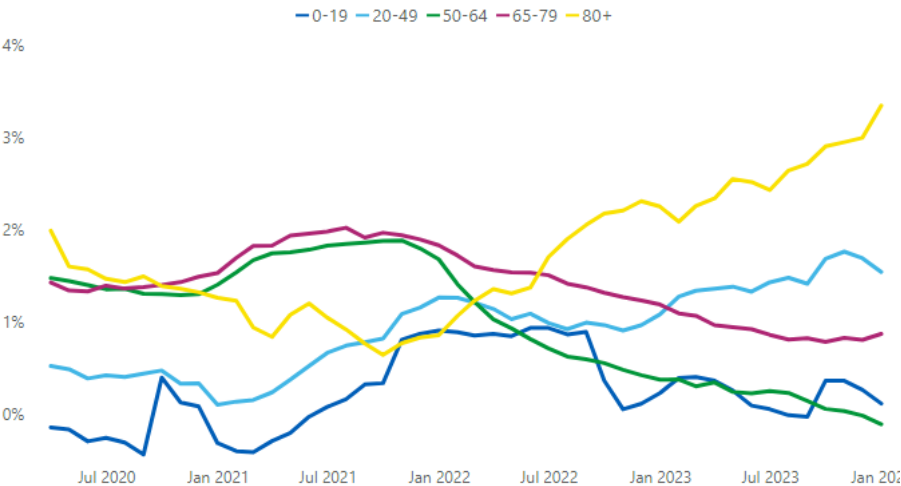
Context: Local Position

- “Integrated Care System problem statement”: Devon has historically lacked focus on Out of Hospital Care. This has resulted in an underdeveloped Out of Hospital Care system.
- Workforce challenges.
- Lack of space in primary care estate: 71/120 (59%) practices are undersized/very undersized.
- Number of practices with known resilience issues: 33/120 (28%).
- Five bids for primary care funding submitted to the Devon Investment Group.
- Organisational structure (pre current change)
 - Smallest Primary Care team compared to 4 nearest neighbours (2 are twice as big, 1 is 3 times as big and 1 is 4 times as big as Devon team, yet Devon has the highest number of contractors).

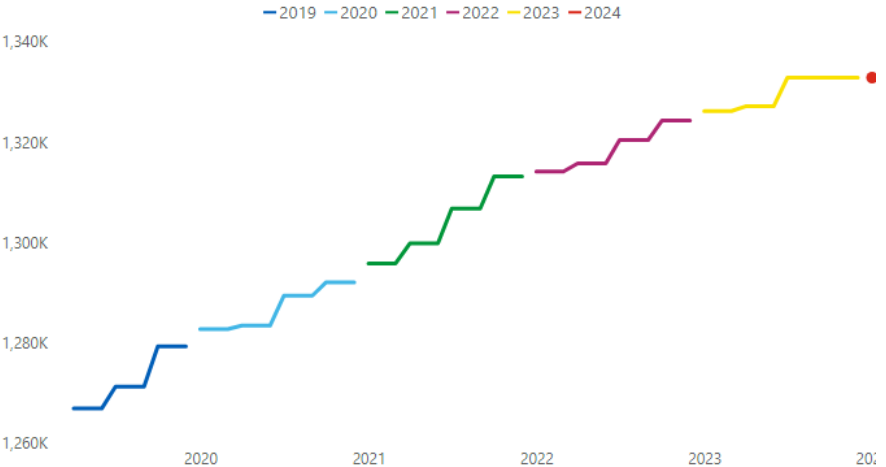


Context: Demand Position (Population)

% Change in List Size YoY by Age Group



Weighted List Size by Year/Month



- Devon’s 80+ age group has been steadily increasing for the past 2 years above 2%.
- All other age groups are either close to flat year on year or are increasing slightly. However, this is at a much slower pace compared to the 80+ cohort.
- Key points to take from this data are:
 - 80+ has grown 6.6% since Jan 2021.
 - 65+ (65-79 and 80+ combined) has grown 4.7% vs under 65s growing 2.7% since Jan 2021.
 - The 65+ group is edging closer to 25% of the entire Devon population.



Context: Demand Position (Appointments)

- Primary Care demand continues to rise this year. Demand is up 9% vs pre pandemic year 2019/20 (4 years ago) and has continued to rise.

financial year	YTD Appointments	YoY Growth		Growth vs 2 years ago		Growth vs 3 years ago		Growth vs 4 years ago	
2019/20	5,468,020								
2020/21	4,657,974	-15%	▲						
2021/22	5,407,051	16%	▲	-1%	▲				
2022/23	5,588,694	3%	▲	20%	▲	2%	▲		
2023/24	5,981,375	7%	▲	11%	▲	28%	▲	9%	▲

- Increase in demand generated through ‘cycle of overspill’ e.g. acutes not able to maintain advice and guidance, supporting patients on elective care waiting lists, ambulance delays meaning GPs waiting with patients in the community, overspill demand from 111 at the weekend.
- The primary care team has collated qualitative examples of the above but aspires to look at more robust ways to quantify the extent and precise nature of “overspill” to enable a proactive approach to resolution.



Reminder: Key ambitions of the Primary Care Access Recovery Plan (PCARP)

1. To make it easier for patients to contact their practice and;
2. For patient requests to be managed on the same day, whether that is an urgent appointment, a non-urgent appointment within 2 weeks or signposting to another service

PCARP is split into 4 areas:

Area	Focus
Empower Patients	- improving information and NHS App functionality - increasing self-directed care where clinically appropriate - increasing the number of self-referral options, guided by clinical advice - expanding community pharmacy services
Modern General Practice	- better digital (cloud based) telephony - simpler online consultation, booking and messaging - faster navigation, assessment and response
Build Capacity	- larger multidisciplinary teams - more new doctors retention and return of experienced GPs - higher priority for primary care in housing developments
Cut Bureaucracy	- improving the primary-secondary care interface - building on the Bureaucracy Busting Concordat

Progress: Headlines

■ Headlines from developing South West region Primary Care Dashboard:

- Second highest number of appointments per 1,000 offered (NHS Cornwall and Isles of Scilly only fractionally higher).
- Second highest % of practices in region doing General Practice Improvement Programme (GPIP).
- Second highest in region on “seen within two weeks”.
- ICB with most GPs per 10,000 in region and above average on **ALL** workforce indicators.

■ Strengths and challenges

- Table below describes some of our key strengths and challenges (not an exhaustive list)

Our strengths	Our challenges
Good starting point on access – Devon compares well to other areas.	Variation exists within access, which we need to address.
Good progress made on workforce in terms of Additional Roles Reimbursement Scheme (ARRS) and recruitment and retention schemes.	Impact of ARRS roles on core practice staff and wider system. Are we reaching “peak GP” workforce?
Devon has led the way in digital innovation (e.g. roll out of online consultation, GP in the Cloud digital accelerator).	Ensuring digital tools are properly embedded in practice access models. Need for whole system interoperability.
Good relationships with primary care providers.	Capacity to maintain relationship and develop Primary Care Provider Collaborative.
Ability to secure and maximise funding opportunities at short notice.	Primary Care access to, and reliance on, non-recurrent funding pots. This inhibits long term change. Need to invest in out of hospital care.
Robust assessment of resilience of practices in place.	Capacity and funding to support proactively rather than in crisis. Currently no local at scale provider alternative emerging.

Progress: Primary Care Network (PCN) Actions

What we said in October

- PCN Capacity and Access Improvement Plans (CAIP) – all plans submitted
- NHS App – position against each of 4 app functions for patients:

	Position in Devon
Apply system changes or manually update patient settings to provide prospective record access to all patients.	22.5% of practices enabled for prospective (future) full record access. A further 11 have booked a slot for enablement.
Ensure directly bookable appointments are available online.	93.2% of practices have enabled the ability to book/cancel appointments online.
Secure NHS App messaging to patients where practices have the technology to do so in place.	Technology not currently available – subject to national solution.
Encourage patients to order repeat medications via app supported by comms toolkit.	This is offered by 100% of practices. When surveyed c.90% of practices confirmed that they were actively encouraging patients to order repeat prescriptions online. 47.3% of patients in Devon have enabled this on their NHS Apps.

- Practices and PCNs would work towards implementing the Modern General Practice Access model.
- Additional Roles Reimbursement Scheme (ARRS) and workforce plans – completed by all PCNs in Devon.
- PCNs taking up local offers for retention support:

Where we are now

- Progress review meetings undertaken with each PCN– key learning points collated and shared as best practice.
- NHS App - position against each of 4 app functions for patients:

	Position in Devon
Apply system changes or manually update patient settings to provide prospective record access to all patients.	83.4% of practices enabled for prospective (future) full record access.
Ensure directly bookable appointments are available online.	95.8% of practices have enabled the ability to book/cancel appointments online.
Secure NHS App messaging to patients where practices have the technology to do so in place.	NHS App messaging is available to those practices with AccuRx online consultation solutions. NHS App messaging not yet available in the core GP record systems (EMIS Web and TPP SystmOne)
Encourage patients to order repeat medications via app supported by comms toolkit.	This is offered by 100% of practices. All practices have access to the national comms materials to continue to promote this.

- Transition and transformation support funding plans being submitted to ICB by 9th February.
- ICB with second highest uptake of General Practice Improvement Programme offers in South West and more practices coming forward for next year's programmes.
- ARRS roles utilisation at 93%.
- Retention support:
 - GP Fellowship - We have 83 GPs in Devon across a two-year Fellowship Programme delivered by Devon Training Hub.
 - General Practice Nurse (GPN) Fellowship – We have 8 GPNs across Devon on the 2 Year Fellowship Programme.
 - Supporting Mentors Scheme (GPs) – We have 27 mentors supporting the Fellowship GPs.

Progress: Digital

What we said in October

- Enable patients in over 90% of practices via the NHS App to:
 - See their records and practice messages.
 - Book online appointments.
 - Order repeat prescriptions.
 - Increase NHS App uptake.
- Cloud-based telephony (CBT):
 - 100% of practices to be offered the opportunity to move to cloud based telephony.
 - 100% of practices to be on cloud-based telephony by 2025.
- Provide tools and care navigation for Modern General Practice:
 - Delivering over 650,000 online and video consultations per year.
 - ICB provided online consultation service reaching feedback of over 75% would recommend to friends or family.
 - 100% of practices able to book appointments digitally, or by telephone, or by attending the practice in person.
 - GP website review for all 120 Devon practices.

Where we are now

- Enable patients in over 90% of practices via the NHS App to:
 - See their records and practice messages – 82.9%
 - Book online appointments – 95.8%
 - Order repeat prescriptions – 100%
 - Increase NHS App uptake – 5,467 additional sign-ups
- Cloud-based telephony
 - 100% of practice to be offered the opportunity to move to cloud-based telephony – 100%
 - 100% of practices to be on cloud-based telephony by 2025 – 100% of Devon practices will be on cloud-based telephony systems before summer 2024.
- Provide tools and care navigation for Modern General Practice
 - Delivering over 650,000 online and video consultations per year – As of December 2023 we have undertaken 641,654.
 - ICB provided online consultation service reaching feedback of over 75% would recommend to friends or family – Current average for the year 82.11%.
 - 100% of practices able to book appointments digitally, or by telephone, or by attending the practice in person – 100%
 - GP website review for all 120 Devon practices – Review due to begin next month.

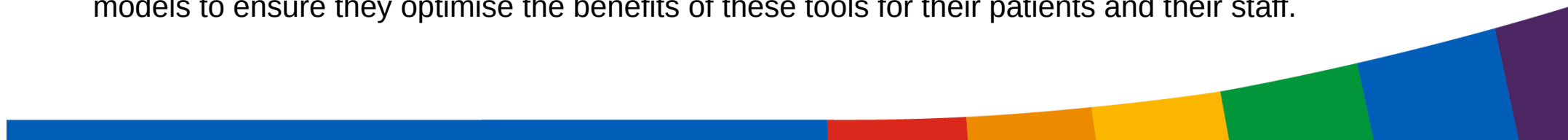


Narrative: Making the most of digital opportunities in the delivery of Modern General Practice Access in Devon

The ICB has a coordinated and at scale approach to digital procurement, for example online and video consultation tools were procured at scale for all Devon practices in 2022 and the ICB is currently undertaking a Devon-wide procurement for Ardens software.

Our future approach to procurement, and the business change required for implementation, will be determined based on the awaited content of the national digital pathways framework, however the ICB Digital Envoys, alongside the Digital Journey Planner (DJP) that has already been commissioned, will ensure the ICB is well placed to understand the level of implementation support that will be required when the framework becomes available.

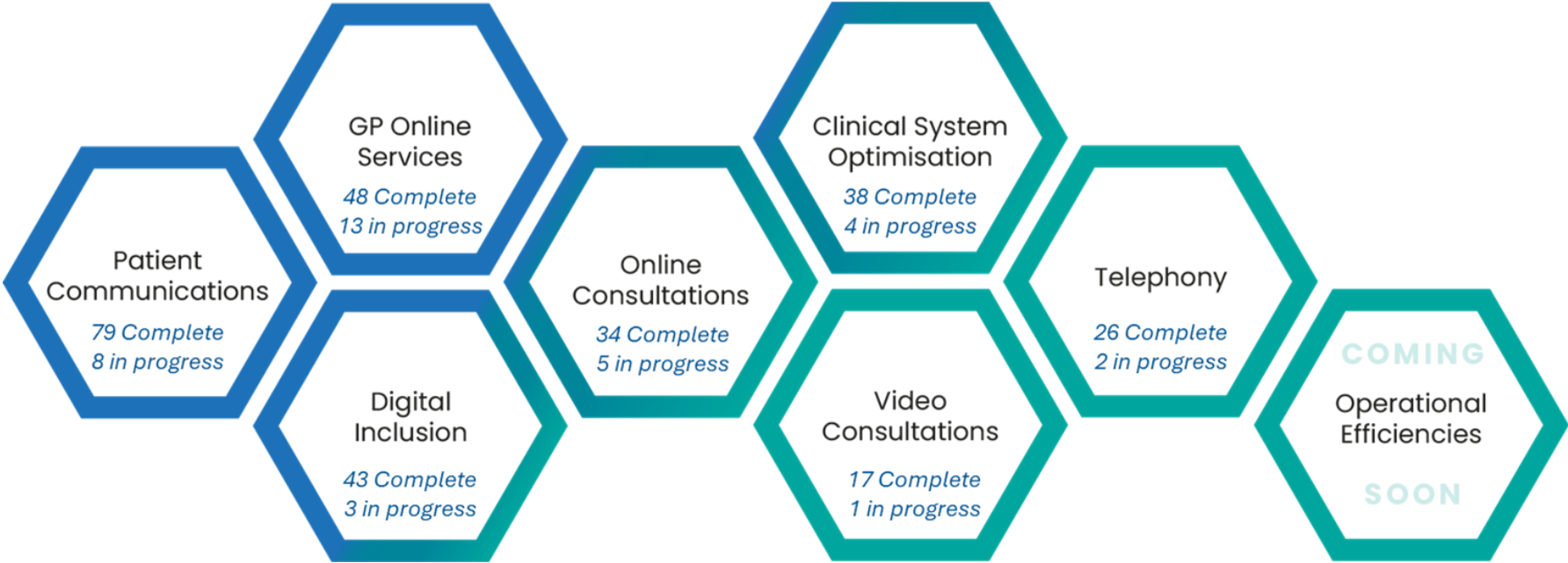
The Digital Envoys and DJP have been key to assessing and identifying the wider digital needs of our primary care providers. This will enable us to align the funding available to the needs assessment and the tools available on the framework. In terms of the existing tools available, the Digital Envoys are there to support practices in embedding these tools as part of their Modern General Practice Access models to ensure they optimise the benefits of these tools for their patients and their staff.



Progress: Digital Journey Planner

Digital Journey Planner (DJP)

109/120 Practices signed-up (91%)
68 Action plan in place



Progress: Workforce

What we said in October 2023

- Integrated Care System (ICS) Workforce Strategy.
- ICB Advanced Practice and Apprenticeship Lead working with PCNs to review current Additional Roles Reimbursement Scheme (ARRS) usage.
- Development of system plans to build, develop and strengthen the primary care workforce.

Where we are now

- Primary Care workforce lead is linking in with Strategic Workforce Team to input into the next stage of the strategy.
- Working in partnership with Devon Training Hub (DTH) through operational planning and meetings to deliver improved workforce solutions.
- Scoping of Advanced Practice ARRS funding completed, Advanced Practice Primary Care lead to progress educational development pathways through e-portfolio route.
- Deep End Fellowships (GPs) have been replaced by Health Inequalities Fellows of which there are 12 across Devon.
- General Practice Nurse pipeline is in place and is an outstanding example of how we have worked together with Devon Training Hub and the Local Medical Committee to create a sustainable career development pathway for General Practice Nurses.
- GP wellbeing - the pilot project that started in Devon has now been approved at regional level and will be funded for the 7 ICBs in the South West region.
- ARRS roles utilisation is at 93%. As an ICB our PCNs are on track to spend c.£30.4m of the originally estimated £32.7m.



Progress: Pharmacy

What we said in October

- Instigate Community Pharmacy Development Group including system partners e.g. Community Pharmacy Devon, Public Health, Urgent care.
- Ensure appropriate representation of community pharmacy within ICB and system infrastructure e.g. Primary Care Collaborative. Quarterly attendance at Primary Care Commissioning Transition Committee agreed.
- Develop Community Pharmacy Strategy utilising similar process as Primary Care (General Practice) Strategy.
- Identify Community Pharmacy Primary Care Network (PCN) leads with protected time to engage with GP practices to improve integrated working and increased access for patients to services.
- Understand integrated working between PCNs and community pharmacies in line with PCN Directed Enhanced Service. Explore and develop a plan to improve integrated working with community pharmacy including IT systems.
- Develop community pharmacy/PCN plans.
- Explore the development of a model to map community pharmacy capacity, access and activity that can be used to identify areas of greatest need.
- Assess impact of pharmacy closures and changes of hours and revision of unplanned closure policy.

Pharmacy Workforce:

- Agree Initial Education and Training Standards of Pharmacists reforms (IETP) cross-sector training models ready for submission to Oriel recruitment portal.
- Establish website and social media to support careers engagement.
- Plan for school careers engagement.
- Pharmacy technician pre-registration training (PTPT) bid submission.

Where we are now

- Community Pharmacy Development Group for Devon, Cornwall and Isles of Scilly and including system partners has been meeting monthly since July 2023 chaired by Integrated Care System's Medical Director for Primary Care.
- Community Pharmacy Strategy in development following same process as GP practice strategy. Planned completion May 2024 enabling alignment check with new 5-year Community Pharmacy contract from April 2024.
- Community Pharmacy PCN Leads identified for all Devon PCNs and programme of activity has commenced to engage with GP practices at PCN and locality level. Funded by NHSE until 31st March 2024. Ongoing collection of information to inform business case to continue from April 2024.
- Community Pharmacy Devon Chair and ICS Community Pharmacy Clinical Lead included in Primary Care Collaborative development. Devon Community Pharmacy PCN Leads included within PCN development.
- National digital programme to facilitate integration of GP practice and Community Pharmacy IT systems enabling read/write access from pharmacy to GP record expected to launch 31st January 2024 as part of National Pharmacy First service.
- Work ongoing with South West Collaborative Commissioning Hub to assess impact of pharmacy closures and changes of hours.
- National Pharmacy First scheme launches end of January to include clinical pathways for acute otitis media, impetigo, infected insect bites, shingles, sinusitis, sore throat and uncomplicated urinary tract infections.
- 92.7 % of Devon pharmacy contractors signed up.
- Pharmacy First Implementation Oversight Group has been instigated chaired by the Clinical lead for Urgent and Emergency Care.

Progress: Communications

What we said in October

- NHS Devon is collaborating with regional and national teams on national GP access communications campaign, which includes marketing activity and communications for the commitments set out in the plan.
- We are building on the Devon system communications plan to further support patient understanding of new ways of working in general practice using national campaign materials in local channels.
- We continue to implement existing local campaigns e.g. online consultations and NHS App but refine them further as part of the plan.
- We are identifying further areas for opportunity and sharing best practice across the ICB region e.g. Cornwall Additional Roles Reimbursement Scheme (ARRS) campaign.
- We are working closely with the Local Pharmaceutical Committee and Pharmacy Development Group on Pharmacy First planned messages and national campaign launch activity.

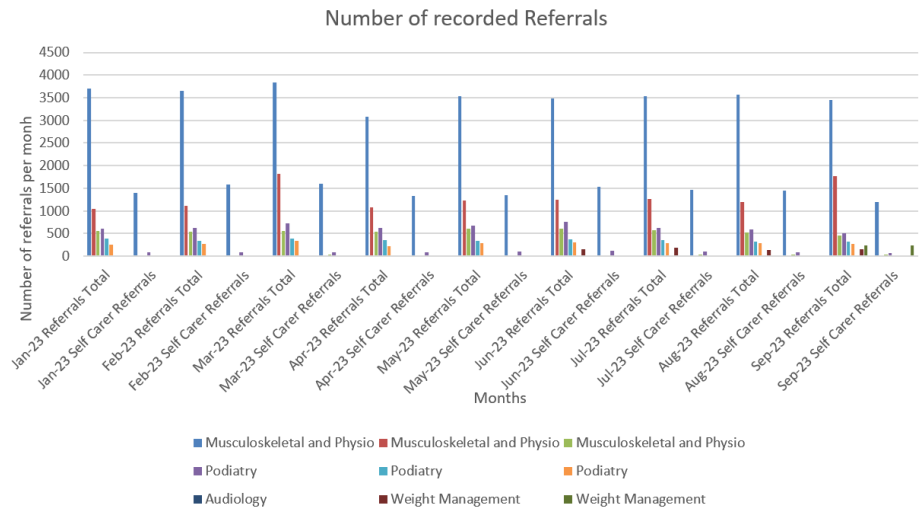
Where we are now

- Finance proposal developed for paid advertising campaign for several elements of Primary Care Access Recovery Plan (PCARP).
- We have launched a local digital marketing, social media and print advertising campaign, which will focus on the following over the next 3-6 months:
 - NHS App
 - ARRS roles
 - Pharmacy First
- We are currently using the national campaign materials from NHS England for each of these elements – we're exploring how we adapt these with local case studies.
- We continue to work closely with Devon practice digital champions and envoys to support practices and patients with digital elements of PCARP.
- Developing a communications toolkit to support practice teams.
- Working with Local Pharmaceutical Committee and Pharmacy Development Group – involving pharmacists in campaign planning.

Progress: Self-Referral

What we said in October

- Prioritise the audiology self-referral through task and finish group.
- Learning accrued will be captured and used to inform subsequent self-referral protocols for other identified conditions including those where greatest and safest patient and system benefit is identified.



Where we are now

- Audiology work on hold owing to financial risk arising around lack of Devon Referral Support Service (DRSS) capacity to “gatekeep” the pathway.
- Self-assessment completed against all 7 pathways.
- Senior Responsible Officer, operational and Business Intelligence leads identified and engaged in the South West Self-Referral Workstream.
- Responding to NHS England focus on data capture through Commissioning Datasets to demonstrate achievement of regional self-referral target.
- Easy wins identified through deep dive – focusing on data quality and ensuring that the c.800 self-referrals per month that are not currently being captured on the Community Services Dataset (CSDS) are feeding into the data.
- Working with our service providers to improve the quality of data captured through CSDS.



Progress: Primary/Secondary Care Interface

What we said in October

- To ensure principles are communicated and embedded across organisations (including all clinicians operating on the ground), and to therefore ensure that the associated benefits are realised in primary and secondary care, a robust implementation plan will be developed, through Local Care Partnership (LCP) engagement, that will require sign up from all stakeholders.
- Ongoing monitoring of adherence to principles designed to ensure system effectiveness and efficiency as well as clear routes for prompt escalation will also be established.

Where we are now

- “Strengthening Devon's primary and secondary care interface” document signed off by Primary Care Commissioning Transition Committee and Royal Devon University Healthcare Foundation Trust. Sign off in University Hospitals Plymouth Foundation Trust and Torbay and South Devon Foundation Trust within next 2 weeks.
- Locality secondary and primary care clinical leads identified with responsibility for implementing and embedding principles and providing forum for monitoring and escalation.
- ICB Primary Care Medical Director starting regular meetings with secondary care leads to assess implementation and identify ongoing issues that need addressing.

Narrative: Primary/Secondary Care Interface

The development of the “Strengthening Devon's primary and secondary care interface” document has been widely welcomed across both primary and secondary care. It is, however, important to recognise that its sign off across provider organisations represents the starting point on this journey and that it is only with continued collaboration and effort over a prolonged period on both sides of the interface, that the key benefits of this work will be realised.

The leadership required to achieve associated behavioural changes rests with medical directors across the ICS but also with local leadership and collaboration at place.



Progress: Transformation

What we said in October

- Completion of Capacity and Access Improvement Plan (CAIP) mid-point progress reviews.
- Promotion of national support offers, including targeted engagement with practices experiencing access challenges.
- Continued signposting, guidance and support via Primary Care and Digital Envoy teams – Digital Journey Planner (DJP). Peer to peer network.
- Practice resilience – overall resilience monitoring.
- General Practice Access Data (GPAD) – support to ensure coding is as consistent and accurate as possible to ensure all appointment activity is being captured appropriately.

Where we are now

- **100%** of CAIP mid-point reviews completed, with 75% of the Capacity and Access payment released to Primary Care Networks (PCN) ahead of final reflective review meetings in March. Key learning points collated and shared as best practice.
- Transition Support and Transformation Funding rolled out to **100%** of practices. Practices submitting plans for how funding will be used to deliver Modern General Practice Access model.
- Continue to promote national support offers and share positive feedback. Second highest uptake in South West region (Devon at **12.5%** compared to South West average of 8.4%). Also, above national average of 10.2%.
- Targeted practice visits where indicators suggest access could be challenged. We have identified 10 practices that would benefit from a supportive visit, with information packs prepared in advance to support discussions and clinical input.
- Robust assessment of all practice's resilience has been carried out, and targeted support is being provided where resource and capacity allows.
- GPAD assurance process – through CAIP **100%** PCNs confirmed self-certification of accurate recording of all appointments and compliance with GPAD. Strong interest from PCNs for a national event with GPAD experts that was unfortunately stood down. ICB to look at what local support can be offered instead.



Narrative: Understanding and addressing variation

Although overall access in Devon is in a strong position when compared both regionally and nationally, we recognise there exists variation within the county that we are actively seeking to understand and address.

We have categorised our practices based on their quintile positions against 4 key access indicators (appointments per 1,000, seen within 1 day, seen within 2 weeks, telephone access) to enable us to target those practices who may benefit most from a supportive visit. Practice profile data packs will provide both quantitative and qualitative data from which Key Lines of Enquiry can be identified. The ICB is also continuing to target those practices that the data suggests are most challenged into the national support offers. To date Devon has had the second highest uptake of national support offers in the region.

A note on continuity:

Devon's Primary Care GP Strategy highlights the importance of continuity of care when considering service delivery models. Research around detection and management of long-term conditions has shown significant links between continuity and a reduction in mortality. Practices/Primary Care Networks' (PCN) models need to accommodate a rising, ageing population and their associated need for continuity of care (balancing against those patients requiring less continuity but still requiring timely access to care).

The evidence both locally and nationally is that we need to facilitate and support scaled-up on the day access for General Practice. This in turn will support practices to deliver continuity of care where it's needed most. This may look different for patients as the change from practice to PCN delivery means visiting different locations according to need.

	Average Quintile Score	Total score	Appts per 1000	seen within 1 day	seen within 2 weeks	telephone access
Practice 1	1	4	1	1	1	1
Practice 2	1.25	5	1	2	1	1
Practice 3	1.25	5	1	1	1	2
Practice 4	1.5	6	2	1	2	1
Practice 5	1.75	7	2	1	1	3
Practice 6	1.75	7	3	1	1	2
Practice 7	1.75	7	1	2	2	2
Practice 8	1.75	7	1	4	1	1
Practice 9	1.75	7	3	1	2	1
Practice 10	2	8	3	1	1	3

Progress: Finances

Funding stream	What is it	Value	How are we applying it?
Investment and Impact Fund National Capacity and Access Support Payment	Paid to PCNs, proportionally to their adjusted population, in 12 equal payments over the 2023/24 financial year	An average of: £115k per PCN based on £2.765 per patient £3.6m total for NHS Devon	'Unconditional' funding from Primary Care Network Directed Enhanced Service (PCN DES)
Investment and Impact Fund Local Capacity and Access Improvement Payment	Paid to PCNs based on commissioner assessment of a PCN's improvement in three areas over the course of 2023/24	An average of: £50k per PCN based on £1.185 per patient. £1.5m total for NHS Devon	Progress review in October. Final assessment in March 2024. Part of PCN DES
Transition Cover and Transformation Support Funding	To support practices to make the change to a Modern General Practice access model	An average of: £13.5k per practice over two years. £1.8m total allocation for NHS Devon expected (£0.9m per year)	Rolled out to all practices. Practices to submit plans to demonstrate use of funding linked to delivering the Modern General Practice Access Model
Primary Care Service/System Development Funding	Primary Care Service/System Development Funding. Provided to ICBs to deliver transformation and other programmes	Total SDF funding is £3,579k	Funding for GP Transformation used to support: - Retention schemes (Mentors, fellowships) - Digital first - Practice resilience - Online consultations tools - Provider Collaborative development - Admissions Avoidance scheme These are all areas aligned to Primary Care Access Recovery Plan delivery
Digital telephony	To support transition of practices to cloud-based telephony systems	£1,026,000 has been awarded to Devon	Allocation fully committed to practices moving to Cloud-based telephony systems in first phase
Online Consultation tools -Digital Pathway Framework lot on DCS product catalogue	Funding of high-quality tools for online consultation, messaging, self-monitoring and appointment booking tools	Allocation of 93p per patient expected into NHS Devon	Awaiting framework publication – we have transferred funding for online and video consultation tools to the framework

Note: Access indicators also included in Quality Outcomes Framework Quality Improvement Module, and Investment and Impact Fund

Narrative: Aligning funding streams to maximise opportunities in the delivery of Modern General Practice Access in Devon

The ICB Primary Care Finance Strategy seeks to ensure that all national and discretionary funding streams have been invested in accordance with the national guidance and aligned where possible to initiatives linked to delivery of the overarching Primary Care Access Recovery Plan (PCARP) agenda. E.g. each project line funded through this year's System Development Funding **is directly linked to the priority areas of PCARP**. This is demonstrated in the supporting table on the previous slide. We have ensured that no funding stream duplicates existing remunerated programmes of work or core contractual requirements. The new funding streams are therefore **providing new and additional activity**.

The Primary Care finance team manages the allocations received ensuring that payments are made to practices and Primary Care Networks (PCN) in accordance with guidance. We have made specific arrangements to ensure that **resources reach providers as early as possible and are planning to spend all resources in year**. E.g. we have made payments to all practices for the Transition Cover funding stream to ensure practices are fully supported, with agreement to claw back funding should practices not sign up, submit the required plan or fail to comply with the programme requirements at a mid-point review. Where we identify practices with particular access or resilience challenges, we expect, encourage and support them to use that funding in a way that **best meets their particular need to address their particular challenge**. E.g. actively signposting to General Practice Improvement Programme (GPIP) support offers, inclusion in phase 1 Cloud Based Telephony transition, additional business/project management support.

The ICB gains assurance via submitted evidence from PCNs and practices, which is checked and monitored in accordance with guidance and local plans. The ICB engages with the local Collaborative Board and Local Medical Committee on these plans to ensure they are developed collaboratively and are deliverable.

We seek to **align all areas of primary care commissioned activity and spend to achieve our strategic objectives** to leverage the maximum value from the entirety of primary care resources.

Looking forward to the next financial year, as well as continuing to ensure national funding streams are spent appropriately, promptly and efficiently, the ICB will also fully consider the use of any discretionary funds that are made available within 2024/25 to **invest in the development and transformation required to move towards a greater level of at scale delivery**, again ensuring we maximise the opportunities available within the funding we receive.



Trajectories

Pillar	Key Indicator	Metric	Status at October 2023 submission	Status at February 2024	RAG/trend
Better Access	Patient uptake of Enhanced Access (EA) slots	EA available to 100% population	All Primary Care Networks (PCN) able to offer the EA service as part of the Network Contract Directed Enhanced Service (DES). PCNs continue to deliver the standard EA service.	All PCNs able to offer the EA service as part of the Network Contract DES. PCNs continue to deliver the standard EA service.	→
		95% EA slot utilisation	The utilisation rate for June 2023 is at 80%, and July 83%. There is a wider piece of work in delivering the Primary Care Access Recovery Plan (PCARP). This work will link to that programme.	The utilisation rate for November is 86%. 12 out of 17 providers are above this average. 11 providers are over 90% utilisation. There is a wider piece of work in delivering the PCARP. This work will link to that programme and has been a topic of discussion via Capacity and Access Improvement Plan (CAIP) reviews. Utilisation expected to be challenging for the period November to January as providers were asked to increase focus on same day offer. We know from experience this causes appointment utilisation to drop.	↑
	Access to General Practice	85% of appointments occur within 2 weeks of being booked (note: 85% is being used as we know c.10% of appointments are not sought within a 2-week window, not this excludes booking made on non-working days)	June 2023: 82.3% appointments seen within 2 weeks of booking, excluding Did Not Attends (DNA), compared with 79.7% national average. Local implementation of the national "Delivery Plan for Recovering Access to Primary Care" published during May will include focus on restoring achievement of this indicator. PCN plans are currently being developed.	November 2023: 81.1% appointments seen within 2 weeks of booking (excluding DNA), this is slightly higher than previous year of 80.9% (national average was 82.7%). For the period November to January we anticipated moving below target as we asked providers to focus on meeting same day need, which from previous experience we know adversely impacts delivery of the 2 week target.	↓
		35% if general practice appointments occur within 1 working day of request (note this excludes bookings made on non-working days)	June 2023: 49.9% appointments occurred within 1 working day of request during June (excluding DNA), compared to national average of 50.1%.	Note: Devon is ranked 2nd highest performing ICB in the region for this target. 47.9% appointments occurred within 1 working day of request during November (excluding DNA). This is a slight decrease compared to previous months, however, is up from the previous year, of 46.5%. National average 50.6% (noting that the national average is based on being seen on the same day, not seen within 1 day).	↓
	Technology enabling access	Number of online/video consultations against target of 650k a year	Online consultation numbers dropped back from the peak in May to 67,696 in June and 69,513 in July. However, overall, they remain very high. There are approximately 10 practices not using ICB procured online consultation packages, so the true figure is higher. The video consultation numbers have continued to drop further with only 157 in June and 147 in July. The average for last financial year was 301 a month.	Online consultations numbers slowed over the period with 73,327 in November and only 69,375 in December. These figures are still much higher than the previous year, with an increase of 3,751 and 17,217 on 22/23 respectively. The figures don't include approximately 10 practices not using ICB procured online consultation packages for which we do not have any statistics, so the true figures are higher. Cumulative total for the financial year now stands at: 641,654.	↑
		75% patients would use online consultation again or recommend to a friend or family	Patient satisfaction with our online consultation platforms has remained static for June and July, reporting 81% for June and 82% for July. This does not include data for the practices not using ICB procured online consultation platforms.	Video consultation numbers have continued to increase slightly in November to 178 and then 204 in December. The average for last financial year was 301 a month. Patient satisfaction increased to 84% in November. However, we are currently unable to provide reporting against this metric for December owing to an issue with the PowerBI data. We have asked AccuRX to look into this. In comparison last year was 75% and 80% respectively.	↑
		Enable patients in over 90% practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024	Viewing prospective clinical records 21% (25 out of 120 practices). Order repeat prescriptions online 100%. See messages from practice as an alternative to SMS 0% (not yet available in EMIS or SystmOne). Manage routine appointments 93%.	Viewing prospective clinical records 54% (65 out of 120 practices). Order repeat prescriptions online 100%. See messages from practice as an alternative to SMS 0% (not yet available in EMIS or SystmOne). Manage routine appointments 95.8%.	↑
		100% practices offered opportunity to move to digital telephony by July 2023 (note: post July 2023, there will be an uptake target)	100% practices are on digital telephony, cloud telephony is a mixed picture at present (67 practices currently on cloud) (national offer contains some inequities/perverse incentives).	100% practices are on digital telephony. A significant number of practices will be moving to Cloud telephony during the remainder of the financial year.	→
		100% practices able to book appointments digitally, or by telephone, or by attending the practice in person	100% practices able to book appointments in each of these ways.	100% practices able to book appointments in each of these ways	→
					→

Trajectories

Pillar	Key Indicator	Metric	Status at October 2023 submission	Status at February 2024	RAG/trend
Patient satisfaction with getting access to GP services		Patient overall experience of GP practice (we will maintain our gap to national average and increase performance by at least 2%) (GP Patient Survey)	Patient survey results (2023) show 78.2% patients in Devon describing their experience as "good" against the national average of 72% for the same measure. Note: Devon is above the England average on all patient survey key measures.		-
		Patient overall ease of getting through to GP Practice on the phone (we will maintain our gap to national average and increase performance by at least 2%) (GP Patient Survey)	Patient survey results (2023) show 58.9% patients in Devon found it "easy" to get through to someone at their GP practice on the phone, compared to the national average of 50%.		-
		Patient perception of their needs being met (we will maintain our gap to national average and increase performance by at least 1%) (GP Patient Survey July 2022)	Patient survey results (2023) show that 93.7% patients in Devon felt that their needs were met at their last general practice appointment, compared to 91% national average.		-
Workforce	General Practice able to offer improved multi-disciplinary care through employment of additional Additional Role Reimbursement Scheme (ARRS) roles	Devon Primary Care Networks (PCN) to recruit 710 whole-time equivalent (WTE) roles across Devon by the end of March 2024	Encouraging PCNs to maximise ARRS recruitment, aligning with PCN workforce plans (June 2023 total WTE = 539.28 WTE). PCNs continue to maximise their spends as advised. Indication to date is no underspend should be assumed as available for bidding process. Some PCNs are forecasting overspend – risk.	January 2024 national data suggests total WTE ARRS roles is 845.1 WTE (with data awaited from 1 PCN at the time of reporting). The data is subject to validation; however this figure represents an improved position. PCNs continue to maximise their spends as advised. Indication to date is no underspend should be assumed as available for bidding process. Some PCNs are forecasting overspend, primarily owing to knowingly over-recruiting. This, and a couple of technical factors, are expected over coming months to apply downward pressure to Devon's WTE.	↑
		All Devon PCNs at 16 WTE ARRS roles by March 2024	At June 2023, 22 PCNs (out of 31) are at 16 WTE or above ARRS roles	At January 2024, 30 PCNs (out of 31) are at 16 WTE or above ARRS roles.	↑
		Utilise the ARRS scheme with target of 90% take-up of new ARRS roles by March 2024	Current pressures and capacity means nil action at present	ARRS role utilisation at 94%.	↑
Pharmacy	Recover pharmacy activity	100% community pharmacies able to supply prescription-only medicines for seven common conditions by end December 2023	Nationally commissioned 'Pharmacy First' service for winter 2023 anticipated. Awaiting more detail following outcome of national contract negotiations, which are ongoing. NHSE suggesting implementation Autumn 2023, but no further information available at present.	More than 90% of Devon's Community Pharmacy contractors have signed up to provide the Pharmacy First service which is an advanced service and therefore optional for pharmacy owners to provide. National negotiations are complete and the service is due to commence on 31 st January 2024. Further national communications regarding the service are expected imminently.	↑

Notes:

- NHSE confirms no trajectory required for self-referral pathways
- New trajectory in development:

100% of practices to have slots showing for 111 booking

currently 78%

Slots available equal to 1 per 3000 patients

(equivalent to 2,150 slots per week across Devon)

currently 3495 per week

Next Steps

Workstream	Key areas to progress over next 6 months	Target date
Digital	Ensure all Devon practices are on Cloud Based Telephony.	June 2024
	Review all Devon practice websites.	April 2024
	Review and implement at scale procurement of systems on the Pathways Framework once released.	September 2024
Pharmacy	Complete Pharmacy Strategy.	May 2024
	Ensure all community pharmacies opted in to provide Pharmacy First achieve minimum number of monthly clinical pathways consultation.	July 2024
Communications	Deliver a paid marketing campaign to promote Pharmacy First, NHS App and Additional Roles Reimbursement Scheme (ARRS) role that is local and targeted.	May 2024
Transformation	Assess and sign-off applications from practices to access Transition Cover and Transformation Support funding.	April 2024
	Complete a final round of reflective Capacity and Access Improvement Plan (CAIP) review meetings with Primary Care Networks (PCN) to assess benefits realised through implementation of plans. Use opportunity to glean points of learning and best practice for wider sharing.	March 2024
	Deep dive practice visits to those most challenged in Devon, from an access perspective. Utilise data and soft intelligence to identify areas for discussion and set about implementing remedial strategies to support those practices.	May 2024
	Increase uptake to General Practice Improvement Programme (GPIP) support offers through continued promotion and signposting.	August 2024
	Formation of a local, provider chaired General Practice Appointment Data (GPAD) forum to share learning and best practice across the Devon patch. Identification of local GPAD champions to assist and support in improving quality and consistency of GPAD in Devon.	June 2024
Self-referral	Working with our service providers to improve the quality of data captured through Community Services Dataset (CDCS) Paper highlighting the potential implications for the ICB in implementing audiology self-referral to be shared with Senior Executives requesting guidance on next steps. Have an agreed process in place at the start of the new financial year to ensure self-referral can be rolled out across all audiology providers consistently.	August 2024
Primary/ Secondary care interface	"Strengthening Devon's primary and secondary care interface " Sign off in University Hospitals Plymouth NHS Trust and Torbay and South Devon Foundation Trust within next two weeks.	March 2024
	Establish locality forums for monitoring and escalation.	May 2024
	Establish regular meeting between Primary Care Medical Director and Secondary Care leads.	April 2024
Workforce	Operational Plan submission.	March 2024
	ARRS year end assessment and reporting, and preparation for new financial year.	April 2024
	Devon Training Hub – confirm funding for current training offers supporting retention across staff groups .	May 2024

Conclusion

- Devon has made good progress with the delivery of the Primary Care Access Recovery Plan (PCARP) and is in a strong position regionally.
- As a prerequisite of delivering the ambitions of the Fuller report, securing the foundation of good, equitable and consistent primary care access and resilience needs to remain an ongoing area of focus for the ICB as PCARP enters its second year.
- Recommendation of Board:
 - To note the contents of this report.
 - To consider how key ambitions can be supported by wider system partners.
 - To be cognisant of the need to adequately resource what is an expanding, and system critical, primary care transformation programme.

Glossary

Acronyms	
ARRS	Additional Roles Reimbursement Scheme
BI	Business Intelligence
CBT	Cloud-based Telephony
CSDS	Community Services Dataset
DES	Directed Enhanced Service
DJP	Digital Journey Planner
DNA	Did Not Attend
DRSS	Devon Referral Support Service
DTH	Devon Training Hub
GPAD	General Practice Access Data
GPIP	General Practice Improvement Programme
GPN	General Practice Nurse
ICB	Integrated Care Board
ICS(D)	Integrated Care System (Devon)
IETP	Initial Education and Training Standards of Pharmacists
LCP	Local Care Partnership
LMC	Local Medical Committee
NHSE	National Health Service England
PCARP	Primary Care Access Recovery Plan
PCCTC (PCC)	Primary Care (Commissioning Transitional) Committee
PCN	Primary Care Network
QOF	Quality Outcomes Framework
RDUH	Royal Devon University healthcare Trust
TSDFT	Torbay and South Devon Foundation Trust
UHPFT	University Hospital Plymouth Foundation Trust
WTE	Whole-time Equivalent

NHS Devon Integrated Care Board

Torbay Integrated Care Organisation S.75 Agreement

Date of meeting	Date report produced
26 March 2024	5 March 2024

Author(s)		Report approved by	
Name and title:	Stuart Lindsay, Managing Consultant	Name and title:	Bill Shields, Chief Finance Officer
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

N/A

Executive summary

The Torbay and South Devon NHS Foundation Trust, NHS Devon Integrated Care Board (ICB), and Torbay Council celebrate nineteen years of collaborative success aimed at enhancing residents' lives. The integrated care organisation (ICO) emerged in October 2015, uniting health, and social care to provide seamless services for adults, prioritising prevention, reducing hospital admissions, managing acute care, and enabling people to live independently within communities. This ICO is governed by a Section 75 agreement which expires in March 2025. To demonstrate commitment to this joint endeavour, the partners are looking for

approval to make a new five-year commitment through a new Section 75 agreement¹.

However, financial challenges loom, with a projected £12m deficit for adult social care spending this year, expected to rise to ~£30m in five years. The ICO's leadership acknowledges the challenge and is embarking on a comprehensive transformation programme focusing on service improvement, financial control, and organisational effectiveness. There is a shared belief in achieving sustainable change as a partnership. Engaging stakeholders, including staff, the wider community, and our partners across Devon, will be integral to success. Torbay Council is supporting the journey by enhancing base funding and investing in capital developments.

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

The Executive Committee considered this report at its meeting on 12 March 2024.

Key recommendations and actions requested

1. To **approve** NHS Devon's entering into a new tri-partite Section 75 agreement, enabling the delivery of integrated Adult Social Care services in Torbay from April 2025 to March 2030.
2. To **delegate** authority to the Chief Executive Officer to sign the Section 75 agreement that will be supported by an updated Memorandum of Understanding, which includes the key principles and ways of working for all organisations that are part of this tripartite agreement.

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

¹ The section 75 agreement is a tri-partite legal agreement between Torbay and South Devon NHS Foundation Trust, NHS Devon ICB, and Torbay Council. This agreement is for the delegation of responsibility for the delivery of the statutory functions of adult social care and the pooled resources to support this to Torbay and South Devon NHS Foundation Trust.

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	Service transformation delivered as part of the Section 75 agreement Transformation programme aim to deliver a positive improvement in the quality of care delivered in Adult Social Care in Torbay
Health inequalities	None
Workforce	None
Resources and finance	Addresses a key financial challenge for Torbay and South Devon NHS Foundation Trust, NHS Devon and Torbay Council
Legal	Section 75 agreement is a legally binding document and has been reviewed by the legal teams of Torbay Council and Torbay and South Devon NHS Foundation Trust
Digital and Data	Improved use of digital data and technology in adult social care in Torbay
Involvement, Engagement and consultation	None

Torbay Integrated Care Organisation

S.75 Agreement

Purpose of report

1. This paper aims to provide the necessary information to support the approval by all parties to sign a new tri-partite Section 75 agreement, enabling the delivery of integrated Adult Social Care services in Torbay from April 2025 to March 2030.
2. It sets out:
 - An overview of the joint commitment between Torbay and South Devon NHS Foundation Trust, NHS Devon Integrated Care Board (ICB), and Torbay Council,
 - An overview of the financial challenge,
 - High level description of the transformation plans to support financial sustainability, whilst improving outcomes for our residents,
 - Principles of how the partnership will work together to achieve these aims.
 - Funding commitment to support the plans from Torbay Council
3. The Section 75 agreement has been updated and reviewed by the legal teams of Torbay and South Devon NHS Foundation Trust and Torbay Council.

Reason for proposal and its benefits

4. Torbay and South Devon NHS Foundation Trust, NHS Devon, and Torbay Council have established an Integrated Care Organisation (ICO) governed by a Section 75 agreement, which expires in March 2025. A notice period of 12 months is a standard term within the contract and as such a new agreement needs to be in place 12 months in advance to provide the necessary legal protection to all parties. This requires a new agreement to be signed by the end of March 2024.
5. To demonstrate commitment to our joint endeavour, and to enable us to respond to the demand, outcomes, and financial challenges the ICO is facing, there is a strong belief between all parties within the tri-partite arrangement that this is to be delivered through a partnership approach. As a result, we are looking for approval to make a new five-year commitment through a new Section 75 agreement, from 1 April 2025 to 31 March 2030.

Overview

6. The Torbay and South Devon NHS Foundation Trust, NHS Devon, and Torbay Council are marking nineteen successful years of pioneering collaboration, starting with the Torbay Care Trust, improving the lives of our residents.

7. Building on this strong partnership, in October 2015, the ICO was born between Torbay and South Devon Health and Care Trust and Torbay Council to ensure adult residents receive seamless health and social care.
8. This innovative relationship was driven by a shared vision, values, and long-term commitment to improving the delivery of health and social care in Torbay. The integration encompasses preventative care, reducing hospital admissions, managing acute care, and facilitating independent living.
9. Adult social care stands out as a key focus area for the ICO, with ongoing positive impacts evident. Looking ahead, we are seeking to make a new five-year commitment to our joint working arrangements through a new Section 75 agreement². This demonstrates our ongoing dedication to our joint endeavour and the integrated delivery of adult social care and the benefits it brings.
10. Whilst the wide-ranging benefits of integration are accepted, the health and care system in Torbay and nationally finds itself operating in challenging financial circumstances. The ICO are forecasting a £12m deficit attributed to adult social care spend for this financial year, which could rise to as much as £36m in five years.
11. As a joint senior leadership team, we are actively engaged in addressing these challenges and as part of our new agreement are taking forward an extensive transformation programme that aims to improve financial sustainability whilst maintaining, and improving, the quality of care delivered in Torbay. As a system, we recognise the scale of change required to ensure sustainable and high-quality services goes beyond what we have delivered before. There will be decisions required to achieve this future and all system partners will need to come together and play their part in delivering this.
12. This programme will focus on three key areas:
 1. **Service transformation:** Delivery of a comprehensive programme of transformation activity focused on improving outcomes, promoting independence, securing value for money and financial sustainability. This will be aligned to wider system and organisational priorities.
 2. **Financial grip and control:** Implementing more robust spend controls. Completing detailed spend mapping to identify areas of opportunity to improve efficiencies.
 3. **High performing ICO:** Design and implement operating model and governance structure recommendations from the Well Led review. Focussed on driving a culture shift across the ICO and with our partners.
13. Successful delivery relies on us engaging with our staff, residents who draw on our care and support, and the wider community. Our commitment is underlined by providing dedicated resource to help deliver the transformational change.

² The section 75 agreement is a tri-partite legal agreement between Torbay and South Devon NHS Foundation Trust, NHS Devon ICB, and Torbay Council. This agreement is for the delegation of responsibility for the delivery of the statutory functions of adult social care and the pooled resources to support this to South Devon NHS Foundation Trust.

14. Torbay Council remains focussed on delivering a sustainable integrated model for Adult Social Care and is supporting this through a material increase to the base funding for the delivery of adult social care, and contributing funding for a transformation delivery partner, new ASC IT System and continuing to support capital developments to enable more cost-effective care.
15. We are clear that this work cannot happen in isolation, and we are already actively engaged with system stakeholders across Devon. A collective system approach will be adopted. As we deliver change, learning will be shared with all stakeholders.
16. We will come back to the Board to feed in progress against the plans and ensure ongoing strategic alignment on the ICOs direction of travel.

Section 75 Joint Statement

17. The following is a joint statement made by the Chief Executives / Deputy Chief Executives of South Devon NHS Foundation Trust, NHS Devon, and Torbay Council to support the commitment to the integrated partnership.

“We have a long-standing partnership and history of delivering high quality care for the people of Torbay that is recognised nationally and internationally. This provides us with a foundation to build on, taking the learning from our experiences, to support us to deliver the best outcomes for the people of Torbay while responding to the sustainability challenges, we all face, both now and into the future. We strongly believe supporting people to live independently within their communities can only be enabled by working together. These are the fundamental and founding principles of our integrated care organisation. However, we do know we must be more ambitious to deliver a successful, sustainable future and fully support local people to live independent, healthy lives. We will do this by working with people from a strength-based position, making best use of the latest technology and digital innovation to improve people’s outcomes and experiences, learning from national and international best practice, further developing, and empowering our excellent VCSE3 partners to support our communities, and working with the people of Torbay to shape their future together.

Working closely together, we know that we can make many more improvements to local people’s outcomes and experiences which is a really positive place to be in. We fully recognise that change is never easy, and it will take a lot of hard work and determination to achieve our vision for Torbay. We are committed to supporting our staff, people, and communities as we continue to evolve the way we provide care and support.

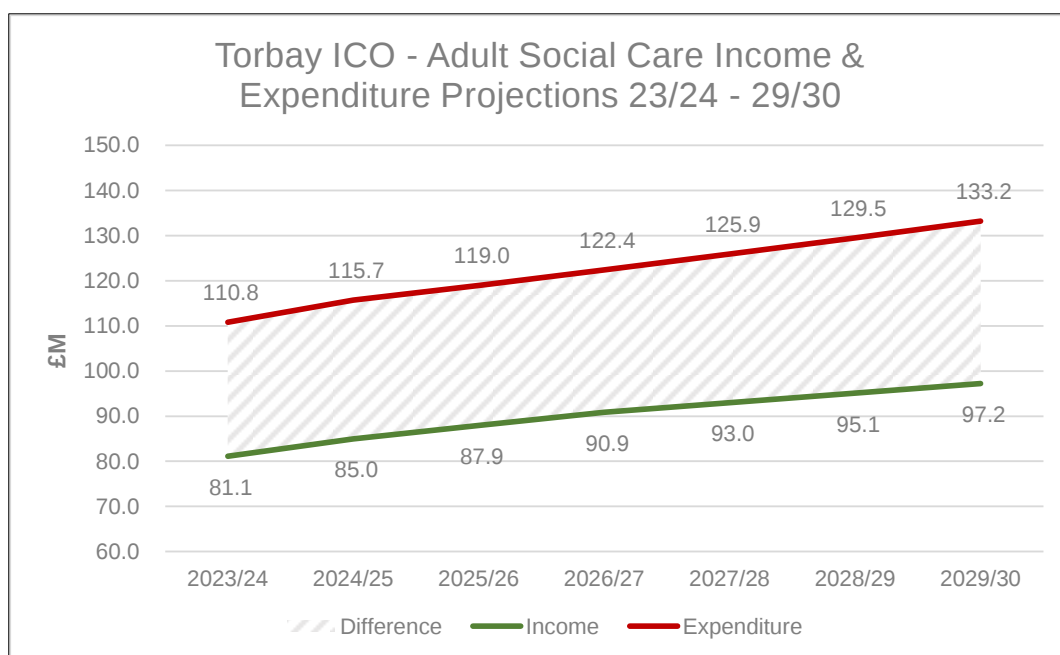
This new deal is a big step forward as we work together to improve how we live here in Torbay.”

³ Voluntary, Community and Social Enterprises

Anne-Marie Bond, Chief Executive Officer, Torbay Council
Liz Davenport, Chief Executive Officer, Torbay and South Devon NHS
Foundation Trust
Bill Shields, Deputy Chief Executive Officer and Chief Finance Officer, NHS
Devon

The Financial Challenge

18. The medium-term financial plan (version 9) as at 19 February 2024 forecasts a baseline recurrent budget deficit of £29.7m in-year, rising to £36m by 2027/28. The driver of the significant in-year deficit is through an increased volume of clients receiving care and associated costs of long term commissioned care packages alongside a reduction in non-recurrent grants.



19. Income projections are driven primarily by increases to the base funding provided by Torbay Council through a 3% Council Tax increase for 2025/26 and 2026/27, reducing to 2% Council Tax increases per annum from 2027/28 onwards. The additional funding in the early years of the new agreement demonstrates the Council's support of the financial challenges within the ICO (see final section for further details), pending the transformation work being implemented.
20. The key expenditure assumptions include 1% growth in long term commissioned costs for each year alongside 4% inflation growth in 2024/25, with subsequent 2% inflation growth in future years. There is an assumed 2.1% increase per year in staffing pay costs, (from 2025/26), with these costs accounting for 10% of the overall cost base.

21. The financial position demonstrates that the significant costs challenge is driven by long term care commissioned costs at 88% of expenditure. Controlling spend on these costs through operational and commercial grip, alongside enabling people to live independently within our communities is fundamental to addressing the financial challenge. The transformation programme is focused on this as a key objective.

Transformation Activity

22. Between November 2023 and February 2024 work has been undertaken with Torbay ICO Executives, transformation leads, and senior operational managers. There is a collective understanding of the challenges facing the ICO and the areas of transformation that are required to address these challenges. The transformation plans discussed and agreed with the Executives included **service transformation; financial grip and control; and developing a high-performing ICO**. Below provides more detail and sets out the delivery plan in each area, the rationale for this focus, and evidence to support the approach.

Service Transformation

23. We have worked with the service and transformation managers in the last 2 months to evaluate existing transformation plans and explore opportunities to expand those plans. These are all at different stages of development, so further work is required to validate, define, and develop detailed plans to ensure there is a deliverable and prioritised plan that will deliver savings that are sustainable. The timeline for delivering the transformation will be 2-3 years and further work is required on prioritising the work and profiling the savings. This will reduce the financial gap as presented in the previous section, but there will continue to be a gap during the period of transformation that will require funding support.

24. The key areas for improvement and transformation are:

- CIPs - savings opportunities of £3m-£4m.
- Transformation opportunities - £12m-£16m

CIPs - savings opportunities of £3m-£4m.

25. The ICO has been successful in delivering savings on an annual basis of c. £3m through the Review and Insights team undertaking reviews of packages of care and reducing these packages. These will continue for the next 1-2 years whilst the transformation is delivered, where it is expected the reviewing approach becomes less effective as strengths-based practice, performance framework and data analytics becomes embedded into daily decision making in right sizing packages.

Transformation opportunities - £12m-£16m

26. The ICO have already identified key areas of transformation and identified the opportunity to deliver savings and to embed an independence led culture. These

areas of change require more detailed planning including problem definition and current state mapping, future state ambition, gap analysis and a prioritised delivery plan.

27. Using our experience of delivering transformational change in adult social care, we have reviewed these areas of opportunity, and identified further opportunities to take forward. These require further validation in addition to detailed planning activities outlined above. Once these tasks have been completed, a prioritised delivery plan, focused on a detailed 6–12-month plan, with a high level 2–3-year plan will be created. It is anticipated that there being six key workstreams that the transformation activity will be focused on (subject to validation with the transformation team):

- **Maximising independence:** focused on embedding strengths-based practice in decision making (linked to 'outcomes from decision making' in existing programme).
- **Front door, community offer, reablement:** focused on early intervention and prevention by enabling citizens to be able to self-serve, maximise use of community assets, and where short-term support is needed, getting this support in a timely manner.
- **Hospital discharge/avoidance:** streamlining hospital discharge, embedding strengths-based approaches to manage demand and optimise outcomes, use of digital / data to support independence.
- **Working age adults:** developing an independence led, relationship-based approach to supporting people living with a learning disability or mental health need – will include culture, operating model, and commissioning changes.
- **Digital, data and technology:** delivering a digitally enabled future for social care focused on using digital tools, data, and TEC at scale to support prevention and reduce crises, to improve efficiency and reduce administration for staff, to use digital tools to change the operating model within social care.
- **Commissioning:** to deliver a future model of provision that supports independence, builds in innovation, and delivers value for money.

28. For each area of opportunity, we have identified the rationale, anticipated benefits, evidence from our experience, and delivery approach below. This requires further co-production as part of the initial planning phase to scope in more detail.

Workstream 1: Maximising Independence	
Rationale, evidence, and benefits • Consistent approach to practice within frontline teams. • Focus on prevent, reduce, delay as per Care Act • Independence led decisions reducing packages of care, & more restrictive care (1:1, residential care, etc.).	Delivery approach • Working with frontline teams • Training on theory and application of strengths-based practice, using behavioural change techniques, tailored to their teams.

Workstream 1: Maximising Independence	
Delivering practice at scale in Manchester City Council enabled £8m savings over 2 years. Anticipated benefits in Torbay ICO between £2.0m - £2.5m.	- Embedding through reflective learning infrastructure – huddles, communities of practice - Impact analysis / reporting to support change at team level.

Workstream 2: Front door, community offer, reablement	
Rationale, evidence, and benefits - Increased use of CVSE in Torbay to reduce demand in front door. - Strengths-based, digital front door to reduce demand into ASC, increased time to work with people with complex needs. - Increased use of effective reablement service to increase independence / reduce packages. - Increased to 85% diversion at the front door in Bradford Council - Reduction in care packages of c.£1.5m through increased use and re-designed model of reablement in East Riding of Yorkshire Council Anticipated benefits in Torbay ICO between £2.0m - £2.5m.	Delivery approach CVSE / Front door: - Co-production with frontline teams, CVSE, and lived experience. - Demand and performance – baseline and future state - Prioritised plan for investment in CVSE, benefits analysis and approach to market engagement. - Operating model and embedding SBP and digital in front door. Reablement: - Review current state and identify opportunities to increase capacity / service re-design. - Develop investment case. - Work with frontline teams in designing and implementing. - Recruit capacity Track benefits through performance framework.

Workstream 3: Hospital admission / avoidance	
Rationale, evidence, and benefits - Significant driver of demand into social care. - Opportunity to embed social care practice into health. Anticipated benefits in Torbay ICO between £1.0m - £2.0m.	Delivery approach - Working with frontline teams – current state, future state design and implement - Embedding strengths-based practice and use of digital tools and data in decision making - Streamline hospital discharge processes. - Implement TEC to support crisis prevention. - Front door diversion and increased use of beds for hospital avoidance - Investment case for capacity.

Workstream 4: Working age adults	
Rationale, evidence, and benefits - Life course costs of people with learning disability or mental health needs are significant. - National benchmarking suggests higher spend on LD than neighbours (14th of 16) - Significant cost increases within Torbay and a national challenge. - Opportunity identification from work completed in summer 2023. Anticipated benefits in Torbay ICO between £3.0m - £3.5m.	Delivery approach - Significant cultural challenges - longer term and requires cross departmental approach to independence working with Childrens, Education, DPT. - Focus on quick win opportunities to embed principles in a managed way e.g. reviews, panels, TEC for sleeping nights. - Working with frontline teams, families / carers, and providers – current state, future state design, implementation. - Key areas of focus – strengths-based practice application, op model re-design to be person-centred response to multiple needs, use of digital / data / TEC to support independence, commissioning of market.
Workstream 5: Digital, data and technology	
Rationale, evidence, and benefits - Significant opportunity to transform an unsustainable model of health and care. - Digitally enabled lives to support self-care, healthy living, independence and reduce crises, reducing hospital admissions and social care demand / costs. - Use of digital tools to improve staff efficiency e.g. virtual care, assessment tools. Anticipated benefits in Torbay ICO between £2.0m - £2.5m.	Delivery approach - High level digital discovery to identify areas of opportunity. - Potential priorities - TEC-led crisis prevention and demand management, digital front door, LD / MH independent living, carers offer. - Delivery focus on people, process, and technology. - Significant cultural challenge with understanding and adoption for staff and families / carers similar to embedding strengths-based approaches. - Enabler to other workstreams – front door, reablement, hospital discharge, WAA.
Workstream 6: Commissioning	
Rationale, evidence, and benefits - Innovative provider market that supports independence is key. - Current market in Torbay traditional with high provision of more restrictive support e.g. residential care - Challenges between strategic and operational commissioning in Torbay – operating model requires review.	Delivery approach - Key enabler to delivery of independence-led demand management and service re-design is an aligned market management plan, aligned to strategic ambition of the service split by 65+, working age adults. - Current plan identified supported living offer as a priority. - Approach to reflect commissioning cycle – needs analysis, current provision, future state, gap in provision, market

Workstream 6: Commissioning	
Anticipated benefits in Torbay ICO between £2.0m - £3.0m.	development approach, procurement, implementation. Operational commissioning: • Review and plan for alignment between strategic and operational commissioning. • Identify opportunities to digitally enable commissioning e.g. contract management, e-brokerage, market engagement.

Financial grip and control

29. The key to this workstream is to embed commercial grip and financial control within the ICO to evidence and improve decision making at all levels. We will embed financial governance approaches as part of the programme. This will include:

- **Control long term commissioned care:** The biggest area of costs in Torbay ICO is long term care commissioned costs. Controlling spend and cash releasing savings can come from daily sign-off of care packages, review panels, and targeted reviewing teams. Some of this is already in place but not as effective as it could be from feedback received.
- **Commissioning:** embed joined-up, commercially focused approach to commissioning the provider sector that balances limited resources with maintaining market stability.
- **Staffing costs:** recruitment panels and vacancy control approaches are key to managing staffing costs. However, there should be caution with this approach as restricting staffing can impact on time to deliver practice, which will increase long term care costs. Explore opportunity for review of broader workforce strategy within the ICO given the high costs of NHS terms and conditions.
- **Budget setting:** robust approach to budget setting including embedding structure around costs pressures, savings delivery, and inflation. Specific need to review inflation increases to providers as an opportunity, given a stable market.
- **Spend mapping:** undertake spend mapping exercise to categorise costs by service area, statutory and non-statutory services. This will enable the development of single source of the truth for the performance framework and support identification of cost improvement reviews with budget managers.

30. Our approach to implementing these will be to map current approaches, develop long-list, work with key stakeholders in developing a plan to implement, then prioritising the plan for delivery.

Developing a high-performing ICO

31. The key focus of this workstream is embedding a governance and performance framework that enables the ICO to be intelligence led in sustainably managing the ICO.

32. This will take account of the findings and recommendations from the recent Well Led review. The approach focuses on:

- Embedding a governance framework that enables each level of the organisation to be empowered to identify and manage issues relevant to that level, using information to support decision making.
- Information used to inform discussion and decisions is succinct and evidenced, with time spent on interpretation and identifying actions.
- A routine cadence to meeting and agreeing priorities and actions, where preparation and follow-up delivery of those actions becomes 80% of the work.
- There are clear terms of reference, with roles and responsibilities, and a culture that supports action and decision making. Preparation is vital.
- There is an equity of input from members that draws on the different experiences, to support informed and independence led decision-making.
- Communication both up and down the hierarchy to support action is important and routine.
- Reporting at each level will be proportionate and relevant for the services being delivered. Time is spent on understanding the business before developing the metrics at each level.
- Supporting the staff and teams to be comfortable in understanding, interpreting, and acting on the data will be key.
- There will need to be a pragmatic approach to use of data, particularly where there are gaps. There will be a continual strive to improve data quality.

33. To help deliver this significant transformation the Council have committed to use non-recurrent funding to procure the services of a delivery partner and expect the delivery partner to be in place from 14th March 2023.

Principles

34. Below are the key strategic principles that Torbay Council, Torbay and South Devon NHS Foundation Trust and NHS Devon are committed to. These were developed on 9 February within a workshop that included the Chief Executives, Directors of Finance and Director of Adult Social Care of the three organisations above.

35. These are essential for developing a cohesive and effective working relationship essential to delivering transformation as both organisations commit to a new section 75 agreement.

- **Shared endeavour:** Both organisations are committed to delivering the required transformation to deliver a sustainable model for Adult Social Care
- **Delivering equity and independence:** The priorities and culture is equitable to reflect the needs of the population in Torbay. Supporting people to be independent is critical to the values, behaviours and decision making of the ICO.

- **Courageous at scale of change:** Embracing bold initiatives necessary for substantial transformation across the ICO.
- **Being innovative:** Recognising that transformation requires us to be innovative. Investing in digital, data and technology is critical to empowering people to live healthy, independent lives, and help prevent crises that drives significant demand into the system and poorer outcomes for the people of Torbay.
- **One voice and a consistent message:** Ensuring alignment in communication efforts, presenting a unified front to stakeholders and the public.
- **Shared view and clarity on financial envelope:** Establishing transparency and mutual understanding regarding financial resources, budgets, and expenditures.
- **Joint decision making / accountability:** Collaboratively assessing and determining key actions, with input and agreement from both the Council and Trust through a revised governance structure. Holding each other to account for delivery.
- **Strategic Alignment:** Ensuring that the partnership's activities and objectives remain closely aligned with the overarching strategic goals of the Council, Trust, and wider system partners e.g., Devon ICS

Additional financial contributions (from Torbay Council)

36. To support the ongoing delivery of Adult Social Care as part of an integrated system the Council propose an increase equivalent of a 2% Council Tax increase, year on year. An additional increase equivalent of a 1% Council Tax rise for first 2 years to provide additional support whilst transformation activity is undertaken.

Year	Base position	Increase equivalent to 2% Council Tax	Increase equivalent to 1% Council Tax	Council contribution	Grant funding	ASC Income	Total ASC Funding
25/26	£56.5m	£1.7m	£0.85m	£59.05m	£6.2m	£18.1m	£83.35m
26/27	£59.05m	£1.7m	£0.85m	£61.6m	£6.2m	£18.5m	£86.3m
27/28	£61.6m	£1.7m		£63.3m	£6.2m	£18.9m	£87.95m
28/29	£63.3m	£1.7m		£65m	£6.2m	£19.2m	£90.4m
29/30	£65m	£1.7m		£66.7m	£6.2m	£19.6m	£92.5m

37. In addition, the Council commit to provide the following financial support that will enable the transformation activity described earlier in this document.

- Funding new ASC IT system (£1.5m).
- Funding delivery partner (£1m initially).
- Use of one-off revenue reserve to resource and fund transformation in ASC (£1m).
- Use of capital reserves to develop x 2 extra care/supported housing sites – (£2.5m minimum).
- Any grant funding received for ASC totally protected for ASC.

Conclusion

38. Whilst it is recognised that there is a significant financial challenge facing the delivery of adult social care in Torbay, Torbay Council, Torbay and South Devon NHS Foundation Trust and NHS Devon remain committed to the integrated delivery of adult social care. Through the aforementioned, transformation plans all parties are determined to close the financial gap whilst improving the quality of services delivered in Torbay.

39. We will provide updates on progress against the plans and ensure ongoing strategic alignment on the ICOs direction of travel in due course.

NHS Devon Integrated Care Board

Integrated Quality, Performance and Finance Report (IQPR)

Date of meeting	Date report produced
26 March 2024	22 February 2024

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

Executive summary

The Integrated Quality, Performance and Finance 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

The Executive Committee reviewed the report at its meeting on 05 March 2024.
The Finance and Performance Committee reviewed the report at its meeting on 14 March 2024.

Key recommendations and actions requested

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

Impact on NHS Devon objectives

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

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

Area	
Quality of services	Outlines current operational and quality performance and Actions
Health inequalities	None
Workforce	Outlines current workforce performance and actions
Resources and finance	Outlines current financial performance and actions
Legal	None
Digital and Data	None
Involvement, engagement and consultation	None

Integrated Quality, Performance and Finance Report (IQPR)

Introduction and background

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

Assurance

Elective Care

2. The clearance of long waiters by the end of the financial year remains challenged. As of the end of January 2024, the system has noted a deterioration in 104 week waits, moving from a trajectory of 8 in January and 7 in February to 10 and 13 respectively.
3. 78-week trajectory also remains challenged with 738 patients waiting at the end of January against a trajectory of 692; this gives a negative variance of 46 patients.
4. NHS Devon continues to monitor and support the ongoing recovery efforts to reduce and eliminate long waiters across system.
5. Plymouth additional endoscopy capital build is progressing to open in April 2024. This was previously set to be in January; however, Plymouth have had to decant into the vanguard unit which has a 16-week mobilisation period.
6. Operational planning discussions are underway to support the technical submission around ways to drive productivity further and at pace during 2024/25.
7. On Friday 2 February 2024, system partners came together to drive progress for our elective 2024/25 recovery plan. As a result, it was agreed that the system undertakes a detailed analysis to identify the total opportunity across elective care and in line with GIRFT for the improvement programme. The outcome of this model will inform the Operational Plan submission in March 2024.

Urgent and Emergency Care (UEC)

8. Metrics relating to urgent care have seen minimal improvement during January 2023. Ambulance handover delays above the 15-minute increased in January to 13,649 from 12,514 hours which remains behind trajectory.

9. Category 2 response times decreased by 1 minute in December with an average response time of 52 minutes and there was an increase against the 12 hours in department standard to 3,483.
10. 4 hour performance decreased slightly from 63.58% in December to 61.0% in January and remains below trajectory.
11. Similar to Elective Care, Operational Planning discussions are underway to respond to activity and performance gaps in the UEC pathway.
12. Following a UEC lock-in the following actions are underway, in readiness for the Operational Plan submission in March:
 - Chief Operating Officers (COOs) and Performance Directors to align on methodology and assumptions for demand growth projections and performance ambitions.
 - Conduct a rapid investment review focusing on benefits realisation in UEC investments.
 - Review Out of Hospital Programme to identify gaps and support rapid hospital discharge.
 - Develop and implement a unified UEC clinical model based on best practices like Same Day Emergency Care (SDEC), Virtual Wards, etc.
 - Focus on high-impact UEC interventions: Care Co-ordination, Virtual Wards, SDEC, and development of compliant Urgent Treatment Centres (UTCs).
 - Sessions with Primary Care, Community Providers, and Workforce colleagues to align on working.
13. Additionally, all provider organisations have been asked to revisit their A&E 4 hour performance targets with a view to recover against plans submitted for 2023/24.

Hospital Discharge

14. Hospital discharge performance is measured by the number and percentage of beds occupied by inpatients with No Criteria to Reside (NCTR) and Length of Stay (LOS).
15. The Devon target is no more than 5% (110) of General and Acute (G&A) beds occupied by patients with NCTR. As of 22 January 2024, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 13% (285), an increase of 1% since the previous month's report.
16. Actions to address reducing the NCTR will be managed through locality level Bronze Calls and via the monthly Discharge Group. The actions to be taken by trusts and those which will be maintained include focusing on weekend discharges and reviews of failed weekend discharges. This helps to better understand factors which prevented discharge.

17. All trusts are focused on reducing length of stay. Current actions involve the use of complex teams to review cases of patients whose duration are in excess of 21 days and earlier in day discharges (home for lunch initiative).

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

Primary and Community Care

19. NHS Devon continues to exceed three out of four access targets. GP appointments occurring within 2 weeks was 82.5% against an 85% target. The target of 35% for appointments occurring within 1 working day of request continues to achieve with 51.6% during December 2023

20. There are currently 27,927 children and adults waiting for community services across Devon. A decrease of 1,606 from the previous month (29,533). Adult musculoskeletal (MSK) services have seen the largest decrease in patients waiting to be seen by 1,636. Overall Children and Young People's (CYP) waiting times have increased by 267.

Mental Health

21. The system has seven long term plan indicators and six additional Key Performance Indicators (KPI). Currently, three KPIs achieved their targets (Early Intervention in Psychosis and Talking Therapies 6 and 18 week first appointment). Two Long Term Plan (LTP) indicators are continuing to improve, although they are yet to achieve their respective targets. These include:

- **Talking Therapies Rolling Quarter:** 6329 patients have accessed services against a target of 8205 in the last 3 months.
- **Annual Health Checks for people with learning disabilities:** 31% of patients with learning disabilities have had an annual health check against a target of 75%.

Children and Young People Services

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

23. In December, the waiting list for children over five awaiting ASD assessment reached 5,134 children. During 2023, the waiting list increased by 60-300 children per month. Referrals were lower than average, due to the Christmas holidays. Continued staffing vacancies are the primary factor affecting this service, resulting in completed assessments unable to match demand.

24. SLT referrals for December were marginally below average at 360 for the month, whilst children waiting longer than 18 weeks for an assessment remains at

2,686. These waiting times are no longer improving but showing common cause variation.

Quality

25. There has been 1 Never Event reported related to a surgical/invasive procedure. We have seen the number of Never Events for 23/24 (9) reduced significantly from 22/23 (18), implementation of the provider collaborative never event work has contributed to this.
26. There were 27 serious incidents reported with the top three themes being slips/trips/falls, apparent self-harm, surgical/invasive. There have been no reported serious incidents relating to ambulance response times in the community during 2023-2024. Patient Safety Incident Response Framework (PSIRF) implementation for all providers will be in place by 1 April 2024, we are working with providers on a serious incident closure trajectory.
27. With the delegated commissioning of Primary Care complaints there continues to be an increase in the number of patient experience contacts than in previous months, January 2024 received 197 in comparison prior to the delegation where on average received would be 78.
28. There has been a national measles incident raised, preparation and gap analysis has been conducted and there have been no reported incidences in Devon.
29. A Joint Targeted Areas Inspection by the Care Quality Commission (CQC), the Office for Standards in Education, Children's Services and Skills (Ofsted) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) was conducted 10-17 November 2023 on children's services on the front door across Torbay. On 29 January 2024 the inspection letter was published with 2 areas of actions related to non-accidental injury, with NHS Devon holding principal authority, a written statement of action is due on 9 May 2024.
30. There have been 10 S42.2 enquiries started in January 2024 compared to 5 in December, related to poor quality of care, Person in Position of Trust, Poor discharge from hospital.

Workforce

31. At month 9, year to date (YTD) agency spend exceeded plan by £13.29m (47% higher than plan) and as a percentage of overall pay remains at 3.1%. The overspend is mainly due to higher levels of seasonal illness amongst staff, operational pressures and industrial action. Providers forecasted overspend to the end of a year is £17.5m. Although month 9 saw an 85.86% in agency whole time equivalent (WTE) reduction compared to the previous month.
32. There has been a continued decrease in the number of WTE staff and the system has 930 WTE staff greater than planned. As a system, workforce spend has been £28m higher than anticipated total YTD (Forecasted £59.3m overspend)

against plan to the end of the year). Changes to the year-end forecasting figures (by £53.8m) at month 9 led to an increase in overspend to the end of the year.

Finance

33. Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals.
34. For month 10, systems were asked to forecast based on the new agreed values and also to incorporate additional costs and lost elective income from the known industrial action. This was 3 days during December and 6 days during January. An indication of the phasing of the new forecasts has been returned to NHS England and variances against this revised phasing is included in this report.
35. As at month 10 the One Devon Integrated Care System is reporting a year to date £89m deficit against a planned deficit of £53.7m – an adverse variance of £35.4m. (M9 £26.9m variance). This is against the original deficit plan and profile.
36. The forecast outturn system position in M10 is a £96.2m deficit which includes £6.9m costs relating to industrial action in December 2023 and January 2024 in line with the H2 reforecasting exercise. However, on discussions with NHS England, the forecast outturn in M11 will be amended to £47m plus the industrial action costs of £6.9m to £53.9m as information has been shared that an additional funding will be received to cover our original planned deficit.
37. During the planning stage net risks of £159.5m were identified in addition to the deficit plan. As at month 10 the net risk has reduced to £5.5m against the revised forecast deficit.

Conclusion

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



Integrated Quality, Performance and Finance Report (IQPR)

Owner: Performance Team

February 2024

FINAL Version

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Executive Summary

Unscheduled Care Ambulance handover delays above the 15-minute target increased in January 2024 to 12,749 hours, above the in-month trajectory of 6,222 hours. 4 hour performance remains below trajectory at 61.0% and has failed to achieve trajectory for the last 9 months. Category 2 response times reduced in January with an average response time of 52 minutes, compared to 53 minutes in December.	Quality Long Waits & Harm: Patients continue to be impacted by System challenges, including planned long waits. Operational challenges and winter pressures leading to a continued theme of delay in the UEC pathways continue to impact most notably in Plymouth and West. It is positive to note that there were no reported serious incidents relating to ambulance response times in the community during 2023-2024. In comparison to the previous year where these serious events are documented. NHS Devon ICB has agreed to be one of four pilot sites for the testing of the National Quality Board (NQB). This will enable Devon to feedback on the final iteration, at the same time of further improving its quality processes; QEWS can potentially alert system leaders, NHSE and wider partners (e.g., regulators) when there are early warning signs, signals and insights relating to deteriorating care quality. Progress will be reported through the System Quality & Performance Group.
Elective Care and Diagnostics The system remains behind the national targets for the clearance of 104ww patients with 10 patients waiting 104 weeks in January. 78ww patients are also behind trajectory. Recovery of the long waiter position has been challenged due to the loss in activity over the challenged winter period and industrial action. All trusts achieved the Cancer 28-day Faster Diagnosis Standard in December with the ICB overall performance attaining 78%.	Children and Young People Services In December, the waiting list for children over five awaiting ASD assessment reached 5,134 children. During 2023, the waiting list increased by 60-300 children per month. Referrals were lower than average, due to the Christmas holidays. Continued staffing vacancies are the primary factor affecting this service, resulting in completed assessments unable to match demand. SLT referrals for December were marginally below average at 360 for the month, whilst children waiting longer than 18 weeks for an assessment remains at 2,686. These waiting times are no longer improving but showing common cause variation.
Hospital Discharge The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. The system is no longer demonstrating improvement and performance now shows common cause variation. As of 22nd January, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 13% (285), which is a 1% increase from the previous month's report.	Finance Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals. For month 10, systems were asked to forecast based on the new agreed values and also to incorporate additional costs and lost elective income from the known industrial action. This was 3 days during December and 6 days during January. An indication of the phasing of the new forecasts has been returned to NHSE and variances against this revised phasing is included in this report.
Primary and Community Care NHS Devon continues to exceed three out of four access targets. GP appointments occurring within 2 weeks was 82.5% against an 85% target. The target of 35% of appointments occurring within 1 working day of request continues to achieve with 51.6% seen within 1 working day during December 2023. There are currently 27,927 children and adults waiting for community services across Devon. A decrease of 1,606 from the previous month (29,533). Adult MSK services have again seen the largest decrease in patients waiting to be seen by 1,636. Overall CYP waiting times have increased by 267.	As at month 10 the Devon ICS is reporting a year to date £89m deficit against a planned deficit of £53.7m – an adverse variance of £35.4m. (M9 £26.9m variance). This is against the original deficit plan and profile. The forecast outturn system position in M10 is a £96.2m deficit which includes £6.9m costs relating to industrial action in December 2023 and January 2024 in line with the H2 reforecasting exercise. However, on discussions with NHSE, the forecast outturn in M11 will be amended to £47m plus the industrial action costs of £6.9m to £53.9m as information has been shared that an additional funding will be received to cover our original planned deficit. During the planning stage net risks of £159.5m were identified in addition to the deficit plan. As at month 10 the net risk has reduced to £5.5m against the revised forecast deficit.
Mental Health The system has seven long term plan indicators and six additional KPIs. Currently, three KPIs achieved their targets (Talking therapies 6 and 18 week appointment and EIP). Two LTP indicators (Talking Therapies Rolling Quarter and Annual Health Checks for people with learning disabilities) are also exhibiting statistical improvement, although neither have achieved their respective target.	
Workforce At month 9, YTD agency spending exceeded plan by £13.29m and as a percentage of overall pay remains at 3.14%. As a system, workforce spend has been £28m higher than anticipated total YTD (Forecasted £59.3m overspend against plan to the end of the year).	

Operational Performance

Urgent and Emergency Care – System Overview

				System			Royal Devon University NHS Foundation Trust			Torbay and South Devon NHS Foundation Trust			University Hospitals Plymouth NHS Trust		
	Metric	Target	Latest Date	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance	Value	Variation	Assurance
UEC	National A&E Type 1 Attendance		Jan 2024	27,038			12,318			6,030			8,690		
	National A&E Type 1 seen within 4 hours	95%	Jan 2024	47.5%			54.9%			49.3%			35.7%		
	National A&E all types seen within 4 hours	95%	Jan 2024	61.0%			64.5%			65.1%			54.0%		
	National A&E 12 hr waits from Decision to admit		Jan 2024	1,017			148			123			746		
	Attendances Type 1		Jan 2024	26,984			12,182			6,104			8,698		
	Type 1 Admissions (conversion rate)		Jan 2024	30.3%			30.8%			25.2%			33.2%		
	Emergency Admissions via A&E		Jan 2024	8,182			3,755			1,539			2,888		
	4hr Performance Type 1		Jan 2024	46.1%			53.0%			47.3%			35.7%		
	Total patients waiting over 12 hours in department	1	Jan 2024	3,483			851			823			1,809		
	Ambulance arrivals delayed over 15 minutes	0%	Jan 2024	88.8%			87.5%			88.3%			91.6%		
	Time lost to Ambulance Handover Delays		Jan 2024	13,649			1,861			3,335			7,554		
	Mean ambulance response times cat 1	7	Jan 2024	10											
	Mean ambulance response times cat 2	18	Jan 2024	52											
	Patients who do not meet the criteria to reside		Feb 2024	11,610			4,483			1,227			4,260		
	Average Emergency LOS		Jan 2024	7			6			7			9		

Data for January saw minimal improvement, with the majority of system metrics exhibiting a concerning position. All types four-hour reports exhibits concerning performance at 61.0% and is statistically unable to meet the 95% target without process change. Category 1 response times show improvement but is not capable of meeting the target without process change. Category 2 response times are showing common cause variation, however current performance (52 minutes) is almost three times the target time (18 minutes).

System UEC NOF

UEC Overview	Metrics																																																																																																			
Current Position Metrics relating to urgent care have seen minimal improvement during January 2023. Ambulance handover delays above the 15-minute increased in January to 13,649 from 12,514 hours which remains behind trajectory. 4 hour performance decreased slightly from 63.58% in December to 61.0% in January and remains below trajectory. Category 2 response times decreased by 1 minute in December with an average response time of 52 minutes and there was an increase against the 12 hours in department standard to 3,483. Following a UEC lock-in the following actions are underway, in readiness for the Operational Plan submission in March: • COOs and Performance Directors to align on methodology and assumptions for demand growth projections and performance ambitions. • Conduct a rapid investment review focusing on benefits realisation in UEC investments. • Review Out of Hospital Programme to identify gaps and support rapid hospital discharge. • Develop and implement a unified UEC clinical model based on best practices like SDEC, Virtual Wards, etc. • Focus on high-impact UEC interventions: Care Co-ordination, Virtual Wards, SDEC, and development of compliant UTCs. • Sessions with Primary Care, Community Providers, and Workforce colleagues to align on working. Additionally, all provider organisations have been asked to revisit their A&E 4 hour performance targets with a view to recover against plans submitted for 2023/24.	4 Hour Performance <table><caption>4 Hour Performance Data</caption><tr><th>Month</th><th>Actuals (2023-24)</th><th>Trajectory (2023-24)</th></tr><tr><td>May 2023</td><td>0.63</td><td>0.65</td></tr><tr><td>Jun 2023</td><td>0.62</td><td>0.65</td></tr><tr><td>Jul 2023</td><td>0.61</td><td>0.65</td></tr><tr><td>Aug 2023</td><td>0.61</td><td>0.65</td></tr><tr><td>Sep 2023</td><td>0.61</td><td>0.65</td></tr><tr><td>Oct 2023</td><td>0.61</td><td>0.65</td></tr><tr><td>Nov 2023</td><td>0.61</td><td>0.65</td></tr><tr><td>Dec 2023</td><td>0.61</td><td>0.65</td></tr><tr><td>Jan 2024</td><td>0.61</td><td>0.65</td></tr><tr><td>Mar 2024</td><td>0.61</td><td>0.65</td></tr></table> Ambulance Handover <table><caption>Ambulance Handover Data</caption><tr><th>Month</th><th>Actuals (2023-24)</th><th>Trajectory (2023-24)</th></tr><tr><td>May 2023</td><td>600</td><td>650</td></tr><tr><td>Jun 2023</td><td>850</td><td>650</td></tr><tr><td>Jul 2023</td><td>750</td><td>650</td></tr><tr><td>Aug 2023</td><td>850</td><td>650</td></tr><tr><td>Sep 2023</td><td>1050</td><td>650</td></tr><tr><td>Oct 2023</td><td>1350</td><td>650</td></tr><tr><td>Nov 2023</td><td>1150</td><td>650</td></tr><tr><td>Dec 2023</td><td>1050</td><td>650</td></tr><tr><td>Jan 2024</td><td>1150</td><td>650</td></tr><tr><td>Mar 2024</td><td>1150</td><td>650</td></tr></table> CAT2 Response <table><caption>CAT2 Response Data</caption><tr><th>Month</th><th>Actuals (2023-24)</th><th>Trajectory (2023-24)</th></tr><tr><td>May 2023</td><td>30</td><td>30</td></tr><tr><td>Jun 2023</td><td>40</td><td>30</td></tr><tr><td>Jul 2023</td><td>45</td><td>30</td></tr><tr><td>Aug 2023</td><td>35</td><td>30</td></tr><tr><td>Sep 2023</td><td>40</td><td>30</td></tr><tr><td>Oct 2023</td><td>58</td><td>30</td></tr><tr><td>Nov 2023</td><td>58</td><td>30</td></tr><tr><td>Dec 2023</td><td>48</td><td>30</td></tr><tr><td>Jan 2024</td><td>53</td><td>30</td></tr><tr><td>Mar 2024</td><td>53</td><td>30</td></tr></table>	Month	Actuals (2023-24)	Trajectory (2023-24)	May 2023	0.63	0.65	Jun 2023	0.62	0.65	Jul 2023	0.61	0.65	Aug 2023	0.61	0.65	Sep 2023	0.61	0.65	Oct 2023	0.61	0.65	Nov 2023	0.61	0.65	Dec 2023	0.61	0.65	Jan 2024	0.61	0.65	Mar 2024	0.61	0.65	Month	Actuals (2023-24)	Trajectory (2023-24)	May 2023	600	650	Jun 2023	850	650	Jul 2023	750	650	Aug 2023	850	650	Sep 2023	1050	650	Oct 2023	1350	650	Nov 2023	1150	650	Dec 2023	1050	650	Jan 2024	1150	650	Mar 2024	1150	650	Month	Actuals (2023-24)	Trajectory (2023-24)	May 2023	30	30	Jun 2023	40	30	Jul 2023	45	30	Aug 2023	35	30	Sep 2023	40	30	Oct 2023	58	30	Nov 2023	58	30	Dec 2023	48	30	Jan 2024	53	30	Mar 2024	53	30
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North & East Locality Board Update

Progress

Unscheduled Care Board:

Ambulance Handovers

- Northern: Ambulance handovers at RDUH-Northern has remained relatively stable with 1445 in Nov 2023, against a YTD monthly average of 1438. Percentage of handovers in less than 15 mins decreased to 20.48% and remains lower than performance earlier in the year. Percentage of handovers less than 120 minutes remains over 99% and percentage in less than 60 mins in Dec was 96.68%. X-CAD was introduced at the start of Nov 2023. Percentage of handovers over 30 mins has decreased significantly however there has been an increase in the proportion of handovers taking between 15 – 30 mins. This is reflective of the introduction of X-CAD, which now facilitates more accurate recording on handover times. There has been a significant reduction in handovers reported over 60 minutes however an increase in handovers between 15 and 30 minutes. The recent 'perfect week' has allowed for a review and change in the way ambulances are booked onto the MyCare system – with the aim to reduce handovers.
- Eastern: The validation process since X-CAD has been in place has improved, but X-CAD is not yet live in all departments. This roll out would include Maternity, AMU, cardiology and the surgical assessment unit. SWAST and the Trust are ready to 'go live' but there are issues with equipment, this is a supply chain issue so no further escalation needed. The Trust has started time in motion work in the department, timing every part of the pathway. This has improved timings slightly but needs to be more significant. Deep Dive – between ED and SWAST planned for mid-February. Proposed suggestion by SWAST for an X-CAD champion in the Trust.

NCTR Position (Northern & Eastern)

- Joint improvement plan between N&E in place. Including improvements to time to transfer, reduction in P2 and P3 delays, reinforcing home first approach and increase P1 discharge. There is also a focus on additional capacity including 1:1 in care homes, additional agency capacity for P1 and the Changeology project (Process mapping)– as noted below under planned activities.

P1 Capacity

- Update provided on significant short-term investment provided to RDUHN and RDUHE, via slippage from UEC schemes and winter funding. Lou presented the long-term strategy for meeting the P1 gap which is being led as part of the Hospital Discharge Transformation programme. This strategic options paper has been shared with the Hospital Discharge Steering Group and BCF Leadership Group.

Highlights for January 2024

- Planned transfer of Exmouth MIU to RDUHE, consideration of Ilfracombe options appraisal for service provision from April 2024, modelling and agreement of P1 capacity split for North and East until end of March 2024.

Planned Activity	Expected Impact
Focus on Care Co-ordination hub and impact in North and East	Reduced attendance at ED, increased use of admission avoidance services.
Confirmation of Ilfracombe MIU options for April 2024	Minor injury provision in Northern Devon – would have impact on primary care and secondary care if not in place.
Changeology review of all P1-3 pathways (including EOL) to improve patient pathways.	Aim to under process, application in place and areas for improvement.
SWASFT/RDUHE deep dive event mid-February to identify opportunities for improvement plus further roll out of X-CAD.	Patient flow, ambulance handover delays, patient experience.
Issue Description	Mitigation
Ilfracombe options to be confirmed – risk if identified options are not feasible (e.g. due to primary care capacity).	Meetings planned in early February to confirm suggested options, executive agreement for options as set out in the options appraisal.
Lack of consistency of NCTR recording across Devon.	North and East are recording consistently and in line with national guidance, this can cause the position to appear worse than other areas of Devon.

South Locality Board Update

Progress		
- Review of IUEC plan and the use of the Summary tab to capture foci of work and actions, as well as associated Business Cases ensuring alignment to the LCP/organisational Winter Plans – Monthly review process and highlight reporting. - SUCB Dashboard utilised to link provider and system highlight reports into Board based performance and recovery discussion. - Discussed the areas of particular risk and mitigation with providers/organisations that at present are not on course with required trajectory to reach the agreed targets and improvements- creation of shared actions.		
Planned Activity	Expected Impact	
Support at locality level to implement a Care Co-ordination Hub “spoke” to provide SWAST dispatch and conveyance avoidance, utilisation of all health-based pathways.	Positive impact by reduction of acute attendance and admission rates seen at TSDFT. Improvement in SWAST Cat 2 performance.	
Monthly Patient, Safety & Quality meeting to be commenced at Locality level supported by ICB central team to ensure high level visibility of all safety and risk issues across the UEC system.	Appropriate Governance assurance and oversight of patient, staff and UEC system risks, safety & management.	
Focused piece of work that there is a current and realistic Directory of Services & Pathways in the South Locality, into and around the UEC system, to support appropriate flow, service utilisation and streaming outside of the ED.	Improvement on ED KPIs through reduction in attendances and length of stay. Reduction of G&A based referral. Improvement in pathways and allied services utilisation.	
Issue Description	Mitigation	
Difficulty to ensure timely and responsive updates and collaborative working across all provider and support organisations in the IUEC plan workstreams.	IUEC being held at all LCP/SUCB/ICB led meetings, to ensure visibility and buy in. Relational work with key partners within each organisation to support the risk and response and co-design.	
Improvement and recovery trajectory out of alignment across various KPIs held within the UEC system, not giving the confidence of sustained change and progression aligned to the national oversight framework.	Strength based collaboration and schemes of work are being supported across the entirety of the UEC system (acute provider/VCSE/primary care) including financially through the IUEC additional funding.	
Area of Escalation	Support Required	Expected Outcome
No commissioned HIU service for TSDFT after resignation of the one co-ordinator.	TSDFT support to work within the Frequent Attenders forum and VCSE colleagues to hold the outstanding caseload until the newly commissioned HIU team are in place.	TSDFT ED B6 has agreed to undertake a role that will support the top 20 HIU attenders. Full 3-year tendering process has commenced and should be completed with a new team by March 2024.

Western Locality Board Update

Progress	
- Significant impact on ED performance and internal hospital flow due to Industrial Action from 3rd to 9th January. - Care Home Admission Avoidance – Targeted comms to care homes 'Are you ready for Winter?' with DoS work to support care homes in accessing services in/out of hours. - GIRFT frailty action plan in place with fortnightly meetings with ICB/GIRFT/UHP. - NCTR– Christmas and New Year MADE focussed on Cornwall and P1 delays. Cornwall Discharge Case Manager on site from w/c 15th January. - Peripatetic Service supporting additional reablement for Pathway 1, Pathway 2 bedded step down and Domiciliary care bridging. 39 workers in place. 108 users supported and 52 discharged from service. - STCC – 10 short term interim beds mobilised at Down House from 18/12, now fully utilised. Supplier identified for tender exercise for Medium Term Fire Stop works to increase level of dependency in unit. - ARI hub provision – 5 PCNs signed up, 3 declined. Seeking procurement of additional provision from other providers.	
Planned Activity	Expected Impact
Care homes (Admission Avoidance) - Report completed of top 10 care homes visited to inform recommendations for taking forwards by Care Homes Steering Group (end Jan) - Immedicare review to be presented to January Care Homes Steering Group and then ICB governance to agree possible contract extension. - Continue launch of e-TEP on shared care record supported by engagement with care homes. Go live February 12th at UHP. Falls (Admission Avoidance) - First falls steering group meeting to take place on 6th February after close of 100 day challenge. - Meeting Cornwall to understand learning from their falls head injury policy which allows patients to be scanned within the community. End of Life (Admission Avoidance) - Business case to expand ED roles going through governance process. 6-month secondment role recruited. Starting end of January. - Evaluation of Mount Gould 4 EOL beds to go to February Steering Group meeting.	10-15% reduction in emergency admissions (medicine) circa 8 – 12 per day. Current RAG rating for KPI is Amber. Current RAG rating for Actions in Green.
Primary care - Review of delivery of 10-point primary care plan with Western Collaborative Board and system partners. - Progression of Improvement Week actions, preparing to report to ICB Executives. - Reviewing use of data for PHM. - Work re primary care within UEC plan (ARI and admission avoidance).	Improvements metrics reported to Plymouth LCP: % of patients whose needs are met within 1 day % of patients seen within 2 weeks % of population registered with a practice requiring resilience support - GPAS and OPEL status Current RAG rating: KPI is Red, Actions is Amber.
Hospital process (handovers and 4-hr ED target, flow) - Plan to extend the next day bookable return appointments at Cumberland and GP streaming overnight for suitable patients in ED - Internal Professional Standards specialty focus meetings. Rolling programme commencing to cover ENT, Plastics and Paediatrics in December. - EBCMS (bed management) – confirmation of funding availability and finalisation of work plan timelines. Weekly PMO and SRO meetings to commence. - Increased specialty input into MAU ; developing interprofessional standards.	- Achieve 76% Type 1 ED 4 hr performance. - Achieve 95% 4 hr at Cumberland UTC. - Stream 20+ patients per day to the GP 7-days per week. - Reduce hours lost to 15+ ambulance handover delays.
Discharge and Length of Stay - Improvement Week February to focus on IHDT zoning - Develop options appraisal for phase 2 of peripatetic workforce delivery. Contract extension of phase 1 provider for 3 months. - DTA Medical Support (P2) Procurement appointed Reimagining Primary Care (RPC). Commencing mobilisation for go live 1st April. - Review Bronze meeting process to ensure morning actions followed up in a timely way. - MADE event at Kingfisher/Skylark community wards February. - DE beds in Plymouth - phased mobilisation (some beds now open) mitigating actions in place to mobilise latent capacity & revise D&C model. - Working with LiveWell on training package and support offer for care home providers to enable pivot to complex provision and increase capacity.	90% complex discharges on P1 route – November 56% - NCTR at 7% - November 12.5% - Sustained improvements in P1 capacity and Winter resilience. On track. Supporting 92 individuals, target 104 by end of January. - All services working within LoS parameters to enhance flow.
Issue Description	Mitigation
Continued pressure of Cornish patients on NCTR – improvements, but further work required.	Escalation to Cornwall commissioners regarding engagement with WUCB and actions for information sharing underway.

Ambulance response times (Cat 1 and Cat 2)

Analytical Summary*

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

Demand: The number of incidents in January was 20,600, the highest number of incidents so far this year (20,574 incidents in December). Week commencing 22nd January was the busiest week. The percentage of patients conveyed to ED was the lowest so far this year at 35.8% (36.4% in December).

Call answering: Call answering performance improved in January, with 96% of calls answered in 5 seconds – it was 93% in December (target 95%). Mean call answering times decreased to 4 seconds, down from 6 seconds in December.

Response capacity: 53,466 conveying resource hours were available in Devon through January, the highest number so far this year. Across the Trust, hours lost to handover in January decreased slightly to 36,726 hours (37,049 in December). In Devon however, there has been an increase in hours lost to handover: 14,890 hours lost in January, compared with 12,872 hours in December. The worst handover delays continue to be seen overnight.

Response times: Response times decreased slightly in January, none of the response standards were met. Of note, the category 2 response mean in January was 53.6 minutes, compared with 54.1 minutes in December (national recovery target of 30 minutes).

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

Operational Summary*

Causes:

- Devon incident numbers in January were 9.8% above contract activity, and 22% above January 2023 (last year was heavily impacted by industrial action). Across the Trust, the rise in activity is outside normal activity patterns, running at about 10% above the winter plan activity forecast. A rise in mid-week activity is being seen, Monday to Friday.
- Ambulance response times have a positive correlation with hospital handover delays. Through January, there has been an increase in hours lost to handover and response times have not significantly improved.
- SWASFT's average handover time continues to be the worst in England. In December*, SWASFT's average handover time was 1 hour and 12 minutes (national average 37 minutes; range 20 minutes to 1 hour 12 minutes). Category 1 response times remain the highest in England – 10 minutes (target 7 minutes) – range 7 minutes 18 seconds, to 10 minutes 4 seconds. Category 2 response times are amongst the highest in England – 51 minutes and 24 seconds (target 18 minutes) – range 32 minutes 20 seconds, to 56 minutes 9 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.

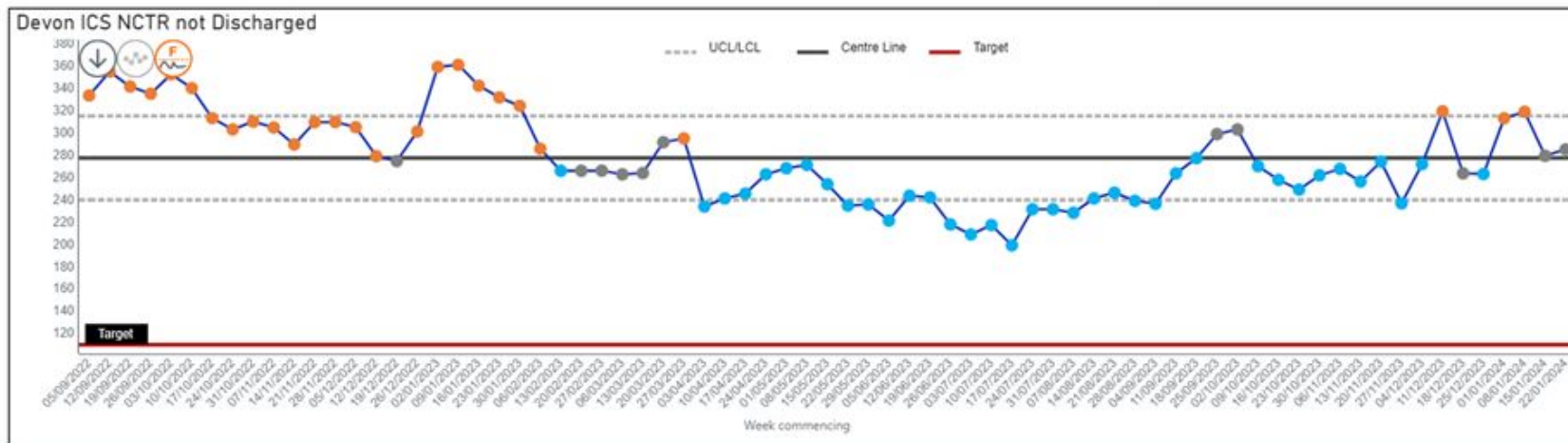
Actions:

- 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 mid-May; the number of incidents receiving clinical navigation in Devon increased significantly in January to 64%, up from 37% in December. Validations increased slightly up to 12% in January, compared with 10% in December.
- Additional frontline resources hours are being funded through the UEC recovery fund. This includes maintaining and increasing private provider capacity. Recruitment continues in line with “People Plan 3 / 4” to deliver a longer-term increase in resource with a focus on increasing capacity in the evenings and overnight with new rotas to be launched from 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 are also being implemented to increase capacity for response.
- Handovers continue to be a key interdependency to improving response times. The Devon handover improvement trajectory has been revised in line with actual response, representing a 30% increase on the previous trajectory. For December, the new trajectory was 12,983 hours lost, and the actual was 12,872 (January performance against trajectory is not yet available). Handover improvement plans are in place and monitored through the locality urgent care boards. There has been some early implementation issues with the electronic handover reporting system – XCAD – and regional workshops were held week commencing 8th January to discuss the programme and any concerns from Trusts.
- SWASFT were designated a UEC Tier 1 Ambulance Trust in 2023 in recognition of the level of support needed to achieve the ambitions of the UEC recovery plan. Priority actions to respond included referrals to UCR/CAS (“Care Coordination”) and alternative pathways to ED.
 - There has been a significant increase in hear & treat incidents referred to UCR/CAS - including Care Coordination - in January, up from 386 cases in December to 797 in January. This has increased the Devon hear & treat rate to 17%, which is now one of the highest rates in the south-west (range: 11.4%-22.7%)
 - Alternative pathways to ED (AtED) are acknowledged by SWASFT to be comprehensive in Devon, with high rates of see & treat and see & convey (other destination) outcomes (S&T 32%; S&C (other) 4.6%). A comprehensive review of all alternative pathways is underway through the AtED programme, facilitated by colleagues from the Emergency Care Improvement Support Team (ECIST); the reviews will report from February with recommendations for each locality.
- The lead commissioner arrangement through NHS Dorset is now underway. Key meetings held through January included the Operational Executive Committee, System Touchpoint and Contract Touchpoint meetings. The chief executive led Ambulance Partnership Board also met for the first time in January. Planning for the 2024/25 contract continues; initial modelling indicates handover delays and a rise in 999 demand could pose a significant financial risk for the Devon system. Discussions between Chief Finance Officers across the south-west are underway to ensure arrangements are in line with the commissioning agreement, resource implications are targeted to initiatives which will improve response times and reduce handover delays.

Hospital Discharge

Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
No Criteria to Reside (NCTR)	5% (110)	22/01/2024	13% (285)		

Devon – daily average of patients with No Criteria To Reside



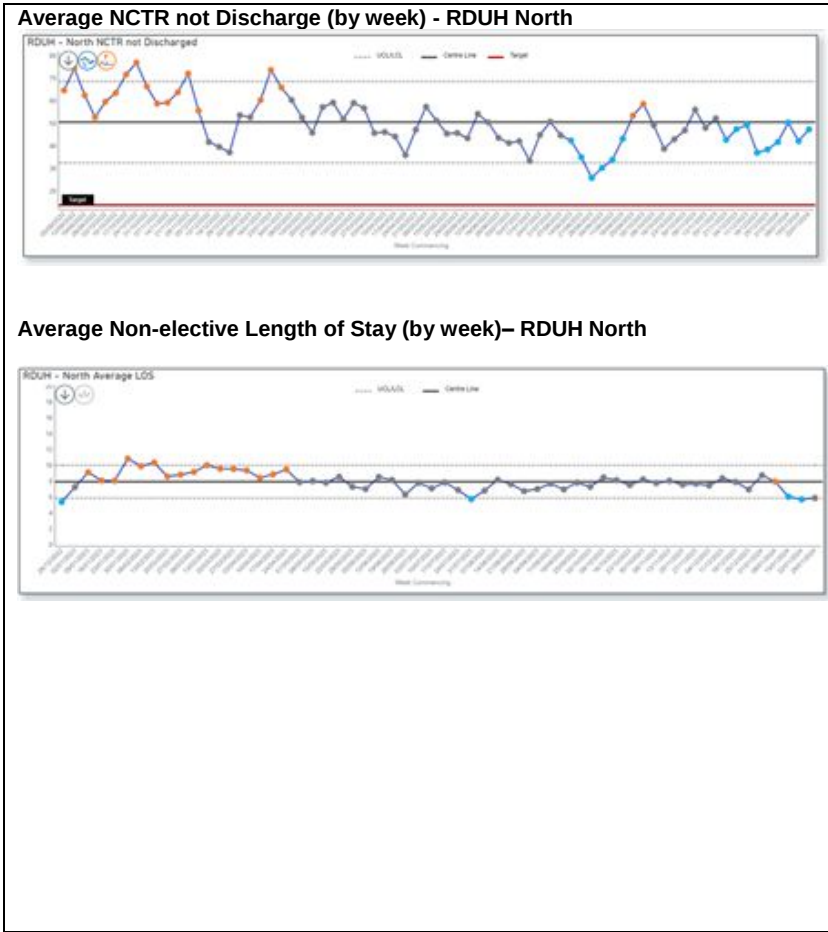
Analytical Commentary:

The Devon target is no more than 5% (110) of General and Acute beds occupied by patients with NCTR. As of 22nd January, the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 13% (285), which is a 1% increase from the previous months report.

Operational Summary:

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

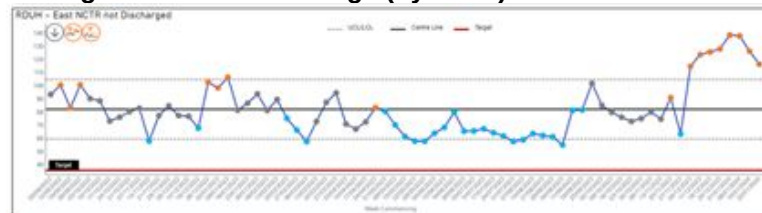
- To achieve the locally set discharge target at weekends. The system, on average, achieved 61% of the weekday discharge target during this reporting period which is a 9% reduction on the last reporting period. Higher number of discharges achieved on Saturdays at 70% and 53% on Sundays.
- Early discharge 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.
- Discharge Lounges in place and fully operational seven days a week to increase weekend discharges, targeting wards with lower performance of discharges before midday.
- Regular manual processes to ensure patients are on the correct pathway and still have NCTR.
- 'Think Home First' and 'Home for Lunch' initiatives across all sites continues to be promoted and heavy focus on identifying patients for pre-noon discharges.
- Weekly reviews of patient Length of Stay is in place across multiple trusts.
- Embedding of Care Transfer Hubs and alignment to the national 9 key principles.
- Following completion of modelling to project demand for discharges in alignment with best practice model plans are now underway to deliver increased capacity to meet projected demand across P1-P3 to reduce discharge delays.
- Actions to focus on earlier in the day discharges.



Analytical Commentary: As of 22nd January, RDUHN reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 17% (47), which is an increase of 3% from the previous month's report. Following the increase capacity over winter for P1 this capacity reduced as funding has ceased. On average RDUHN did exceed the target of 60% and achieved on average 63% of the weekday discharge target at weekends during this reporting period.

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

- P0 – Discharge Hub continues to support early patient flow. Daily P0 reviews continue, this has reduced P0 by placing patients on correct pathway earlier in their delay. The trusts performance against expected number of P0 discharges needed to maintain flow exceed the target between 25th December and 22nd January, the target set is 30 P0 discharges per weekday the trust has achieved on average 33 P0 discharges per weekday (110%).
- Continued ICB funding for additional P1 capacity to the end of March. Changeology are mapping pathways P1-P3 and end of life care across Devon to improve consistency and identify areas for further improvement. Joint northern and eastern NCTR improvement plan focused on improving time to transfer and reducing length of stay.
- Due to a data recording issue, the trust is unable to provide the average Length of Delay data on each of the complex pathways for RDUH North. This is being investigated and actions are in place to understand how the data can be pulled from the EPIC system.

Average NCTR not Discharge (by week) - RDUH East**Average Non-elective Length of Stay (by week) – RDUH East**

Analytical Commentary: As of 22nd January, RDUHE reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 16% (117), a 2% reduction from the previous month's report. CLD trial has informed SOP. This will be presented to the clinical effectiveness committee February 2024 and will then roll out to facilitate increased engagement from surgical teams, to ensure consistency and adherence across both sites. Discharge focus Thursday onwards ahead of the weekend, and scrutiny over weekend plan. Discharge target to drive performance based on previous six week discharge profile. Divisions to hold their weekend plan and individual actions. Continue to drive P1-3 flow over the weekend and engage care home providers to facilitate weekend discharge where able. Active planning for Monday, to avoid recent escalated position. On average RDUHE exceed the 60% target and achieved 78% of the weekday discharge target at weekends during this reporting period.

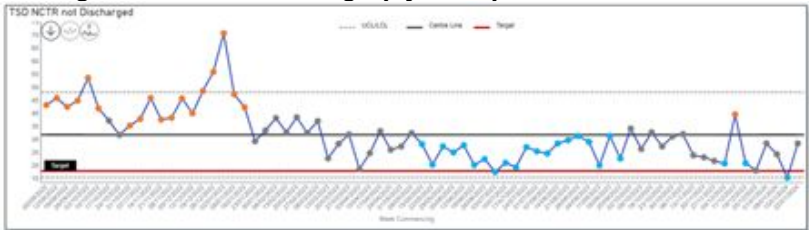
Operational Summary:

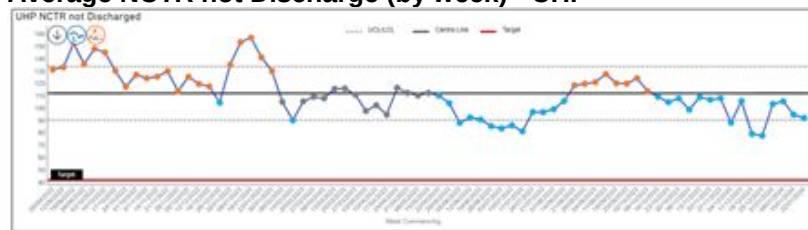
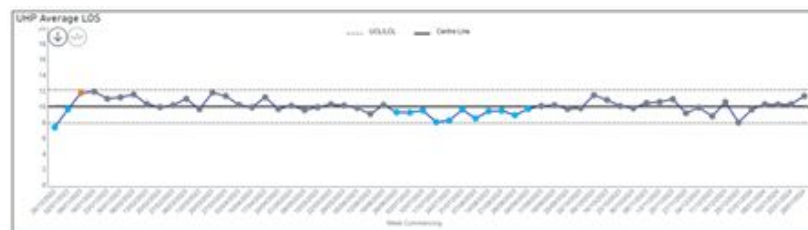
Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below:

- P0 - The Divisional Information Officers are facilitating training on My Ward Monitor EPIC dashboards to improve ward understanding of how to drive their individual discharge profile. ECIST to support with discharge planning – February 2024. CMO comms re 'medically optimised' circulated to ensure accuracy to inform NCTR and target delay specific patients. Between 25th December and 22nd January, the target set is 92 P0 discharges per weekday the trust has exceed this on average with 104 P0 discharges per weekday (113%).
- Since mid-November the average LOD on:
 - P1 remained at 4 days.
 - P2 reduced from 8 to 7 days.
 - P3 remained at 11 days.

P1 additional capacity to commence 7/2/24 to 31/3/24. ICB Exec discussions around alternative options for extension and update awaited, particularly for April-July deficit, pending contracting plan from July 2024.

- Reducing LoS – Use of repatriation SOP to facilitate getting patients back to base as soon as able. Increase LoS associated with OOA patients. Director of Nursing oversight of complex long LoS and weekly 7 day and complex stay reviews at ward level. Clinical Matron oversight of all patients in Community Hospitals to expedite discharges. Early escalation for mental health complexities and individual plans around specific patients.
- Earlier in the day discharges - Golden patient initiative – at least one patient per ward to be discharged or move to the discharge lounge pre 10am. Focus on tomorrow's work today and ensure board/ward round planning.
- Other actions to support reduction in NCTR - ICB/RDUH process mapping event taking place with external support awaiting date confirmation. Daily cluster review in community teams. Senior review of community UCR caseloads to release capacity. Continued daily review of 1:1 and Live in Care schemes to ensure 100% utilisation and provide list of those pending – work across North and East to maximise usage (Current usage – 1:1 scheme is 160% and LIC is 89%)

Average NCTR not Discharge (by week) - TSDFT  Average Non-elective Length of Stay (by week) - TSDFT 	Analytical Commentary: As of 22nd January, TSDFT reported the average weekly percentage of G&A beds that were occupied by patients who had NCTR was 8% (29), a 3% increase from the previous month's report. Manual processes in place to review patients and ensuring they are on correct pathways once they have NCTR continue. Portal 2 has supported CLD embedding across the acute and has supported an increase in weekend discharges and provides a live MDT live list and prepares list for Monday discharges and needs to be clinically led. All Discharge Teams operating 6 days a week, including complex pathway for both Devon and Torbay. Discharge coordinators operate 7 day service. Weekend Discharge meeting is led by COO on Fridays. VSCE now supporting with 6 day working. Weekend discharge team continues to focus on ward flow. On average TSDFT achieved 40% of the 60% target of the weekday discharge target at weekends during this reporting period. Operational Summary: Actions to address are in place with Demand and Capacity schemes planned to continue following evaluation of schemes which have contributed to positive performance and reduction in length of the delay. The LOD performance breakdown by pathway is described below: • P0 – Discharge Lounge open 7 days a week. Home for lunch promotion continues to improve pre-noon and pre 5PM discharges. Second Trusted Placement Assessor has completed induction providing additional capacity to support rapid return to existing providers. Between 25th December and 22nd January, the target set is 53 P0 discharges per weekday the trust has achieved 45 on average (85%). • Since mid-November the average LOD on: ○ P1 reduced at 3 to 2 days. ○ P2 remained at 6 days. ○ P3 reduced from 19 to 5 days. All referrals are reviewed & triaged upon receipt into Discharge Hub with a needs led check and challenge. Block Bed Usage monitored on a local level to ensure capacity is maximised. Redirection to VCSE Services where appropriate. McCallum ward – Ready to Go unit – supporting reduction in care need and LOS. OT Inreach to commence working in Community Hospitals. All P2 referrals are checked by MDT Complex Meeting daily. • Reducing LoS - Weekly LOS Meeting continues with community hospitals, Complex Teams review >21 day patients on weekly basis this month the trust will also be review patients weekly with a >10 day LoS. ECIST support LoS reduction in February.
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Average NCTR not Discharge (by week) - UHP**Average Non-elective Length of Stay (by week) – UHP**

Analytical Commentary: As of 22nd January, UHP reported the average weekly percentage of G&A beds that were occupied with patients who had NCTR was 11% (92), an increase of 2% from the previous month's report. Re-establishment of working group to introduce Criteria Led Discharge is currently paused due to escalation and IA. Focus through GIRFT is in hospital processes and embedding EDD's before roll-out of CLD. Continued focus from Thursdays onwards for weekend planning and submission to ICB of weekend plans with details of additional capacity in place. Increased P1 weekend discharge capacity on ad hoc "when-needed" basis using peripatetic workforce. On average UHP achieved 55% of the 60% weekday target at weekends during this reporting period.

Operational Summary:

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

- P0 – Building brilliance programme continues. TTA Improvement Programme and Imaging Improvement Programme with task and finish groups in place. Review Bronze caseload review meeting process to ensure morning actions followed up in a timely way. Between 25th December and 22nd January, the target set is 100 P0 discharges per weekday the trust has achieved on average 105 P0 discharges per weekday (105%).
- Since mid-November the average LOD on:
 - P1 increased at 4 to 5 days.
 - P2 reduced from 10 to 7 days.
 - P3 increased from 2 to 3 days.
 - Peripatetic workforce in place to support pathway 1. Winter resilience and the transition to increased use of P1. 36 workers, 82 service users supported up to 14th January with 31 service users discharged from the service. STCC – 10 short term interim beds mobilised at Down House from 18th December, now fully utilised. Supplier identified for tender exercise for Medium Term Fire Stop works to increase level of dependency in unit. DE beds in Plymouth - phased mobilisation (beds now open) mitigating actions in place to mobilise latent capacity & revise D&C model.
- Reducing LoS - Internal plan for work with wards regarding increasing percentage discharged home, 40% in 2022/23 currently at 57% with P1 and DE capacity mobilised it is expected it will impact NCTR % and Length of Delay. Programme of internal professional standards (IPS) meetings commenced to highlight and resolve delays in specialty review. Communications strategy agreed. Changes to IPS dashboard to reflect new standards and monitor KPI's in SDEC / assessment areas. Imaging improvement programme with T&F group in place. One hour urgent CT KPI agreed for SDEC and assessment areas. Dashboard being built for SDEC and acute assessment areas. Early flow programme focusing on ward standard process and EDD's in medicine. TTA improvement programme with T&F group in place. Pilot on respiratory wards commenced w/c 22nd January with impacts to be assessed.
- Earlier in the day discharges - Discharges by midday remain below 33%. Daily ward led exec improvement huddle in place with continued refinements and PDSA cycles. PMO appointed for

	EBCMS phase 1 roll out by end of Q4 to help with flow by automating portering and cleaning tasks for discharges. • Other actions to support reduction in NCTR - NCTR– Christmas and New Year MADE focussed on Cornwall and P1 delays. Cornwall Discharge Case Manager on site from w/c 15th January. Daily demand and capacity planning meetings to unblock using the peripatetic workforce. Improvement week set for 4th March with focus on the Integrated Hospital Discharge Team processes and EDDs. MADE programme paused to avoid duplication. Continued work on NCTR dashboard. Reviewing data sources for delays due to obesity, high visibility bed, and homeless.
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Integrated Urgent Care Service: NHS 111/Out Of Hours

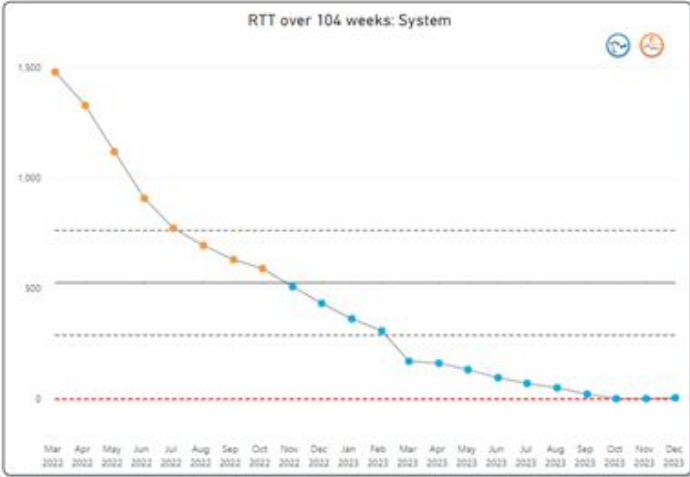
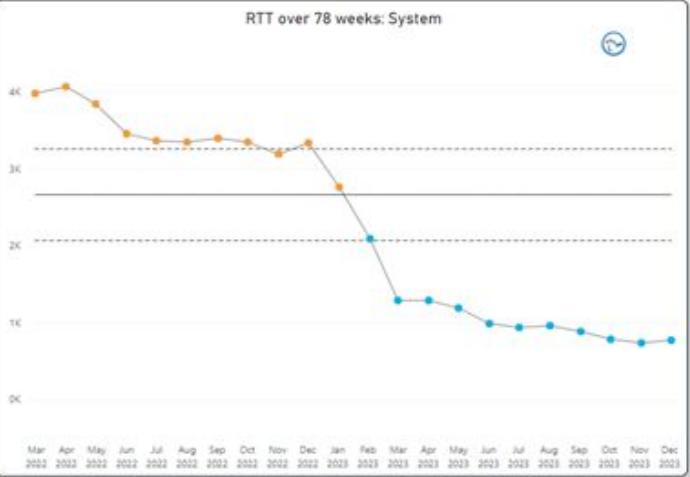


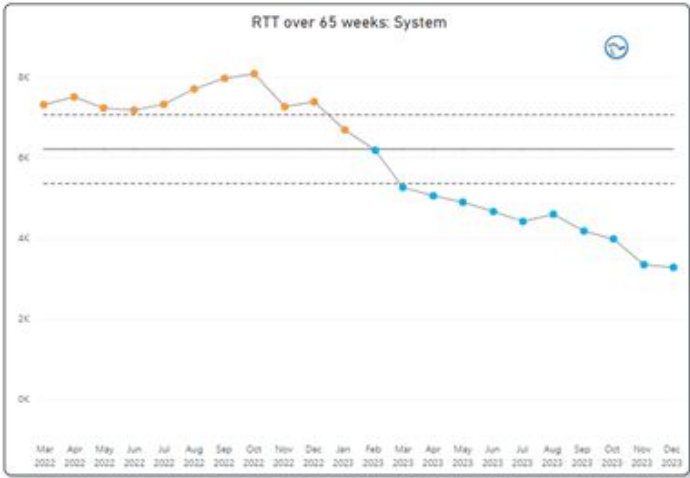
Elective Care: System Overview

Data					Summary	
			System			
	Metric	Target	Latest Date	Value	Variation	Assurance
RTT	RTT Incomplete Waiting list		Dec 2023	158,020		
	RTT 18 weeks	92%	Dec 2023	54.7%		
	RTT over 104 weeks		Dec 2023	6		
	RTT over 78 weeks		Dec 2023	771		
	RTT over 65 weeks		Dec 2023	3,278		
Diagnostics	RTT over 52 weeks		Dec 2023	9,218		
	Diagnostics within 6 weeks	99%	Dec 2023	65.2%		
	Diagnostic Total Waiting list		Dec 2023	33,729		
	Diagnostics over 13 weeks		Dec 2023	4,685		
Cancer	Diagnostic Total activity		Dec 2023	39,997		
	Cancer 31 day First	96%	Dec 2023	91.7%		
	Cancer 31 day follow-up drug	98%	Dec 2023	98.6%		
	Cancer 31 day follow-up surgery	94%	Dec 2023	86.0%		
	Cancer 31 day follow-up radiotherapy	94%	Dec 2023	93.7%		
	Cancer 62 day urgent	85%	Dec 2023	60.6%		
	Cancer 62 day screening	90%	Dec 2023			
	Cancer 62 day Upgrade	85%	Dec 2023	81.3%		
	Cancer 28 day Faster diagnosis Combined	75%	Dec 2023	77.9%		
	Cancer 28 day Faster diagnosis Urgent suspected cancer	75%	Dec 2023	77.7%		
	Cancer 28 day Faster diagnosis Breast symptomatic	75%	Dec 2023	95.8%		
	Cancer 28 day Faster diagnosis	75%	Dec 2023	60.5%		

- The system remains behind the national targets for the clearance of 104ww patients with 10 patients waiting over 104 weeks in January. 78ww patients are also behind trajectory.
- Recovery of the long waiter position has been challenged due to the loss in activity over the challenged winter period and in light of industrial action.
- Regular meetings with all providers, both acute and independent sector, are taking place weekly to discuss mitigations against any slip in trajectory.
- Oversight remains in place through both the system Elective Care Improvement Board, system Tactical Delivery Group and the NHSE tier 1 process.

Elective Care: System 104/78/65 Week Wait

Data	Analytical Summary
RTT over 104 weeks: System  RTT over 78 weeks: System 	Analytical Summary The target of zero patients waiting over 104 weeks remains unmet. Statistically, performance is continuing to improve and is at the lowest point since the initial reporting date (July 2021). 78-week waits are also exhibiting statistical improvement with 738 patients waiting over 78 weeks at the end of January. This is however a slip in trajectory from the planned 692. Operational Summary The clearance of long waiters by the end of the financial year remains challenged. As of the end of January a deterioration in 104ww has been seen, moving from a trajectory of 8 in January and 7 in February to 10 and 13 respectively. 78-week trajectory also remains challenged with 738 patients waiting at the end of Jan against a trajectory of 692; this gives a negative variance of 46 patients. This does not include the independent sector (IS), of which there remains 30 in January. All IS providers have been instructed on the importance of clearing 78ww patients by the end of the financial year. Slippage in 104ww position was due to operational pressures at UHP as well as staff sickness. Weekly meetings remain in place as well as discussions with NHSE region via the System Elective Recovery Leads meeting. The end of March 65ww trajectory also has declined in light of similar pressures. This has slipped from 2232 to 2895, giving an unfavourable variance of 663 patients. Speciality improvement work is continuing across the system with additional system resource being brought in to support the setting up of the next specialities, following the rollout of gynaecology. The first formal system gynaecology specialty improvement group is scheduled for 27th February and will be chaired by Nigel Acheson ICB Medical Director. The delivery of the wider specialty improvement work is closely linked in with the discussions around operational planning for FY24/25. It is being planned for all five specialty improvement programmes (covering OP, Surgical Pathway Improvement and Theatre Utilisation) to be implemented during Q1 of FY24/25 with ongoing monitoring and management throughout the year. The implementation of additional specialty improvement programmes will take place through Q2-Q3 as opportunities are identified. These will also be linked in with all work taking place to equalise waits across the system, the update of PIDMAS (Patient Initiated Digital Mutual Aid System) and access at point of referral. Planning is taking place in preparedness for the upcoming cohort 2 rollout of the PIDMAS. As of 23rd January, 41 patients have been IPT'd (Inter-Provider Transfer) to alternative providers through PIDMAS - including the independent sector which is 8% of the total requests. Devon had 461 PIDMAS requests in total (including 9 with our IS providers), 444 were deemed as being valid requests by NHSE, with capacity offered for 123 patients. These were broken down as 251 admitted and 123 non admitted requests (excluding IS). Of these

RTT over 65 weeks: System <table border="1"><thead><tr><th>Month</th><th>RTT over 65 weeks: System</th></tr></thead><tbody><tr><td>Mar 2022</td><td>7.5K</td></tr><tr><td>Apr 2022</td><td>7.8K</td></tr><tr><td>May 2022</td><td>7.5K</td></tr><tr><td>Jun 2022</td><td>7.2K</td></tr><tr><td>Jul 2022</td><td>7.5K</td></tr><tr><td>Aug 2022</td><td>7.8K</td></tr><tr><td>Sep 2022</td><td>8.0K</td></tr><tr><td>Oct 2022</td><td>8.2K</td></tr><tr><td>Nov 2022</td><td>7.8K</td></tr><tr><td>Dec 2022</td><td>7.5K</td></tr><tr><td>Jan 2023</td><td>6.8K</td></tr><tr><td>Feb 2023</td><td>6.2K</td></tr><tr><td>Mar 2023</td><td>5.5K</td></tr><tr><td>Apr 2023</td><td>5.2K</td></tr><tr><td>May 2023</td><td>5.0K</td></tr><tr><td>Jun 2023</td><td>4.8K</td></tr><tr><td>Jul 2023</td><td>4.5K</td></tr><tr><td>Aug 2023</td><td>4.8K</td></tr><tr><td>Sep 2023</td><td>4.5K</td></tr><tr><td>Oct 2023</td><td>4.2K</td></tr><tr><td>Nov 2023</td><td>3.8K</td></tr><tr><td>Dec 2023</td><td>3.5K</td></tr></tbody></table>	Month	RTT over 65 weeks: System	Mar 2022	7.5K	Apr 2022	7.8K	May 2022	7.5K	Jun 2022	7.2K	Jul 2022	7.5K	Aug 2022	7.8K	Sep 2022	8.0K	Oct 2022	8.2K	Nov 2022	7.8K	Dec 2022	7.5K	Jan 2023	6.8K	Feb 2023	6.2K	Mar 2023	5.5K	Apr 2023	5.2K	May 2023	5.0K	Jun 2023	4.8K	Jul 2023	4.5K	Aug 2023	4.8K	Sep 2023	4.5K	Oct 2023	4.2K	Nov 2023	3.8K	Dec 2023	3.5K	34 patients were not suitable to transfer, 27 patients were booked with the originating Trust and 75 patients had the transferred cancelled (due to various reasons). The Elective Care Improvement Board approved the requirements proposed for the implementation of Advice & Refer (A&R) in the January board. This includes the requirement for all providers who wish to go live with Advice and Refer to complete a checklist confirming that all necessary infrastructure is in place. A recent issue in relation to Advice & Guidance (A&G) turnaround times have highlighted the need for a self-assessment tool to gain assurance from all services offering A&G that it is working effectively. A process will be developed to monitor turnaround times of A&G at specialty level as a trigger for a deeper dive into potential issues. A&G improvement will be picked up at specialty level via the Specialty Improvement work programme. Devon continues to exceed the required 21% target for A&G requests. As at December 2023 Devon has achieved 4.4% patients moved or transferred to a PIFU pathway. This means that as a system the 5% target has now slipped following November's achievement. Christmas holiday pressures as well as industrial action have contributed to this slip in achievement. Work will continue with all providers to support enhancing PIFU through the Specialty Improvement Programme. Clinical oversight of PIFU is supported via the system Clinical Risk and Long Waiters group reporting into the Elective Care Improvement Board for strategic oversight and governance. Non-clinical validation continues to be delivered by UHP and DRSS (on behalf of RDUH and TSDFT). UHP are validating all patients down to 12 weeks which is in line with national expectations. TSDFT and RDUH have been scaling up the numbers of patients validated via DRSS. Achievement of the national target for these trusts has been hindered by the delay in implementing Netcall. The delay means that implementing validation of Paediatrics has been stalled. Improvement in DNA rates is being picked up at a specialty level via the Specialty Improvement Programme. 1:1 meetings with providers focused on Gynaecology have taken place with actions to reduce DNAs agreed. Best practice within providers will be shared across the system and showcased at the System Gynaecology Improvement Summit on 27th February. Ways of managing patient tracking lists (PTL) in a system method are being trialled through the One Devon Elective Pilot. For spinal patients, PTL patients at RDUH and UHP have been reviewed weekly for opportunities to offer suitable (High Volume Low Complexity - HVLC) patients to appropriate additional IS capacity and creating additional capacity within Devon in the form of a dedicated HVLC spinal surgery offer at the Nightingale Hospital. Where possible NHS teams have also put on additional activity to target the long waiting patients. For Orthopaedics a similar approach to PTL management has taken place, with weekly review of availability for particular patient cohorts to be offered and treated at alternative sites where there may be appropriate capacity. This includes IS service and NHS services at other providers. The pilot approach has also included mobilising schemes to provide additional
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	activity in system assets, such as Nightingale Hospital with a collaborative workforce effort through an expression of interest approach to all appropriately trained staff. RDUH 52ww P2 PTL is being managed closely, with a collaborative effort from both TSDFT and RDUH teams maximising any existing capacity and standing up additional capacity across all sites and with teams.
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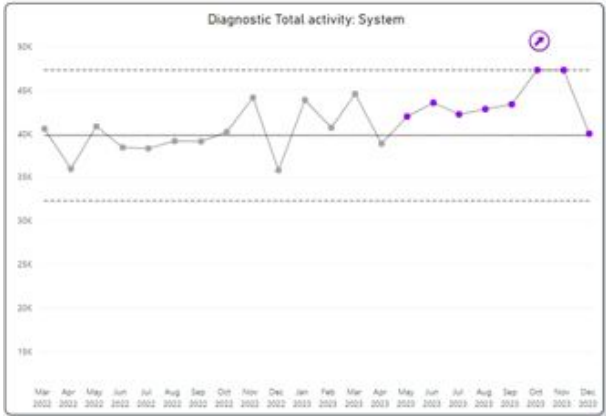
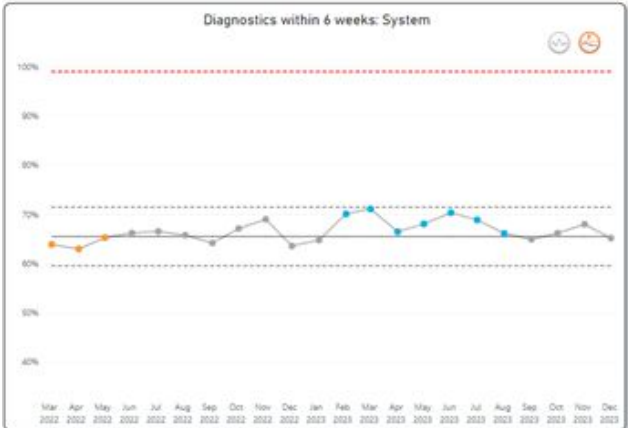
Cancer 28-day faster diagnosis: System

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Cancer 28 day Faster diagnosis Combined: System <table><tr><th>Month</th><th>Year</th><th>Performance (%)</th></tr><tr><td>Mar</td><td>2022</td><td>78.0</td></tr><tr><td>Apr</td><td>2022</td><td>77.5</td></tr><tr><td>May</td><td>2022</td><td>76.5</td></tr><tr><td>Jun</td><td>2022</td><td>75.5</td></tr><tr><td>Jul</td><td>2022</td><td>75.5</td></tr><tr><td>Aug</td><td>2022</td><td>74.5</td></tr><tr><td>Sep</td><td>2022</td><td>73.8</td></tr><tr><td>Oct</td><td>2022</td><td>72.5</td></tr><tr><td>Nov</td><td>2022</td><td>73.5</td></tr><tr><td>Dec</td><td>2022</td><td>72.5</td></tr><tr><td>Jan</td><td>2023</td><td>72.0</td></tr><tr><td>Feb</td><td>2023</td><td>75.5</td></tr><tr><td>Mar</td><td>2023</td><td>78.0</td></tr><tr><td>Apr</td><td>2023</td><td>77.5</td></tr><tr><td>May</td><td>2023</td><td>77.5</td></tr><tr><td>Jun</td><td>2023</td><td>78.5</td></tr><tr><td>Jul</td><td>2023</td><td>77.5</td></tr><tr><td>Aug</td><td>2023</td><td>75.5</td></tr><tr><td>Sep</td><td>2023</td><td>74.7</td></tr><tr><td>Oct</td><td>2023</td><td>74.7</td></tr><tr><td>Nov</td><td>2023</td><td>75.0</td></tr><tr><td>Dec</td><td>2023</td><td>78.0</td></tr></table>	Month	Year	Performance (%)	Mar	2022	78.0	Apr	2022	77.5	May	2022	76.5	Jun	2022	75.5	Jul	2022	75.5	Aug	2022	74.5	Sep	2022	73.8	Oct	2022	72.5	Nov	2022	73.5	Dec	2022	72.5	Jan	2023	72.0	Feb	2023	75.5	Mar	2023	78.0	Apr	2023	77.5	May	2023	77.5	Jun	2023	78.5	Jul	2023	77.5	Aug	2023	75.5	Sep	2023	74.7	Oct	2023	74.7	Nov	2023	75.0	Dec	2023	78.0	The Cancer 28-day Faster Diagnosis Standard for the system, has been achieved for 6 consecutive months but failed in September and October with performance at 73.8% and 74.7% against a 75% standard. This recovered in November with overall performance at 75%. All Trusts achieved the standard in December with the current overall ICB performance at 78%.
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Actions: • All Trusts continue to be monitored against delivery of imaging within the standard. • All Trusts have a cancer recovery action plan in place. Trusts, ICS, and the Cancer Alliance meet biweekly to monitor and mitigate issues as they arise. • RDUH have developed targeted improvement plans for colorectal & urology cancer and elective pathways (most exposed specialties in recovery plan). Internal demand and capacity supported by IST. • Endoscopy capacity position continues to improve. TSDFT have operationalise a new unit in November. UHP are on target to open a new unit with additional capacity in May 2024 but will have a planned deterioration from January to April whilst the unit is decanted to support rebuilding. A staffed mobile unit has brought additional capacity operating seven days per week in November at RDUH.																																																																						

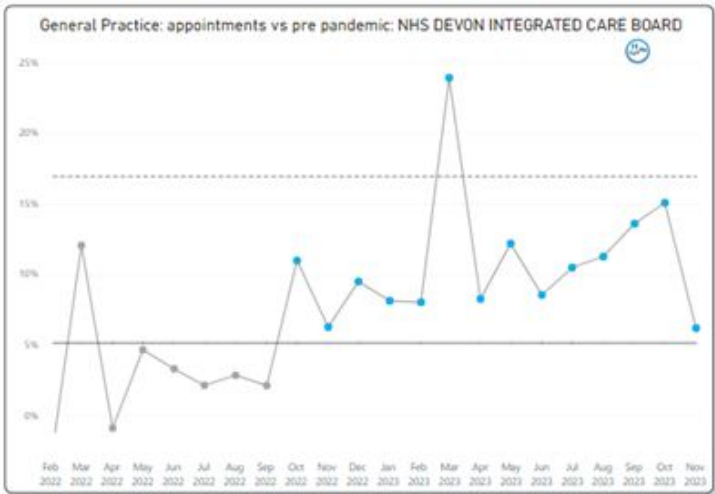
Cancer 31-day first treatment and 62-day urgent treatment: System

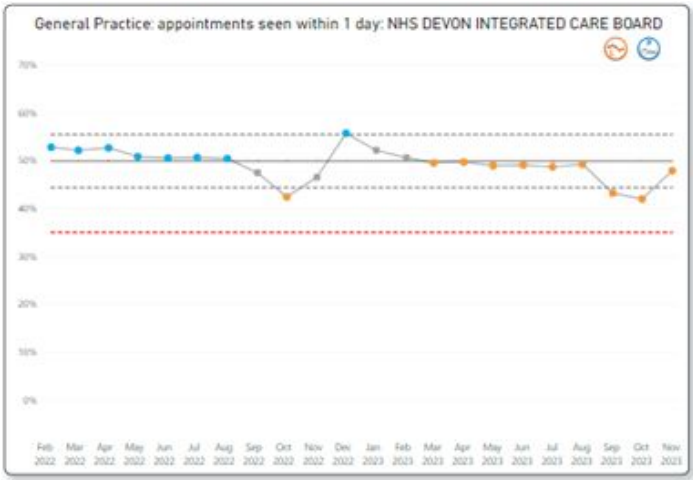
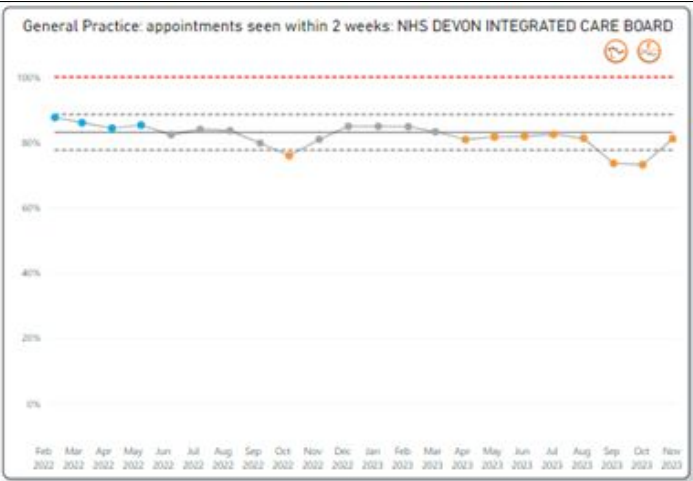
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Cancer 62day urgent: System <table border="1"><caption>Cancer 62-day Urgent: System Data (Estimated)</caption><thead><tr><th>Month</th><th>Performance (%)</th></tr></thead><tbody><tr><td>Mar 2022</td><td>70.0</td></tr><tr><td>Apr 2022</td><td>65.0</td></tr><tr><td>May 2022</td><td>62.0</td></tr><tr><td>Jun 2022</td><td>58.0</td></tr><tr><td>Jul 2022</td><td>62.0</td></tr><tr><td>Aug 2022</td><td>65.0</td></tr><tr><td>Sep 2022</td><td>62.0</td></tr><tr><td>Oct 2022</td><td>60.0</td></tr><tr><td>Nov 2022</td><td>62.0</td></tr><tr><td>Dec 2022</td><td>65.0</td></tr><tr><td>Jan 2023</td><td>55.0</td></tr><tr><td>Feb 2023</td><td>55.0</td></tr><tr><td>Mar 2023</td><td>62.0</td></tr><tr><td>Apr 2023</td><td>60.0</td></tr><tr><td>May 2023</td><td>58.0</td></tr><tr><td>Jun 2023</td><td>58.0</td></tr><tr><td>Jul 2023</td><td>62.0</td></tr><tr><td>Aug 2023</td><td>65.0</td></tr><tr><td>Sep 2023</td><td>62.0</td></tr><tr><td>Oct 2023</td><td>60.0</td></tr><tr><td>Nov 2023</td><td>62.0</td></tr><tr><td>Dec 2023</td><td>65.0</td></tr></tbody></table>	Month	Performance (%)	Mar 2022	70.0	Apr 2022	65.0	May 2022	62.0	Jun 2022	58.0	Jul 2022	62.0	Aug 2022	65.0	Sep 2022	62.0	Oct 2022	60.0	Nov 2022	62.0	Dec 2022	65.0	Jan 2023	55.0	Feb 2023	55.0	Mar 2023	62.0	Apr 2023	60.0	May 2023	58.0	Jun 2023	58.0	Jul 2023	62.0	Aug 2023	65.0	Sep 2023	62.0	Oct 2023	60.0	Nov 2023	62.0	Dec 2023	65.0	The Cancer 62-day metric is consistently failing the target, it displays common cause variation. For December, the Devon system performance was 65% against an 85% standard which was a slight drop on November's performance due to expected seasonal variation. As the target is above the higher control limit, the system will currently not achieve this objective. This is a nationally acknowledged position, leading to the monitoring of improvements in FDS, reduction in the 62-day breach numbers, and improvements in the NSS pathway. Devon remains on target to meet the trajectories in the operating plan for 62-day breaches. For the first month all Trusts fell behind their plan due to the impacts of recent industrial action with the ICB position in December at 662 breaches against a 622 predicted position. Trusts are putting on additional sessions to recover the position.
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Diagnostics

Data	Analytical Summary
Diagnostic Total activity: System  Diagnostics within 6 weeks: System 	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 63.1% against a recovery target of 85% for December 2023. Operational Summary Performance against the 6 week standard Key challenges remain around workforce numbers which have been compounded by industrial action leading to a small decrease in performance. In addition, physical capacity challenges are being addressed through specific initiatives to improve throughput as described in the Cancer narrative above. Planned work: The system continues to deliver its plan for increasing endoscopy capacity as described in the cancer section of this report. The system continues its plan for delivery of the CDC program, with long term actions including: • The development of the Trust specific project delivery groups and detailed project plans to be completed and program boards implemented. • The development of cancer one stop diagnostic services to be agreed for implementation at Devon Diagnostic Centre and subsequently at Plymouth and Torbay. • Shorter term actions have included the implementation of an additional CT scanner at the CDC site in Plymouth in September and an additional CT scanner at the Newton Abbot site in late November. RDUH DEXA recovery has not been completed as planned. • IS support for delivery of colposcopies at RDUH and TSDFT is planned to commence in January 2024. • A full recovery plan is being developed at RDUH with a director assigned to lead the planning. As the work progresses further updates will be provided to the elective care board with escalation reporting if required between updates.

Primary and Community Care Performance

Metrics									
	Metric	Target	Latest Date	NHS DEVON INTEGRATED CARE BOARD	East	North	Plymouth	South	West
Primary care	General Practice: appointments seen the same day		Dec 2023	44.0%	42.3%	40.8%	46.1%	45.8%	45.1%
	General Practice: appointments seen within 1 day	35%	Dec 2023	51.6%	50.0%	48.3%	53.4%	54%	51.8%
	General Practice: appointments seen within 2 weeks	85%	Dec 2023	82.5%	79.8%	80.0%	84.5%	85.5%	82.5%
	General Practice: appointments vs pre pandemic	4%	Dec 2023	8.07%					
	General Practice: LMC GPAS Alert		Feb 2024	4	3	3	4	4	4
	Technology enabling access: Number of online/video consultations against target	54,167	Jan 2024	76,368					
Data				Analytical summary					
				Analytical Commentary: The target to increase appointments on pre-pandemic levels of 4% shows improvement and continues to achieve. The target of 85% of appointments in 2 weeks has not achieved target during November. The target of achieving 35% of appointments within 1 working day of request is above target and continues to consistently achieve. Operational Summary: Appointments are above pre-pandemic levels and the target of 4% continues to achieve, being 6.2% above pre-pandemic levels (when compared with November 2019). The primary care team were surprised to note a higher than anticipated shift in appointments between October and November and contacted GPAD questioning data accuracy. Following our enquiry GPAD advise there was a technical issue with their data for November, which resulted in an artificially high number of null values/unmapped appointments. The ICB has been advised to expect a "fix" for the					



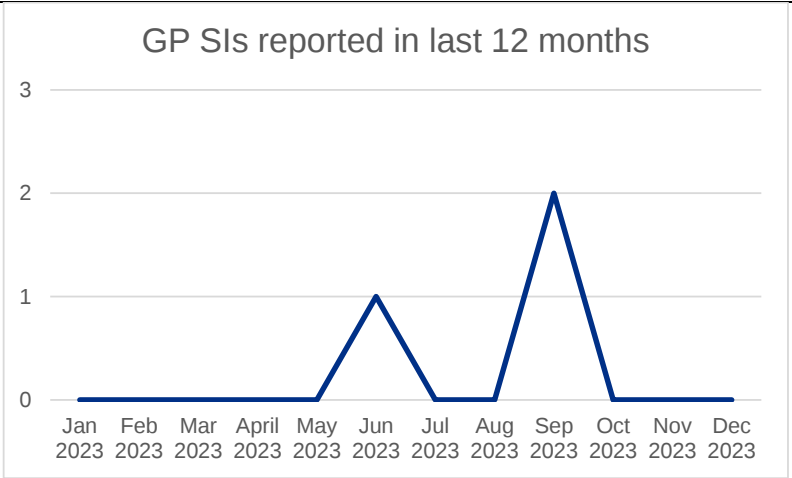
November data in the next publication (December's data). This was scheduled for the 25th January but is now delayed to 15th February (delay owing to additional technical issues being identified).

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

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

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

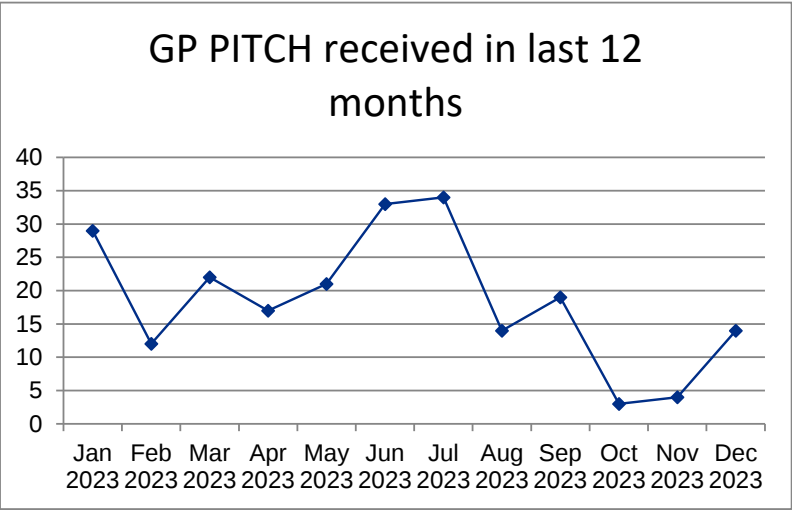
Workforce metrics	December 2023
Devon PCNs to recruit 710 WTE ARRS roles by end March 2024.	November position: 709.75 WTE, which is an improved position (data from 1 PCN outstanding).
All Devon PCNs at 16 WTE ARRS roles by March 2024.	At end November 2023, 26/31 PCNs are at 16 WTE or above ARRS roles.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



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

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

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



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

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

Community Performance

Community Services Waiting by Provider

Provider	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Monthly Change
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	2,791	3,308	3,082	2,768	2,328	1,050	-1,278
LIVWELL SOUTHWEST	5,405	5,671	5,505	4,380	4,380	4,174	-206
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	11,360	11,127	11,315	11,486	11,041	10,382	-659
ROYAL DEVON UNIVERSITY HEALTHCARE NHS FOUNDATION TRUST	12,517	12,402	13,016	11,758	11,784	12,321	537
Grand Total	32,077	32,508	32,918	30,412	29,533	27,927	-1,606

Total Waiting by Service for December 2023

Service	Nov-23	Dec-23	Monthly Change
Adult	23,248	21,375	-1,873
(A) Musculoskeletal service	8,417	6,781	-1,636
(A) Podiatry and podiatric surgery	4,096	3,735	-361
(A) Rehabilitation services (integrated)	2,596	2,744	148
(A) Weight management and obesity services	2,539	2,684	145
(A) Audiology	1,510	1,510	-
(A) Therapy interventions: Orthotics	796	662	-134
(A) Therapy interventions: Dietetics	576	498	-78
(A) Therapy interventions: Speech and language	552	474	-78
(A) Community nursing services	479	488	9
(A) Therapy interventions: Occupational therapy	462	489	27
(A) Nursing and Therapy support for LTCs: Continence/ colostomy	348	369	21
(A) Nursing and Therapy support for LTCs: Falls	152	142	-10
(A) Therapy interventions: Physiotherapy	134	205	71
(A) Nursing and Therapy support for LTCs: Stroke	129	133	4
(A) Nursing and Therapy support for LTCs: Heart failure	110	87	-23
(A) Nursing and Therapy support for LTCs: Respiratory/COPD	96	129	33
(A) Neurorehabilitation (multi-disciplinary)	79	74	-5
(A) Urgent Community Response/Rapid Response team	63	74	11
(A) Nursing and Therapy support for LTCs: Lymphoedema	44	39	-5
(A) Nursing and Therapy support for LTCs: Diabetes	23	23	-
(A) Clinical support to social care, care homes and domiciliary care	17	6	-11
(A) Intermediate care and reablement	15	8	-7
(A) Nursing and Therapy support for LTCs: Tissue viability	8	14	6
(A) Home oxygen assessment services	7	7	-
(A) Adult safeguarding	-	-	-
(A) Wheelchair, orthotics, prosthetics and equipment	-	-	-
(A) Nursing and Therapy support for LTCs: MND	-	-	-
CYP	6,285	6,552	267
(CYP) Therapy interventions: speech and language	3,893	3,985	92
(CYP) Community paediatric service	750	799	49
(CYP) Therapy interventions: occupational therapy	743	727	-16
(CYP) Audiology	256	256	-
(CYP) Therapy interventions: physiotherapy	190	186	-4
(CYP) Therapy interventions: dietetics	118	197	79
(CYP) Looked after children teams	92	88	-4
(CYP) New-born hearing screening	86	151	65
(CYP) Therapy interventions: Orthotics	78	80	2
(CYP) Vision screening	39	46	7
(CYP) Wheelchair, orthotics, prosthetics and equipment	36	33	-3
(CYP) Community nursing services (planned care and rapid response te	4	4	-
(CYP) Antenatal, new-born and children screening and immunisation se	-	-	-
(CYP) Safeguarding	-	-	-
Grand Total	29,533	27,927	-1,606

Operational Summary

There are currently 27,927 children and adults waiting for community services across Devon. A decrease of 1,606 from previous month (29,533). 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 decrease was in the number of adults waiting for MSK services (-1,636).

UHP (-1164) TSDFT (-507) RDUH (+35). The largest increase was in weight management, RDUH (257) and rehab at RDUH (148). Overall CYP waiting have increased by 267 (S< +92, New-Born Hearing +65).

Following changes to the Acute RTT guidance Community Paediatrics will be reported only in Community SitRep. This will mean a transfer of 750 CYP from RDUH WLMDs to Community waitlist from the February submission. Devon community services waiting lists have a reduction target of 5% in Q1 and Q2 followed by further reduction of 10% in Q3 and Q4.

Clinical validation and prioritisation work is being shared across providers.

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

Wait Time	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Change in Month
Waiting 0-1 weeks	2,806	2,832	2,944	3,254	3,211	1,847	-1,364
Waiting 1-2 weeks	2,452	2,422	2,465	3,161	3,306	2,506	-800
Waiting 2-4 weeks	5,046	4,514	4,956	4,594	4,449	3,870	-579
Waiting 4-12 weeks	7,948	8,823	8,680	7,641	7,255	7,797	542
Waiting 12-18 weeks	2,504	2,930	3,146	2,836	2,427	2,767	340
Waiting 18-52 weeks	7,002	6,927	7,029	6,417	6,464	6,507	43
Waiting 52-104 weeks	3,628	3,325	3,189	2,259	2,198	2,299	101
Waiting Over 104 weeks	691	735	509	250	223	334	111
	32,077	32,508	32,918	30,412	29,533	27,927	-1,606

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

Action

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

Mental Health: System Overview

Metrics

Metric ID	Metric	Group	LTP	Data Source	Latest Date	Value	Target	Variation	Assurance	LPL	Mean	UPL
TT_Access	Talking Therapies Access - Monthly	ICS Devon	LTP Indicator	Provider	Dec 2023	1734	2613			1,298	2,028	2,759
TT_Access_Q	Talking Therapies Access - Rolling Quarter	ICS Devon	LTP Indicator	Provider	Dec 2023	6329	8205			4,934	5,945	6,956
TT_Recovery	Talking Therapies Recovery	ICS Devon	Additional KPI	Provider	Dec 2023	49.4%	50%			48.0%	52.6%	57.1%
TT_6wk	Talking Therapies - first appointment within 6 weeks	ICS Devon	Additional KPI	Provider	Dec 2023	87.1%	75%			83.8%	89.9%	95.9%
TT_18wk	Talking Therapies - first appointment within 18 weeks	ICS Devon	Additional KPI	Provider	Dec 2023	99.9%	95%			99.7%	99.9%	100%
CYP Access	Children & Young People Access	ICS Devon	LTP Indicator	Provider	Jan 2024	3358	15754			9,758	11,376	12,995
IOOA_BedDays	Inappropriate Out of Area Bed Days	ICS Devon	LTP Indicator	Provider	Dec 2023	655	0			629	1,278	1,927
Perinatal	Perinatal Access	ICS Devon	LTP Indicator	Provider	Dec 2023	241	1115			91.1	450	809
DDR	Dementia Diagnosis Rate	ICS Devon	LTP Indicator	Primary Care...	Jan 2024		67%			54.2%	55.6%	56.9%
LD_AHC	Learning Disabilities Annual Health Checks	ICS Devon	LTP Indicator	LD Health C...	Oct 2023	31%	75%			3.44%	15.9%	28.3%
EIP	Early Intervention in Psychosis (EIP)	ICS Devon	Additional KPI	Provider	Nov 2023	100%	60%			11.9%	65.3%	119%
ASC 18 weeks	Autism Spectrum Condition Service - waiting over 18 ...	ICS Devon	Additional KPI	Provider	Oct 2023	2614				1,504	1727	1,950
ADHD 18 wee...	ADHD Service - waiting over 18 weeks	ICS Devon	Additional KPI	Provider	Oct 2023	4126				1,703	2,099	2,495

System Summaries

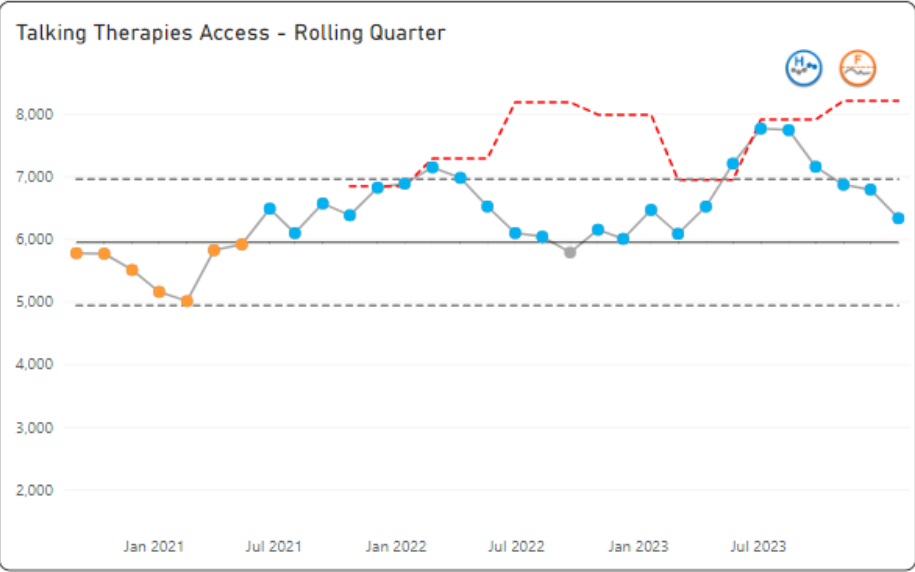
As the ICB progresses towards fuller Provider Collaborative responsibilities, there remains a current focus within the MHLDN Provider Collaborative on better aligning the MHLDN reporting infrastructure and performance improvement architecture to support IQPR reporting cycles. There is currently a lag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

The MHLDN Finance, Performance & Activity Group has undertaken work to understand discrepancies between local and national data sources and whether these are material to our understanding of performance. The MHLDN Data & Business Intelligence Group is developing a work plan to prioritise and address these discrepancies.

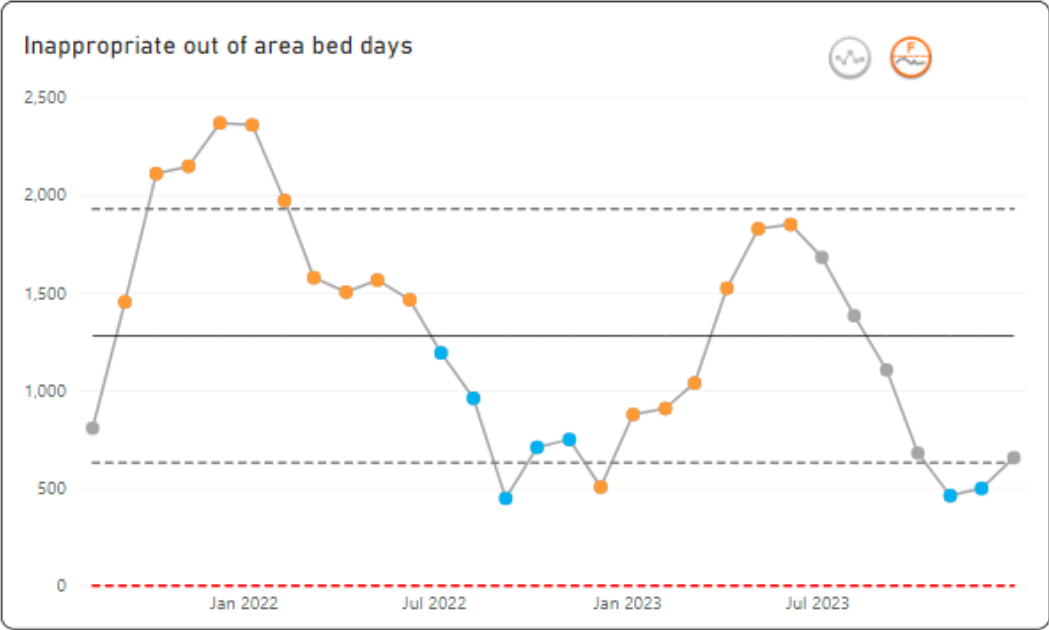
Mental Health: Severe Mental Illness – Physical Health Checks

Data	Summary																														
KPI Description Number of people with severe mental illness (SMI) to receive the complete list of physical health checks in the preceding 12 months. <table><caption>SMI Physical Health Checks Data (Estimated)</caption><tr><th>Year</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>2020</td><td>2,100</td><td>2,000</td><td>1,800</td><td>1,500</td></tr><tr><td>2021</td><td>1,500</td><td>2,400</td><td>2,300</td><td>2,300</td></tr><tr><td>2022</td><td>2,800</td><td>2,700</td><td>3,600</td><td>3,600</td></tr><tr><td>2023</td><td>4,100</td><td>3,900</td><td>4,400</td><td>5,300</td></tr><tr><td>2023 (End)</td><td>5,100</td><td>4,800</td><td>4,600</td><td>5,000</td></tr></table> Data Source: GPES, NHS Digital	Year	Q1	Q2	Q3	Q4	2020	2,100	2,000	1,800	1,500	2021	1,500	2,400	2,300	2,300	2022	2,800	2,700	3,600	3,600	2023	4,100	3,900	4,400	5,300	2023 (End)	5,100	4,800	4,600	5,000	Analytical Commentary The KPI is showing special cause improvement. In December 2023, the KPI is achieving 81.6% of the planned end of year position. Operational Summary The pilot to improve take up amongst the hardest to reach populations in Devon, is now being mobilised, initially in the North Devon area. Overall, NHS Devon is continuing to increase performance against this KPI year on year; this reflects the local and national trend. However, during 2023/24 there has been a national and local deterioration in performance. Actions and Assurance Pilot improvement work has attracted funding to evaluate the approach and support propagation of the learning as a sustainable model. Work in progressing to help ensure that the shift of a provider to the SystemOne information system will enable improved data capture in primary care (and thereby improved reporting quality and performance). Achieving this is dependent on primary care data sharing arrangements with Devon Partnership Trust being agreed. In 2024/25 the national definition and standards in relation to this metric will be changing. These changes are being prepared for through operational planning.
Year	Q1	Q2	Q3	Q4																											
2020	2,100	2,000	1,800	1,500																											
2021	1,500	2,400	2,300	2,300																											
2022	2,800	2,700	3,600	3,600																											
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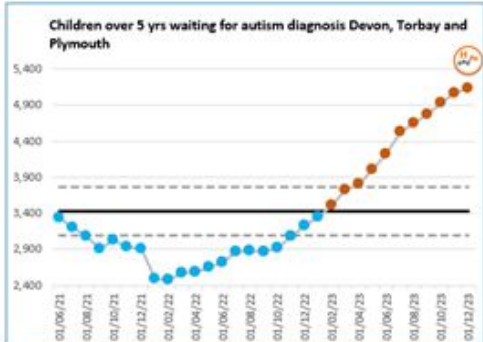
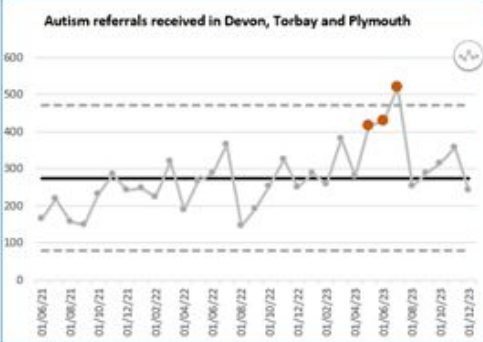
Mental Health: NHS Talking Therapies Access

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 Talking Therapies Access - Rolling Quarter  Data Source: Provider data	Analytical Commentary The KPI is showing special cause improvement with a significant improvement over the last two quarters. In December the KPI achieved 75.9% of the Q3 planned level. Nationally, the KPI achieved 68.9% of the Q3 planned level. Operational Summary The original Operating Plan submission targeted 94% achievement of the national lower-end target. In Devon, wait time performance continues to exceed national standards however, achievement of the recovery standard continues to be inconsistent in recent months. Actions and Assurance Talking Therapies services are exploring further links with other long-term conditions pathways to potentially play a more significant role as those pathways are redeveloped. Additionally, a range of smaller psychotherapy contracts risking duplication of Talking Therapies have ended to support redirection of resource to partially resource the gaps between Talking Therapies and Adult Mental Health provision, which may affect flows in the existing services. As the gap between planned and actual access grows in quarter 3, and recovery performance is inconsistent, the Provider Collaborative is working with providers to understand the current performance drivers and ensure access and recovery is optimised. Reflecting the national challenge in relation to this metric, there is presently a national marketing campaign underway to support increased access to this offer. In 2024/25 the national definition and standards in relation to NHS Talking Therapies metrics will be changing. These changes are being prepared for through operational planning and are likely to result in a change in this reporting metric in future.

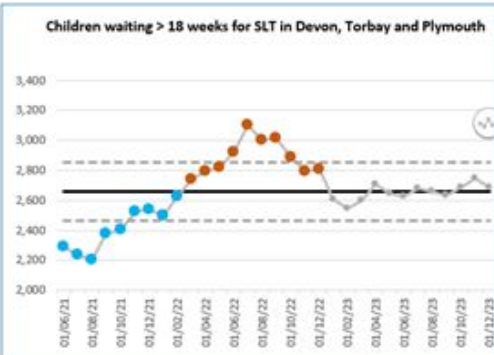
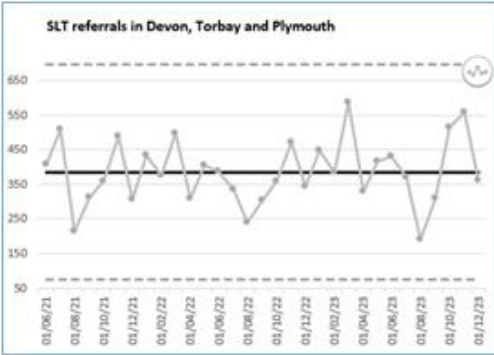
Mental Health: Inappropriate out of area bed days

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. <table border="1"><caption>Inappropriate out of area bed days (Estimated Data)</caption><thead><tr><th>Month</th><th>Bed Days</th></tr></thead><tbody><tr><td>Jan 2022</td><td>800</td></tr><tr><td>Feb 2022</td><td>1450</td></tr><tr><td>Mar 2022</td><td>2100</td></tr><tr><td>Apr 2022</td><td>2150</td></tr><tr><td>May 2022</td><td>2350</td></tr><tr><td>Jun 2022</td><td>2350</td></tr><tr><td>Jul 2022</td><td>1950</td></tr><tr><td>Aug 2022</td><td>1550</td></tr><tr><td>Sep 2022</td><td>1500</td></tr><tr><td>Oct 2022</td><td>1550</td></tr><tr><td>Nov 2022</td><td>1450</td></tr><tr><td>Dec 2022</td><td>1200</td></tr><tr><td>Jan 2023</td><td>950</td></tr><tr><td>Feb 2023</td><td>450</td></tr><tr><td>Mar 2023</td><td>700</td></tr><tr><td>Apr 2023</td><td>750</td></tr><tr><td>May 2023</td><td>500</td></tr><tr><td>Jun 2023</td><td>850</td></tr><tr><td>Jul 2023</td><td>900</td></tr><tr><td>Aug 2023</td><td>1050</td></tr><tr><td>Sep 2023</td><td>1500</td></tr><tr><td>Oct 2023</td><td>1800</td></tr><tr><td>Nov 2023</td><td>1850</td></tr><tr><td>Dec 2023</td><td>1700</td></tr><tr><td>Jan 2024</td><td>1350</td></tr><tr><td>Feb 2024</td><td>1100</td></tr><tr><td>Mar 2024</td><td>650</td></tr><tr><td>Apr 2024</td><td>450</td></tr><tr><td>May 2024</td><td>500</td></tr><tr><td>Jun 2024</td><td>500</td></tr><tr><td>Jul 2024</td><td>650</td></tr></tbody></table> Data Source: Provider data	Month	Bed Days	Jan 2022	800	Feb 2022	1450	Mar 2022	2100	Apr 2022	2150	May 2022	2350	Jun 2022	2350	Jul 2022	1950	Aug 2022	1550	Sep 2022	1500	Oct 2022	1550	Nov 2022	1450	Dec 2022	1200	Jan 2023	950	Feb 2023	450	Mar 2023	700	Apr 2023	750	May 2023	500	Jun 2023	850	Jul 2023	900	Aug 2023	1050	Sep 2023	1500	Oct 2023	1800	Nov 2023	1850	Dec 2023	1700	Jan 2024	1350	Feb 2024	1100	Mar 2024	650	Apr 2024	450	May 2024	500	Jun 2024	500	Jul 2024	650	Analytical Commentary The KPI is showing common cause variation. The total number of bed days in December 2023 is 655, marginally higher than the target of 610. Operational Summary Progress continues in relation to the elimination of inappropriate out of area placements in the context of a nationally challenging position, since April 2021 (up to November 2023) nationally inappropriate out of area bed days have increased by 10.4% whereas in Devon, in the same period they have reduced by 79.6%. It was anticipated that Winter pressures would mean that this trend will not be maintained over Winter, with October 2023 and November 2023 performance indicates an increase from September 2023. The need for such provision is fragile, and vulnerable to unusual spikes in demand. Actions and Assurance The 2023/24 trajectory was established through providers' re-assessment of their bed plans and CIP in respect of this target. System pressures day to day, in respect of MH bed availability (and the risks for patients awaiting a MH bed while in hospital and home settings) are managed via daily system calls supported by the System Control Centre. In 2024/25 the national definition and standards in relation to this metric will be changing. These changes are being prepared for through operational planning and are likely to result in a change in this reporting metric in future.
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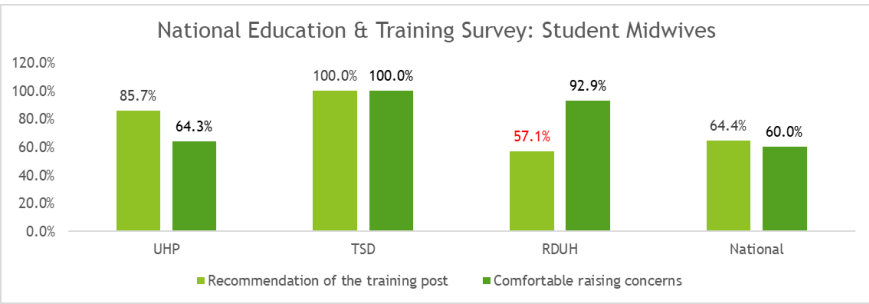
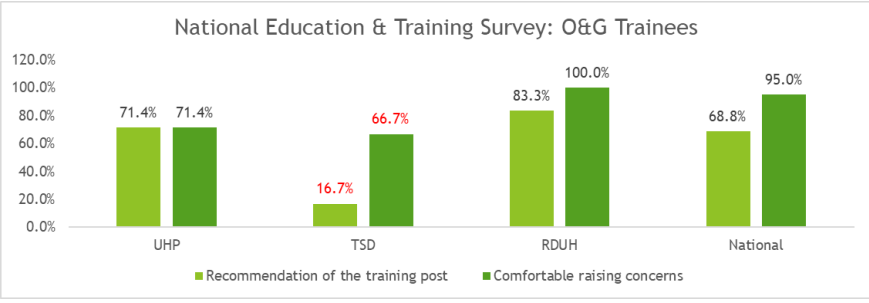
Children & Young People (CYP): Autism Diagnosis waiting times

Key Performance Indicator	Target/Plan	Latest Period	Actual (provider averages)	Variation	Assurance
Autism Diagnosis (Waiting)	<18 weeks.	Dec 2023	Devon & Torbay 68.9 / Plymouth 91.1 weeks		
KPI Description NICE guidance for CYP to be seen within 18 weeks from referral to start of assessment.			Operational Summary – Devon (CFHD), Torbay (CFHD) & Plymouth (UHP/LSW) Demand: The number of children waiting, remains over target and is significantly deteriorating. The target cannot be met within current service provision capacity and continuing levels of demand. High levels of children waiting across community ASD and Community Paediatrics within the Devon system (pre-covid). The numbers of children waiting for ASD assessment has continued to increase across all areas (for example in Devon and Torbay there are 4,473 waiting for CFHD service). A deficit in early help-based support and understanding that diagnosis unlocks additional support drives families to seek a formal diagnosis increasing referral numbers. Continued high levels of children being referred with greater complexity making the assessment process longer.		
Devon, Torbay and Plymouth  			Capacity: - Providers report challenges meeting demand with vacancies within teams. In CFHD, the vacancy rate has reduced from 67% in September 2023 to 45% in December 2023. Agency staff numbers have reduced, impacting on the RTT. However, recruitment, training and onboarding is underway for new staff. - The CFHD milestone to achieve 41% of children and young people seen for an assessment within 18 weeks has not been met and as of December 2023 stands at 22% for Devon and 17% in Torbay. Actions: - Recruitment: Communication and HR teams to attract applicants from outside Devon and from higher education. - As part of the ND transformation programme workshop on 22nd February 2024 for ICB and acute and community providers to review the multiagency pathways. The aim is to develop a milestone plan, identifying maximum efficiencies. - Review of capacity and capability within contract. Work due to be completed in Q4 with the follow up meeting set for January bringing together community Paediatrics and CFHD to jointly agree ways of working and data reporting on children who are requiring a paediatric assessment and showing on the community wait list. - NHSE £210k Partnerships for Inclusion for Neurodiversity in Schools confirmed – delivery plan approved. Long list of primary schools identified, short listed and contact with 40 primary schools to take place end of March 2024. 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. Significant improvement can only be expected if additional resources are allocated through operational planning.		

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

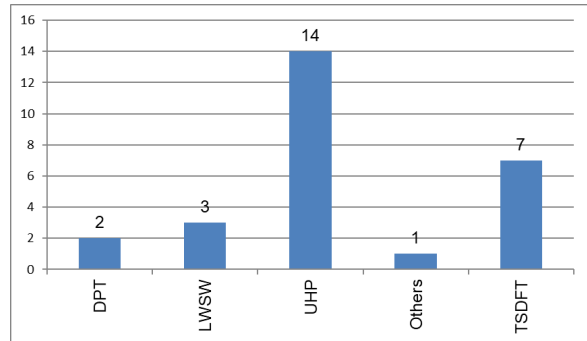
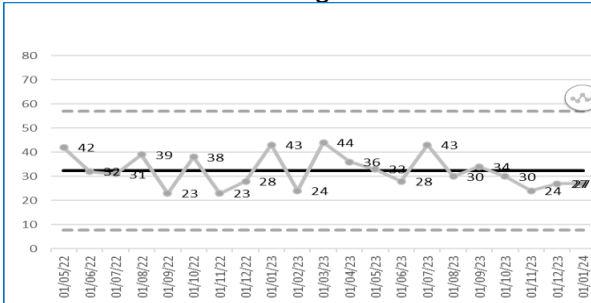
Key Performance Indicator	Target/Plan	Latest Period	Actual	Variation	Assurance
Speech and Language waiting times	< 18 weeks	Dec 2023	Average wait - CFHD 36.9 weeks / LSW 28 weeks. Longest wait – CFHD 127.4 weeks / LSW 88 weeks.		
KPI Description: NICE guidance for CYP to be seen within 18 weeks from referral. Devon, Torbay and Plymouth  					
Operational Summary Causes Demand: Highest percentage of children referred to CFHD speech and language are in the 2-4 year age group. Both CFHD and LSW position continues to have high numbers waiting with increases in December - Devon, Torbay (3248) and Plymouth (710). The RTT times have fluctuated during 2023 and this has been due to staffing capacity. Appropriate referrals received are also managed within the iThrive level 1 & 2 Getting Advice and Getting Help as well as providing remote drop in sessions for families and practitioners. Capacity: Continued workforce vacancies and recruitment challenges reduces clinical capacity. A workforce ratio of between 1.9 and 2.2 WTE SLT per 1000 head of child and young person (0-18) with predicted SLCN is indicated as good practice. Based on the information shared from the initial local mapping project, it suggests that CFHD have 1.5 and Plymouth 2.14 WTE. Recruitment remains a challenge with a 44% vacancy rate (CFHD) in Band 5 positions. Devon and Torbay - Number of first appointments and follow up during December were reduced due to staffing capacity. Actions • Improve recruitment with engagement with higher education and broader communications to attract new applicants. • Serious Violence Bid approved – part of bid to fund specialist SLT focused on Children in Care who are in a vulnerable group and are likely to experience health inequalities. • SLCN is joint commissioning priority with Torbay Council (SEND). Action Plan to be developed with parents representatives and partners (February 2024) following the findings from the workforce mapping and CFHD service specification reviews. • Short form investment template completed for additional resource allocation to be followed up through service pathway meetings with CFHD to revise the offer across universal, targeted and specialist SLCN. • Multi agency service improvement planning group in Plymouth - to agree and implement with support from Better Communication CiC agreed service model which supports across universal, targeted and specialist SLCN. When is improvement expected? Pending recruitment to vacancies, induction and training (as many will be newly qualified) improvement is predicted in 24 months. Significant improvement can only be expected if additional resources are allocated through operational planning. Consideration will need to be given for the model of recovery outside of existing contracts.					

Local Maternity & Neonatal System: Three Year Delivery Plan Theme 3: Developing & sustaining a culture of safety, learning & support

National Education & Training Survey - 2022		General Medical Council Survey - 2023																															
National Education & Training Survey: Student Midwives <table border="1"><thead><tr><th>Category</th><th>Recommendation of the training post</th><th>Comfortable raising concerns</th></tr></thead><tbody><tr><td>UHP</td><td>85.7%</td><td>64.3%</td></tr><tr><td>TSD</td><td>100.0%</td><td>100.0%</td></tr><tr><td>RDUH</td><td>57.1%</td><td>92.9%</td></tr><tr><td>National</td><td>64.4%</td><td>60.0%</td></tr></tbody></table> - More comfortable raising concerns than the national average. - Student midwives at UHP & TSD are significantly more likely to recommend the training post than the national average.		Category	Recommendation of the training post	Comfortable raising concerns	UHP	85.7%	64.3%	TSD	100.0%	100.0%	RDUH	57.1%	92.9%	National	64.4%	60.0%	<table><tr><th>Survey question</th><th>UHP</th><th>TSD</th><th>RDUH*</th></tr><tr><td>Quality of clinical supervision out of hours for trainee doctors</td><td>↓</td><td>↑</td><td>↑</td></tr><tr><td>Quality of shift handovers for trainee doctors</td><td>↓</td><td>↑</td><td>↑</td></tr><tr><td>Supportive working environment for trainee doctors</td><td>↓</td><td>↓</td><td>↑</td></tr></table>	Survey question	UHP	TSD	RDUH*	Quality of clinical supervision out of hours for trainee doctors	↓	↑	↑	Quality of shift handovers for trainee doctors	↓	↑	↑	Supportive working environment for trainee doctors	↓	↓	↑
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National Education & Training Survey: O&G Trainees <table border="1"><thead><tr><th>Category</th><th>Recommendation of the training post</th><th>Comfortable raising concerns</th></tr></thead><tbody><tr><td>UHP</td><td>71.4%</td><td>71.4%</td></tr><tr><td>TSD</td><td>16.7%</td><td>66.7%</td></tr><tr><td>RDUH</td><td>83.3%</td><td>100.0%</td></tr><tr><td>National</td><td>68.8%</td><td>95.0%</td></tr></tbody></table> - UHP & RDUH O&G trainees are more likely to recommend the training post & feel more comfortable raising concerns than the national average. - TSDFT scores the lowest in both domains. HEE action plans implemented and completed. Expecting improvement at next survey.		Category	Recommendation of the training post	Comfortable raising concerns	UHP	71.4%	71.4%	TSD	16.7%	66.7%	RDUH	83.3%	100.0%	National	68.8%	95.0%	Summary of trends in obstetric & gynaecology trainee scoring in the General Medical Council surveys between 2019 and 2023. There was no GMC survey in 2020. *2019 & 2021 scores are assessed to represent RD&E only. - UHP Clinical Supervision (OOH) scores within the bottom quartile but is not significant within 95%. Vacancies within obstetrics consultants within the Trust (27% in November 2023), active recruitment ongoing. - TSDFT Clinical supervision out of hours scores within the bottom quartile but is not significant within 95%. As of 2023, the remaining two measures no longer score within the bottom quartile.																
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Quality

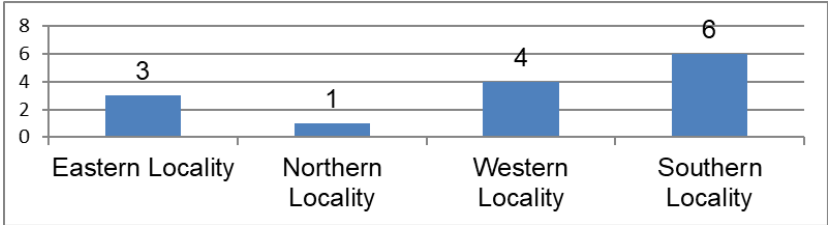
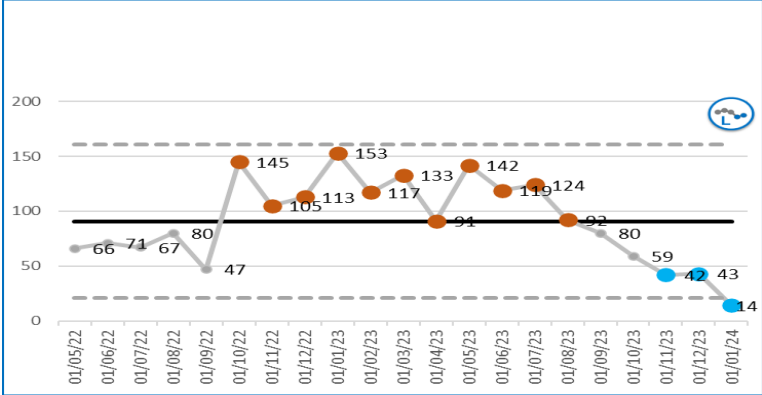
Serious Incidents (all providers)

Serious Incidents received by Provider														
During January 2024 there were 27 serious incidents reported, these are broken down by Provider in the chart below:  <table><tr><th>Provider</th><th>Number of Incidents</th></tr><tr><td>DPT</td><td>2</td></tr><tr><td>LWSW</td><td>3</td></tr><tr><td>UHP</td><td>14</td></tr><tr><td>Others</td><td>1</td></tr><tr><td>TSDFT</td><td>7</td></tr></table>	Provider	Number of Incidents	DPT	2	LWSW	3	UHP	14	Others	1	TSDFT	7	The top three Serious incident types reported in January 2024 were: Slips trips falls (10)  Apparent self-harm (4)  Surgical/invasive (4)  <i>N.B. the arrow indicates change from previous month)</i>	The below chart shows the number of reported serious incidents during the last 12 months:  Total number of open incidents for the system in December 2023 is 320, a decrease from last month (330).
Provider	Number of Incidents													
DPT	2													
LWSW	3													
UHP	14													
Others	1													
TSDFT	7													
Never events	Multi-agency investigations	Review and closure												
There was one Never Event reported in January 2024 within the Devon system. This was reported by UHP and related to surgical/invasive procedure. During the financial year 2022/23 there were 18 never events reported. So far, the 2023/24 financial year has 9 reported Never Events. The Never event provider collaborative work is now in place to share learning across the Devon System.	There are currently 14 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 25 incident investigations being reviewed which are currently monitored by the SST to meet the review deadline. This includes those under the new SI review process. During December 35 incident investigations were reviewed and assurance received for closure. This shows a decrease from 44 in December. The SST continue to follow up these SIs to maintain assurance from providers and record expected completion dates.												

Peer Improvement Tips for Care and Health (PITCH)

Received PITCHs

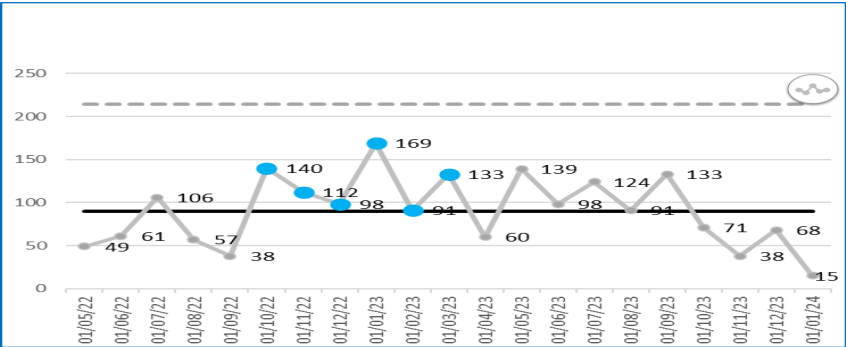
During January 2024 **14 (decrease)** PITCHs were reported, these are broken down by locality in the chart below together with the number of PITCHs reported since May 2022:



PITCH Closed

During January 2024 15 PITCHs were closed, compared to 68 in December. The chart below illustrates the number of closed PITCHs per month since May 2022.

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

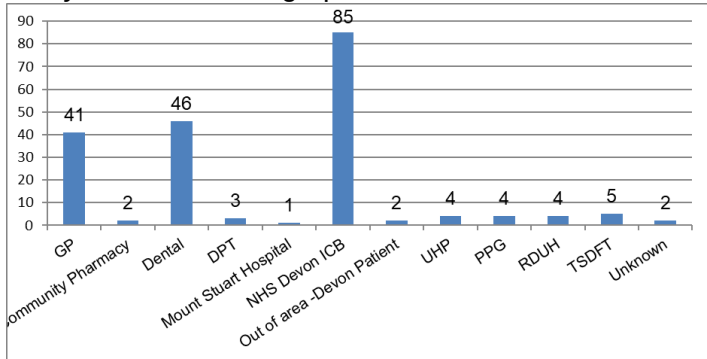
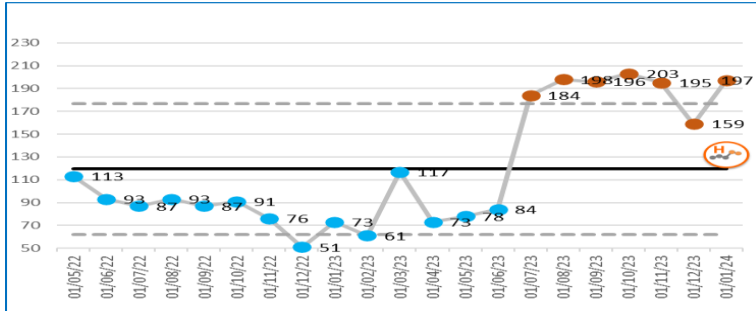
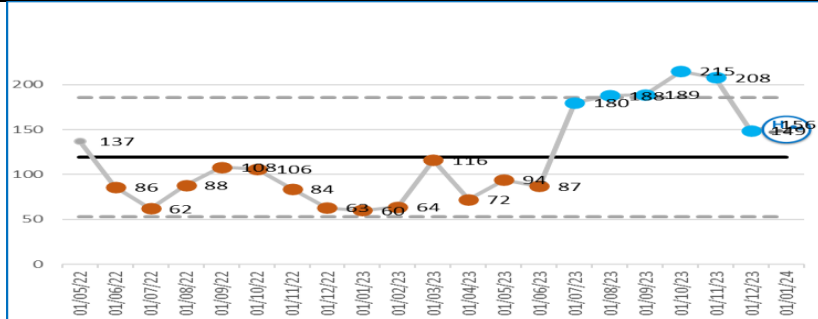


Key themes identified in January 2024 include ongoing issues with primary care receiving poor discharge summaries and referrals. This appears to be a concern across all localities.

The **top three themes for PITCH concerns received in January 2024** were:

- Referrals (6)
- Procedure or process (5)
- Discharge summary (3)

Patient Experience (NHS Devon): Patient Contacts

Patient Experience: Received cases		Patient Experience: Informal Concerns																											
During January 2024 there were 197 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:  <table><tr><th>Provider</th><th>Cases</th></tr><tr><td>GP</td><td>41</td></tr><tr><td>Community Pharmacy</td><td>2</td></tr><tr><td>Dental</td><td>46</td></tr><tr><td>DPT</td><td>3</td></tr><tr><td>Mount Stuart Hospital</td><td>1</td></tr><tr><td>NHS Devon ICB</td><td>85</td></tr><tr><td>Out of area-Devon Patient</td><td>2</td></tr><tr><td>UHP</td><td>4</td></tr><tr><td>PPG</td><td>4</td></tr><tr><td>RDUH</td><td>4</td></tr><tr><td>TSDFT</td><td>5</td></tr><tr><td>Unknown</td><td>2</td></tr></table>		Provider	Cases	GP	41	Community Pharmacy	2	Dental	46	DPT	3	Mount Stuart Hospital	1	NHS Devon ICB	85	Out of area-Devon Patient	2	UHP	4	PPG	4	RDUH	4	TSDFT	5	Unknown	2	Due to delegated commissioning of Primary Care complaints there continues to be an increase in the number of patient experience contacts than in previous months, January 2024 received 197.  The top three patient experience concerns received in January 2024 were: • Access to Services (136) • Quality of care (43) • Procedure or process (32)	
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Following delegation of POD on 1/07/2023, Most contacts now relate to Primary Care.																													
Patient Experience: Closed cases		Patient Experience: Summary																											
		• There were no new formal complaints raised during January for NHS Devon, with a total of 14 that remain open. • There is 1 contractual review open, which is required and form part of Primary Care complaints which are managed by NHS England. • There are 13 Complaints being managed by the Primary Care Hub. • There are 7 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	
	Nov	Dec	Jan	Themes: The top issues within new S42.2 enquiries started in January 2024 related to: - • Poor quality of care • Person in Position of Trust • Poor discharge from hospital.	
Total number of S42.2 enquiries	7	5	10		
Initial learning from new safeguarding enquiries, closed safeguarding enquiries and safeguarding adult reviews:				Assurance	
These themes are a regular feature of S42.2s but once the hospitals have investigated there have been multiple cases where the claims have not been substantiated, usually due to a misunderstanding between the provider in the community and hospital staff. Where learning is identified the ICB Safeguarding team ensure the provider takes remedial action to prevent future recurrence. The team completed a deep dive regarding restraint practices across providers working with the Patient Safety and Quality team following a small cluster of 3 significant restraint cases raised as S42.2's for a provider last year. The provider has revised their policies and issued further restraint training to staff. Since then, restraint has not been a regular feature of S42.2's. However, the SGA team have revised their recording on Datix to better capture Safeguarding enquiries that feature restraint. This has also been reported through Safeguarding and Protection of Vulnerable People Steering Group and Quality Patient Experience Committee. The Safeguarding team will continue to monitor for restraint across providers.				The safeguarding adults team continue to review individual safeguarding cases with Providers Safeguarding Leads to gain assurance of the quality of care provided to patients. The safeguarding team are working closely with the providers and local authorities to ensure patients remain safe whilst investigations are undertaken, and mitigating actions are taken to prevent further harm.	
Actions for next month/s		Intended impact		Date impact will be realised	
To continue to monitor S 42.2 activity. Attend learning from SW MCA SAR thematic review.		Raise awareness to embed learning from S 42.2's and SAR's across the system in order to promote safer patient care.		Quarter 2 2024	

Infection Prevention and Control

Data	Infection Highlights																																																																																																		
Healthcare associated infection trends in Devon, to end January 2024 <table><thead><tr><th></th><th>Jan-23</th><th>Feb-23</th><th>Mar-23</th><th>Apr-23</th><th>May-23</th><th>Jun-23</th><th>Jul-23</th><th>Aug-23</th><th>Sep-23</th><th>Oct-23</th><th>Nov-23</th><th>Dec-23</th><th>Jan-24</th></tr></thead><tbody><tr><td>C. difficile</td><td>33</td><td>26</td><td>22</td><td>22</td><td>30</td><td>32</td><td>32</td><td>32</td><td>29</td><td>39</td><td>35</td><td>29</td><td>47</td></tr><tr><td>E. coli</td><td>77</td><td>72</td><td>84</td><td>87</td><td>99</td><td>90</td><td>93</td><td>98</td><td>92</td><td>97</td><td>86</td><td>102</td><td>75</td></tr><tr><td>Klebsiella spp</td><td>24</td><td>13</td><td>21</td><td>16</td><td>17</td><td>22</td><td>24</td><td>29</td><td>21</td><td>26</td><td>33</td><td>29</td><td>16</td></tr><tr><td>MRSA</td><td>2</td><td>1</td><td>1</td><td>2</td><td>1</td><td>0</td><td>2</td><td>1</td><td>0</td><td>3</td><td>3</td><td>0</td><td>0</td></tr><tr><td>MSSA</td><td>31</td><td>27</td><td>31</td><td>28</td><td>36</td><td>31</td><td>34</td><td>28</td><td>27</td><td>28</td><td>34</td><td>28</td><td>30</td></tr><tr><td>Pseudomonas aeruginosa</td><td>11</td><td>3</td><td>8</td><td>3</td><td>8</td><td>10</td><td>6</td><td>9</td><td>8</td><td>6</td><td>4</td><td>2</td><td>4</td></tr></tbody></table>		Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	C. difficile	33	26	22	22	30	32	32	32	29	39	35	29	47	E. coli	77	72	84	87	99	90	93	98	92	97	86	102	75	Klebsiella spp	24	13	21	16	17	22	24	29	21	26	33	29	16	MRSA	2	1	1	2	1	0	2	1	0	3	3	0	0	MSSA	31	27	31	28	36	31	34	28	27	28	34	28	30	Pseudomonas aeruginosa	11	3	8	3	8	10	6	9	8	6	4	2	4	Seasonal and avian flu system gap The out of hours provider (PPG), as of 01 February, has been confirmed as the seasonal flu prophylaxis provider for care home and residential school outbreaks. The system remains exposed around Avian Flu provision of antivirals and swabbing with no identified provider to undertake the work; initial scoping conversations have taken place with providers. UKHSA are aware of the avian flu system gap. COVID & flu vaccination The National Booking System (NBS) for COVID vaccinations has now closed, with the Flu vaccination being available until the end of March 2024. Current status is (figures in brackets are the same point 2022-23): 62.1% (72.2%) of eligible cohorts have received the autumn COVID Vaccination. 74.7% (86.8%) of eligible cohorts have received the seasonal flu vaccination. 34.7% (21.0%) received a co-administered vaccination. Measles There is a national measles incident, with an increased incidence of measles in the West Midlands. This increases the likelihood of measles cases in Devon. Devon however has a high vaccine uptake, although there are areas of lowered uptake within Devon where risk may be higher. As part of the local preparation for measles, a gap analysis has been performed to determine system readiness, health systems have been encouraged to check staff vaccination status and ensure protocols are in place, and a system exercise has been undertaken. There have as of 20/02/24 been no Devon cases related to this national incident.
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24																																																																																						
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Actions undertaken in last month	Impact																																																																																																		
Seasonal flu commissioning.	Seasonal flu prophylaxis arrangements in place.																																																																																																		
Measles preparedness.	System measles readiness scoped and gaps identified and mitigated.																																																																																																		
Actions for next month/s	Intended impact	Date impact will be realised																																																																																																	
Avian flu commissioning.	Avian flu arrangements in place.	Dependent on completion of commissioning.																																																																																																	
Tuberculosis commissioning pathway.	Consistent provisioned service for tuberculosis, including video observed therapy and directly observed therapy, as well as screening capacity.	March 2024.																																																																																																	
Individual system learning/sharing sessions on <i>E. coli</i> , MSSA and <i>C. difficile</i> . To include Cornwall stakeholders.	Closer system working, including sharing of good practice and challenges.	April 2024.																																																																																																	

Workforce

Workforce: Metrics

Metric	Latest Date	System	Devon Partnership NHS Trust	Royal Devon University NHS Foundation Trust	Torbay and South Devon NHS Foundation Trust	University Hospitals Plymouth NHS Trust
Whole time equivalent staff numbers (Current Year)	Dec 2023	31,290	3,432	11,839	6,089	9,930
Whole time equivalent staff numbers (Current Plan)	Dec 2023	30,360	3,374	11,425	6,212	9,349
Whole time equivalent staff numbers (Previous Year)	Dec 2022	29,896	3,326	11,429	6,146	8,995
Vacancies (Medical/Dental Consultant)	Dec 2023	95	21	36		38
Vacancies (Registered nursing)	Dec 2023	122	134	94		-106
Vacancies (AHP)	Dec 2023	201	16	114		72
Vacancies (HCAs)	Dec 2023	243	-31	172		102
System Agency spend (£000s) (Current Year)	Dec 2023	3,639	1,042	1,147	1,013	437
System Agency spend (£000s) (Current Plan)	Dec 2023	2,888	440	1,326	743	379
System Agency spend (£000s) (Previous Year)	Dec 2022	4,450	791	2,032	1,014	613
System Agency spend (£000s) as percentage of total spend	Dec 2023	2.45%	6.44%	2.03%	3.58%	0.924%

WTE and Agency Data and Summaries	Analytical Summary																																																																																
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Workforce: Attraction, Retention and Workforce Solutions

- **Careers Hub:** Conversations have currently paused due to reprioritisation and capacity challenges.
- **SW Careers portal:** This now part of the resourcing network, with an aim to become 'business as usual' for Trusts. The chair of the network is now linked in with the NW team and is attending any regional meetings. There still needs to be a launch within Devon and agreement to start signposting individuals to the site. This will only be once we've had confirmation that all technical issues have been resolved.
- **MOU – Mobility of staff:** Second meeting held with Solicitors and a 'snagging' list drawn up. Some further comments awaited from the commercial side of the team. Once snagging list is complete, meeting to be held with resourcing leads to agree final detail. Appendices to be drafted by solicitors pending confirmation of funding. Once final version received, will be shared with the Devon System Partnership Forum and Trusts will be responsible for rolling out within each team.
- **Retention Hub (RH):** Hub now has 61 service users. Projected total 150-175 by end June 2024. Stakeholder meeting 7th February to formulate sustainable plan for hub beyond June 2024. Social care places being booked on peer coaching workshops 29th February and 7th March. Legacy Mentor community of practice to be set up by April. Flexible working group set up for end February to look at integrated flexible career pathways. Draft retention strategy out for consultation w/c 12th February.
- **Simplifying recruitment and removing barriers to recruitment:** Group continue to meet although this work will be paused and will be realigned with the Resourcing Network Group, ensuring right attendance and clarity on focus.
- **One Devon Bank:** Oversight group continues to meet regularly. Work continues on business case development at TSDFT. Lessons learnt from RDUH process have been shared.
- **Agency spend and Framework:** Agency spend remains over plan and is under scrutiny in terms of enhanced agency controls.
- **International Recruitment (IR):** The Alliance is on track to meet demand requirements and have 1259 Nurses deployed to date with a further 28 arriving later this month. RDUH have recruited 6 Midwives and there are 117 Care Worker's now in county. Two Therapeutic Radiographers interviews took place in January and two offers made, 1 x RDUH and 1 x TSDFT. The Rowcroft Hospice recruitment continues.

Workforce: Learning, Education and Strategy

- **Placement Expansion:** Primary Care and Pharmacy placement capacity discussed as part of wider Primary Care workforce and placement capacity – initial meeting with Helen Rochester and Jane Wells completed. Primary Care Placement working group under development. T level Network meeting held – priorities workstreams identified; 1) resource building, 2) impact assessment, 3) recruitment and onboarding. Engagement and sharing of resources and practices with Humber and North Yorkshire ICS regarding placement dashboard. Phase 2 placement data from AHP Faculty returns from most secondary care providers received. Potential pilot placement project with Torbay identified. AHP £10K placement expansion and system preceptorship project initial planning completed.
- **Advanced Practice:** Scoping preparation for February NHSE funding Working with providers and NHSE to address themes within the Learner Quality panels feedback.
- **Apprenticeships:** Social Care task and finish group established following feedback from social care apprenticeship leads. Piloting new levy share process. Continued strong engagement at the Devon apprenticeship steering group. Financial forecasting and apprenticeship planning.
- **Upskilling:** Zebra Strength Based Approaches final cohorts advertised. All 190 places enrolled for delivery between February and July. Ongoing delivery of Advanced Communication Skills training provided by St Lukes and Rowcroft hospices. ITT for Department of Education Skills Bootcamps unable to progress as ICB led project due to Health and Social Care Act section 17 regulations and restrictions. Engagement with NHSE WTE team to develop HCSW project. Exploration of Multiply Maths course provision at City Plymouth College.
- **Learner Experience:** Learner council presented to AHP Faculty – positive engagement, feedback and endorsement by Faculty including AEs represented. Development of promotional material for learner engagement events commenced. Engagement with regional Educator Workforce Strategy group to share best practice within region and Devon approach. Attendance and contribution to SW LTWP workshop exploring learner experience, placement capacity and apprenticeships.
- **Social Care:** The four Devon Colleges have produced a detailed proposal to both support the programme and leading the inclusive L&D working group reaching out to the universities.
- **CPD:** Date to be scheduled for presentation at Executive Workforce Board or superseding iteration of governance group pending governance review. Intention to close as ICS programme of work after approval and adoption by provider CPOs. Community of Practice established to support provider implementation.

Acronyms

Acronym	Full Meaning	Acronym	Full Meaning	Acronym	Full Meaning
A&E	Accident and Emergency	HIU	High Intensity User	PCN	Primary Care Network
A&G	Advice & Guidance	HR	Human Resources	PDSA	Plan-Do-Study-Act
A&R	Advice & Refer	HVLC	High Volume Low Complexity	PHSO	Parliamentary and Health Service Ombudsman
AEI	Approved Education Institution	IA	Industrial Action	PIDMAS	Patient Initiated Digital Mutual Aid System
AHP	Allied Healthcare Professional	ICB	Integrated Care Board	PIFU	Patient Initiated Follow Up
ARI	Acute Respiratory Infection	ICS	Integrated Care System	PITCH	Peer Improvement Tips for Care and Health
ARRS	Additional Roles Reimbursement Scheme	IHDT	Integrated Hospital Discharge Team	PMO	Project Management Office
ASD	Autism Spectrum Disorder	IPC	Infection Prevention Control	POD	Pharmacy Ophthalmics Dentistry
AtED	Alternative to ED	IPS	Internal Professional Standards	PPG	Practice Plus Group
AVP	Ambulance Vehicle Preparation	IPT	Inter Provider Transfer	PSQ	Patient Safety and Quality
BCF	Better Care Fund	IQPR	Integrated Quality and Performance Report	PTL	Patient Tracking List
CAS	Clinical Assessment Service	IS	Independent Sector	QEWS	Quality Effectiveness Warning System
CDC	Community Diagnostic Centre	IST	Intensive Support Team	RAG	Red Amber Green
CFHD	Children and Family Health Devon	ITT	Invitation To Tender	RDUH/N/E	Royal Devon University Hospitals/North/East
CIP	Cost Improvement Plan	IUEC	Integrated Unscheduled Emergency Care	RPC	Reimagining Primary Care
CLD	Criteria Led Discharge	KPI	Key Performance Indicator	RTT	Referral To Treatment
CMO	Chief Medical Officer	LCP	Local Care Partnership	SAR	Safeguarding Adult Review
COO	Chief Operating Officer	LfPSE	Learn from Patient Safety Events	SDEC	Same Day Emergency Care
CPO	Chief People Officer	LOD	Length Of Delay	SEND	Special Educational Needs and Disability
CQC	Care Quality Commission	LOS	Length Of Stay	SGA	Safe Guarding Adults
CT	Computed Tomography	LSW	Livewell South West	SI	Serious Incident
CYP	Children and Young People	LTP	Long Term Plan	SIF	Serious Incident Framework
D&C	Demand & Capacity	LTWP	Long Term Workforce Plan	SLCN	Speech, Language and Communication Needs
DE	Dementia	MADE	Multi Agency Discharge Event	SLT	Speech and Language Therapist/Therapy
DEXA	Dual Energy X-ray Absorptiometry	MAU	Medical Assessment Unit	SMI	Severe Mental Illness
DPT	Devon Partnership Trust	MCA	Mental Capacity Act	SOP	Standard Operating Procedure
DRSS	Devon Referral Support Service	MDT	Multi-Disciplinary Team	SRO	Senior Responsible Officer
DTA	Decision To Admit	MH	Mental Health	SST	Safety Systems Team
e-TEP	Electronic Treatment Escalation Plan	MHLDN	Mental Health Learning Disability and Neurodiversity	STCC	Short Term Care Centre
EBCMS	Electronic Bed and Capacity Management	MIU	Minor Injuries Unit	SUCB	South Unscheduled Care Board
ECIST	Emergency Care Improvement Support Team	MP	Member of Parliament	SW	South West
ED	Emergency Department	MRSA	Methicillin-Resistant Staphylococcus Aureus	SWASFT	South West Ambulance Service Foundation Trust
EDD	Expected Date of Discharge	MSSA	Methicillin-Sensitive Staphylococcus Aureus	T&F	Task & Finish
EIP	Early Intervention in Psychosis	MSK	Muscular-Skeletal	TSDF	Torbay and South Devon Foundation Trust
EMD	Emergency Medical Dispatcher	N&E	North & East	TTA	To Take Away
EOC	Emergency Operation Centre	NCTR	No Criteria To Reside	UCR	Urgent Care Response
EOL	End of Life	ND	Neuro-Development	UEC	Urgent and Emergency Care
FDS	Faster Diagnosis Standard	NHSE	NHS England	UHP	University Hospitals Plymouth
FY	Financial Year	NICE	National Institute for health and Care Excellence	UTC	Urgent Treatment Centre
G&A	General & Acute	NOF	National Oversight Framework	VCSE	Voluntary Community Social Enterprise
GIRFT	Getting It Right First Time	NQB	National Quality Board	WLMDS	Waiting List Management Data Set
GP	General Practice	NSS	No Specific Symptom	WTE	Whole Time Equivalent
GPAD	General Practice Appointments Data	O&G	Obstetrics & Gynaecology	WUCB	Western Unscheduled Care Board
GPAS	GP Alert State	OOA	Out Of Area	WW	Week Wait
GPES	GP Extraction Service	OOH	Out Of Hours	YTD	Year To Date
HCSW	Health Care Support Worker	OPEL	Operational Pressures Escalation Levels		
HEE	Health Education England	PC	Primary Care		

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
26 March 2024	07 March 2024

Author(s)		Report approved by	
Name and title:	Philippa Harding, Company Secretary	Name and title:	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:	01392 675 116	Date:	07 March 2024
Email:	philippa.harding4@nhs.net		

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

N/A

Executive Summary

This paper provides 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.

It also proposes a new approach for the Board Assurance Framework (BAF) for the 2024/25 financial year, aligning it to the six themes within the NHS Oversight Framework, and proposes a Risk Appetite Statement.

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

The Executive Committee reviewed the report at its meeting on 20 February 2024.

The Audit and Risk Committee reviewed the report at its meeting on 13 March 2024

Key recommendations and actions requested

- 1. **Approve** the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon;
- 2. **Approve** the proposed approach for the BAF for the 2024/25 financial year, aligning it to the six themes within the NHS Oversight Framework; and
- 3. **Approve** the proposed Risk Appetite Statement for 2024/25.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Impacts on all of these areas.
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

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

Area	
Quality of Services	Risk management systems and processes do not in themselves present any quality or safety implications. They capture and report the risks relating to population health outcomes and patient experience in the One Devon Integrated Care System, in order to ensure that they are appropriately mitigated / controlled.
Health Inequalities	None
Workforce	None
Resources and Finance	Risk management systems and processes do not present in themselves any financial implications. They capture and report the strategic financial risks faced by NHS Devon in order to ensure that they are appropriately mitigated / controlled.
Legal	Sound control and assurance mechanisms, including risk management systems are an essential component of internal control processes. NHS organisations are required to sign an

annual governance statement to provide reasonable assurance that they have been properly informed about the totality of their risks and can evidence that they have identified the organisational objectives and managed the principal risks to them. There is a mandatory annual internal audit review into aspects of risk management and the BAF each year.

Digital and Data	None
Engagement and Consultation	This is an internal control process, and no patient engagement has taken place with respect to it.



Board Assurance Framework

Introduction and Background

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

Main BAF Headings	Explanation of BAF Headings
Strategic Goals	The planned objectives which an organisation strives to achieve
Principal Risks	The key risks the organisation perceives to achieving its strategic objectives
Key Controls	The controls or systems in place to assist in addressing identified risk
Assurances on Controls	Sources of information (usually documented) which provide evidence that identified controls are effective and comprehensive
Gaps in Controls	Where controls are not yet in place.
Gaps in Assurances	Where there is insufficient evidence that controls are effective.
Inherent Risk Score	The likelihood and impact of the risk if it were to be left untreated
Residual Risk Score	The likelihood and impact of the risk considering the controls in place
Risk Appetite	The amount and type of risk that the organisation is willing to take in pursuit of its strategic objectives

4. In addition to the above, NHS Devon's BAF also:

- Assigns risks to each of the following Board Committees to ensure oversight of Executives’ management of each of the identified risks:
 - a) Quality & Patient Experience Committee (QPEC);
 - b) Finance & Performance Committee (FPC);
 - c) People & Culture Committee (PCC); and
 - d) Primary Care Commissioning Transition Committee (PCCTC).
 - Shows if there have been any movements in risk score between reporting periods.
5. The BAF was most recently reported to the NHS Devon Board at its meeting on 06 December 2023.

Current Risk Position

6. Individual BAF risks were reviewed with Executives / Director Leads at the end of January / beginning of February 2024. The details for each risk are attached at Annex A and the scoring methodology at Annex B of this report.
7. The table below provides a high-level summary of the current risk position for the 13 strategic risks for the current financial year:

Committee Abbreviations:

QPEC	Quality and Patient Experience Committee
FPC	Finance and Performance Committee
PCCTC	Primary Care Commissioning Transition Committee

Key - Movement in Risk Scores		
↑	↔	↓
Increased	No Change	Decreased



				Historical and Current Risk Scores							
Title	Strategic Objective	Monitoring Committee	Inherent Risk Score	Q1 (2023/24) Residual Risk Score	Q2 (2023/24) Residual Risk Score	Q3 (2023/24) Residual Risk Score	Q4 (2023/24) Residual Risk Score	Change Q3 to Q4 (Residual Risk Score)	Risk Appetite	Target Score	Last Reviewed
Anchor	1	QPEC	25	16	20	20	25	↑	Seek	8	Feb-23
Inequalities & Prevention	2 & 3	QPEC	16	16	12	16	16	↔	Seek	8	Feb-23
			16	12					Open		
Recovery (Unscheduled Care)	4	FPC	20	9	16	20	20	↔	Open	6	Feb-23
Recovery (Elective Care)	5	FPC	20	9	16	16	16	↔	Open	6	Feb-23
Primary Care	6	PCCTC	16	16	16	16	16	↔	Seek	8	Feb-23
MHLD (Mental Health and Learning Disabilities)	7	FPC	20	16	16	16	16	↔	Open	10	Feb-23
Community	8	PCCTC	20	16	16	16	16	↔	Seek	8	Feb-23
Finance	9	FPC	20	16	16	16	16	↔	Open	8	Feb-23
Workforce	10	PCC	16	12	12	16	16	↔	Open	6	Feb-23
Digital	11	FPC	16	12	12	12	12	↔	Seek	8	Feb-23
Green Plan	12	FPC	16	12	16	16	16	↔	Seek	8	Feb-23
Culture	13	PCC	25	8	20	20	20	↔	Seek	6	Feb-23
Operating Model	14	-	16	16	12	12	12	↔	Seek	6	Feb-23

8. There have been minimal changes from the last strategic risk reviews undertaken in November 2023, and which were reported to the NHS Devon Board at its meeting on 06 December 2023.
9. The BAF was considered by the Executive Committee at its meeting on 20 February 2024. The risk relating to 'Anchor' organisations was discussed and the Committee agreed to highlight to the Board that it considered that the risk had materialised and should therefore be considered as an issue.

Analysis of Historic and Current Risk Scores:

10. All 13 strategic risks are in excess of the 'target' risk scores agreed by the NHS Devon Board, 'target' risk scores being the level of risk exposure that NHS Devon is prepared to tolerate in pursuit of its strategic objectives. This could indicate that the 'target' risk scores were too ambitious when initially set prior to the commencement of the 2023/24 financial year. The Board will need to be mindful of this when agreeing its risk appetite for the 2024/25 financial year.

11. Of the 13 strategic risks relating to the current financial year:

- There are **5 risks that have seen no movement at all in their residual risk score throughout the 2023/24 financial year and these are Primary Care, MHL, Community, Finance and Digital**. The reason(s) for this could be that:
 - a) The context of the risk has changed during the year;
 - b) The mitigating actions identified have not been completed by the planned implementation dates;
 - c) The mitigating actions identified have not had the anticipated impact or have not been the correct actions needed to positively impact the risk; and / or
 - d) Further mitigating actions should have been identified to manage the risk.

This is something that we will need to better understand and challenge when managing NHS Devon's strategic risks for 2024/25.

- **Only 1 risk has seen a movement in its residual risk score between Q3 and Q4** and this is the risk relating to Health Inequalities and Prevention. The residual risk score has moved adversely from 20 to 25 and is as a result of no mitigating actions currently being identified to manage the risk. NHS Devon and the One Devon Health and Care System have insufficient resources to be able to deliver the work programme in this area.

A reduction in residual risk score was considered for Primary Care; however, in light of the issues in relation to Pharmacy, Optometry and Dentistry (POD) services, it was felt prudent to leave the score unchanged at this latest iteration of the BAF.

Developments Since the Board's Last Consideration of the BAF

12. For this latest iteration of the BAF, the Corporate Governance team has continued to work with Executives / Director Leads in order to provide updates on the management of each of the BAF risks. Particular focus has been given to ensuring that the risk information held is at an appropriate level of detail.

13. Work has continued in terms of reviewing and updating the controls in place to mitigate the BAF risks and also around the assurances and any gaps in controls

and / or assurances. There has been a focus on ensuring that for every control and assurance gap, mitigating actions have been identified and an Action Owner and planned completion date assigned. It should be possible to easily map the mitigating actions to the control and assurance gaps that they are addressing.

14. For each of the BAF risks, the current risk score, referred to as the 'residual risk score', has been reviewed taking into account the controls and mitigations in place at the current time. Ultimately, the aim is to reduce the score to the agreed 'target' risk score for each risk i.e. the level of risk which NHS Devon is willing to tolerate.

Development of the Board Assurance Framework (BAF)

Greater alignment to NHS Oversight Framework

15. Currently NHS Devon's BAF consists of 13 strategic risks, each aligned to one of four themes:

Improve Population Health	
1	Anchor If the 'Anchor Organisation' programme of work is not part of a more strategic plan, then there will be a lack of focus to address the social detriments of health. As a consequence the partner and community organisations will become disengaged, and NHS Devon will fail to achieve this objective.
2	Inequalities & Prevention If there is insufficient capacity and capability in NHS Devon to ensure that the system focuses on the necessary, work to improve population health management and prevention then it will not successfully reduce health inequalities and shift to prevention. The consequence will be that health inequalities will continue across Devon and worsen in some areas.
Improve Services and Reduce Unwarranted Variation	
3	Recovery (Unscheduled Care) If the system fails to ensure that the delivery of urgent and emergency care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.
4	Recovery (Elective Care) If the system fails to ensure that the delivery of elective care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.
5	Primary Care If NHS Devon does not support the post-Covid recovery and transformation of general medical, dental, pharmaceutical, and optical practice then Devon will not have adequate Primary Care Services, resulting in increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.
6	MHL D (Mental Health and Learning Disabilities) If NHS Devon does not improve access to mental health, learning disability and neurodiversity services then patients will continue to experience significant waits for specialist care which means more people are likely to access healthcare when in crisis, resulting in a worsening in mental health conditions leading to poor health outcomes. This may lead to an increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.
7	Community If NHS Devon does not drive change required in working practices across the system then people and communities will not be supported to stay healthy and live independently, resulting in poorer outcomes for the population of Devon.

Make More Efficient Use of Resources	
8	Finance If the NHS Devon fails to obtain commitment from all partners in the ICS to achieve financial balance, then our ability to move greater resource to prevention and our ability to exit the NHS England National Oversight Framework Level 4 status (NOF4) will be undermined.
9	Workforce If the One Devon Health & Care System does not produce an agreed system wide workforce strategy and deliver a coherent strategic workforce numerical plan that meets the health and care needs of the population, is affordable and can be delivered by system partners, then it will continue to have high costs and be unable to ensure resilient, safe, and effective services, resulting in a failure to meet statutory constitutional targets.
10	Digital If we fail to resource and work collaboratively towards the common priorities presented in the Digital Strategy, we will not be able to maximise the benefits afforded by the advances in digital and data.
11	Green Plan If NHS Devon does not embed the principles for Healthier Planet, Healthier People then it will not ensure that it is as green and sustainable an organisation as possible in order to contribute to the NHS target of reaching net zero by 2040 (for emissions it controls directly and by 2045 for those it can influence (such as the supply chain)). The consequence will be that we fail in our responsibilities to tackle the impact of the climate emergency on the health of the population and for future generations.
Develop Our Culture and How We Operate	
12	Culture There is a risk that the organisational change work being undertaken by the NHS Devon to enable it to meet the required 30% running cost reduction distracts staff from focusing on the transformational change required to improve the provision of care and services for the people of Devon. There is also a risk that the restructure has a knock-on impact of the work underway to strengthen system working as part of the 'One Devon' partnership.
13	Operating Model If NHS Devon does not set clear timescales and expectations for the development of the system operating model as a result of the inertia (inactivity) caused by operational pressures, then some partners will become disengaged and unable to focus on wider system objectives. The consequence will be a break down in trust between partners, which will undermine the relationships needed to fully develop an integrated care system.

16. In light of the importance of exiting Segment 4 of the NHS Oversight Framework (NOF4), it was proposed at the NHS Devon Board meeting on 06 December that the BAF should be aligned to the following NOF4 exit criteria, rather than the JFP, until the end of the 2023/24 financial year.

NOF Domain(s)	NOF4 Exit Criteria
Leadership and Capability Local Strategic Priorities	Leadership Demonstrate collaborative decision-making in delivering all the RSP exit criteria at both system and organisational levels, based on the principle of delivering the best, most sustainable and most equitable solutions for the whole population served by the system.
	Strategy Delivery of phase 1 of the Acute Services Sustainability Programme.

NOF Domain(s)	NOF4 Exit Criteria
Quality of Care, Access and Outcomes Preventing Ill Health and Reducing Inequalities	UEC Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement.
	Achieve the defined expectations of the National Taskforce
	Elective Recovery Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement.
	System performance improvements are delivered in accordance with agreed plans (Cancer and elective long waiters).
Finance and Use of Resources	Finance Develop and deliver a short-term financial plan (2023/24) that is signed off regionally and nationally.
	Develop an outline longer-term financial plan that shows non-recurrent balance in 2024/25 and recurrent balance for 2025/26, that has Board agreement from all Devon organisations and is signed off regionally and nationally.
	Develop and agree a Capital Plan that is clearly aligned to System strategic priorities.

17. Incorporation into the BAF of the NOF4 exit criteria would enable a better focus on the risks to the achievement of these. It would also enable the revision and simplification of the BAF moving forward. Board members were broadly supportive of the principle of aligning the BAF to the NOF4 exit criteria but were also concerned about the possible loss of current BAF risks and asked for further work to be done.

18. In light of this, at its meeting on 02 January 2024, the Executive Committee agreed to propose to the Board that, rather than aligning the BAF to the NOF4 exit criteria, it would be more appropriate to align to the six themes set out in the NHS Oversight Framework:

- Quality of care, access and outcomes
- Preventing ill-health and reducing inequalities
- Finance and use of resources
- People
- Leadership & capability
- Local strategic priorities

19. If this approach was to be adopted, the BAF risks could be articulated as follows:

Quality of care, access and outcomes

If NHS Devon does not work with system partners to deliver NHS service performance in line with national standards, then we will fail to deliver on one of our key statutory purposes (improve outcomes in population health and healthcare), resulting in patients across the One Devon Health and Care

System not receiving the services that they need.

Preventing ill-health and reducing inequalities

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

Finance and use of resources

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

People

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

Leadership and capability

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

Development of a Risk Appetite Statement

- 20. 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.
- 21. Subject to its agreement to adopt the proposed BAF risks for 2024/25 set out above, the NHS Devon Board is also asked to articulate its risk appetite in relation to each of these, expressed 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

22. The agreed ‘risk appetite’, that is, the levels and types of risk that the Board is prepared to accept (and not accept) in pursuance of the strategic goals of NHS Devon, will be used to inform agendas for meetings of the Board and its Committees, as well as to ensure that the mitigations/controls being put in place for risks are appropriate.
23. The Board is asked to set specific limits for the levels of risk that NHS Devon is able to tolerate in the pursuit of its strategic objectives. These tolerances may be different in relation to each statutory purpose; for example, the Board might have a very low tolerance for a risk in regard to improving outcomes in population health and healthcare but might be prepared to tolerate a higher level of risk with regards to helping the NHS support broader social and economic development.
24. Set out below is an initial proposed risk appetite statement, which Executive Committee members agreed at their meeting on 02 January 2024 to recommend to the Board:

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

25. Once work has completed on the Governance Review, each NHS Oversight Framework theme will be allocated to a Board Assurance Committee, which will then receive information about the most significant risks aligned to that statutory purpose.

Recommendation

26. The Board is asked to:
- **Approve** the content of the latest iteration of the BAF risks to achieving the strategic objectives of NHS Devon;
 - **Approve** the proposed approach for the BAF for the 2024/25 financial year, aligning it to the six themes within the NHS Oversight Framework; and
 - **Approve** the proposed Risk Appetite Statement for 2024/25.



Annex A

Corporate Objective 1: Work in partnership with community and 'anchor' organisations to address the social detriments of health.						Director Lead: Nigel Acheson, Chief Medical Officer (CMO)			
Risk: If the 'Anchor Organisation' programme of work is not part of a more strategic plan, then there will be a lack of focus to address the social detriments of health. As a consequence the partner and community organisations will become disengaged, and NHS Devon will fail to achieve this objective.						Principal Assurance Committee: Quality & Patient Experience Committee			
						Devon Challenge: (3) Complex patterns of urban, rural, and coastal deprivation; (4) Housing quality and affordability; (6) Access to services, including socio-economic and cultural barriers; and (11) Poor mental health and wellbeing, social isolation, and loneliness.			
						ICS Strategic Goal: Helping the NHS Support broader social and economic development.			
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Delivery Programme: <i>Community Development and Learning</i>			
Inherent Risk Score	5	5	↔	25	8	Risk Appetite: Seek			
Residual Risk Score:	5	5	↑	25 (Previously 20)					
Key Controls:					In Place	Assurances:			
'Anchor Organisation' work programme details the work required to ensure the strategic objectives of the organisation are met in this space						Health Inequalities and Prevention Steering Group workplan includes Anchor Organisation workplan			
Control Gaps						Assurance Gaps			
CG1 'Anchor Organisation' work programme not embedded and insufficient resources across NHS Devon and the One Devon Health and Care System						AG1 Yet to establish clarity with regard to which assurance committee of the NHS Devon Board oversees the 'Anchor Organisation' work programme			
CG2 Workforce: insufficient resources allocated to the delivery of this work at the current time						AG2 Oversight of the delivery of the "Anchor Organisation" work programme is via the Executive Strategy and Transformation Group; however this was stood down over the winter period			
Mitigating Actions:							Owner	Status	Completion Due
None currently identified									

Annex A

Corporate Objective 2: Reduce Health Inequalities (HI) through public health and mental health support. Corporate Objective 3: Enable a greater shift from treatment to prevention.						Director Lead: Nigel Acheson, Chief Medical Officer (CMO)	
Risk: If there is insufficient capacity and capability in NHS Devon to ensure that the system focuses on the necessary, work to improve population health management and prevention then it will not successfully reduce health inequalities and shift to prevention. The consequence will be that health inequalities will continue across Devon and worsen in some areas.						Principal Assurance Committee: Quality & Patient Experience Committee	
						Devon Challenge: (7) Poor health outcomes caused by modifiable behaviours and earlier onset of health problems in more deprived areas; (8) Earlier onset of health problems in more deprived areas; and (11) Poor mental health and wellbeing, social isolation, and loneliness.	
						ICS Strategic Goal: Population health and prevention will be everybody's responsibility and inform everything we do. The focus will be on the top five modifiable risk factors for early death and disability. People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.	
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Delivery Programme: Health Protection Joint Forward Plan Enabling Programme: Equality, Diversity, and Inclusion; Population Health	
Inherent Risk Score	4	4	↔	16	8	Risk Appetite: Open / Seek	
Residual Risk Score:	4	4	↔	16			
Key Controls:						In Place	Assurances:
Population Health Management (PHM) Team provides support, advice, and capacity							Oversight of the delivery of Health Inequalities work is via the Health Inequalities and Prevention Steering Group
Governance arrangements in place to ensure that health inequalities are addressed in NHS Devon decision making							
Health Inequalities and Prevention Programme Plan in place setting out details of system-wide delivery of required actions							
Cardiovascular Disease (CVD) Prevention Programme in place that details the work required to ensure the strategic objectives of the organisation are met in this space							
Diabetes Prevention Plan in place							
Falls and Frailty Prevention Plan (part of the Urgent and Emergency Care (UEC) Out of Hospitals Programme) developed; now moving to implementation							
Control Gaps							Assurance Gaps
CG1 Workforce: Awaiting clarity, as part of Phase 2 of the Organisational Change Programme, on resource allocation for this work							AG1 Population Health Improvement Committee not yet established as formal Board Assurance Committee – currently meeting in shadow form whilst clarifying role and responsibilities.
CG2 Workforce: Insufficient resource to deliver Diabetes Prevention Plan							
CG3 Workforce: Insufficient resource to deliver CVD Prevention Programme							
CG4 Lack of clarity about the uptake and impact of the Quality and Equality Impact Assessment (QEIA) tool process (links to governance arrangements)							

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Mitigating Actions:	Owner	Status	Completion Due
Confirmation of PHM team due to be completed as part of Phase 2 of the Organisational Change Programme (CG1), (CG2, (CG3), (CG4)	Ginny Snaith	On plan	March 2024
Refresh of Health Inequalities and Prevention Programme Plan: re-evaluating the programme with System partners (CG1), (CG2, (CG3), (CG4)	Kristian Tomblin	Behind Plan	October 2023
		Completed	December 2023
Identify resources for Diabetes Prevention Plan (CG2)	Lauren Benham	Behind Plan	August 2023
Identify resources for CVD Prevention Programme (CG3)	Ginny Snaith	Behind Plan	August 2023
Review use of QEIA tool and assess further development requirements (CG4)	Ginny Snaith	On Plan	March 2024
Formal governance being established to provide assurance to the Board on the Health Inequalities and Prevention Programme Plan – Population Health Improvement Committee established (AG1)	Nigel Acheson	Behind Plan	March 2023
		On Plan	March 2024

Annex A

Corporate Objective 4: Deliver safe and effective urgent and emergency care services that better meet people's needs.						Director Lead: Anthony Fitzgerald, Chief Delivery Officer			
Risk: If the system fails to ensure that the delivery of urgent and emergency care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.						Principal Assurance Committee: Finance & Performance Committee			
						Devon Challenge: (12) Pressure on health and care services (especially unplanned care)			
						ICS Strategic Goal: People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.			
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Delivery Programme: Acute Services Sustainability			
Inherent Risk Score	5	4	↔	20	6	Risk Appetite: Open			
Residual Risk Score	5	4	↔	20					
Key Controls:					In Place	Assurances:			
System wide Urgent and Emergency Care (UEC) lock-in February 2024 - cross system / organisational agreement to focus on 4 priorities to recover UEC position – Same Day Emergency Care (SDEC), care co-ordination, discharge from acute care and virtual wards						Devon Unscheduled Care Board holds the Devon system to account for strategic plans			
Delivery of the recovery plan at local level, ensuring all stakeholders are meeting obligations						Locality Unscheduled Care Board (South, West, and North / East) assures that actions at locality level are developed, delivered and continuously reviewed for impact			
Clear understanding of progress from previous week, actions for coming week, escalations of any barriers needing mitigation						New weekly recovery plan oversight by Devon ICB PMO of locality delivery plans			
In order to deliver the agreed 4 priorities to recover UEC position, a single medical model for UEC is required across Devon						Regional and national weekly Tier 1 meetings in place. The regional team hold Devon partners to account for their UEC plan and an escalation route is in place on a weekly basis to support this			
System-wide Urgent and Emergency Care Strategy in place and signed						System Improvement Assurance Group (SIAG) - The Devon System holds itself to account for operational and finance delivery via National Oversight Framework (NOF4)			
Control Gaps						Assurance Gaps			
CG1 There is not an agreed single medical model for UEC across Devon						AG1 NHS Devon missing key performance targets particularly ED performance and ambulance hand-over performance			
CG2 System-wide Urgent and Emergency Care Strategy not yet signed off						AG2 No high-level summary on risks and issues on the Integrated Quality and Performance Report (IQPR)			
Mitigating Actions:						Owner	Status	Completion Due	
At the non-elective lock-in held in February 2024, it was agreed that Anthony Hemsley would lead in the development and agreement of a single medical model across the Devon system. This will be informed initially by the 4 priority areas detailed above (see 'Key Controls' section) (CG1)						Anthony Hemsley / Colin Bradbury	On Plan	TBA	
Sign-off of the System-wide Urgent and Emergency Care Strategy (CG2)						Anthony Fitzgerald	On Plan	TBA	
2024/25 Operating Plan will detail the capacity and operational actions to meet national KPI standards for ED and ambulance handover (AG1)						John Finn / Sam Wadham-Sharpe	On Plan	April 2024	
As part of continuous revision of the IQPR we will seek to implement a high-level summary on risks and issues (AG2)						Sam Wadham-Sharpe	On Plan	Sept 2024	

Annex A

Corporate Objective 5: Reduce the number of people waiting for elective care.						Director Lead: Anthony Fitzgerald, Chief Delivery Officer			
Risk: If the system fails to ensure that the delivery of elective care services meets national standards then waiting times will be longer than they should be, resulting in poor patient experience and potential patient safety issues.						Principal Assurance Committee: Finance & Performance Committee			
						Devon Challenge: (12) Pressure on health and care services (especially unplanned care)			
						ICS Strategic Goal: People in Devon will know how to access the right service first time and navigate the services they need across health and care, improving personal experience and service productivity and efficiency.			
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Delivery Programme: Acute Services Sustainability			
Inherent Risk Score	5	4	↔	20	6	Risk Appetite: Open			
Residual Risk Score	4	4	↔	16					
Key Controls:						In Place	Assurances:		
To ensure continued investment in EL care, the block element of the Elective Recovery Fund (ERF) has been agreed as recurrent for 2024/25.							Monthly reporting Integrated Quality and Performance Reports (IQPRs) to the Finance & Performance Committee, with appropriate escalation to Elective Senior Responsible Officer (SRO) and on to Board		
EL Recovery plan focused on national performance standards, reducing Health Inequalities and improving patient safety. Informed culturally by the One Devon Programme							Elective Care Improvement Board (ECIB) provides strategic oversight of the elective recovery programme with focus on NOF4 exit deliverables and unblocking significant obstacles at a system level		
System wide Elective (EL) lock-in February 2024 - agreed 8 specialities for focused EL transformation to ensure patient need met and national performance standards around non-waiters achieved, with particular focus on 56 and 78 week waiters in line with Operational Plan							National Weekly Tier 1 Meetings (Regional and National Oversight Group) perform check and challenge against long waiter recovery		
Refocus of EL plans awaiting 2024/25 operational guidance, reflecting the impact of industrial action							System Quality Group provides strategic oversight of clinical quality and patient safety		
Refocus of diagnostics awaiting 2024/25 operational guidance, reflecting impact of industrial action							Tactical Delivery Group includes all system acute providers to delivery elective recovery and transformation with NOF4 exit focus. Group feeds up into the ECIB		
The Operating Plan for 2024/25, taking into account the Devon Long Term Plan (LTP), will identify capacity required to deliver operational performance standards									
Control Gaps							Assurance Gaps		
CG1 Need to understand the requirements of each of the 8 specialities to meet the ambitions of the Operational Plan									
CG2 EL recovery planned without taking into account the risk of further industrial action in 2024/25									
CG3 Continued gaps in NHS capacity to meet population need									
Mitigating Actions:						Owner	Status	Completion Due	
Meetings to be undertaken by end of March 2024 with each of the 8 specialities in order to understand the requirements to meet the ambitions of the Operational Plan. Outputs to be reflected in the Operational Plan. 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. These						Karen Barry	Not Yet Commenced	March 2024	

Annex A

meetings will focus on 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 (CG1)			
Further industrial action is now planned for week commencing 24 February to 28 February 2024. Following the publication of national templates on the 13 February 2024, as a system, we are revisiting the EL plan recovery for 2023/24 and will report through the Tier 1 weekly meetings in line with national planning (CG2)	Anthony Fitzgerald	On Plan	February 2024
Continued focused use of independent sector to meet gaps in NHS provision (CG3)	Sean Beakin	On Plan	On-going

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Corporate Objective 6: Maintain and enhance the capacity and resilience of Primary Care providers to improve patient outcomes through prevention, long term condition management and appropriate on the day demand, with particular attention to challenged areas.						Director Lead: Jo Turl, Director of Commissioning Primary, Community and Mental Health Care			
Risk: If NHS Devon does not support the post-Covid recovery and transformation of general medical, dental, pharmaceutical, and optical practice then Devon will not have adequate Primary Care Services, resulting in increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.						Principal Assurance Committee: Primary Care Commissioning Transition Committee			
						Devon Challenge: (1) An ageing and growing population; (3) Complex patterns of urban, rural, and coastal deprivation; (7) Poor health outcomes caused by modifiable behaviours; and (8) Earlier onset of health problems in more deprived areas.			
						ICS Strategic Goal: We will have a safe and sustainable health and care system.			
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Delivery Programme: <i>Primary and Community Care</i>			
Inherent Risk Score	4	4	↔	16	8				
Residual Risk Score:	4	4	↔	16		Risk Appetite: Seek			
Key Controls:						In Place	Assurances:		
Primary Care Access Recovery Plan (PCARP) for Devon agreed and implemented							Primary Care Commissioning Transition Committee (PCCTC) receives monitoring showing General Practice dental, pharmaceutical, and optical metrics – access, workforce etc.		
General Practice Resilience Programme in place									
Primary Care Estates Toolkit completed									
Primary Care Provider Collaborative in place and operating effectively									
Clearly defined local alternative at scale models of care provision									
Sufficient capacity within the primary care team to effectively commission POD services									
Control Gaps						Assurance Gaps			
CG1 Primary Care Provider Collaborative not yet in place and operating effectively									
CG2 Resources: Funding gap in general practice in capital allocation. Dental workforce challenges and inability to be flexible with national contract. Capacity of the team									
CG3 Workforce: Workforce shortages (across all allied professionals, nurses, GPs, dentists, and community pharmacists and commissioners)									
Mitigating Actions:						Owner	Status	Completion Due	
Work with Devon Collaborative Board to define and develop local alternative at scale models of care provision. Also exploring provider support by learning from Welsh model (CG1)						Jo Turl / Paul Green	Behind Plan	March 2024	
Identify capital funding within the system allocation for Primary Care Estates (CG2) <i>NB: NHSE will be allocating wholesale funding for Primary Care from 2025 onwards, however should this not materialise, £2m will be sought from the system envelope allocated to Primary Care. This is currently being taken through the governance cycle.</i>						Mat Chetwynd	On Plan	March 2025	
Submissions for mission critical roles (in particular Dental Lead Officer) will be made as part of Phase 2 of the organisational restructure (CG2)						Paul Green	On Plan	March 2024	
Deliver action plan to recruit and spend all Additional Roles Reimbursement Scheme (ARRS) funding in Devon (CG3)						Paul Green / Jo Stewart	Behind Plan	October 2023	
							On Plan	March 2024	

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Corporate Objective 7: Improve access to and outcomes for mental health (MH), learning disability (LD) and neurodiversity services.						Director Lead: Jo Turl, Director of Commissioning Primary, Community and Mental Health Care			
Risk: If NHS Devon does not improve access to mental health, learning disability and neurodiversity services then patients will continue to experience significant waits for specialist care which means more people are likely to access healthcare when in crisis, resulting in a worsening in mental health conditions leading to poor health outcomes. This may lead to an increased population morbidity, increased health inequalities and increased pressure across other parts of the health and care system.						Principal Assurance Committee: Finance & Performance Committee			
						Devon Challenge: (7) Poor health outcomes caused by modifiable behaviours; and (12) Pressure on health and care services (especially unplanned care) caused by increasing long-term conditions, multi-morbidity, and frailty.			
						ICS Strategic Goal: People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability. People in Devon will have access to the information and services they need, in a way that works for them, so everyone has an equal opportunity to be healthy and well.			
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Delivery Programme: Mental Health, Learning Disability and Neurodiversity			
Inherent Risk Score	4	5	↔	20	10	Risk Appetite: Open			
Residual Risk Score:	4	4	↔	16					
Key Controls:						In Place	Assurances:		
Joint Forward Plan (JFP) sets out expectations in line with the Long Term Plan (LTP) for all key targets							System approval of the JFP		
Provider Collaborative leadership in developing the Operating Plan for MHL D for 2024/25							Finance and Activity Sub Group of the MHL D Provider Collaborative - responsible for developing the Operating Plan		
Mental Health and Learning Disabilities (MHL D) Provider Collaborative continues to develop oversight of performance and challenges							Performance data dashboard in development and available to workstreams, oversight group and provider collaborative		
Control Gaps							Assurance Gaps		
CG1 The MHL D Provider Collaborative do not have a finalised process for sharing oversight of performance challenges with the ICB							AG1 Performance data dashboard not currently visible.		
CG2 Currently, the ICB and Devon System does not have agreed performance trajectories for 2024/25							AG2 The ICB does not currently have an agreed governance process in place to adequately assure itself that the MHL D Provider Collaborative is fulfilling its function.		
Mitigating Actions:							Owner	Status	Completion Due
The MHL D Provider Collaborative to develop a performance dashboard and action plans that get shared with ICB on a regular basis (CG1), (AG1)							Adam Carrick	TBC	April 2024
Completion of the Operating Plan submission (CG2)							Adam Carrick	On Plan	March 2024
Action plans for achieving each of the LTP targets as agreed in the Operating Plan for 2024/25 (CG2)							Adam Carrick	Not Yet Commenced	May 2024
Agree the governance process required to enable the ICB to assure itself that the MHL D Provider Collaborative is fulfilling its function (AG2)							Adam Carrick	Not Yet Commenced	June 2024

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Corporate Objective 8: Support and treat more people in their homes and communities to help them live healthily and independently.						Director Lead: Jo Turl, Director of Commissioning Primary, Community and Mental Health Care			
Risk: If NHS Devon does not drive change required in working practices across the system then people and communities will not be supported to stay healthy and live independently, resulting in poorer outcomes for the population of Devon.						Principal Assurance Committee: Finance & Performance Committee; and Primary Care Commissioning Transition			
						Devon Challenge (1) An ageing and growing population.			
						ICS Strategic Goal: People in Devon will be supported to stay well at home, through preventative, pro-active and personalised care. The focus will be on the five main causes of early death and disability.			
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Delivery Programmes: - Community Development and Learning; and - Primary and Community Care			
Inherent Risk Score	5	4	↔	20	8				
Residual Risk Score:	4	4	↔	16		Risk Appetite: Seek			
Key Controls: Publication of Community First Framework						In Place			
Joint Forward Plan (JFP) sets out expectations in line with the Long Term Plan (LTP) for all key targets						Assurances: Primary and Community Programme Board has been established; first held meeting October 2023. Work programme in place to deliver Operating Plan objectives			
Developing the Operating Plan for Community provision for 2024/25									
Control Gaps						Assurance Gaps			
CG1 Community provision not adequately considered in the Operating Plan process for 2024/25						AG1 Regular data demonstrating progress via Key Performance Indicators (KPIs) is still being developed – this means that limited assurance can be provided to the Executive Committee in respect of performance in this area			
Mitigating Actions:							Owner	Status	Completion Due
Primary and Community teams to input into the 2024/25 Operating Plan process (CG1)							Jo Turl	On Plan	March 2024
Development of a suite of Community indicators (AG1)							Kelvin Grabham	On Plan	April 2024

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Corporate Objective 9: Move out of System Oversight framework (SOF4) – including delivery of a balanced system financial plan.						Director Lead: Bill Shields, Chief Finance Officer (CFO)
Risk If the NHS Devon fails to obtain commitment from all partners in the ICS to achieve financial balance, then our ability to move greater resource to prevention and our ability to exit the NHS England National Oversight Framework Level 4 status (NOF4) will be undermined.						Principal Assurance Committee: Finance & Performance Committee Devon Challenge: (5) Economic Resilience ICS Strategic Goal: Enhancing productivity and value for money - We will make the best use of our funds by maximising economies of scale and increasing cost effectiveness.
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Enabling Programme: Finance
Inherent Risk Score	4	5	↔	20	8	
Residual Risk Score:	4	4	↔	16		Risk Appetite: Open
Key Controls:				In Place	Assurances:	
Financial Recovery Plan: A dynamic plan that continually assesses progress against system wide savings and identification of new schemes and performance against key finance and performance trajectories					Financial Recovery Plan reported to Finance & Performance Committee in April and May 2023. Financial performance on savings plans also reported to Finance & Performance Committee for both ICB and System savings	
NHSE dedicated support (team) in place to ensure ICB and system are implementing all required controls and improvements					Finance Committee report re. risks and mitigations by way of base case, upside, and downside	
'Triple Lock' now in place to control expenditure and impact on underlying position					System Executive oversight through System Recovery Board (SRB)	
Key expenditure control measures in place including workforce to control expenditure and impact on underlying position					ICB investments managed through Devon Investment Group (DIG) and triple lock through Finance and Planning Board	
Vacancy Control Panels (VCPs) in place for both ICB and System to prevent increase in workforce growth for the system and to support reduction in running costs for the ICB					Review by Recovery Support Unit (RSU) to test compliance	
Medium Term Finance Plan (MTFP) developed, setting out the scope and scale of the challenge to deliver financial balance during the strategic medium term. The model has been developed locally, in collaboration with Deloitte, and is understood and owned by all the NHS partners in the system. This is the strategic plan setting out the challenge rather than a delivery plan. The model allows for stress testing should current year delivery fall short of plan					System Recovery Task and Finish Group established. This is an action focussed meeting to maintain pace and focus, grip and control, rapid escalation and resolution of issues and blockages	
Independent review of forecasts and likely outturn and delivery against agreed Cost Improvement Plan (CIP) targets, both Business As Usual (BAU) and collaborative strategic. Agreement reached with NHSE to engage Paul Mapson to carry out this independent review, which will give assurance on the level of risk in the current year delivery plans					System Workforce Oversight Group established to have oversight of workforce impact across system. Restructuring process overseen by Executive Committee for delivery of ICB running cost reductions.	
Scoping of a procurement completed for consultant support to Phase 4 which will provide additional support in areas of high benefit such as procurement, workforce, out of hospital services. and digital enablement, in addition to the continuation of support to CIP delivery, and support to the delivery of the system recovery programme					System Improvement Assurance Group (SIAG)	

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Risk sharing reporting in place to ensure there is a common understanding of how the risk sharing will impact on individual organisational positions, minimising any opportunities for omission or double counts in the forecast. Consistency of reporting, better articulation of risk review		System Oversight Framework (SoF) Metrics included within the Integrated Quality and Performance Report (IQPR)		
Testing with each CIP scheme Senior Responsible Officer (SRO), the validation of current year forecast delivery, the route to cash, the timing of delivery to ensure the forecast and risk at system level is robust and well understood. Testing the opportunities for in year recovery and stretch delivery. Meetings are in the process of being arranged during September and early October 2023				
Control Gaps		Assurance Gaps		
NHSE Recovery Plan sign off				
Mitigating Actions:		Owner	Status	Completion Due
Delivery of the system-wide CIP programme for 2023/24		Bill Shields	On Plan	On-going
Delivery of finance and activity trajectories		Bill Shields	On Plan	On-going
Develop a capital programme that aligns and supports delivery of the operational plan/to include technology advancements/digital agenda etc.		Bill Shields	On Plan	2024/25
ICS Infrastructure Strategy		Bill Shields	Behind Plan	December 2023
Appointment of National Intensive Support Team (NIST) of three senior posts in support of the system recovery programme. These include senior leads for Programme Management Office (PMO), Workforce and Discharge.		Bill Shields	Completed	October 2023
National re-forecasting exercise completed with system wide agreement which has significantly reduced risk to in year delivery of revised plan		Kirsty Denwood	Completed	November 2023
The system will be running a full day Quarter 2 review with CEOs, CFOs, and COOs from all organisations to include how to process a hard reset on recovery, what the risk position looks like, shared understanding of the challenges and solutions and mitigations, update on CIP delivery and forecast. A key outcome being a shared understanding of whether the system needs to change its forecast and by how much		Bill Shields and Executive Team	Completed	November 2023
Investment and Workforce review carried out by Financial Improvement Director with key highlights and actions reported to the Finance and Performance Committee		Bill Shields	Completed	January 2024
Review of 23/24 exit underlying position for both ICB and system and assessment of impact on 2024/25 financial position		Kirsty Denwood	On Plan	February 2024

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Corporate Objective 10: Develop a workforce strategy to ensure resilience of key services.						Director Lead: Piers Tetley, Interim Chief People Officer	
Risk: If the One Devon Health & Care System does not produce an agreed system wide workforce strategy and deliver a coherent strategic workforce numerical plan that meets the health and care needs of the population, is affordable and can be delivered by system partners, then it will continue to have high costs and be unable to ensure resilient, safe, and effective services, resulting in a failure to meet statutory constitutional targets.						Principal Assurance Committee: People & Culture Committee	
						Devon Challenge: (8) Varied education, training, employment opportunities, workforce availability and wellbeing.	
						ICS Strategic Goal: Enhancing productivity and value for money. We will have enough people with the right skills to deliver excellent health and care in Devon, deployed in an affordable way.	
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Enabling Programme: <i>Workforce</i>	
Inherent Risk Score	4	4	↔	16	6		
Residual Risk Score:	4	4	↔	16			
Key Controls:				In Place	Assurances:		
Workforce Strategy designed and approved					Workforce Strategy Steering Group oversees the development and implementation of the workforce strategy and associated workforce plans. Progress reported through to Executive Workforce Group and People & Culture Committee.		
Workforce dashboard							
5 Year Workforce Plan outlining the size and skill mix of the NHS provider workforce required to meet population demand					System governance / ICB governance established for this workstream		
Strategic Workforce Planning Tool (SWIFT) supports health providers in developing robust workforce plans as well as enabling ongoing monitoring of delivery progress. The SWIFT tool will also standardise planning processes and the outputs of the tool will help inform talent pipelines and new ways of working models.							
Control Gaps					Assurance Gaps		
CG1 Learning and Education Strategy - In October 2023, the People & Culture Committee report endorsed the Learning and Education Strategy which has yet to be presented to the Board for approval.					AG1 Workforce report and dashboard created and in use in Quarter 3 2023/24 for NHS providers. Plan for this report to be presented at Finance & Performance Committee at agreed internals with effect from April 2024.		
CG2 5 Year Workforce Plan not yet agreed by System Partners					AG2 System governance / ICB governance yet to be confirmed for this workstream		
CG3 Strategic Workforce Planning Tool (SWIFT) not yet in place. Awaiting outcome of implementation of Options Appraisal							

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Mitigating Actions:	Owner	Status	Completion Due
A revised approach to collating the required data to inform the 5 Year Workforce Plan for health providers has been designed, approved, and implemented. Workstreams are on track to deliver the plan by agreed deadline (CG2)	Mark Sowden	Complete	January 2024
Ongoing engagement with primary care and social care to source workforce planning data so that the data can be included in the strategic workforce numerical plan to enable full System workforce planning (CG2)	Mark Sowden	On Plan	April 2024
Clinical engagement with health provider Chief Medical Officers (CMOs) and Chief Nursing Officers (CNOs) planned throughout Quarter 4 2023/24 and Q1 2024/25 to support socialisation and approval of strategic workforce numerical plans as well as to ensure those plans are aligned to the required clinical service / pathway redesign and new ways of working required. This engagement work is being supported by NHS Devon CMO & CNO (CG2)	Mark Sowden / Natasha Goswell	Behind Plan	January 2024
		On Plan	Revised date April 2024
5 Year Workforce Plan to be agreed by System Partners (CG2)	Mark Sowden	On Plan	April 2024
The development of our own strategic workforce planning tool (SWIFT) will be a key enabler in supporting health providers in developing robust workforce plans as well as enabling ongoing monitoring of delivery progress. The SWIFT tool will also standardise planning processes and the outputs of the tool will help inform talent pipelines and new ways of working models (CG3)	Mark Sowden	Behind Plan	January 2024 Awaiting outcome of Options Appraisal
Oversight and progress reporting in place to monitor progress and delivery of plans. Oversight includes provider Executive / senior management attendance at meetings as well as ongoing engagement with provider leads and monthly reports to Executive Workforce. Plans in place to update Finance and Performance Committee with effect from April 2024 (CG2 / AG2)	Mark Sowden	On Plan	April 2024
System governance / ICB governance to be confirmed for this workstream (AG2)	Piers Tetley	On Plan	March 2024

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Corporate Objective 11: Maximise the use of digital technology and data so it [care] is evidence based and outcome focused.						Executive Director: Bill Shields, Chief Finance Officer (CFO)	
Risk: If we fail to resource and work collaboratively towards the common priorities presented in the Digital Strategy, we will not be able to maximise the benefits afforded by the advances in digital and data. Specifically the NHS Devon Digital Team are driving system improvement and collaboration in the following areas: - The digital contribution to exiting Segment 4 of the National Oversight Framework (NOF4) - The delivery of unified and standardised digital infrastructure and applications to support the clinical model - The delivery and development of shared care record capability - The development of the digital citizen and improving digital inclusion - The delivery of a shared digital target operating model for the delivery of digital services.						Principal Assurance Committee: Finance & Performance Committee ICS Digital Vision: Invest in a digital Devon: People will only tell their story once; first contact will be digital where appropriate and more advice and help will be available online. We want to make the most of advances in digital technology to help people stay well, prevent ill-health, and provide care.	
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Enabling Programme: <i>Digital and Data</i>	
Inherent Risk Score	4	4	↔	16	8		
Residual Risk Score:	3	4	↔	12		Risk Appetite: Seek	
Key Controls:					In Place	Assurances:	
Digital Strategy - includes plans and high-level investment requirements and is being led by ICB staff						Digital Transformation Board provides governance by reviewing all strategies, plans and investments for system wide transformation. It also provides a point of escalation for reviewing risks. Membership of this board includes Executive Leads, CIOs and CCIOs	
Maintained business case for the future development of the shared care record to support the enablement of wider access to the shared care record so that patient information is accessible to all those involved in direct care						Single Technical Design Authority provides technical leadership for policies, procedures architecture design and standardisation of approaches to ensure best practice across the ICS. Specific areas of focus includes Cyber Security and Data Centres	
With the support of Channel 3 Consultancy, business cases produced for a Target Operating Model and a Shared Service Desk. In addition, they have also produced an initial Review of Referral Services. All will support a more efficient and resilient shared IT service and contribute to our exit from NOF 4.							
Professional provider support requirement specified for Phase 4 implementation activity. Linked to the implementation of the business change associated with the Channel 3 business cases referred to above.							
ICS Cyber Security Strategy being developed which provides direction for national funding opportunities							
Control Gaps						Assurance Gaps	
Over reliance on provider digital resources who have other competing local priorities, so we are needing to use external management consultants						The NHSE model hospital data focus on the lowest immediate cost rather than safest and longer-term cost effective value	
A culture of whole system thinking across the ICS has yet to be achieved						The cyber security phishing results were lower than the national average and identifies a need for promoting further training and awareness	

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Lack of financial resources: the system control CIP is reducing the resources available to Digital which in turn creates a risk in supporting digitally enabled transformation			
Mitigating Actions:	Owner	Status	Completion Due
NHSE to sign-off business case for Phase 4 activity	Malcolm Senior	Completed	November 2023
Follow up awareness on cyber security phishing risks across the ICB with a follow up exercise being planned to assess effectiveness	Jim Goodwin	Completed	November 2023
Cyber security plan being written and will be submitted to the TDA and Digital Board in February 2024	Jim Goodwin	On Plan	February 2024
Provider CIOs with support of Channel3 Consultancy, to complete the Phase 4 activity for delivering a document that can promote the Target Operating Model and IT Shared Service within providers to obtain support and identify key decisions	Malcolm Senior	On Plan	February 2024
Subject to a decision to progress a shared service to commence the development of a full business case to make the case for change. Such a business case would need to proceed through the triple lock NHSE process	Malcolm Senior		TBC

Annex A

Corporate Objective 12: Minimise our negative impact on the environment and ensure services are green / sustainable.						Director Lead: Andrew Millward, Chief Communications & Corporate Affairs Officer			
Risk: If NHS Devon does not embed the principles for Healthier Planet, Healthier People then it will not ensure that it is as green and sustainable an organisation as possible in order to contribute to the NHS target of reaching net zero by 2040 (for emissions it controls directly and by 2045 for those it can influence (such as the supply chain)). The consequence will be that we fail in our responsibilities to tackle the impact of the climate emergency on the health of the population and for future generations.						Principal Assurance Committee: Finance & Performance Committee			
						Devon Challenge: (2) Climate Change			
						ICS Strategic Goal: We will create a greener and more environmentally sustainable health and care system in Devon, that tackles climate change, supports healthier living (including promoting physical activity and active travel).			
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Enabling Programme: <i>Green Plan</i>			
Inherent Risk Score	4	4	↔	16	8	Risk Appetite: Seek			
Residual Risk Score:	4	4	↔	16		Assurances:			
Key Controls:				In Place		Estates / Sustainability Lead Meetings: <u>Regional Meeting:</u> Attended by ICS Leads. System partners support each other and share best practice to deliver individual plans <u>Local Meeting:</u> Attended by Estates Leads. Discussions take place about individual plans for each site / part of the system			
Joint Forward Local Plan has been consulted upon and adopted									
Green Plan being amended to reflect the outcome of the Joint Forward Local Plan consultation									
Control Gaps						Assurance Gaps			
CG1 Resources and Capacity: No resources have been identified to support the implementation of the Green Plan by NHS Devon						AG1 Formal governance arrangements not in place and no formal route to the NHS Devon Board			
CG2 Resources and Capacity: There is currently no dedicated strategic resource at a One Devon Health and Care System level for the Green agenda									
CG3 The Green Plan is currently being reviewed to reflect the sustainability ambitions within the Joint Forward Local Plan									
CG4 NHS Devon's Green Plan does not currently have an associated delivery plan									
Mitigating Actions:					Owner	Status	Completion Due		
Phase 2 of the Organisational Change Programme will determine the level of resources required for delivery of the Devon Green Plan / Joint Forward Local Plan (CG1)					Piers Tetley	On Plan	April 2024		
The Green Plan is currently being reviewed to reflect the sustainability ambitions within the Joint Forward Local Plan (CG3)					Matt Chetwynd	Behind Plan	December 2023		
						On Plan	March 2025		
Consideration being given to the governance arrangements required to provide assurance on the delivery of the Green Plan (AG1)					Matt Chetwynd	On Plan	April 2024		

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Corporate Objective 13: Develop and embed a new culture for the ‘One Devon’ system and create stronger relationships built on integration and trust.						Director Lead: Andrew Millward, Chief Communications & Corporate Affairs Officer			
Risk: There is a risk that the organisational change work being undertaken by the NHS Devon to enable it to meet the required 30% running cost reduction distracts staff from focusing on the transformational change required to improve the provision of care and services for the people of Devon. There is also a risk that the restructure has a knock-on impact of the work underway to strengthen system working as part of the ‘One Devon’ partnership.						Principal Assurance Committees: People & Culture Committee			
						ICS Overarching Goal: One Devon will strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon and greater value for money. (extract from the Devon Plan).			
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Enabling Programme: <i>System Development</i>			
Inherent Risk Score	5	5	↔	25	6				
Residual Risk Score:	4	5	↔	20		Risk Appetite: Seek			
Key Controls:		In Place	Assurances:						
Organisational change programme split into two phases with Phase 1 focused on the Executive Team and Senior Leadership Team			Organisational Change Oversight Group provides assurance on the organisational change process from a technical / procedural perspective but also touches on the wider determinants such as staff support, staff pressure etc						
Communications Plan in place to ensure that staff are kept up to date in relation to proposed changes and that they are appropriately engaged			Remuneration Committee provides assurance on the organisational change process from a technical / procedural perspective but also touches on the wider determinants such as staff support, staff pressure etc						
Lessons learned review of Phase 1 of Organisational Change Programme to inform Phase 2.			Staff Partnership Forum, as a formal consultative body of the organisational change process from a technical / procedural perspective, the SPF provides staff feedback in relation to the organisational change process itself, current mood of the organisation, areas where further support / intervention is required etc						
			Trade Unions receive formal organisation change documents and provide feedback provided						
Control Gaps			Assurance Gaps						
CG1 Phase 1 of Organisational Change Programme Lessons Learned review to be completed.			-						
Mitigating Actions:						Owner	Status	Completion Due	
Organisational change programme split into two phases with Phase 1 focused on the Executive Team and Senior Leadership Team (SLT) (CG1)						Piers Tetley	Completed	November 2023	
Organisational Change Phase 2 due to follow Phase 1, with a focus on the rest of the organisation, in order to ensure that organisational leaders own proposed new organisational structures (CG1)						Andrew Millward	On Plan	April 2024	

Annex A

Corporate Objective 14: Develop a system operating model, so we are clear on system decision making, local care partnership accountability and development of a more locally based, citizen led approach to planning and delivering services.						Director Lead: Nigel Acheson, Chief Medical Officer (CMO)			
Risk: If NHS Devon does not set clear timescales and expectations for the development of the system operating model as a result of the inertia (inactivity) caused by operational pressures, then some partners will become disengaged and unable to focus on wider system objectives. The consequence will be a break down in trust between partners, which will undermine the relationships needed to fully develop an integrated care system.						Principal Assurance Committee: ICS Executive Strategy and Transformation			
						ICS Aim: Creating an environment for success - Integrated System Development Programme.			
	Likelihood	Impact	Move	Risk Score	Target	Joint Forward Plan Enabling Programme: <i>System Development</i>			
Inherent Risk Score	4	4	↔	16	6				
Residual Risk Score:	3	4	↔	12		Risk Appetite: Seek			
Key Controls:					In Place	Assurances:			
Partner Board approval of Devon Operating Model						One Devon Health and Care System maturity assessment			
Programme of work in place to embed the Devon Operating Model									
Control Gaps						Assurance Gaps			
CG1 Delay in NHS Devon Exec agreement of vision and timescales for implementation of One Devon Operating Model delayed due to focus on NOF4 exit criteria									
CG2 Development and Delegation Framework – dependent on the above									
CG3 Plan and timeline for adoption of additional responsibilities – dependent on the above									
Mitigating Actions:						Owner	Status	Completion Due	
NHS Devon to share updated Operating Model presentation with SME, LCPs, and PCs (CG1), (CG2), (CG3)						Warwick Heale	Behind Plan	November 2023	
NHS Devon to co-produce with LCPs and PCs a delegation framework to include: governance (formally approved Terms of Reference (ToRs), membership, reporting etc.); assessment of capacity and capability (including that provided by transfer of staff to new body). May use elements of the One Devon Health and Care System Maturity Assessment (CG1), (CG2), (CG3)						Warwick Heale	Behind Plan	December 2023	

Annex B

Scoring Methodology

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 x Likelihood (I x L)

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
Severity	5 Catastrophic	5	10	15	20	25
	4 Major	4	8	12	16	20
	3 Moderate	3	6	9	12	15
	2 Minor	1	4	6	8	10
	1 Negligible	1	2	3	4	5

Good Governance Institutes Framework definitions:

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



NHS Devon Integrated Care Board

2023 NHS Staff Survey

Date of meeting	Date report produced
26 March 2024	6 March 2024

Author(s)		Report approved by	
Name and title:	Sean Langford HR Business Partner	Name and title:	Andrew Millward Chief Officer, Communications and Corporate Affairs
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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 2023 staff survey results have now been published. This year, for the first time in five years, the results for NHS Devon declined.
The report provides information on the key themes from the survey along with the main actions NHS Devon plans to take to address the feedback provided by staff.



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

The Executive Committee considered the staff survey results at its meeting on 16 January 2024. This report was considered by the Executive Committee in correspondence in advance of its submission to the Board.

Key recommendations and actions requested

1. **Note** the NHS Devon 2023 Staff Survey results.
2. **Support** the actions set out in the report.

Impact on NHS Devon objectives

Objective	Impact
Improve population health	
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	Improving the experience for staff and providing clarity
Develop our culture and how we operate	Improving the experience for staff and building a more positive culture

Outline the implications of matters covered in this report for the following areas (if none, please state)

Area	
Quality of services	None
Health inequalities	None
Workforce	Improving the experience for staff and building a more positive culture
Resources and finance	None
Legal	None
Digital and Data	None
Involvement, Engagement and consultation	Engaging with staff about their experience at work

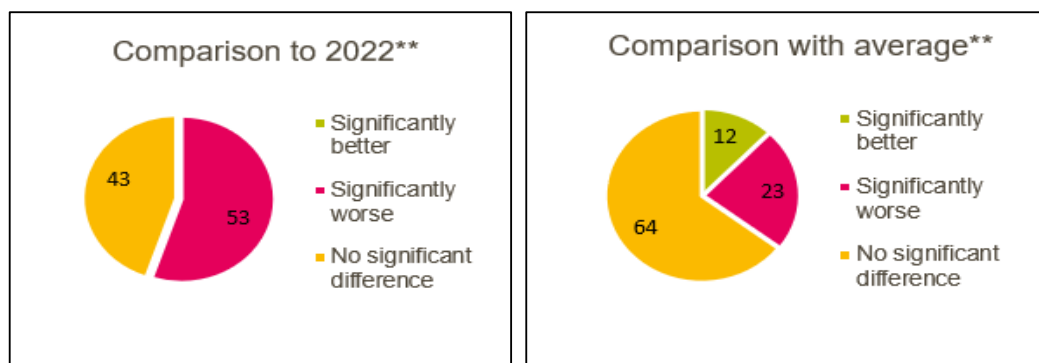
2023 NHS Staff Survey

Introduction

1. The NHS Staff survey is one of the largest workforce surveys in the world with over 600,000 participants in 2022.
2. The 2023 survey took place from October to November 2023.
3. 416 employees from NHS Devon Integrated Care Board (ICB) participated. This was a response rate of 72% which is in line with other ICBs and previous years.

Summary of results

4. In 2023, NHS Devon's staff survey results declined for the first time in five years.
5. In 2022, NHS Devon ranked 5th for overall positive score out of the ICBs which participated with Picker (our survey provider). This year, that ranking dropped to 20th.
6. Picker analyses the results to identify statistically significant changes. This analysis is shown in the charts below.



7. The year-on-year comparison shows that the results for 53 questions were significantly worse than for the year before.
8. The same Picker analysis also shows that, despite the year-on-year decline, 76 questions were the same or significantly better than the ICB average.
9. This reflects the high base, relative to other ICBs, from previous years. Although the survey results have declined noticeably this year, they are still broadly in line with the ICB average nationally.
10. A comparison of NHS Devon with other ICBs is shown on the following page.

11. The table below is % of staff who would recommend their organisation as a good place to work (source Health Service Journal (HSJ))

ICB	2022	2023	Change 2022 to 2023 (p. points)
Gloucestershire	80.6%	74.8%	-5.9%
Lincolnshire	73.8%	68.2%	-5.6%
Dorset	78.2%	67.7%	-10.5%
Black Country	66.4%	67.0%	0.6%
Suffolk and North East Essex	68.5%	65.4%	-3.1%
Leicester, Leicestershire and Rutland	62.1%	62.2%	0.1%
Hertfordshire and West Essex	65.9%	60.8%	-5.1%
Herefordshire and Worcestershire	64.4%	60.4%	-4.0%
Staffordshire and Stoke-on-Trent	66.4%	59.3%	-7.0%
Somerset	71.8%	58.3%	-13.5%
Derby and Derbyshire	64.6%	58.0%	-6.6%
Nottingham and Nottinghamshire	67.6%	56.8%	-10.9%
Cambridgeshire and Peterborough		56.7%	-
West Yorkshire	66.2%	55.9%	-10.3%
Frimley	70.6%	54.0%	-16.6%
South East London	61.0%	52.8%	-8.2%
Sussex	62.3%	51.4%	-10.9%
Birmingham and Solihull	55.7%	51.2%	-4.5%
Greater Manchester		51.1%	-
Surrey Heartlands	50.0%	51.1%	1.1%
Northamptonshire	50.4%	49.7%	-0.8%
Bath and North East Somerset, Swindon and Wiltshire	60.1%	49.5%	-10.7%
Norfolk and Waveney	67.9%	49.3%	-18.7%
South West London	59.1%	48.1%	-11.0%
Cheshire and Merseyside	50.7%	47.8%	-3.0%
Bristol, North Somerset and South Gloucestershire	64.8%	47.2%	-17.6%
South Yorkshire	69.0%	43.7%	-25.2%
North Central London	56.9%	43.4%	-13.5%
North West London	48.3%	43.4%	-4.9%
Coventry and Warwickshire	56.5%	42.0%	-14.5%
Bedfordshire, Luton and Milton Keynes	59.2%	40.3%	-18.9%
North East and North Cumbria		39.2%	-
Hampshire and Isle of Wight	62.7%	37.7%	-25.0%
Shropshire, Telford and Wrekin		36.9%	-
Buckinghamshire, Oxfordshire and Berkshire West	39.6%	36.7%	-2.8%
Lancashire and South Cumbria	46.4%	36.7%	-9.7%
Kent and Medway	56.8%	33.0%	-23.8%
North East London	48.2%	32.2%	-16.0%
Devon	59.6%	31.8%	-27.8%
Cornwall and the Isles of Scilly	49.6%	29.6%	-20.0%
Mid and South Essex	43.0%	28.1%	-14.8%

Key themes

12. In short, this year staff have provided a challenging view about their experience of working at NHS Devon. A summary of key themes is shown below:

Positive
Line manager support scores better than national average
Scores for appreciation, enjoying working with colleagues, being treated with respect, and feeling valued by team better than national average
Improved scores for satisfaction with pay, understanding each other's roles and feeling a strong personal attachment to team
Areas for improvement
Time pressures, conflicting demands and burnout remain issues
Staff have consistently reported that there aren't enough people at the organisation to carry out their role fully
Poor results for recommending the ICB as a place to work and thinking of, or planning to, leave the organisation
Noticeable decline in scores for career and personal development which are now below the national average.

13. The top five questions for positive areas, and areas for improvement, are included below and on the following page.

Positive scores (compared to ICB average)
Disability: made adjustments to enable me to work: 88% (ICB average: 78%)
Received appraisal in the past 12 months: 86% (ICB average: 78%)
Not felt pressure from manager to come to work when unwell: 94% (ICB average: 88%)
Team members understand each other's roles: 69% (ICB average: 63%)
Don't work additional unpaid hours: 35% (ICB average: 29%)

Positive scores (compared to NHS Devon last year)
Satisfied with level of pay: 60% (2022: 55%)
Team members understand each other's roles: 69% (2022: 66%)
Don't work additional paid hours: 93% (2022: 90%)
Feel a strong personal attachment to my team: 69% (2022: 67%)
Not seen any errors/near misses/incidents that could have hurt staff/patients/service users: 89% (2022: 88%)

Areas for Improvement (compared to ICB average)
Would recommend organisation as a place to work 32% (ICB average: 52%)
Enough staff at organisation to do my job properly 17% (ICB average: 30%)
Care of patients/service users is organisation's top priority: 55% (ICB average: 67%)
I don't often think about leaving this organisation: 27% (ICB average: 39%)
There are opportunities for me to develop my career in this organisation: 30% (ICB average: 41%)

Areas for Improvement (compared to NHS Devon last year)
Would recommend organisation as a place to work: 32% (2022: 60%).
Don't often think about leaving this organisation: 27% (2022: 50%)
I am unlikely to look for a job at a new organisation in the next 12 months: 31% (2022: 52%)
There are opportunities to develop my career in this organisation: 30% (2022: 51%)
I am not planning on leaving this organisation: 44% (2022: 62%)

Directorate engagement sessions – key themes

14. In February this year, each Director led an engagement session with their staff to discuss the survey results. Some of the key themes emerging from these engagement sessions are presented below.

- a) **Health & Well-being** – staff report that there not enough people to do their jobs well leading to burnout and prolonged uncertainty affecting stress and anxiety levels

- b) **Re-organisation** – prolonged process to date and a feeling that there is a lack of understanding of how this affects people professionally and personally.
- c) **Training and development** – staff feel that personal and professional development opportunities are unclear and access is not transparent.
- d) **Leadership** – stability of leadership is critical in support of setting / driving the strategy and clarity of function and purpose for delivering the culture.
- e) **Shared purpose/clarity of function** – strong message from all sessions was that this is not clear for staff.
 - What is different about an ICB as opposed to a Clinical Commissioning Group?
 - What is unique about NHS Devon? (how do we do things?)
 - What is important now and how do we develop to be fit for the future needs of our population?
 - What do we consciously stop doing/do differently?
- f) **Accommodation** – while the new office environment is an improvement, some staff must now travel considerably further which has a significant impact for these individuals.

Actions

15. NHS Devon needs to respond well to win back the trust of its staff.

16. In the **short-term** the following actions are planned or underway:

- a) Executives have reviewed the results and held engagement sessions with their staff. These engagement sessions will be an ongoing discussion and interaction with staff about the survey and their experience at work.
- b) Targeted support will be provided for teams with lower scores and/or particular challenges.
- c) The Board can help us by clarifying its vision for the future and its priorities.
- d) The NHS Devon Chair is planning informal sessions with some teams so that a different perspective on the challenges can be gained.
- e) The results have been shared with the new NHS Devon Chief Executive Officer and colleagues will work with him on the action plan. The Chief Executive Officer met all staff at special briefing sessions held in February.

- f) A detailed paper and action plan will be presented to the Remuneration and Internal ICB Workforce Committee.
- g) Sickiness absence and is being reviewed with plans and support being put in place for staff with high Bradford Scores (Named after Bradford University where it originated in the 1980s, the Bradford Factor is based on the theory that shorter, more frequent absences are more detrimental to an organization than longer, less frequent ones).

17. In the **longer term** the work on phase 2 of the restructure will help us address some of the issues raised in the survey.

- a) The aim is to complete the organisational change process as quickly as possible.
- b) Directorate sessions to design structures for phase 2 have been held.
- c) Part of the design work is to provide more clarity for staff on what the organisation and teams can stop doing, or do differently, as part of the design work for phase 2 of the restructure.
- d) Key roles from phase 1 need to be filled to provide stability of leadership.
- e) Work is being planned for an Organisational Development and a Learning and Development programme build culture and new ways of working.
- f) The new HQ at Aperture House will help support a new way of working.

Conclusion

18. The Board is asked to:

- **Note** the NHS Devon 2023 Staff Survey results.
- **Support** the actions set out in the report.

Board meeting of the Integrated Care Board

Agenda item: ICB chief executive update

Date of meeting: 14 March 2024

Meeting section: Public session (part 1)

For: Discussion

Author: Kate Shields, chief executive, presented at the ICB board meeting by Susan Bracefield, Acting Chief Executive

1. Executive summary

The chief executive's update is a regular feature of each board meeting. The report focuses on highlighting emerging issues and significant developments that are not otherwise covered on the board agenda. It helps ensure members are aware of key areas of work happening within the Cornwall and Isles of Scilly integrated care system (ICS). A verbal update on other key areas may also be given.

2. Recommendations

The ICB Board is asked to receive the chief executive update and enquire further, as necessary.

3. Main report

3.1 Hearing Families Screening event

The Hearing Families programme was initiated in 2019 following concerns raised by the mothers of two men, Ben and Darren, in their lifetime care across different agencies and departments. NHS Kernow commissioned a short film to encapsulate the experiences of these two mothers, in particular, their experience of not being listened to and being discounted during decision making for their sons. The original draft of "Hearing Families" was shown to the Integrated Care Board meeting in April 2023.

NHS Cornwall and Isles of Scilly Integrated Care Board

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Visit our website: cios.icb.nhs.uk



Part 25, Chy Trevail,
Beacon Technology Park,
Dunmere Road,
Bodmin, PL31 2FR
Chair: John Govett

Chief executive officer: Kate Shields

Further filming with the Chief Executive of the ICB and the Director of Adult Social Care was undertaken, to ensure the film included a systemwide apology and commitment to change in the narrative.

The Hearing Families film was shown at a screening event on 21 February at the Bedruthan Steps Hotel and was attended by local, regional and national representatives from within the learning disability field. The event included round table discussions and formal pledges from attendees to further the requirement of hearing families, both at an individual and organisational level. The output of the discussions and the written pledges made by attendees are still being collated and will be shared with the ICB board at a future meeting.

3.2 Integrated Admiral Nurse Service Supporting Ahead Programme (SAP)

These SAP meetings are available to all carers in Cornwall who look after their loved ones who have a diagnosis of Dementia. The purpose of these meetings is to provide a safe, helpful and welcoming environment for carers to find out what services are available in Cornwall to help and support them with their caring role.

The Integrated Admiral Nurse Service team consisting of 3 nurses specialising in the care of people with dementia and their families, aim to provide the following:

- Continuity of care and support for people with dementia and their family during hospital admissions.
- Good quality information, education and awareness of provision of services in the local community.
- An opportunity for carers of patients with dementia to engage in social interaction, which helps to enhance independence and quality of life for both people with dementia and their carers.
- Information regarding current dementia research and how patients and/or carers can get involved.
- Peer support to carers:
 - Providing practical and emotional support.
 - Reducing social isolation.
 - Promoting self-help.
- A holistic referral point into relevant services.

Invitations are extended to many different services/organisations for sessions to be informative and structured, providing a holistic referral access point. These events provide opportunities for carers to physically see and meet the people behind each service to promote independence and referrals.

I was delighted to be invited to the meeting held on 19 February in Marazion Community Centre and experienced the positivity this programme is bringing to carers' lives; this is a valuable resource appreciated by people with dementia and their families across Cornwall.

I look forward to joining their next meeting on 31 May in Carnon Downs, Truro.

3.3 Critical Incident Debrief

As reported to the ICB Board last month, NHS Cornwall and Isles of Scilly declared a Critical Incident over the weekend of 20/21 January 2024 which was then formally stood down on 29 January. Whilst it was reported last month a paper would be provided to the March ICB Board meeting, the debrief session was delayed in recognition of the planned Industrial Action. Therefore, a full system-wide debrief session (*as per the agreed protocols following a critical incident*) has been arranged for 15 March 2024 with EPRR leads across the system collating the feedback so we can review all learning to reduce the risk of another critical incident.

3.4 Performance Summary for March 2024

The national focus on the 4-hour A&E performance standard for all type activity (which includes ED's, MIU's and UTC's) is prioritised for delivery to 76% for the month of March with a new standard of 77% (estimated ahead of final planning guidance) for 2024/25. For this financial year to date, with the exception of December and February, the system delivered the standard. The February position was 75%. Appreciating the standard is not the sole responsibility of those providing ED/MIU/UTC care, but the entire system as UEC flow enables delivery, a detailed daily focus on system delivery and system commitment to delivery will be managed through the daily SCC calls. Performance is tracked and reported widely to demonstrate the tolerance of over 4-hour care mapped to achieve 76% for the month. Up to the 5 March, the system had achieved the standard on one day with the month to date performance at 74.2% (unvalidated). The easter period falls within the month of March so ensuring overachievement ahead of that pressured time is a must to ensure month end compliance.

Improvements have been seen across other areas of the UEC pathway in February including an improved CAT 2 response time, a reduction in ambulance handover delays and an improvement in same day emergency care delivery. Schemes associated with the winter funding/plan to support attendance and admission avoidance are also seeing improved numbers.

From an elective perspective, the volume of patients experiencing a wait over 78 and 65 weeks have seen a reduction in the month of February.

3.5 Planning 2024/25

The System has submitted an early (29 February) 'Flash Position' on Operational / Financial Plans for 2024/5. The financial position at this stage reflects a £28.4m deficit, compared with the original MTFP (medium term financial plan) submission in September of £13.2m deficit.

Nationally, all systems submitted deficit plans with some receiving national scrutiny immediately. There will be no further intervention until after considering the 21 March 2024 full planning submission for those systems considered as less risk, of which the Cornwall and Isles of Scilly is one. However, progress is expected, and it is very clear from a national perspective that only a breakeven plan will be acceptable.

Our expectation is that we will be able to demonstrate some progress in that next submission however, there is still some work to be done to provide confidence in our plan and to finally achieve the aim of breakeven. It is expected that some clear actions will need to be mapped in Q1, with explicit tracking, to ensure the delivery of service change that contributes to Operational Performance and delivering more cost-effective services. The national focus continues to be that:

- The system demonstrates 'No workforce growth' over 2023/24 – where plans remain unaffordable; and
- Productivity improvements are clear and demonstrable.

The improvements in priority areas including urgent and emergency care (UEC), mental health (MH) and Elective Recovery should also be demonstrated. Grip and control governance will be under scrutiny, with the mandatory introduction of the 'Triple lock' for investment of £100k and over. This will require system scrutiny with the involvement of NHS England before any investments are approved in year.

This intense scrutiny over the system position to achieve breakeven has highlighted that:

- we have to deliver CIP more effectively,
- we have to deliver real service change and channel shift, and
- the best possible Operational Performance of our population.

3.6 Work and Health Update

As reported to the ICB Board at our February meeting, the Cornwall and Isles of Scilly bid to become a WorkWell vanguard was submitted in January. While we await national decisions, our partnership work to progress the work and health agenda is continuing.

3.7 West Cornwall Hospital

The ICB has an existing contractual arrangement for 24-hour services provision at West Cornwall Hospital for this financial year. Discussions are underway for the service provision and associated budgetary elements as part of the 2024/25 planning process, which will be finalised by the next (April) ICB Board meeting. RCHT will be providing assurance on steps taken to restore the service to 24/7 provision at the April ICB Board meeting.

3.8 2023 NHS Staff Survey

The ICB's staff survey results were published on 7 March alongside results from other NHS organisations nationwide. Our results are not where we would like to be, scoring below average in comparison to other ICBs across all areas of the People Promise standard. We did not expect positive results given that we've been undertaking a whole organisation redesign, repurposing and cost reduction process throughout 2023/24 that affects all staff in the organisation. Nevertheless, the results are indicating poor engagement across all areas of the NHS People Promise engagement standard.

Across the country, all ICB's have shown a year-on-year decline in staff satisfaction and engagement, however our decline has been greater than most. It should also be noted the range of scores between best, average and worst responses are relatively narrow, which means improvement will have a significant effect on how the ICB benchmarks against others.

Reviewing the results, the executive team fully accept they need to reflect on how staff could have been better engaged through the process of change. Improving colleagues' experience of the ICB over coming months is going to require significant change in how we operate and our immediate plans to improve things for staff are:

- Fully populating the phase 1 leadership structure, increasing the leadership capacity of the organisation to engage positively with staff.
- Ensuring colleagues are clear on their personal futures in the organisation as soon as possible. Colleagues have been living with uncertainty since before the formation of the ICB, which has only increased as the extent of change has been communicated.
- Moving from "restructure" to "organisational development" mode by focussing on the implementation of our operating model with full participation of staff, so that colleagues are able to experience and contribute to the changes we are seeking to achieve as an organisation.

The executive team and Workforce Committee recently considered an organisational development plan for 2024/25, which will see investment in a structured plan to build the organisational capabilities to make the organisation's new operating model work and develop a positive working culture. This will not be easy given our starting point but it's one we are determined to make. We appreciate the incredible work our staff across NHS Cornwall and Isles of Scilly deliver every day to provide health and care to our local residents, and we are looking forward to working towards building a robust, fit for purpose organisation we are all proud to be part of.

3.9 Health Creation / Net Zero

A small but mighty team working from within the community sector in Cornwall, with primary care, to create transformational change on the climate, health and nature axis. Working across borders, at system level, talking with everyone, joining dots, inspiring change, pulling in more resource and funding for green genius projects on the ground, and never knowingly give up.

health creation is the more ambitious sister of "prevention". It's not just stopping people falling sick; it's the deliberate pro-active creation of the space, organisations, processes and infrastructure that build communities in which it's easier to be healthy than it is to be sick. That means the homes, green spaces, connectivity, biodiversity, water systems, food systems, shared assets, culture, systems and people required to keep everyone well, and help us recover quickly and easily should we fall sick. More information can be found at:

[health creation | Cornwall Climate And \(healthandclimateresilience.net\)](https://healthandclimateresilience.net)

Cornwall Primary Care Climate and Health Resilience Programme is run by Volunteer Cornwall and funded by the ICB with support from SW Greener NHS and Cornwall Council Public Health Team.

3.10 Online Home Fire Safety Check

This online Home Fire Safety Check has been developed through a partnership between the National Fire Chiefs Council (NFCC), Fire Kills and Safelincs with the aim of improving

fire safety in homes in the UK. It is designed to guide users through their home, one room at a time and help them to spot potential fire risks. The tool will offer tips and advice on the steps users can take to reduce those risks and at the end will provide a personal action plan to help keep themselves, their household and their home safe from fire. More information can be found at: [HFSC \(safelincs.co.uk\)](https://safelincs.co.uk)



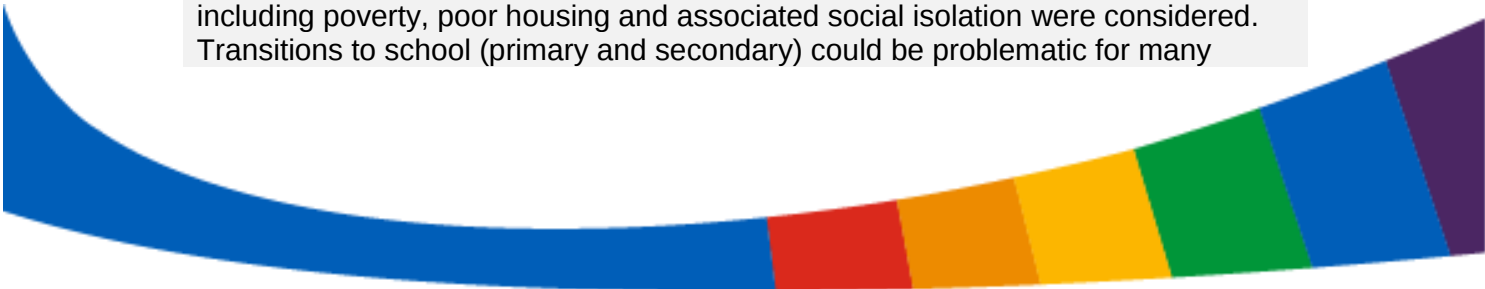
NHS Devon Integrated Care Board

One Devon Partnership Chair’s Report

Date of board meeting	Date of committee covered in this report
26 March 2024	01 February 2024

Chair	
Name and title:	Cllr James McInnes, Chair of the One Devon Integrated Care Partnership

Update from the Partnership
The One Devon Partnership (ICP), a statutory committee that includes a range of partners who influence people’s health, wellbeing and care, has agreed a priority focus on children and young people (CYP) in 2024, to influence and encourage action across Devon. At its meeting on 01 February 2024 the ICP received a presentation (Appendix A) which was developed jointly by NHS Devon, Devon County Council, Plymouth City Council and Torbay Council and addressed: • The role of the Local Authorities within Children’s Services • The role of the NHS within Children’s Services and the Health Provisions within the Devon System • The local Special Educational Needs and Disabilities picture • Key Challenges • Progress on work to address the key challenges, and: • How the ICP could support Members agreed that a historical lack of coordination within CYP services had caused significant impact. The multifactorial drivers of demand for CYP services, including poverty, poor housing and associated social isolation were considered. Transitions to school (primary and secondary) could be problematic for many



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

children. It was highlighted that many children struggled to integrate socially, which could become a clinical issue if not addressed. There was reflection on how Voluntary, Community and Social Enterprise (VCSE) services could support in this space.

Joint commissioning and prioritisation of services was considered a key area that that the ICP was keen to see progress. It was considered that co-ordination across Local Authorities, the NHS and VCSE would enable everyone to understand their role and help the wider system work more effectively.

Neurodiversity was an area which needed a wider systems approach and the establishment of an all-age neurodiversity symposium to determine how to act as a system in this space was agreed as an appropriate approach to beginning these discussions.

To support in developing a more coordinated approach to CYP services across Devon members of the ICP agreed to support in the following ways:

- To invite education colleagues from the Academy Trust to be involved in Partnership meetings.
- Develop a task and finish group to enable strategic conversations regarding commissioning and procurement of children's services as a system.
- Consider an ethical framework and group for prioritisation of service provision.
- Hold an all-age neurodiversity symposium.
- CYP issues to be further incorporated into the next iterations of the Devon Joint Forward Plan.

Recommendations for the board

- To note the contents of this report



Children and Young People in Devon

Integrated Care Partnership 1st February 2024

#OneDevon

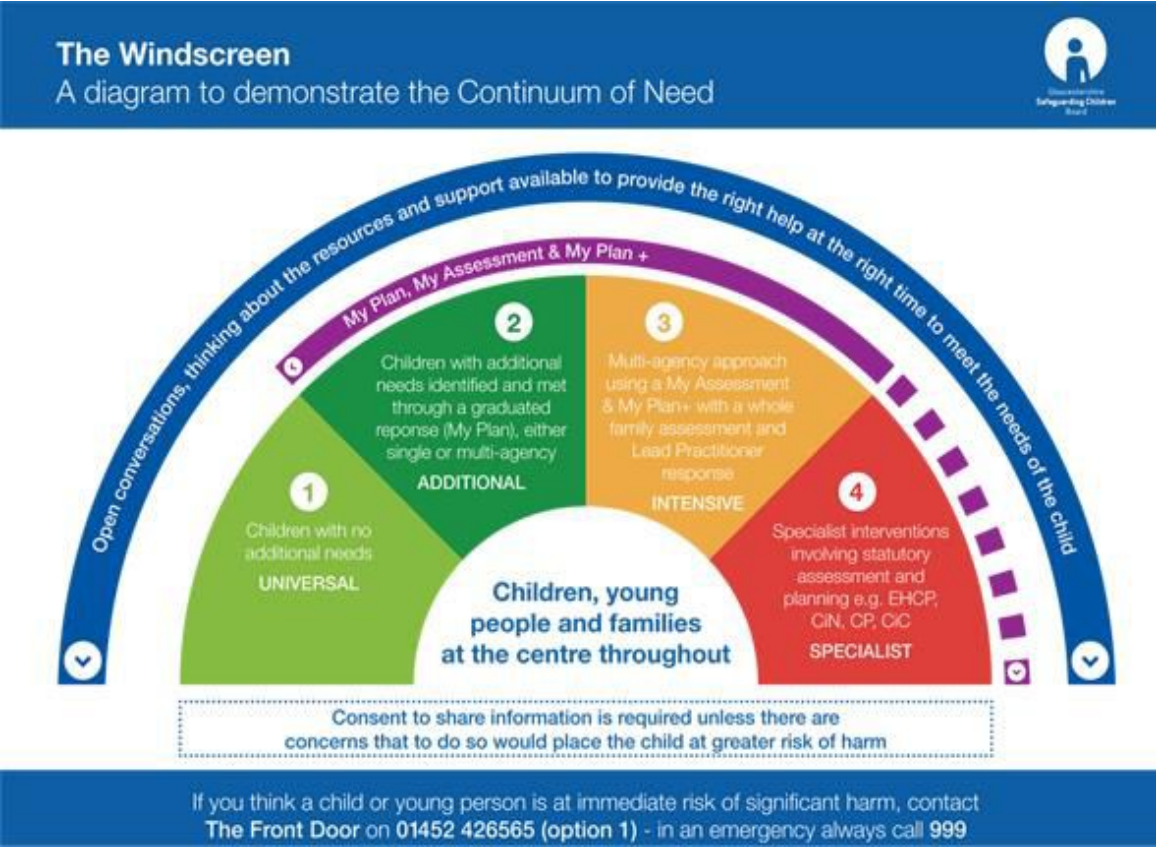
Children’s services in Local Authorities

The 2004 Children Act made local authorities responsible for ensuring and overseeing the effective delivery of services for children, working closely with others. They must also promote children's welfare and well-being as defined by the five outcomes...Safe, Healthy, Enjoy/Achieve, Economic, Positive contribution

 Children in Need of Help and Protection	 Special Educational Needs and Disabilities Services	 Preparing for Adulthood	 Youth Justice
 Digital, Data and Intelligence	 Children with Disabilities Services	 Young carers	 Adoption and Fostering
 Early Years	 Direct Payments	 Corporate Parenting Children in Care Care Experienced	 Family Hubs and children’s centres
 School Admissions	 School Transport	 Virtual School	 Educational Welfare



A Continuum of Need and Support



ICB Statutory Responsibilities

[NHS England » Executive lead roles within integrated care boards](#)

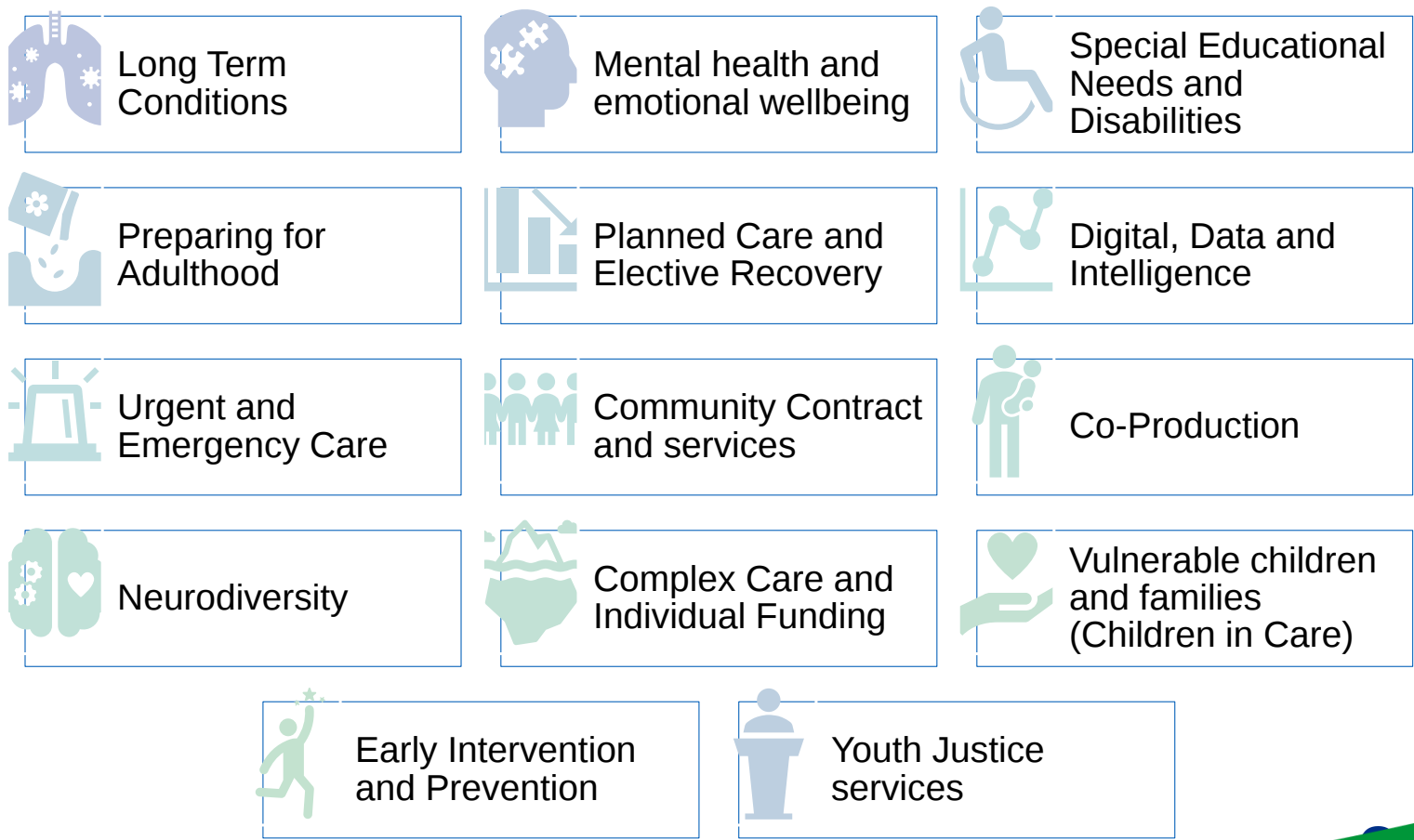
ICB responsible for;

- Children and young people (aged 0 to 18)
- Children and young people with special educational needs and disabilities (SEND aged 0 to 25)
- Safeguarding (all-age), including looked after children
- Learning disability and autism (all-age)
- Down syndrome (all-age)

Joint/aligned responsibility with Local Authorities for;

- Joint planning and commissioning for SEND
- Safeguarding [Working together to safeguard children 2023: statutory guidance \(publishing.service.gov.uk\)](#) [NHS England's Safeguarding Accountability and Assurance Framework](#)
- Corporate Parenting [Promoting the health and wellbeing of looked-after children - GOV.UK \(www.gov.uk\)](#)

Children and Young People’s Health System Overview



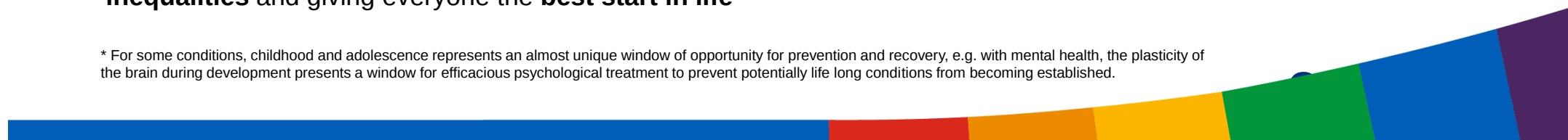
Children's Health Services Provision

	CFHD (TSD &DPT)	LIVEWELL	UHP	TSDFT	VRANCH	DCC	Torbay Council	Plymouth CC	RDUH (N)	RDUH (E)	VCSE	ICB
SALT	√	√										
OT	√		√									
PHYSIO	√		√		√							
ASD	√	√ (Neuro Camhs)	√									
CAMHS	√	√										
Cmty Nursing (incl Palliative and Specialist School Nursing)	√		√						√			
PHN		√		√		√						
LD	√	√ (CAMHS)	√									
Children in Care	√	√										
Safeguarding	√	√	√	√	√	√	√	√	√	√		√
Continuing Care												√
Cmty Paeds			√	√					√	√		
Acute Paeds			√	√					√	√		
Bladder and Bowel			√						√			
Peer Support											√	
Counselling Services											√	

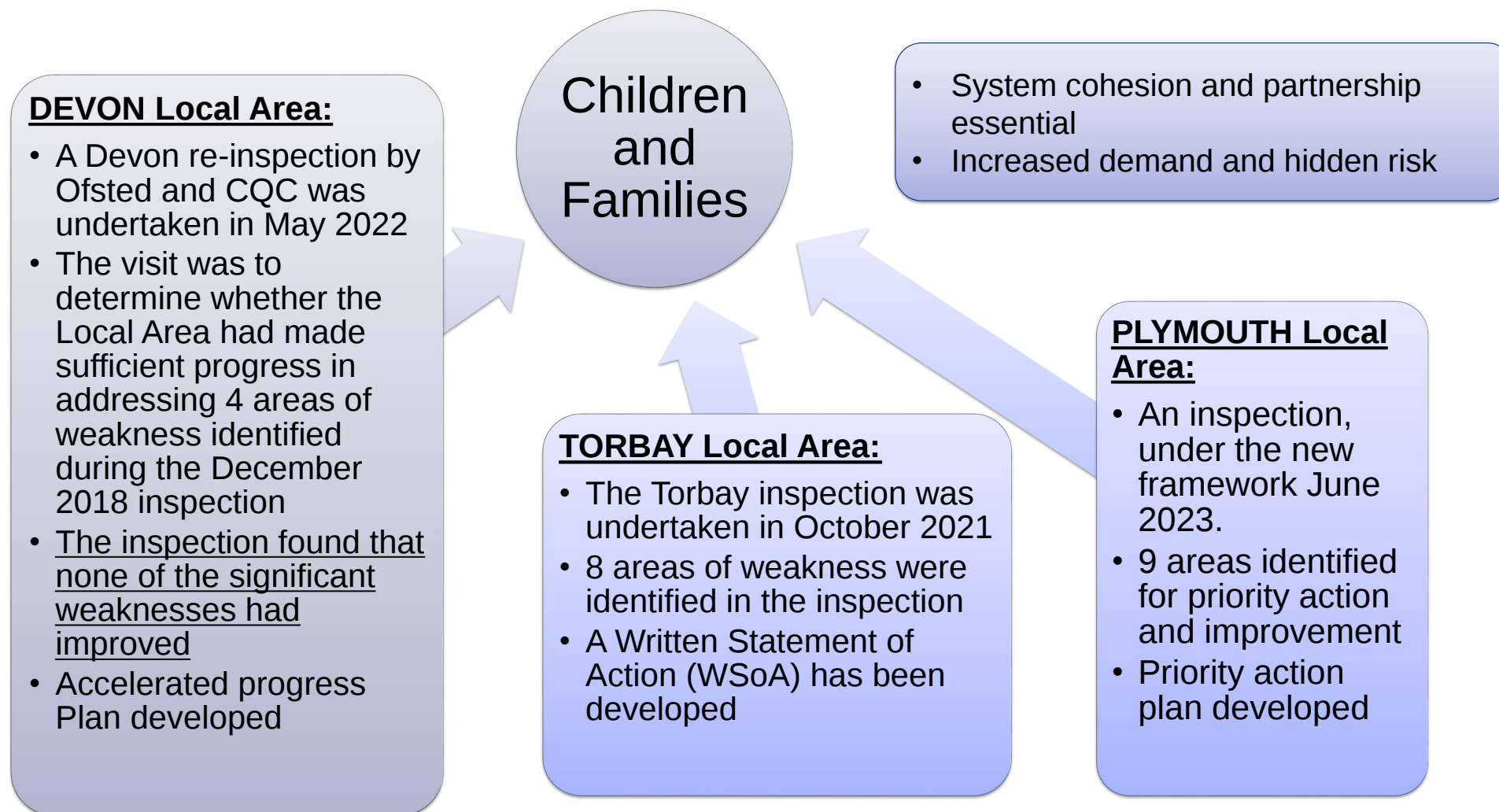
Why should our approach be different for children?

- The **impact of health need not being met is often felt outside of the NHS**, this is especially true for children and young people. Local Authority data about children with special educational needs and disabilities also shows a marked increase in demand, especially for emotional and mental health and neurodiversity support
- Children and young people access care and treatment from health based services across adult and children's pathways; across hospital and community
- **Delayed access to care** can pose **additional risks** for children than to adults. These risks are associated with:
 - Any time waiting is a bigger % of a child's life than that of an adult
 - Increased risk of short term harm - children can deteriorate more quickly
 - Increased risk of long term harm/disability and impact on life chances - whole life ahead, limited treatment window to be effective or prevent impairment *
 - Increased risk of family breakdown / child entering LA care, due to diminished parental capacity in managing child's unmet need
 - Clinical validation and prioritisation is more complex for children
 - Risk stratification requires more specific protocols and more dependent on senior/experienced clinical assessment
- Children's workforce being more specific is more challenged than adults, has less economy of scale and is therefore less resilient
- The return on investment for mental healthcare is formulaically higher for 0-25 year olds than adults because the time horizon for reward is longer (*Future in Mind 2015*).
- If we get things right for children there is a real and positive long term benefit for population health, **reducing health inequalities** and giving everyone the **best start in life**

* For some conditions, childhood and adolescence represents an almost unique window of opportunity for prevention and recovery, e.g. with mental health, the plasticity of the brain during development presents a window for efficacious psychological treatment to prevent potentially life long conditions from becoming established.



Special Educational Needs and Disabilities- local picture



Key Challenges (i)

- **Increasing impact of both child and parental ill mental health on family functioning** (this is triangulated by the recent Nuffield Foundation/University of Kingston report, which shows a disproportionate rise in these factors between 2014 and 2021). Access to therapeutic mental health services in a timely way, and in line with the needs of the child and family, is a particular barrier, as is the lack of other targeted services for those children who do not meet eligibility for CAMHS or adult mental health. This is becoming increasingly problematic for those children not accessing education for a range of reasons. This is seen through and increase in **Exclusions/Suspension for SEMH 'reasons'**
 - Enablers- effective s75 agreement/Therapeutic Wellbeing Service
- The **resource and budgetary implications for Local Authorities** of this lack of access are having a severe impact – over £1 million was spent on therapeutic intervention for Torbay's cared for children alone in 2022-23, on top of the significant costs of placements for those with multi-faceted needs.

Key Challenges (ii)

- **Increase in neurodivergent presentation**, long waiting lists for assessment and diagnosis, support mechanisms contingent on diagnosis.
- Support for those young people with **complex mental health and neurodiversity** presentations, lack of an aligned approach to formulating packages of care that recover rather than contain.
- Deficits in **health system data and intelligence**- including ability to report at local authority footprint- impacts on planning, performance monitoring and improvement activity
- Weaknesses in **joint commissioning** across children's multiagency pathways at all levels of need- agreed models of care and effective implementation of improvement needed
- Access to Tier 4 beds, and therapeutic accommodation- an agreed approach and sufficiency of placement
- Trauma – not considered to be a treatable illness for children

Key Challenges (ii)

- Statutory duty to support children in care, care leavers and SEND, however, transitions for children into adult services are cumbersome and slow.
- A significant number of children in care have SEND
- A high proportion of children within the youth justice system have SEND (S,L&C and SEMH) - Devon
- System wide there is a poor understanding of the indicators and impact of the exploitation of children (mostly adolescents), drug and alcohol, physical harm and trauma indicators are not joined up.
- System wide there is a poor understanding of the indicators that would result in a referral to social care for unexplained injury
- Ongoing challenge with statutory health assessments for children in care

What we are trying to do and how we're progressing (i)

- The substantive changes in **Working Together 2023** aim to strengthen how local multi-agency safeguarding arrangements (local authorities, integrated care boards and the police) work to safeguard and protect children locally, including with relevant agencies.
- [Working together to safeguard children 2023: statutory guidance](#)
[\(publishing.service.gov.uk\)](#)
- Each local partnership discussing arrangements under the new guidance –key changes:
 - Principles for working with parents and carers that centre the importance of building positive, trusting, and co-operative relationships to deliver tailored support to families.
 - Expectations for multi-agency working that apply to all individuals, agencies and organisations working with children and their families, across a range of roles and activities.
 - New national multi-agency child protection standards that set out actions, considerations and behaviours for improved child protection practice and better outcomes for children.

What we are trying to do and how we're progressing (ii)

Strengthening and focussing SEND programmes

- SEND is everyone's business and culture change
- Multiagency pathways
 - Emotional Health and Wellbeing.
 - Speech language and communication
 - Neurodiversity
- Revised priority areas and leads of each priority deliver board from across the local area
- Evidencing and progressing on Impact remains a priority for all
- Improvements to **Joint Commissioning** across the local area
- **Joint Funding**
- **EHCP** statutory processes
- **Prioritisation of assessment**, escalating individual children and young people where single agency action will not meet need

What we are trying to do and how we're progressing (iii)

Family Hubs and Early Help

- Targeted Early Help and Family hub development
- Continued signposting of universal services through the Family Hub website.

Multi Agency Working

- Review of Joint Agency Funding Panel TOR, to maximise joint working and access to funding for those children with complex needs. – Torbay
- Implementation of Transitions Panel, to improve the transition experience for those moving from CAMHS to adult mental health- Torbay
- Comments sent back on proposed One Devon Delayed discharge protocol – final copy not yet received.
- Improved alignment through the **Joint Forward Plan Delivery Board**
 - Chief Executive Chair- feeding into System wide CEO group
 - Systems priorities and high-level aims defined
 - Strong multiagency attendance and participation
 - Strong Parent Carer and VCSE attendance and participation



How the ICP could support our work in the short term and identifying the longer-term direction of travel

- Clear, consistent and joined up opportunities for joint commissioning
- Establishing **one version of the truth** for children and families
- Tackling **increase and changing demand together**: All age, whole systems approach to neurodiversity, speech language and communication social emotional mental health
- Greater consideration of the 'social gradient' in line with the demographics of local areas, to ensure **appropriate division of time and resource to areas on the basis of need**, and not size.
- Recognition of ICS Plymouth, Devon and Torbay **shared priorities** and also what is **specific to each Local authority** and our local priorities
 - What does this mean for governance
 - What does this mean for delivery
 - How do we make best use of our collective leadership resource
 - How do we get the system working more smoothly- working better together
- Children have been identified as the **ICP priority** for 2024/25- what will this mean in practical terms



Additional Information

Integrated Care Partnership 1st February 2024

#OneDevon

Children's Commissioning- health system

Service area	Commissioning Team
Children's community contracts	ICB Women and Children's team
Children's mental health	ICB Mental Health team and provider collaboratives (Devon ICS and SWPC)
Learning Disability and Autism	ICB Women and Children's team, significant interface with Learning Disability & Autism team
Learning Disability and Autism (CETR, individual commissioning)	ICB Nursing and Quality Team
Children's continuing care	ICB Nursing and Quality Team
SEND DCO's	ICB Nursing and Quality Team
Safeguarding children	ICB Nursing and Quality Team
Children in care	ICB Nursing and Quality Team
Children's complex care (Non CC)	Gap
0-19 public health teams	Public Health Commissioning
Imms and vaccines	NHSE
Screening	NHSE (except new born hearing)
Sexual Health	Public Health Commissioning
Drugs and alcohol	Public Health Commissioning
Acute paediatrics	ICB Women and Children's team, significant interface with In Hospital team
Community paediatrics	ICB Women and Children's team
Other community services delivered by the acute trusts	ICB Women and Children's team
Cancer	NHSE
Local authority services directly commissioned. i.e. Atkinson	LA commissioners

Existing Partnership working and where things are working well

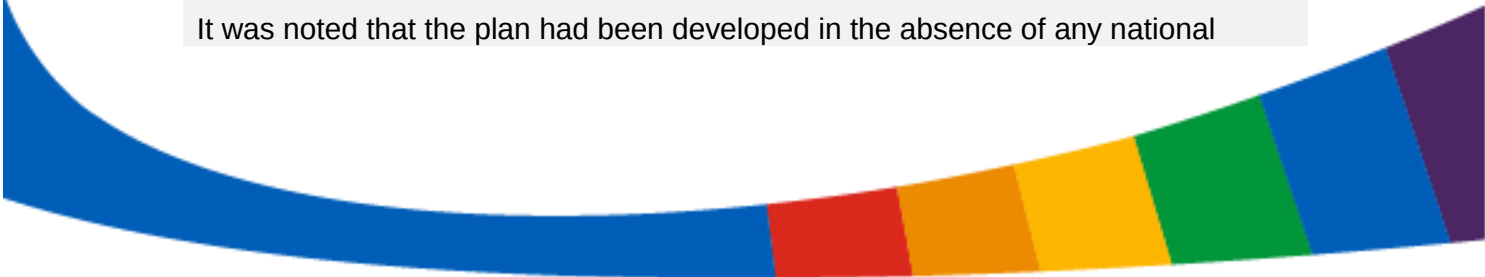
- Cared for children's health team represented at Access to Resources Panel and Transitions Panel, and contribute to individual care planning
- Health leading on an After Action Review which will present recommendations to the partnership for further consideration.
- Joint work with the ICB in relation to dental treatment for cared for children. Torbay will also be involved in a research project with Plymouth University considering this topic.
- Family Hubs
- CYP Joint Forward Plan and JFB Delivery Board with Local Authority membership (Education Leaders engagement outstanding)
- SEND Executive Board and revised membership agreed
- SLCN and Neurodiversity Game changer work and recent refocus of activities – it would though be helpful for us to have sight of CFHD new pathways and the Better Communications SLCN Needs Analysis work



NHS Devon Integrated Care Board

Committee Chair’s Report – Finance and Performance Committee

Date of meeting		Date of committee covered in this report	
06 March 2024		27 February 2024	
Chair			
Name and title:		Kevin Orford, Independent Non-Executive Member for Finance and Remuneration	
BAF updates or escalation			
N/A			
Risk register review updates/escalation			
N/A			
Integrated Quality, Performance and Finance Report			
N/A			
Reports received, discussed, and noted			
2024/25 High Level Operational Plan Submission The Committee considered the high-level overview of the plan submission due on 29 February 2024 to NHS England, with gaps and where further work was required being highlighted. It was noted that the plan had been developed in the absence of any national			



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guidance. It had been shared with the System Improvement and Assurance Group (SIAG) with the plan being considered appropriate for the current stage in the submission process.

It was highlighted that the potential costs associated with industrial action were not included within the plan, with the Committee noting the impact of this during 2023/24 and considering the potential risks for the year ahead. The anticipated gap between the initial high-level submission and the expected 2024/24 Operational Planning Guidance.

The Committee took assurance from the process followed to complete the initial high-level plan submission and from the additional work planned to ensure that the anticipated gap between this initial submission and the expected 2024/25 Operational Planning Guidance.

Committee decisions

The Committee approved the content of the initial submission of the 2024/25 High Level Operational Plan.

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.





NHS Devon Integrated Care Board

Committee Chair’s Report – Finance and Performance Committee

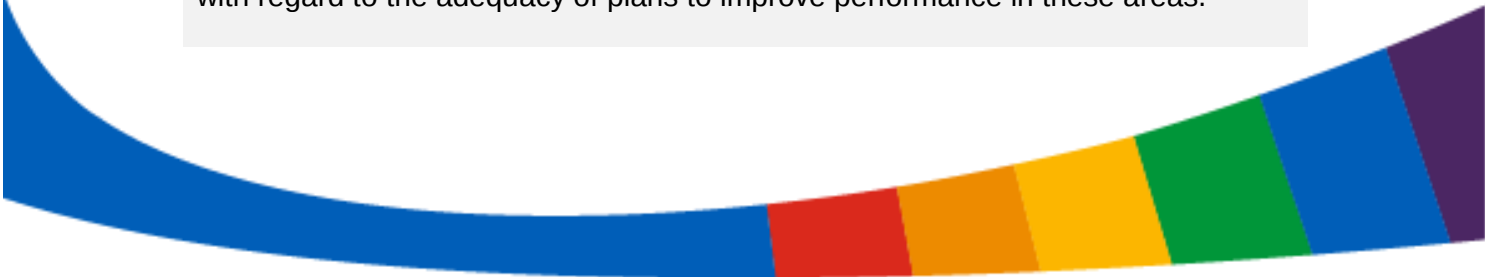
Date of meeting	Date of committee covered in this report
26 March 2024	14 March 2024

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

BAF updates or escalation
The Committee received an update on relevant risks within the Board Assurance Framework (BAF) in advance of its submission to the Board meeting on 26 March 2024; however, due to the unexpected departure of Executive Committee members, was not reviewed in detail at the meeting. Detailed comments have been provided to the Company Secretary in correspondence outside the meeting.

Risk register review updates/escalation
None

Integrated Quality, Performance and Finance Report
The Committee received the report, noting in particular the information provided within it in relation to the provision of community services, key performance indicators in relation to mental health and children and young people’s (CYP) services. The Committee did not consider that the report provided full assurance with regard to the adequacy of plans to improve performance in these areas.



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Committee members expressed particular concern about the length of waiting lists in relation to CYP services and emphasised the importance of undertaking a deep dive in this area to understand the potential drivers of change. It was noted that the work recently presented to the Board in relation to the draft 2024/25 Operational Plan did not address the need for change in relation to the provision of CYP services. The Committee agreed to escalate to the Board its concerns in respect of ensuring that future iterations of the draft 2024/25 Operational Plan were considered in the context of the long waiting times for CYP services in particular.

Consideration was given to the workforce position across the One Devon Integrated Care System. In light of the reported number of vacancies across the workforce, Committee members queried whether there was also a skill mix issue to be considered. The Committee will be receiving a dedicated workforce report from April 2024 onwards which will address these issues, but it was noted that a skill mix review is currently being undertaken in order to support cost improvement programme (CIP) work. Committee members agreed to escalate to the Board that this was also important context that would be required in order to provide the Board with assurance necessary to agree the 2024/25 Operating Plan.

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.

Committee members provided challenge in respect of the ability of NHS Devon and NHS system partners to accurately forecast delivery and the impact that this might have in respect of the Operational Planning process. Consideration was also given to whether key lessons had been learned from the 2023/24 financial year that could be taken account of in the development and delivery of the 2024/25 Operational Plan. The Committee was assured that the process for the development of the 2024/25 Operational Plan was one that would ensure a greater level of grip and control throughout the year. The process had focussed on learning from planned vs actual delivery in 2023/24 and so had included a greater focus on improving productivity and alignment to best practice improvement methodologies.

There was a discussion of the level of improvement facilitated by the alternative pathways provided by new care models. Committee members encouraged the use of data analytics to fully understand the level of opportunity associated with these. The value of consistent data across the One Devon Integrated Care System was emphasised by the Committee, for example it was recognised that a common measure of the no Criteria to Reside (NCTR) metric had yet to be developed across providers.

The Committee tested the impact of industrial action on the delivery of the elective improvement trajectory across the One Devon Integrated Care System.

Generally, the Committee noted the importance of 2024/25 Operational Planning activity in addressing a number of the issues highlighted within the Progress towards NOF4 Exit Report.

2024/25 High Level Operational Plan Submission – update following Board discussion

The Committee reflected on the Board's initial discussion of the first draft 2024/25 Operational Plan submission at its Development Session on 06 March 2024. As Board members are aware, the next submission is due 21 March 2024 and an Extraordinary Board meeting has been convened on 20 March 2024 to approve this.

As Chair of the Committee, I outlined the assurances that I consider the Board will need in order to approve the final 2024/25 Operational Plan, as follows:

- Assurance on the process that the One Devon Integrated Care System has been through to arrive at the final proposed Plan.
- Assurance that the numbers relating to activity, finance and workforce are aligned and there is clarity on the metrics that will be used to provide assurance throughout the year on the delivery of the plan (including how early warning will be provided of variance from the Plan).
- Assurance on the appropriateness and deliverability of the Cost Improvement Plan (CIP) programme, particularly any workforce element.
- Assurance on the accuracy of the underlying financial position.
- Assurance on anticipated progress in relation to productivity in order to return to 2019/20 levels.
- Assurance that the proposed CIPs have been appropriately assessed in terms of equality and quality impacts.
- Assurance that appropriate action is planned in respect of 104 week waiters.
- Confirmation of and Board agreement to the timetable for NOF4 exit.
- Identification of the risks to delivery and the mitigations required for these.
- A clear articulation of the operating context and the need to prioritise all services in the context of the proposed Operation Plan.

The Committee discussed the level of risk currently inherent with the draft Operational Plan and, in light of this, the importance of full Board ownership of the plan.

NHS Devon (ICB) Finance Report Month 10 One Devon (ICS) Finance Report Month 10

The information provided in respect of the ICB and ICS financial position as at the period ended 31 January 2024 was noted.

Committee decisions

None

Escalation to the Board – for information

The Committee became inquorate before it was able to fully complete its business, due to a scheduling clash which resulted in the unexpected departure of Executive Committee members. The importance of prior notice of diary clashes which might require non-attendance at or withdrawal from Committee meetings should be emphasised by the Board.

The Board is asked to note and comment on the list of proposed assurances required before the final 2024/25 Operational Plan can be approved.

The Board is asked to note the context discussions of the Committee in respect of the IQPR and Progress Towards NOF4 Exit Report when considering the final 2024/25 Operational Plan.

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.



NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting		Date of committee covered in this report
26 March 2024		21 February 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 an overview of the BAF risks allocated to it together with an update on the process change which will see corporate risks aligned to the Executive Committee. It was noted that the current scoring of the BAF risk in respect of NHS Devon as an Anchor Organisation is to be reviewed.		
Risk register review updates/escalation		
None		
Integrated Quality, Performance and Finance Report (IQPR)		
Not applicable – see Quality Report below.		
Reports received, discussed, and noted		
Quality Report The Committee received the first iteration of the Quality Report which incorporated the quality component from the Integrated Quality, Performance and Finance		



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Report and covered the areas of safeguarding, never events, Continuing Health Care, Quality and Equality Impact Assessments and infection prevention and control. There was particular focus on the recent Joint Targeted Area Inspection in Torbay including the subsequent action plan and priority areas together with how subsequent learning can be shared across the Devon system.

Never Events were also considered with the Committee noting the national position on reporting and that work was being undertaken as a system on evaluating Never Events.

The Committee discussed Equality, Quality Impact Assessments (EQIA), noting a baseline assessment had been agreed to understand the system position in relation to the completion of EQIAs and each provider had been given feedback on their position. Gaps had been identified in the 4 main domains and a system workshop was being held at the start of March to cover these gaps and stress importance of the assessments. Feedback following the workshop would be presented to the Committee in due course.

The initial review of the Quality Report has led to additional areas of focus to be included within the next iteration including quality early warning scores.

Healthwatch Monthly Insight Report

The Committee received the most recent Healthwatch Insight Report and noted the key themes in respect of patient experience, health inequalities, Continuing Health Care and pharmacy reporting, including the focus group work being undertaken regarding the impact of pharmacy closures in rural areas. This report will be shared with the Primary Care Commissioning Transitional Committee to ensure a triangulated approach to patient experience reporting.

System Quality and Performance Group Report

The Committee received the report of the meeting of the Group held on 17 January 2024 which included updates in respect of reporting arrangements in relation to the National Quality Board; the Emergency Department safety checklist (SHINE tool), Joint Targeted Area Inspection (JTAI) Equality Quality Impact Assessments (EQIAs).

Clarification was requested on the Emergency Department checklist and the reporting of evidence and assurance of the care provided with assurance being taken in respect of the review process via the System Quality Group and the links with the Mortality Group in Devon and National Clinical Audits.

Quarterly Safeguarding and Vulnerable People Steering Group

The Committee noted activity in relation to statutory safeguarding requirements and took assurance in respect of NHS Devon training compliance and policy maintenance.

Continuing Health Care – Internal Audit Report

The Committee noted the outcome of the internal audit review in respect of Continuing Health Care together with the issues and areas marked for improvement which included a benefits realisation exercise in relation to the

current outsourcing contracts, CHC control centre procedures and CHC performance data being incorporated within the Integrated Quality, Performance and Finance Report.

Serious Incident Quarterly Report

The 2023-24 Q3 report was considered with it being noted that all providers have now been approved by the Patient Safety Incident Response Framework (PSIRF) Steering Group to move from Serious Incident reporting systems to PSIRF and that all required training in respect of PSIRF had been identified and was being implemented across NHS Devon.

Assurance was taken that appropriate processes are in place to manage Serious Incidents.

Freedom to Speak Up

The Committee reviewed a report which provided information about current FTSU arrangements, work that has been undertaken in this area and plans for future work and noted that a Lead Freedom to Speak Up Guardian is to be recruited and that the Chief Nursing Officer will be taking on the role of Executive Lead for Freedom to Speak Up.

Committee decisions

None

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the board

The Committee recommends endorsement of Livewell South West's adoption of the Patient Safety Incident Response Framework and associated action plan.

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.





NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting	Date of committee covered in this report
26 March 2024	14 March 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 an overview of the BAF risks allocated to it, with consideration being given to how the Committee could take assurance that the root causes of potential quality issues had been identified and that there was a locus of control to address those issues. The Committee will be considering whether the information it receives is appropriate to provide assurance that risks are truly being mitigated appropriately and will also be inviting senior officers and other Committee Chairs to attend meetings of the Quality and Patient Experience Committee so that quality issues can be understood more widely and that assurance in respect of the effectiveness of actions can be taken. The Committee considered that the proposed focus of the BAF for 2024-25 of moving towards the way in which things are done rather than focusing upon specific deliverables will enable more of a focus on quality and so welcomed this development.



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Risk register review updates/escalation

None

Integrated Quality, Performance and Finance Report (IQPR)

The Committee received the IQPR and noted that work was ongoing to differentiate between the information included within the IQPR and that included within the Quality Report.

There was concern in respect of the performance of children and young people's services, with it being noted that this will area of work will be the subject of the April NHS Devon Board Development Workshop.

There were also concerns as to the lack of workforce data available in respect of primary and community care and as such how the impact of moving work out into the community is being assessed.

The Committee will be considering how it can further understand the position with regard to cumulatively worsening performance and the quality implications of this.

Reports received, discussed, and noted

Three Year Delivery Plan for Maternity and Neonates

The Committee received an update on delivery of the Three Year Plan with progress updates being provided in respect of the four themes of Listening to Women and Families with Compassion; Supporting our Workforce; Developing and Sustaining a Culture of Safety; and Meeting and Improving Standards and Structures.

Consideration was given to the complex nature of regulating maternity services and in particular the role being undertaken by the Care Quality Commission (CQC) in regulating standards. During 2022 and 2023 the CQC have all inspected all Devon acute maternity services. University Hospital Plymouth NHS Trust was inspected in September 2022 and Torbay and South Devon NHS Foundation Trust was inspected in November 2023; both were rated as Requires Improvement which is consistent with previous inspection reports. The Royal Devon University Healthcare NHS Foundation Trust was inspected in November 2023 and this report is yet to be published.

University Hospital Plymouth are in receipt of support via the national NHS England maternity safety support programme.

System Quality Group (SQG) Report

The Committee received the report of the meeting of the SQG held on 27 February 2024, which included updates in respect of the national quality accountability framework and reporting having been agreed and that assurance had been taken by the group from the actions taken to implement the response to measles in Devon.

The Committee was concerned to learn that Torbay & South Devon NHS Foundation Trust was now subject to National Quality Board surveillance. There was also concern that Livewell South West had been unable to respond in respect of the recent Plymouth bomb incident, as they were already responding to the system escalation call. However, the Committee took assurance that a general discussion around Emergency Preparedness, Resilience and Response (EPRR) and the resilience of on-call arrangements across the system was taking place at the Executive Committee and that this issue may also form part of the system internal audit plan for 2024-25.

Quality Risk Response

The Committee considered a report which provided details of the National Quality Board NHS England Quality Risk Response Framework and noted that a Quality Risk Review had taken place in respect of ongoing concerns in the urgent and emergency pathway at University Hospital Plymouth NHS Trust. The review had focussed upon organisational arrangements and an integrated quality plan was now being developed to address the concerns identified.

Quality Early Warning Signs

An update was received in respect of the Quality Early Warning Signs framework national pilot which included NHS Devon, with it being noted that the data gathered through the framework was only part of the intelligence that had to be triangulated to understand the quality picture across the system. The Committee was pleased to learn that discussions are underway between NHS Devon and providers to develop an agreed approach as to how the framework can be utilised to optimise its use and reduce the amount of duplication in reporting.

Healthwatch Monthly Insight Report

The Committee received this regular report from Healthwatch, noting that access to primary care was the main topic of the contacts made with Healthwatch during January and a deep dive will be undertaken in respect of the impact on wellbeing of experiencing challenges in accessing care.

Consideration was given to how the joined up working between NHS Devon and Healthwatch can be optimised and how the rich perspective provided in the insights from Healthwatch work can best fit in with the overarching approach to patient involvement and experience. The Committee would welcome the involvement of Healthwatch in wider discussions across the system as this would support the development of a more thematic approach and would be keen to work with them as the Quality Strategy is developed, which will include focus on learning from people's experience of receiving care.

keen to work with them as we develop our Quality Strategy which will include focus on learning from people experience of receiving care.

Forward Plan

The Committee considered its Forward Plan and noted that deep dives in respect of elective care, urgent and emergency care and the commissioning of services for children and young people will be added to the plan.

Committee decisions
Operating Plan – Quality Assurance Requirements The Quality and Patient Experience Committee agreed that an initial discussion around quality assurance of the proposed 2024/25 Operating Plan should take place with the Director of Planning and Performance, with him then being invited to the April meeting of the Committee in advance of the final iteration of the Plan being presented to the Board for approval.
Escalation to the Board – for information
Maternity National Support Programme The Committee would draw the attention of Board of the need to align CQC actions arising from inspection and NHS England National Maternity Safety Support Programme into one cohesive improvement plan with clear measures of success. This will align both improvement and oversight by Trust Boards, the ICB and Regulators.
Escalation to the Board – for action
None
Recommendations for the Board
None
Recommendations for other committees
None
Terms of reference or other committee effectiveness issues
None

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NHS Devon Integrated Care Board

Committee Chair's Report - Primary Care Commissioning Transitional Committee

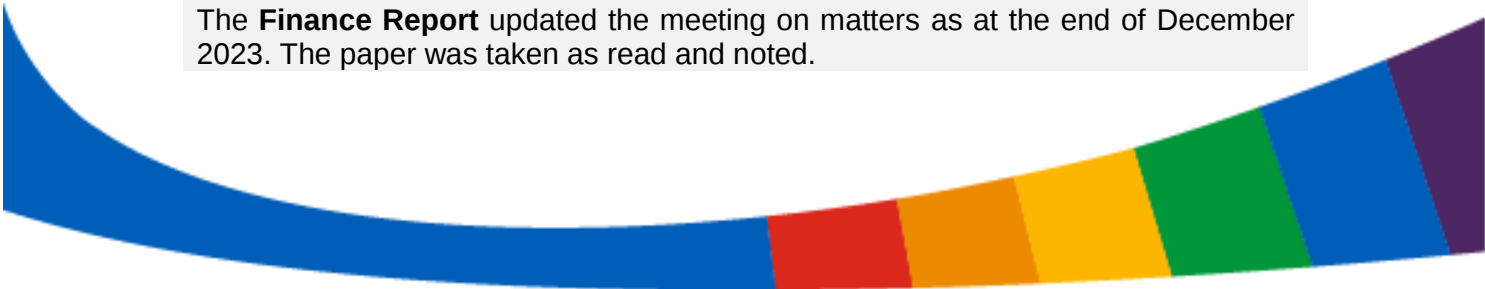
Date of board meeting	Dates of committee covered in this report
26 March 2024	8 February 2024

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

BAF updates or escalation
The Committee reviewed and discussed the BAF risks under its oversight and was assured that there is already an action to support Board Assurance Committees to work together over risks which are shared.

Risk register review updates/escalation
The Committee noted the risks covered in the BAF as no corporate risk register was reported this month.

Integrated Quality, Performance and Finance Report
The Quality and Performance Report mainly highlighted concerns over the capacity of the Quality Team of one to support the 120 GP practices in quality and performance matters.
The Finance Report updated the meeting on matters as at the end of December 2023. The paper was taken as read and noted.



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Reports received, discussed, and noted

The Committee was presented a paper on the **Dental Services Strategic** updates by the new dental lead from NHS England (NHSE) pharmacy, optical and dental hub. The priorities for the next few months were reviewed and initial changes, which will come from the new National announcement, were discussed.

The bi-monthly **Strategic Metrics Report** highlighted the addition of locality specific and comparative regional positions to add context to the report and the very positive position on additional roles, especially the improvement in take up in Plymouth and the West.

The **Deputy Director's Report** was noted.

The **NHSE Optometry, Dental & Pharmacy Monthly Report** from the regional Hub team was noted.

The **Contracting and Resilience Report** highlighted the work of the team with two possible providers regarding their interest in taking over a North Devon practice as a branch site, as well as informing the meeting of the other possible options. The Committee was presented with the new approach to resilience (as required by Segment 4 of the NHS Oversight framework (NOF4)). It is a comprehensive and robust system which enables the team to work both reactively and proactively across a wide range of challenges including supporting business models, proactive mergers and partnership mediation in addition to the usual reactive support to mitigate destabilisation in the longer term. It was acknowledged that, despite this excellent work the resilience of Primary Care is very fragile and worsening.

The meeting received an update on the **Devon Collaborative Board** which is very much focused on the development at pace of the GP Provider Collaborative. It is hoped that the approved operating framework for this will soon be available for socialisation and feedback.

A presentation in respect of the **Primary Care Access Recovery Plan** was given feedback and approval by the Committee prior to presentation to the NHS Devon Board in March. The Committee agreed that this report showed great progress, and congratulated all who have contributed to it for the positive effect it is having on collaborative working.

Committee decisions

None

Escalation to the Board – for information

None

Escalation to the Board – for action
None
Recommendations for the Board
None
Recommendations for other committees
None
Terms of reference or other committee effectiveness issues
None

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.





NHS Devon Integrated Care Board

Committee Chair's Report - Primary Care Commissioning Transitional Committee

Date of board meeting	Dates of committee covered in this report
26 March 2024	14 March 2024

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

BAF updates or escalation
The Committee reviewed and discussed the BAF risks under its oversight. The point was made that the new risk register format is clearer and less cumbersome.

Risk register review updates/escalation
The Committee noted risks regarding resilience and capacity of the Primary Care Team and Primary Care Estates were discussed. The Committee agreed to consider an additional risk in respect of dental provision.

Integrated Quality, Performance and Finance Report
In respect of finance matters as at the end of January 2024, the following points were highlighted: • The break-even position, except for the dental underspend. • The overspend on Locums, with there being more claims than during last year against illness. • The increase in clinical waste costs.



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- NHS England has awarded NHS Devon its full allocation for the Additional Roles Reimbursement Scheme (ARRS).
- With regard to the allocation flow for 2024-25, resources were not yet committed in respect of medical care which is within discretionary investment.

Reports received, discussed, and noted

Deputy Director's Report

The Committee considered examples of the challenge facing Primary Care estates and the concern over the low increase of funding in the GP contract. adding pressure to practices which are already struggling.

Dental Services

The Committee received an update on these services which included a first review of the plan and priorities for 2024-25 which included:

- work on national reforms.
- support of urgent care and stabilisation
- the use of monies for flexible commissioning
- the use of Dental vans
- the updating of the scale of remuneration for NHS dental procedures
- a devolved budget for oral health for prevention measures; and
- the support of international dental graduates into the Southwest

NHSE Optometry, Dental & Pharmacy Monthly Report

Whilst the report was noted, the Committee was unable to interrogate it due to hub staff absence.

Contracting and Resilience Report

The Committee received the report which and highlighted the addition of resilience heat maps to give a fast visual understanding of resilience across Devon.

Robotic Process Automation

A presentation was made to the Committee which showed the distinction between Artificial Intelligence (AI), which makes decisions on information, and the robotic process which is simply an automated way to take over repetitive data entry/ collection. The Committee gave its support for the programme, subject to ensuring digital accessibility for patients, should a stage be reached where projects require patients to enter their own data for these processes.

Committee decisions

Homeless Service Contract Award Recommendation Report

After discussion and assurance of the thoroughness of the evaluation of the suggested provider, the PCCTC approved the recommendation to award the contract for the provision of primary care homeless services in Exeter and Barnstaple to the selected provider and agreed the next steps, to notify the bidder

of the outcome, after which a 10 day standstill will take place before the contract is concluded.

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.



NHS Devon Integrated Care Board

Committee Chair's Report - Audit and Risk Committee

Date of meeting		Dates of committee covered in this report
26 March 2024		19 February 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		
Urgent Action taken outside formal Board Meeting		
In accordance with Standing Orders, the Committee noted the urgent action taken outside of the Board with regard to the NHS Devon reforecast position for 2023-24.		
Internal Audit		
The Committee received an update on the progress against the internal audit plan and took assurance from the processes in place to ensure the timely delivery of		



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review reports to enable the completion of the Head of Internal Audit Opinion. Assurance was also taken from the significant assurance rating received in respect of the first part of the Conflicts of Interest review.

The final report in respect of Well Led IT Governance and Levelling Up was considered and whilst the Committee considered the report to be insightful challenge was raised as to whether there was enough focus on the areas of most risk for NHS Devon. There was also concern as to whether there may be a need to re-evaluate and re-prioritise the current Digital Strategy where investment is required in light of the requirements of and focus upon exiting National Oversight Framework Segment 4 (NOF4).

Value for Money (VFM) Report

The Committee received the conclusion of the VFM report for 2022-23 and the risk assessment for 2023-24, noting that the review framework was established by the National Audit Office, and focussed on financial sustainability, governance and improving economy, efficiency and effectiveness.

Freedom to Speak Up (FTSU)

The Committee received the FTSU quarterly report and reflected on the themes coming through from the concerns raised, actions taken and subsequent learning. It was noted that a Leader FTSU Guardian and that the Chief Nursing Officer would be taking on the role of Executive Lead for FTSU.

The provision of FTSU within primary care was noted, with concern being raised in light of the suggestion that this may fall to Integrated Care Boards (ICB) to provide as this would present a significant risk in relation to NHS Devon FTSU Team's capacity to operate effectively.

Committee decisions

The Committee approved the **2023-24 external audit plan** for NHS Devon with it being noted that the materiality levels had been increased as a reflection of the change in the benchmark and that any identified misstatements above £300,000 would be reported to the Committee in line with group instructions from the National Audit Office.

Risks highlighted within the plan were noted as completeness of expenditure recognition, management override of controls, regularity and restructuring provisions.

Escalation to the Board – for information

- Freedom to Speak Up – The risks associated with the suggestion that ICBs FTSU take on the provision of support to Primary Care service providers.
- Digital Strategy – The lack of clarity in respect of the Digital Strategy and whether a re-evaluation and re-prioritisation should be undertaken.

Escalation to the Board – for action
None
Recommendations for the Board
None
Recommendations for other committees
None
Terms of reference or other committee effectiveness issues
None

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.





NHS Devon Integrated Care Board

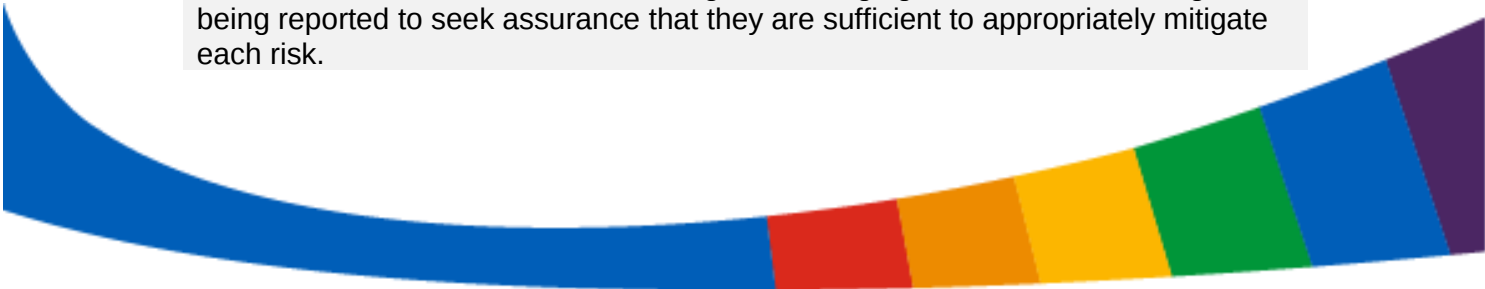
Committee Chair's Report - Audit and Risk Committee

Date of meeting	Dates of committee covered in this report
26 March 2024	13 March 2024

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

BAF updates or escalation
The latest iteration of the BAF was received (in advance of its submission to the Board) which included the proposal to align the BAF to the NHS Oversight Framework in 2024/25. This Committee recommends approval this to the Board. A proposed risk appetite was also presented, and the Committee also recommends approval of this to the Board.

Risk register review updates/escalation
Significant work has been carried on developing the Corporate Risk Register. The Committee was assured in relation to the processes implemented to manage risks. Further work is required, however, in relation to the articulation of risks and their mitigations. The Committee acknowledged its role was to be assured that NHS Devon had appropriate risk management processes in place, which operated effectively. All NHS Devon Board Assurance Committees should take ownership of the risks that have been allocated to them for oversight, challenging the controls and mitigations being reported to seek assurance that they are sufficient to appropriately mitigate each risk.



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Integrated Quality, Performance and Finance Report

None

Reports received, discussed, and noted

Draft Annual Report, including Annual Governance Statement

The Committee reviewed the draft 2023/24 Annual Report. Further work will be undertaken in the coming weeks to ensure it is at a standard ready for submission to NHS England and the Committee will have a chance to review iterations of the report via correspondence as well as at its meeting on 22 April 2024, ahead of the draft submission.

Managing Interests

The Committee received a compliance report for the management of interests. Committee members challenged the low numbers of gifts and hospitality declarations reported within the report. Internal Audit colleagues confirm that these are low for an organisation the size of NHS Devon. The Corporate Governance team have processes in place to support declarations, including the development of a communications plan, to remind staff of their obligations in this area, but work is now required to embed these processes.

The Standards of Business Conduct Policy and Conflicts of Interest Policy was received by the Committee. The Committee recommends that the current Standards of Business Conduct Policy and Working with Industry and Sponsorship Policy is replaced with these policies to the Board for approval.

Policy Framework

The Committee reviewed the status of non-clinical policies within NHS Devon.

The Policy for the Management and Development of Procedural Documents and Receipt, Acceptance and Management of Petitions Policy are recommended to the Board for approval. In order to determine whether the limit on the number of signatures required for a petition to be presented to the Board has been set appropriately, the Committee has requested quarterly reports on all petitions received into NHS Devon, regardless of the number of signatures.

Internal Audit Progress review

The Committee received the internal audit progress report. There are seven remaining audits still to deliver that feed into the Head of Internal Audit Opinion (HIAO).

Final reports received were:

- Risk Management (Part 2) - satisfactory assurance.
- Conflicts of Interest (Part 2) satisfactory assurance.
- High Level Financial Controls - significant assurance.
- Budgetary Controls - satisfactory assurance.

Draft Head of Internal Audit Opinion 2023/24

The Draft Head of Internal Audit Opinion has been submitted to NHS England. The opinion remains at "limited"; however, a dial graphic has been introduced in the report this year to show the progress NHS Devon has made during 2023/24.

Draft Strategic Audit and Assurance Plan 2023/24 to 2025/26

The 2023/24 to 2025/26 internal audit plan was considered by the Committee, having received input from Chief Officers across the organisation.

Consideration was given to whether a cyber security audit is required in 2024/25 and also whether a review of primary care commissioning should be expanded to encompass all commissioning. Next steps are to work through the scopes for each of the proposed reviews. Once this had been completed, the Committee will be provided with an update on the proposed approach in each area. The Committee approved the plan.

System Audit, Assurance and Risk Committee Chairs' Forum

A proposal to establish the System Audit, Assurance and Risk Committee Chairs' Forum on a more formal footing was presented to the Committee for comment. This includes close liaison with System Governance Leads to establish joint agreement and work where applicable.

The Committee endorsed the proposed Terms of Reference, which will be shared with the Audit Chairs of our NHS partners in the first instance.

Review of losses and special payments

There are 3 items on the losses and special payment register all of which relate to ex-gratia payments.

Information Governance update report

The Committee was assured that no issues had been identified.

The Committee requested a review into the risks surrounding where work is unable to move forward within the One Devon Integrated Care System, due to issues with sharing data. This will be the focus of the information governance and information security deep dive to be undertaken by the Committee later in the year.

Cyber Security update report

The report provided the Committee with an update on the following areas:

- Phishing Exercises
- Vulnerability Testing
- Integrated Cyber Strategy

The Committee challenged the programme of vulnerability testing to ensure that it was appropriate and received assurance in this regard.

Counter Fraud Interim Report

The Committee took assurance that the NHS Devon Functional Standard Assessment for 2023/24 would be Green.

Draft Counter Fraud Workplan 2024/25

The report highlighted that the workplan for 2024/25 was focussed on local proactive exercises around due diligence and contract management.

Committee members challenged whether the plan would enable sufficient reactive action to be taken, should evidence of potential fraud be identified. Assurance was provided that the workplan could be reviewed and changed during the year.

Forward plan for future meetings

The Audit and Risk Committee approved the forward plan for future meetings.

Committee decisions

See recommendation section.

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the Board

The Audit and Risk Committee recommends the following policies to the Board for approval:

- Standards of Business Conduct Policy
- Conflicts of Interest Policy
- Risk Management Policy
- Receipt, Acceptance and Management of Petitions Policy.
- Policy for the Management and Development of Procedural Documents

(These policies are included in the Supplementary Information Pack published with this agenda.)

The Committee also endorses the recommendation that, in 2024/25, the Board Assurance Framework should be aligned to the themes set out in the NHS Oversight Framework and the associated risk appetite statement set out elsewhere on the agenda for this meeting of the NHS Devon Board.

Recommendations for other committees

- Risk – the importance of Chairs of Board Assurance Committees taking a role in challenging risks and mitigations presented to their Committee via the Board Assurance Framework.

Terms of reference or other committee effectiveness issues
None

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.



NHS Devon Integrated Care Board

NHS Devon (ICB) Finance Report Month 10

Date of meeting	Date report produced
26 March 2024	28 February 2024

Author(s)		Report approved by	
Name and title:	Kevin Wheller Associate Director of Finance	Name and title:	Bill Shields Director of Finance
Phone:	07825 027569	Date:	28 February 2024
Email:	kevin.wheller@nhs.net		

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

Executive summary
The presentation of the NHS Devon Integrated Care Board's (ICB's) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of NHS Devon for the year ended 31 March 2024. This report details the NHS Devon financial position as at 31 January 2024, setting out the year to date and forecast financial position.

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

The Executive Committee reviewed this report at its meeting on 05 March 2024.
The Finance and Performance Committee reviewed this report at its meeting on 14 March 2024.

Key recommendations and actions requested

The Board is asked to **note** the information provided with regard to the NHS Devon financial position as at the period ended 31 January 2024.

Impact on NHS Devon objectives

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

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

Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	None
Engagement and consultation	None

NHS Devon (ICB) Finance Report

Month 10

Executive Summary

1. The presentation of the NHS Devon Integrated Care Board's (ICBs) Finance Report seeks to provide the necessary assurance to the Board on the financial position of NHS Devon for the year to date (YTD) 31 January 2024 and the year ended 31 March 2024.
2. NHS Devon's funding envelope includes allocations for Primary Medical Care Services, COVID, Elective Recovery and Discharge funding as well as funding for Service Development.
3. The One Devon Integrated Care System (ICS) submitted a deficit plan of £42.3m and an expectation that £212.2m of efficiency savings are needed to meet that plan. Within the plan NHS Devon's planned financial position was an underspend of £48.6m with a requirement to deliver £82.5m of efficiency savings.
4. At the beginning of November NHS England (NHSE) wrote to all ICSs acknowledging the financial and operational pressures systems face because of industrial action. NHSE have provided £800m nationally to address the financial pressures and have introduced revised expectations in relation to elective care targets for the remainder of 2023/24.
5. As a result of this significant change in planning assumptions NHSE asked systems to submit revised plans for the remainder of 2023/24 by 22 November with the expectations that systems should seek to deliver their original financial plan which for NHS Devon is a £42.3m deficit.
6. NHS Devon submitted a revised forecast on behalf of the system which recognised and incorporated the previously reported risks to delivery of the plan. The revised forecast deficit has been agreed at £89.3m.
7. NHS Devon's surplus within that position reduces from £48.6m to £36.4m representing the unmitigated risks relating to prescribing and delivery of system savings.
8. The revised forecast assumed that there would be no further industrial action. In light of the further strike action there is likely to be ongoing discussion with NHSE that may then require further changes to forecasts for future months.

Financial Position

9. The following detailed report reflects the budget set compared with the actual commitments against that budget for the period to 31 January 2024 and the year ending 31 March 2024.

As at 31 January 2024	Year to date				Forecast			
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000		Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	
Total Net Expenditure	2,387,400	2,397,518	(10,118)	↓	2,826,393	2,838,535	(12,142)	↑
Resource Allocation	2,427,873	2,427,873	0	→	2,874,960	2,874,960	0	→
Total Commissioned Services	40,472	30,354	(10,118)	↓	48,567	36,425	(12,142)	↑

10. Overall, the ICB is reporting a YTD and forecast outturn (FOT) planned surplus of £30.4m and £36.4m respectively.
11. The NHS Devon position sits within an overall system position of a £96.2m FOT deficit which includes a total of £6.9m costs relating to industrial action in December 2023 and January 2024.
12. As at month 10 many of the service lines exceeded budget including some acute services, continuing healthcare individual placements and primary care. These variances have been covered by contingencies set aside at plan to manage variation and held in reserves.
13. Service line variances are detailed in the Detailed Financial Performance section and appendix 3.

Savings Plan

14. NHS Devon's 2023/24 plan includes a saving requirement of £82.5m.
15. At month 10 NHS Devon is currently showing a YTD achievement of £57.0m against a plan of £63.7m, with a FOT of achieving £73.6m from the planned £82.5m.
16. Details are disclosed in the Savings and Efficiencies section.

Risk

17. At plan NHS Devon identified risks of £38.6m, including risks relating to delivery of the savings target and increases in prescription drug prices.
18. Risks and pressures arising will be addressed by appropriate mitigating actions to meet NHS Devon's objectives and year-end financial position.

19. At month 10, the risks have remained the same at £6.3m. It is expected that the remaining risk will be fully mitigated by additional costs controls and efficiencies.

20. A reminder of these risks is set out in the Risks section of the report.

Conclusion

21. As at 31 January 2024 NHS Devon is reporting a YTD and FOT planned surplus of £30.4m and £36.4m respectively.

Detailed Financial Performance

22. The YTD and FOT by main service heading as at 31 January 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	1,127,110	1,138,014	(10,904)	↑	1,340,490	1,357,778	(17,288)	↑
Mental Health	257,111	256,641	470	↑	308,381	307,756	625	↑
Community Health	278,125	278,265	(140)	↓	333,777	334,049	(272)	↓
Continuing Care	129,943	131,919	(1,976)	↓	155,932	158,421	(2,488)	↓
Primary Care	500,397	518,190	(17,793)	↑	600,147	606,667	(6,521)	↑
Other Programme	26,996	29,778	(2,782)	↓	32,195	35,230	(3,035)	↓
Total Commissioned Services	2,319,682	2,352,807	(33,125)	↑	2,770,922	2,799,901	(28,979)	↑
Running Costs	20,566	20,566	0	↑	24,682	24,682	0	↑
Net Expenditure	2,340,248	2,373,373	(33,125)	↑	2,795,604	2,824,583	(28,979)	↑
Reserves/Contingencies	47,152	24,145	23,007	↓	30,789	13,952	16,837	↓
Total Net Expenditure	2,387,400	2,397,518	(10,118)	↓	2,826,393	2,838,535	(12,142)	↑
Resource Allocation	2,427,873	2,427,873	0	→	2,874,960	2,874,960	0	→
Total Commissioned Services	40,472	30,354	(10,118)	↓	48,567	36,425	(12,142)	↑

23. Further detail of the budgets, actual spend and variances making up the main service areas above is provided in appendix 3.

Acute Services

24. Acute services include contracts with our main system acute providers as well as contracts with acute providers in Cornwall, Somerset, Bristol and London. It also includes our contract with South Western Ambulance, contracts for patient transport and contracts for acute procedures undertaken in the independent sector and by other non-NHS providers.

25. NHS Devon and system providers have agreed a set of block contract payments that also include top-up payments and growth funding allocations. TNHS

Devon's budget under these financial arrangements has been set to match the payments.

26. At month 10 there is a YTD and FOT overspend of £10.9m and £17.3m respectively which is mainly due to payments for Elective Recovery activity in the NHS and independent sector. NHS Devon is expecting the increased costs in activity to be covered by additional Elective Recovery Funding, the provision for which is included in reserves. The remaining driver of the overspend in acute activity is a result of non-contract activity offset by underspends in patient transport costs.

Mental Health Services

27. The Mental Health budget commissions Mental Health, Learning Disability, Autism and Neurodiversity services for adult, children and young people. The main contracts for the services are with Devon Partnership NHS Trust (DPT) and Livewell Southwest with the CAMHS service for Northern, Eastern and Southern localities being provided by Children and Families Health Devon through a contract with Torbay and Southern Devon NHS Foundation Trust. This section also includes spend relating to individual adult placements for mental health and learning disability services.
28. In 2023/24 NHS Devon planned to invest £19.5m (7.22% increase) in Mental Health Services based on the Mental Health Investment Standard (MHIS) target. In addition to this NHS Devon has received £19.7m of Service Development Fund (SDF) Transformation funding for Mental Health and Learning Disability Services.
29. At month 10 there is a FOT underspend of £0.6m. Underspends in learning disability Individual Patient Placements and other mental health costs offset the growth and inflationary uplift pressures in s117 learning disability and mental health placements, as well as increased ADHD activity through right to choose linked to waiting times.

Community Health Services

30. Community Healthcare services include contracts with One Devon partners for the provision of community healthcare (including community hospitals and children's services) as well as Minor Injury Units.
31. It also includes provision for community based acute procedures delivered through GP practice specialisms and other non-NHS providers as well as joint arrangements with Local Authorities under the provisions of the Better Care Fund.
32. At month 10 there is currently a FOT overspend of £0.3m which is made up of a number of variances. It includes a £0.9m overspend in Discharge to Assess, due to an increase in the use of care home beds, partially off-set by several underspends including, £0.3m relating to Physical Disability placements and £0.3m across other services.

Continuing Health Care

33. Placements includes Continuing Care budgets comprising of Continuing Care Administration, Continuing Healthcare (CHC), Interim Funding, Joint Funding, Children's Continuing Care and Funded Nursing Care (FNC).
34. The placements budget represents a particular risk to the 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.
35. Some examples of other risks include:
 - Fluctuations in the number of clients eligible for financial support
 - Assessments exceeding 28 days
 - Unexpected exceptional levels of support required for some clients
 - Responsible commissioner cases
36. The month 10 outturn position is £2.5m over budget. This represents a forecast deterioration of £0.6m compared to last month to a handful of package increases. The current overspend is a result of greater than budgeted End of Life clients, inflationary uplift and pay pressures but off-set, in part, by the release of a long-term risk.

Other Programmes

37. All Other Programme area picks up the remaining community-based provision of healthcare services including hospice care and other voluntary sector grant based commissioned services. This area also includes the element of our integrated urgent care contract that relates to NHS 111.
38. As at month 10 there is a YTD and FOT overspend of £2.8m and £3.0m respectively and although there are a number of under and overspends within the Other Programme area, the majority of the overspend represents the costs of the system recovery plan.

Primary Care Services

39. Primary Care includes expenditure on primary care prescribing, GP medical services, enhanced services, out of hours and other primary care related expenditure including GP IT. From 1 April 2023 NHS Devon received delegated responsibility from NHS England for the commissioning of primary care pharmacy, ophthalmic and dental (POD) contracts.

Prescribing

40. The prescribing forecast has increased in month 10 based upon the latest month 8 prescribing data. Excluding the Central Drugs Bill costs, we are reporting a YTD and FOT overspend of £20.4m. These values are calculated using the national forecasting methodology that is produced by the NHS Business Services Authority (also known as the Prescribing Monitoring Document or PMD forecast).
41. However local analysis of our year-to-date expenditure using a range of forecasting methodologies indicate that the BSA forecast is understated and we are expecting that our year end risk adjusted position could be in the region of £23m. A £3m prescribing risk is included in the Risks section to account for this.
42. This increase in prescribing cost is a national issue and cost pressures of this scale are being seen across all ICBs. The cost pressure is in part driven by Price Concessions (previously known as No Cheaper Stock Obtainable or NCSO) and by price increases that are greater than those provided for in our planning or in the national planning guidance.
43. NHSE has confirmed that we should not expect any additional funding to mitigate this cost pressure.

Delegated Commissioning

44. As at month 10 there is an YTD overspend of £8.7m which is mainly attributed to the costs of the Additional Roles Reimbursement Scheme (ARRS). We are expecting additional funding to cover these costs and are therefore forecasting a near breakeven position across delegated primary medical care.

Other Primary Care

45. Other primary care services include contracts for enhanced GP services, out of hours GP services, home oxygen services and provision for GP IT costs. At month 10 the forecast position is an underspend by £3.9m, the majority of which is due to prior year accruals being reflected in the position. This is mostly in respect of Local Enhanced Services claims and Quality Outcomes Framework (QOF) achievement being less than planned for.

Delegated Pharmacy, Ophthalmic & Dental

46. At month 10 NHS Devon is reporting a breakeven forecast position against the delegated pharmacy and optometry services, however there is a YTD and FOT underspend in delegated dentistry of £8.8m and £10.5m respectively. The underspend in dentistry is due to YTD underperformance against existing dental contracts and contract hand backs. Both factors are, in the main due to issues in recruiting and retaining NHS dentists.

Running Costs

47. The pay and associated costs for 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 and placements.
48. 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.
49. NHS Devon's allocation for the year is £24.7m, including £1.5m relating to pension costs. At month 10 the administration support costs for NHS Devon programme services have been reviewed and an appropriate internal recharge made resulting in a balanced YTD and FOT position for administrative costs.

Resource Allocation

50. Revenue resources contained within our financial plans and financial systems are set out below.

Allocation Description	Year to date
	ICB
2023/24 Recurrent core allocation	2,198,203
2023/24 COVID	9,321
2023/24 Capacity funding (£k)	26,768
2023/24 Additional discharge allocation (£k)	6,015
ICB running cost allowance	22,578
Allocations (primary medical care)	220,682
Primary Care DOP transfer from regional Teams	117,342
Inflation (Fair Shares)	7,164
Pay Award	30,299
M4 Allocation RC	580
M5 Allocations	12,997
M6 Allocations	1,949
M7 Allocations	3,241
M8 Allocations	1,834
M9 Allocations	(1,245)
Recurrent Allocation	2,657,728
Cancer Alliance Core Funding	7,986
Cancer Alliance Targeted Funding	6,057
Mental Health Allocations M2	17,800
Funding for Covid-19 high-throughput & rapid PCR testing	3,280
Community / Keyworkers	2,526
Community Services Transformation	1,641
Primary Care Transformation	3,579
Supporting GP Mentors Q1	44
Long Covid	1,300
Pay Award	4,646
Prevention	1,300
Other M2 Allocations	2,194
M3 Allocations	20,063
M4 Allocations	47,649
M5 Allocations	7,223
M6 Allocations	2,747
M7 Allocations	3,542
M8 Allocations	43,329
M9 Allocations	8,178
M10 Allocations	32,148
Non-Recurrent Allocation	217,232
Total Allocation	2,874,960

Savings and Efficiencies

51. The table below provides a summary of the delivery of savings and efficiencies at month 10 and the expected position for the year ended 31 March 2024.

Scheme	RAG Status	Year to date			Forecast		
		Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable/ (Adverse) £000	Plan Savings Delivery £000	Actual Savings Delivery £000	Variance Favourable/ (Adverse) £000
Acute		27,487	26,987	(500)	33,584	32,084	(1,500)
Community Healthcare		14,042	13,060	(982)	18,051	16,109	(1,942)
Mental Health		1,661	1,661	0	1,993	1,993	0
Ambulance		629	629	0	755	755	0
Primary Care		5,001	5,001	0	6,000	6,000	0
Prescribing		4,167	4,167	0	5,000	5,000	0
Continuing Care		6,155	5,477	(678)	8,186	5,686	(2,500)
Running costs		534	0	(534)	641	641	0
Other Programme Services		4,038	0	(4,038)	6,055	3,110	(2,945)
Unidentified		0	0	0	2,192	2,192	0
Total		63,714	56,982	(6,732)	82,457	73,570	(8,887)
Recurrent		48,558	42,523	(6,035)	64,562	52,018	(12,544)
Non-Recurrent		15,156	14,459	(697)	17,895	21,552	3,657
Total		63,714	56,982	(6,732)	82,457	73,570	(8,887)

52. The above figures do not tie up to those disclosed in the monthly Integrated Finance Report (IFR), that is submitted to NHSE, due to the inability to correct the profiling of the savings plans on the form.
53. The £82.5m savings plan includes £21.5m of system savings attributable to workstreams driven through the system recovery programme. These savings are profiled for delivery from October.
54. It should also be noted that £31.7m of NHS Devon's target of £82.5m is the internal (intra system) provider tariff efficiencies charged to our providers. These efficiencies as reported within the ICB plan are a technicality and will be delivered by provider cost improvement programmes. These are only counted once (i.e., not double counted) within the system total requirement of £212.2m efficiencies. So, the ICB CIP target which is part of the £212.2 is £50.7m.
55. Year to date we are behind plan by approximately £6.7m due to a shortfall in savings in several schemes within Acute, Community Healthcare, Continuing Care, Running Costs and Other Programme Services. We are forecasting a £8.9m under delivery of savings by the end of the financial year. Other Programme Services include new models of care, programme stretch targets and programme pay.

Risks

56. The assessment of financial risk (and mitigations) at month 10, for the year ended 31 March 2024, is as follows.

Headline	Description	M9 £000	M10 £000	Movement £000	Risk at Plan £000
Prescribing	Risk of additional cost where no cheaper stock is obtainable (NCSO) - Price concessions	3,000	3,000	0	3,090
Placements	Inflation risk on Continuing Healthcare costs	0	0	0	1,500
Contract risk	Potential additional contract costs	1,800	1,800	0	3,750
Elective Recovery Fund	Independent Sector Risk re ERF earnings	0	0	0	0
Reorganisation	Impact of Reorganisation	1,500	1,500	0	0
Efficiency risk	Estimated shortfall in required efficiency savings	0	0	0	13,122
System strategic efficiencies risk	Non-delivery of workstream efficiency savings	0	0	0	17,120
Total Risk		6,300	6,300	0	38,582
Additional cost control	Off-set risk by stretch efficiencies	6,300	6,300	0	6,090
Transformational / Pathway changes	Review of pathways leading to financial benefits	0	0	0	3,000
Elective Recovery Fund	ERF income assumption	0	0	0	0
Prescribing	Prescribing price concessions and inflation income assumption	0	0	0	0
Efficiency mitigation	Identification of opportunistic in-year savings	0	0	0	7,192
Allocation Review	Hold back non recurrent allocations	0	0	0	750
Total Mitigation		6,300	6,300	0	17,032
Net Risk		0	0	0	21,550

57. At plan NHS Devon identified risks of £38.6m, with mitigations totalling £17.0m resulting in net risks of £21.6m.

58. As mentioned above, in the Executive Summary, NHS Devon's financial forecast has moved from an underspend of £48.6m to £36.4m as some of the risks have been realised and incorporated into the position, including the costs of prescribing.

59. Some risks remain, like prescribing, additional contract costs and the impact of the reorganisation, however it is expected that these risks will be fully mitigated by costs controls and efficiencies.

Other Financial Information

Statement of Financial Position

60. The statement of financial position (SoFP) provides a snapshot of NHS Devon's financial position at that date. The SoFP is made of two parts which must always equal each other: the top part (total assets employed) which shows NHS Devon's assets and liabilities (what NHS Devon owns and is owed), and the

bottom part (total taxpayers' equity) which shows how NHS Devon has been financed.

61. The NHS Devon position at 31 January 2024 is shown in appendix 1.

Capital

62. NHS Devon has received £0.7m IT capital which we requested for 2023/24, £0.6m relating to the move to Aperture House.

63. In December NHS Devon moved into a new headquarters, Aperture House, which was part of the estates plan to consolidate its property portfolio from four to a single headquarters. Under International Financial Reporting Standards long term leases are seen as capital items and within the NHS this requires a capital funding allocation to cover such a transaction. NHSE has confirmed that NHS Devon will receive the required funding in due course, which amounts to over £4m.

Better Payment Practice Code

64. The Better Payment Practice Code requires the ICB to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

65. NHS Devon's current performance against the target of 95% is detailed below:

Better Payment Practice Code	M10	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.62	98.99
NHS Creditors - % of bills paid within target	99.34	99.92

Cash

66. There are several key cash performance targets that ICBs are measured against; these are set out in appendix 2.

Recommendation

67. The Board is asked to **note** the information provided with regard to the NHS Devon financial position as at the period ended 31 January 2024.



Appendix 1: Statement of Financial Position

Statement of Financial Position	M10
Property Plant & Equipment	5,399
Intangible Assets	103
Non Current Assest	5,502
Inventories	1,212
Trade & Other Receivables - NHS	1,554
Trade & Other Receivables - Non NHS	38,822
Cash & Cash Equivalents	6,040
Current Assets	47,628
Total Assests	53,130
Trade & Other Payables - NHS	(29,071)
Trade & Other Payables - Non NHS	(175,227)
Other Liabilities	(6,143)
Borrowings / Cash in Transit	(3,036)
Provisions	(249)
Current Liabilities	(213,725)
Total Assets Employed	(160,595)
General Fund	(160,595)
Total Taxpayers Equity	(160,595)

Appendix 2: Cash

There are several key cash performance targets that the ICB is measured against:

Measure	Month 10
ICBs must operate within their Cash Drawdown Requirement <i>The cash drawdown requirement is based on the revenue and capital resource limits, amended for various non-cash items like depreciation. At present NHS England has calculated this to equate to £2,820m for Devon ICB for the period ended 31st March 2024.</i>	84.3% of the Cash Drawdown Requirement has been utilised as at month 10 where 83.33% would be expected based on a straight-line trajectory.
ICBs daily and monthly forecasting accuracy and notional charges NHS England is working on implementing a regime of bank charges against ICBs based on the accuracy of daily and monthly cash forecasting*. The start date for any charges to flow through the scheme to the ICB has not yet been confirmed.	The calculations used for the notional charges for January 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. There were a number of expected invoices and payments that did not materialise during the month.

**Although forecasting is carried out as accurately as possible it sometimes difficult to predict 2 months in advance (the requirement by NHS England) the exact timings and amounts of all income received and all payments made.*

Appendix 3: Operating Expenditure

The detailed financial position as at 31st January 2024 and 31st March 2024.

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Royal Devon University Healthcare NHS FT	339,922	346,136	(6,215)	403,337	411,828	(8,490)
University Hospitals Plymouth NHS Trust	281,440	282,816	(1,376)	335,370	337,764	(2,394)
Northern Devon Healthcare NHS Trust	130,326	130,326	(0)	156,531	156,530	0
Torbay and South Devon Healthcare NHS FT	229,447	229,075	371	273,933	273,370	563
Taunton and Somerset NHS FT	9,164	9,163	1	10,997	10,996	2
South Western Ambulance Services NHS FT	59,990	59,989	1	71,988	71,988	0
Independent Sector	41,792	43,491	(1,699)	48,088	52,972	(4,884)
Patient Transport	10,119	8,982	1,137	12,143	10,855	1,288
Other Acute	24,911	28,034	(3,124)	28,102	31,474	(3,373)
Acute	1,127,110	1,138,014	(10,904)	1,340,490	1,357,778	(17,288)
Devon Partnership NHS Trust	150,331	150,331	0	180,398	180,397	0
Livewell MH Services	6,738	6,738	0	8,085	8,085	0
University Hospitals Plymouth NHS Trust MH	38,065	38,065	0	45,679	45,679	0
Children and Families Health Devon	16,597	16,604	(7)	19,917	19,925	(9)
Individual Patient Placements	13,319	12,068	1,251	15,982	14,482	1,501
Section 117	20,243	22,111	(1,867)	24,292	26,533	(2,241)
Other Mental Health	11,817	10,723	1,094	14,029	12,655	1,374
Mental Health	257,111	256,641	470	308,381	307,756	625
Livewell Southwest	317	311	6	381	375	6
Royal Devon University Community	55,564	55,564	(0)	66,689	66,689	0
Northern Devon Healthcare Community	28,613	28,613	0	34,336	34,336	0
Torbay and South Devon Healthcare NHS FT	59,104	59,104	(0)	70,925	70,925	0
University Hospitals Plymouth Community	50,706	50,706	0	60,847	60,847	0
Children and Families Health Devon	11,359	11,398	(39)	13,630	13,677	(47)
Individual Patient Placements	1,650	1,394	255	1,980	1,673	306
Integrated Urgent Care Service	(0)	0	(0)	0	0	0
Hospices	7,163	7,364	(201)	8,599	8,915	(315)
MIU Contracts	642	672	(29)	771	818	(47)
Better Care Fund_Plymouth CC	5,365	5,253	112	6,438	6,326	113
Better Care Fund_Devon CC	31,202	31,202	0	37,442	37,442	0
Better Care Fund Torbay	3,227	3,227	(0)	3,872	3,872	(0)
Demand and capacity	4,254	4,004	250	5,119	4,820	299
VCSE S256	5	94	(89)	5	113	(108)
Other Community Services	18,953	19,357	(404)	22,743	23,221	(478)
Community Health	278,125	278,265	(140)	333,777	334,049	(272)
Continuing Healthcare	114,892	117,119	(2,228)	137,871	140,661	(2,790)
Funded Nursing Care	15,051	14,800	252	18,062	17,760	302
Continuing Care	129,943	131,919	(1,976)	155,932	158,421	(2,488)

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000
Prescribing	178,527	199,459	(20,932)	213,983	235,018	(21,035)
Enhanced Services	10,509	10,509	0	12,611	12,611	(0)
Delegated Commissioning - Co Commissioning	185,968	194,676	(8,708)	223,169	223,097	72
Delegated Commissioning - Optometry	9,952	9,952	(0)	11,943	11,943	0
Delegated Commissioning - Pharmacy	29,364	29,364	0	35,246	35,246	0
Delegated Commissioning - Dental	61,168	52,418	8,750	73,413	62,913	10,500
GP Out Of Hours	7,976	7,974	2	9,559	9,540	19
GP IT	3,653	3,654	(1)	4,384	4,384	(0)
Other Primary Care	13,280	10,184	3,096	15,839	11,916	3,923
Primary Care	500,397	518,190	(17,793)	600,147	606,667	(6,521)
NHS 111	9,821	9,733	87	11,762	11,669	93
Chime Audiology	3,355	3,333	22	4,026	4,000	26
All Other Commissioned Services	13,820	16,712	(2,892)	16,407	19,561	(3,154)
Other Programme	26,996	29,778	(2,782)	32,195	35,230	(3,035)
Total Commissioned Services	2,319,682	2,352,807	(33,125)	2,770,922	2,799,901	(28,979)
Pay	15,522	15,143	379	18,628	18,086	542
Non Pay	5,169	5,571	(402)	6,203	6,757	(554)
Income	(124)	(148)	24	(149)	(161)	12
Running Costs	20,566	20,566	0	24,682	24,682	0
Net Expenditure	2,340,248	2,373,373	(33,125)	2,795,604	2,824,583	(28,979)
System Reserves	3,107	0	3,107	3,729	1,529	2,200
Investment Reserves	1,015	4,924	(3,910)	1,433	7,878	(6,446)
Non Recurrent ICB Reserves	43,030	19,221	23,809	25,627	4,544	21,083
Total Net Expenditure	2,387,400	2,397,518	(10,118)	2,826,393	2,838,535	(12,142)
Resource Allocation	2,427,873	2,427,873	0	2,874,960	2,874,960	0
Total Surplus	40,473	30,354	(10,118)	48,567	36,425	(12,142)

NHS Devon Integrated Care Board

One Devon (ICS) Finance Report Month 10

Date of meeting	Date report produced
26 March 2024	21 February 2024

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

N/A

Executive summary

The presentation of the One Devon Integrated Care System's (ICS's) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICS for the year ended 31 March 2024.

The report details the ICS financial position for the period ended 31 January 2024 against the finance plan submitted for the financial year 2023/24, setting out the year to date and forecast financial position as well as the risks to delivery of that forecast.

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

The Executive Committee reviewed this report at its meeting on 05 March 2024.
The Finance and Performance Committee reviewed this report at its meeting on 14 March 2024.

Key recommendations and actions requested

1. To **note** the revised forecast submission as agreed as part of the national re-forecasting exercise and the associated change in forecast anticipated at Month 11.
2. To **note** from the information provided with regard to the One Devon ICS financial position as at the period ended 31 January 2024.

Impact on NHS Devon objectives

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

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

Area	
Quality of services	None
Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	None
Engagement and consultation	None

One Devon (ICS) Finance Report Month 10

Executive Summary

1. The presentation of the One Devon Integrated Care System's (ICS's) Finance Report seeks to provide the necessary assurance to the NHS Devon Board on the current and projected financial position of the ICS for the year ended 31 March 2024.
2. This report details the ICS financial position as at 31 January 2024.
3. As part of the 2023/24 planning round, the One Devon ICS submitted a deficit plan of £42.3m with a commitment to reach a breakeven position by 2025/26.
4. Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals.
5. For month 10, systems were asked to forecast based on the new agreed values and also to incorporate additional costs and lost elective income from the known industrial action. This was 3 days during December and 6 days during January.
6. An indication of the phasing of the new forecasts has been returned to NHS England (NHSE) and variances against this revised phasing is included in this report.
7. As at month 10 the One Devon ICS is reporting a year to date £89m deficit against a planned deficit of £53.7m – an adverse variance of £35.4m. (M9 £26.9m variance). This is against the original deficit plan and profile.
8. The forecast outturn system position in M10 is a £96.2m deficit which includes £6.9m costs relating to industrial action in December 2023 and January 2024 in line with the H2 reforecasting exercise. However, on discussions with NHSE, the forecast outturn in M11 will be amended to £47m plus the industrial action costs of £6.9m to £53.9m as information has been shared that additional funding will be received to cover our original planned deficit.
9. As at month 10 One Devon ICS had made efficiency savings of £153.3m which is £1.1m favourable to plan. (M9 £8.6m favourable). Forecast savings are adverse to the plan of £212.2m by £9.8m. (M9 £2m favourable). Further detail is included in the savings section of this report
10. At the planning stage net risks of £159.5m were identified to delivery of the planned deficit. As at month 10 the net risk has reduced to £5.5m (M9 £4.7m against the original deficit plan) against revised forecast deficit.
11. The above position represents the reported position to NHSE as at Month 10.

Financial Performance

12. The year to date and outturn by organisation as at 31 January 2024 against the original outturn plan is as follows.

Organisation	Year to date				Forecast			
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000		Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000	
Devon ICB	40,472	30,354	(10,118)	↓	48,567	36,425	(12,142)	⇒
Royal Devon University NHS FT	(32,050)	(39,703)	(7,653)	↓	(28,035)	(41,042)	(13,007)	⇒
University Hospitals Plymouth Trust	(33,657)	(47,424)	(13,767)	↓	(33,600)	(53,328)	(19,728)	↑
Torbay and South Devon NHS FT	(30,121)	(33,961)	(3,840)	↓	(32,571)	(41,552)	(8,981)	↓
Devon Partnership Trust	1,686	1,686	0	⇒	3,300	3,300	0	⇒
Total	(53,670)	(89,047)	(35,378)	↓	(42,339)	(96,197)	(53,858)	↑

13. As at month 10 the One Devon ICS is reporting a year to date £89m deficit against a planned deficit of £53.7m, an adverse variance of £35.4m. (M8 £26.9m variance).

14. The forecast outturn system position is a £96.2m deficit which includes £6.9m costs relating to industrial action in December 2023 and January 2024.

15. The main drivers for the year to date deficit remain similar as previous months and include (£6.9m) net impact of industrial action, a shortfall in pay award funding (£2.6m), an overspend on primary care prescribing (£20.5m) a year to date over spend on drugs (£8.9m), overspends on pay relating to specialising and supernumerary overseas recruitment (£7.8m). Some of these costs are offset by non-recurrent underspends.

16. The year to date and outturn by organisation as at 31 January 2024 against the new outturn plan and phasing is as follows:

Organisation	Year to date				Forecast			
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000		Revised Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000	
Devon ICB	30,354	30,354	0		36,425	36,425	0	
Royal Devon University NHS FT	(37,830)	(39,703)	(1,873)		(40,040)	(41,042)	(1,002)	
University Hospitals Plymouth Trust	(44,435)	(47,424)	(2,989)		(48,807)	(53,328)	(4,521)	
Torbay and South Devon NHS FT	(34,093)	(33,961)	133		(40,218)	(41,552)	(1,334)	
Devon Partnership Trust	1,686	1,686	0		3,300	3,300	0	
Total	(84,318)	(89,047)	(4,729)		(89,340)	(96,197)	(6,857)	

17. The year-to-date position includes £6.9m of industrial action impact across the three acute trusts offset by improvements in Elective Recovery Fund (ERF) performance. Additional funding for future industrial costs is expected to be received.

Savings and Efficiencies

18. The delivery of savings and efficiencies as at 31 January 2024 is as follows:

Organisation	Year to date				Forecast			
	Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000		Plan CIP Delivery £000	Actual CIP Delivery £000	Variance Favourable/ (Adverse) £000	
Devon ICB	42,250	32,980	(9,270)	↓	50,693	41,806	(8,887)	⇒
Royal Devon University NHS FT	39,557	54,202	14,645	↑	60,296	76,957	16,661	↓
University Hospitals Plymouth Trust	24,786	22,865	(1,921)	↓	39,477	28,285	(11,192)	↓
Torbay and South Devon NHS FT	34,072	33,004	(1,068)	↓	46,578	42,156	(4,422)	↑
Devon Partnership Trust	11,550	10,288	(1,262)	↓	15,191	13,194	(1,997)	↓
Total	152,215	153,339	1,124	↓	212,235	202,398	(9,837)	↓

19. As at month 10 the One Devon ICS had made efficiency savings of £153.3m which is £1.1m adverse to plan. (M9 £8.6m favourable). Efficiencies FOT variance compared to M9 is due to a reporting error correction in UHP and does not impact the bottom line organisational forecast.

20. Forecast savings are adverse to the plan of £212.2m by £9.8m. (M9 £2m favourable variance). The movement is due to organisational shortfalls on the strategic efficiency schemes compensated by Royal Devon University Healthcare NHS Foundation Trust overperformance.

21. See appendix 1 for detailed CIP update report. This report no longer distinguishes between local schemes and strategic schemes.

Risks

22. The assessment of financial risk (and mitigations) for the year ended 31 March 2024 against the new forecast outturn as at 31 January 2024, is as follows.

Risk description	DPT	RDUH	TSD	UHP	ICB	Total	Plan risks £'000
	£'000						
Additional cost risk (capacity, pressures, winter)	(464)				(3,000)	(3,464)	(10,090)
Additional cost risk (inflation)	(1,000)			(1,000)		(2,000)	(9,500)
High cost drugs growth		(4,586)				(4,586)	(7,300)
High cost devices NICE guidance change						0	
Cost of growth containment						0	(10,000)
Pay vacancy - risk of unwinding						0	(2,000)
Efficiency risk	(6,448)					(6,448)	(55,885)
System strategic efficiencies risk	(1,526)					(1,526)	(50,097)
Income risk (excl. ERF)	(310)					(310)	(7,100)
Liberty Protection Safeguard						0	(1,800)
Diagnostic Cost Pressure						0	(1,000)
ERF income risk				(2,000)		(2,000)	(10,700)
Spec comm contract income						0	(2,000)
CDC income				(1,000)		(1,000)	(5,300)
Contract risk (excl. ERF)					(1,800)	(1,800)	(3,750)
Industrial action costs	(109)	(1,002)				(1,111)	
B2 to B3 re-banding		(549)		(700)		(1,249)	
Pecialling and 1:1 care		(2,900)				(2,900)	
Pay cost pressure inc pay award		(5,100)				(5,100)	
Impact of reorganisation					(1,500)	(1,500)	
Total risks	(9,857)	(14,137)	0	(4,700)	(6,300)	(34,994)	(176,522)
Mitigations/benefits:							
NHS Funding re NCSO/Inflation						0	0
Non recurrent allocations		13,135				13,135	0
Additional cost control or income (excl. ERF)					6,300	6,300	6,090
ERF income						0	
Efficiency mitigation	5,881					5,881	7,192
Transformational / Pathway changes						0	3,000
Pay award funding						0	
Other mitigations	2,450			1,700		4,150	750
Total mitigations	8,331	13,135	0	1,700	6,300	29,466	17,032
Total Net Risk	(1,526)	(1,002)	0	(3,000)	0	(5,528)	(159,490)

23. At the planning stage risks of £176.5m were identified along with £17m of mitigations, leaving a net risk of £159.5m to the delivery of the original deficit plan.

24. As at month 10 the net risk has reduced to £5.5m (M9 £4.7m against the original deficit plan) against revised forecast deficit.

Capital

System capital (After impact of IFRS 16)

25. A recent change in the process relating to IFRS 16 reporting means that although prior to this change Devon ICS was spending within its capital allocation, the inclusion of allocation and spend around this reporting standard has meant that there is now an overspend.

26. One Devon ICS has an allocation of £104.0m but forecast expenditure of £137.2m which represents an overspend of £33.2m. (M9 £38.7m)

Organisation	Year to date				Forecast			
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000		Plan £000	Actual £000	Variance Favourable/ (Adverse) £000	
Royal Devon University NHS FT	38,349	21,163	17,186	↑	41,354	43,844	(2,490)	↓
University Hospitals Plymouth Trust	48,873	57,934	(9,061)	↑	46,931	78,409	(31,478)	↑
Torbay and South Devon NHS FT	21,164	(4,929)	26,093	↓	7,037	7,209	(172)	→
Devon Partnership Trust	7,903	4,024	3,879	↑	8,679	7,733	946	↑
Total	116,289	78,192	38,097	↑	104,001	137,195	(33,194)	↑

27. The actual allocation for IFRS 16 is significantly less than had been expected and has now been confirmed at £33.9m, compared to our original plan of £68.9m.

28. The system has applied for access to the national and regional contingency for additional funding in light of exceptional circumstances that resulted in a requirement to derecognise some leases in 22/23 and recognise instead in 23/24, totalling £40m. Current information suggests the region will receive the full contingency funding and regionally IFRS 16 costs will be covered.

29. Detailed slides on capital will be shared next month due to the timing lag relating to full reporting.

Agency

Organisation	Year to date				Forecast				Agency Cap	
	Plan £000	Actual £000	Variance Favourable/ (Adverse) £000		Plan £000	Actual £000	Variance Favourable/ (Adverse) £000		Agreed share of agency cap £000	Variance Favourable/ (Adverse) £000
Royal Devon University NHS FT	(12,617)	(16,918)	(4,301)	↑	(15,138)	(19,951)	(4,813)	↑	(21,362)	1,411
University Hospitals Plymouth Trust	(4,022)	(4,809)	(787)	↓	(4,722)	(6,059)	(1,337)	↓	(7,200)	1,141
Torbay and South Devon NHS FT	(8,232)	(13,091)	(4,859)	↓	(9,721)	(15,649)	(5,928)	↓	(10,789)	(4,860)
Devon Partnership Trust	(5,365)	(9,750)	(4,385)	↓	(6,232)	(11,438)	(5,206)	↓	(6,232)	(5,206)
Total	(30,236)	(44,568)	(14,332)	↓	(35,813)	(53,097)	(17,284)	↓	(45,583)	(7,514)

30. As at M10 the year to date spend on agency is over plan by £14.3m which is a reduction in the monthly run rate. (M9 £13.7m)

31. The forecast expenditure for the year end on agency is £17.3m over plan. (M9 £18m)

32. Devon ICS has been set an agency cap of £45.6m by NHSE which has been agreed to be shared by providers as per the table above. The system is forecast to be above the agency cap by £7.5m (M9 £8.2m). If expenditure on agency continued at the current run rate, then the agency cap would be breached by £7.9m. (M9 £9.2m)

33. Increased agency has been required as a result of industrial action. Proportionally, Devon Partnership Trust also continues to experience challenges with the recruitment to nursing and medical posts and has a number of extra complex packages of care fully funded by commissioners where agency has been required to cover these.

Recommendation

34. The Board is asked to:

- **note** the revised forecast submission as agreed as part of the national re-forecasting exercise and the associated change in forecast anticipated at Month 11.
- **note** from the information provided with regard to the One Devon ICS financial position as at the period ended 31 January 2024.



NHS Devon Integrated Care Board CIP Update Report M10

Date: As of 22 February 2024

#OneDevon

Overall Finance Position by Organisation



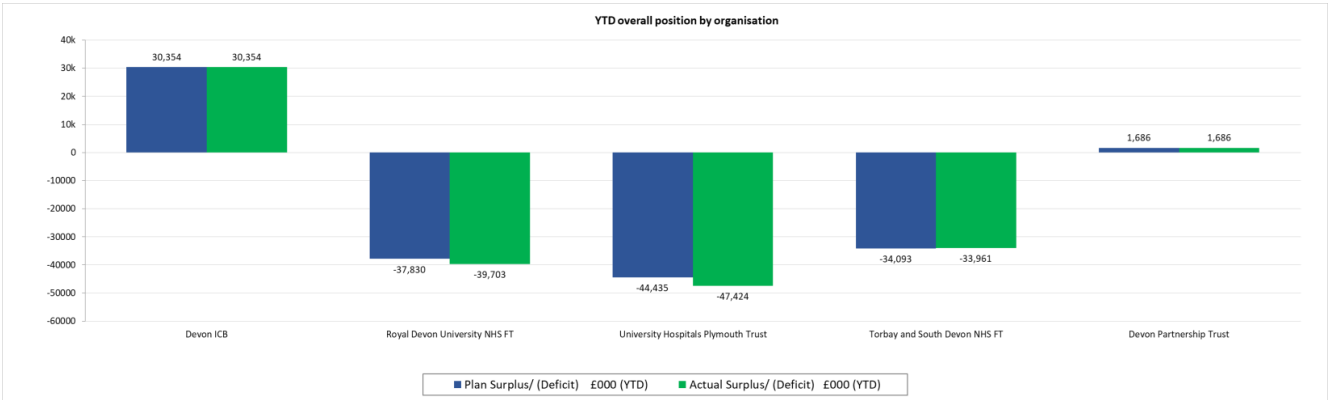
Financial Position

- Since the original plan submission, there has been a national process to take account of the impact of industrial action and to allow updates to control totals.
- The forecast outturn system position in M10 is a £96.2m deficit which includes £6.9m costs relating to industrial action in December 2023 and January 2024 in line with the H2 reforecasting exercise.
- However, on discussions with NHSE, the forecast outturn in M11 will be amended to £47m plus the industrial action costs of £6.9m to £53.9m as information has been shared that additional funding will be received to cover our original planned deficit.

Data Source

- Finance & Performance Report

Organisation	Year to date			Forecast		
	Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000	Revised Plan Surplus/ (Deficit) £000	Actual Surplus/ (Deficit) £000	Variance Favourable/ (Adverse) £000
Devon ICB	30,354	30,354	0	36,425	36,425	0
Royal Devon University NHS FT	(37,830)	(39,703)	(1,873)	(40,040)	(41,042)	(1,002)
University Hospitals Plymouth Trust	(44,435)	(47,424)	(2,989)	(48,807)	(53,328)	(4,521)
Torbay and South Devon NHS FT	(34,093)	(33,961)	133	(40,218)	(41,552)	(1,334)
Devon Partnership Trust	1,686	1,686	0	3,300	3,300	0
Total	(84,318)	(89,047)	(4,729)	(89,340)	(96,197)	(6,857)



CIP Progress Overview by Organisation



CIP Delivery

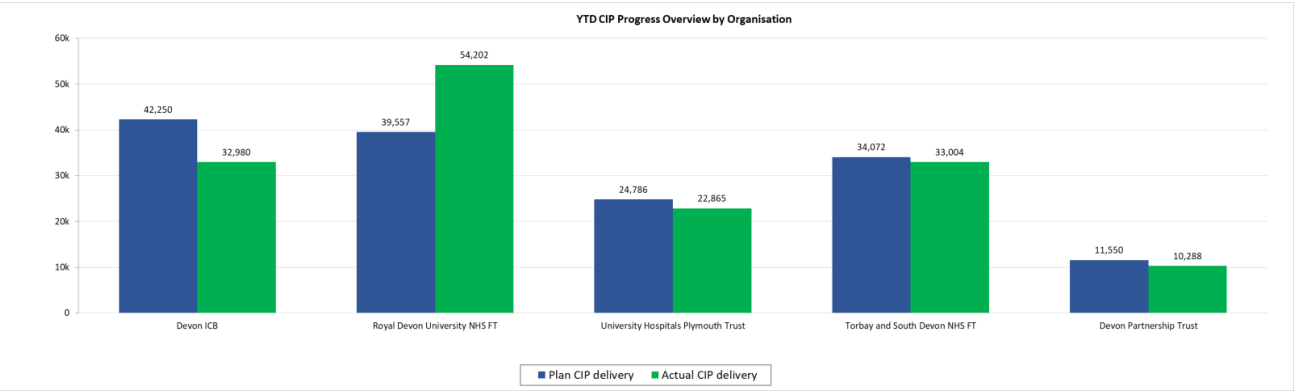
- CIP delivery figures are based on savings and efficiencies as at Month 10 provided through the ICB CIP reporting team.
- At month 10 the Devon ICS had made efficiency savings of £153.3m which is £1.1m adverse to plan. (M9 £8.6m favourable). CIP FOT movement compared to M9 is due to a reporting error correction in UHP and does not impact the bottom line forecast.
- Forecast savings are adverse to the plan of £212.2m by £9.8m. (M9 £2m favourable variance). The movement is due to organisational shortfalls on the strategic efficiency schemes compensated by Royal Devon University Hospitals Trust overperformance.

Data Source

- Finance & Performance Report

Figures are in £'000s

Organisation	Year to date			Forecast		
	Plan CIP delivery	Actual CIP delivery	Variance	Plan CIP delivery	Actual CIP delivery	Variance
Devon ICB	42,250	32,980	(9,270)	50,693	41,806	(8,887)
Royal Devon University NHS FT	39,557	54,202	14,645	60,296	76,957	16,661
University Hospitals Plymouth Trust	24,786	22,865	(1,921)	39,477	28,285	(11,192)
Torbay and South Devon NHS FT	34,072	33,004	(1,068)	46,578	42,156	(4,422)
Devon Partnership Trust	11,550	10,288	(1,262)	15,191	13,194	(1,997)
Total	152,215	153,339	1,124	212,235	202,398	(9,837)



Recurrent CIP Progress Overview by Organisation



CIP Delivery

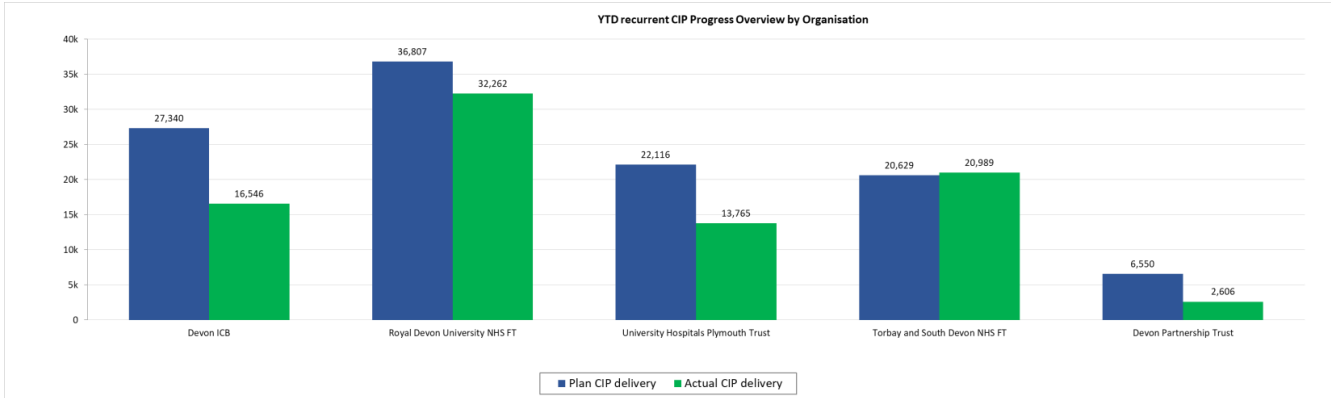
- Recurrent CIP delivery is under plan by £27.3m year to date (M9 £21.1m).
- Forecast recurrent CIP is under plan by £54.8m. (M9 £35.9m)

Data Source

- Finance & Performance Report

Figures are in £'000s

Organisation	Year to date			Forecast		
	Plan CIP delivery	Actual CIP delivery	Variance	Plan CIP delivery	Actual CIP delivery	Variance
Devon ICB	27,340	16,546	(10,794)	34,113	20,254	(13,859)
Royal Devon University NHS FT	36,807	32,262	(4,545)	53,365	39,162	(14,203)
University Hospitals Plymouth Trust	22,116	13,765	(8,351)	32,971	17,525	(15,446)
Torbay and South Devon NHS FT	20,629	20,989	360	30,805	25,713	(5,092)
Devon Partnership Trust	6,550	2,606	(3,944)	9,191	3,032	(6,159)
Total	113,442	86,168	(27,274)	160,445	105,686	(54,759)



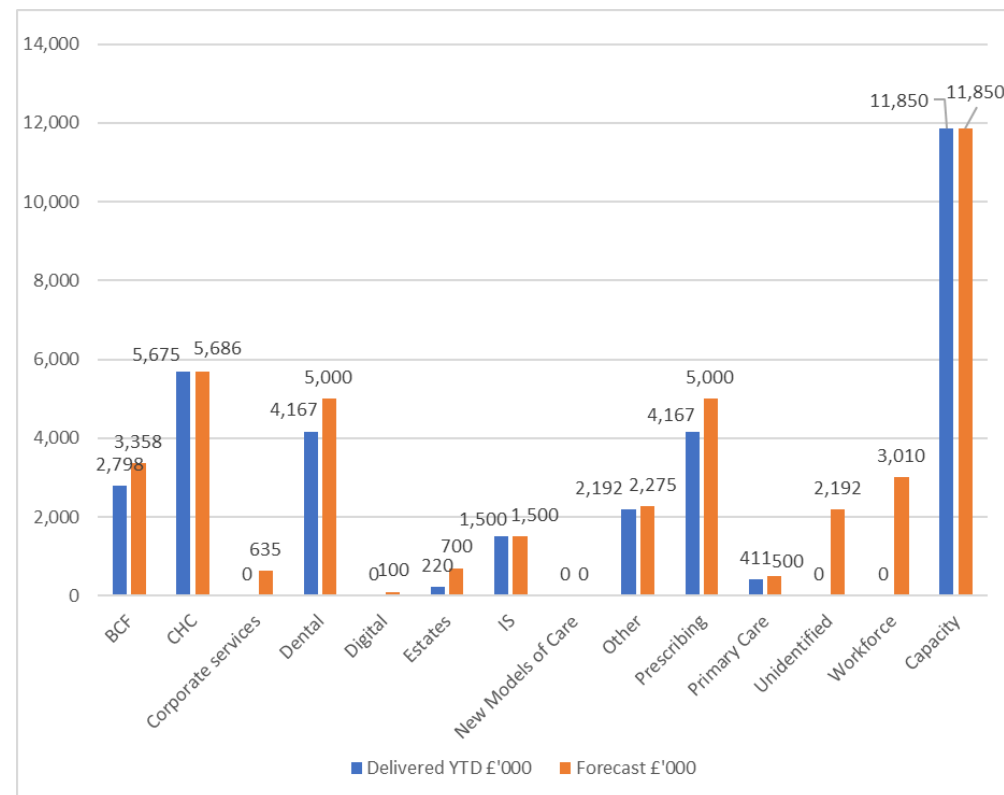
Total CIP schemes update

ICB | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
BCF	4,167	2,798	(1,369)	5,000	3,358	(1,642)
CHC	6,821	5,675	(1,146)	8,186	5,686	(2,500)
Corporate services	535	0	(535)	635	635	0
Dental	4,167	4,167	0	5,000	5,000	0
Digital	83	0	(83)	100	100	0
Estates	833	220	(613)	1,000	700	(300)
IS	2,500	1,500	(1,000)	3,000	1,500	(1,500)
New Models of Care	1,583	0	(1,583)	1,900	0	(1,900)
Other	2,767	2,192	(575)	3,320	2,275	(1,045)
Prescribing	4,167	4,167	0	5,000	5,000	0
Primary Care	417	411	(6)	500	500	0
Unidentified	1,827	0	(1,827)	2,192	2,192	0
Workforce	2,508	0	(2,508)	3,010	3,010	0
Capacity	9,875	11,850	1,975	11,850	11,850	0
Total	42,250	32,980	(9,270)	50,693	41,806	(8,887)

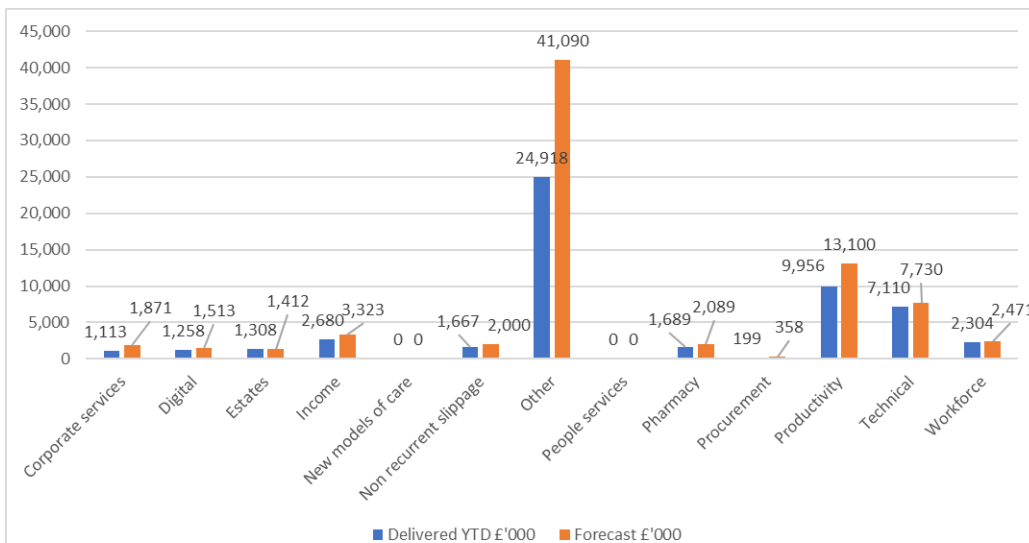
CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at M10 provided through the ICB CIP reporting team.
- As at M10 the ICB has made efficiency savings of £33.0m, an adverse variance of £9.3m.
- Total savings are forecast to deliver a shortfall of £8.9m.



RDUH | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
Clinical support services	1,133	0	(1,133)	3,399	0	(3,399)
Corporate services	2,257	1,113	(1,144)	3,136	1,871	(1,265)
Digital	5,368	1,258	(4,110)	7,461	1,513	(5,948)
Estates	386	1,308	922	1,458	1,412	(46)
Income	156	2,680	2,524	200	3,323	3,123
New models of care	1,351	0	(1,351)	4,053	0	(4,053)
Non recurrent slippage	1,667	1,667	0	2,000	2,000	0
Other	6,880	24,918	18,038	8,507	41,090	32,583
People services	819	0	(819)	1,607	0	(1,607)
Pharmacy	250	1,689	1,439	300	2,089	1,789
Procurement	2,400	199	(2,201)	3,474	358	(3,116)
Productivity	9,956	9,956	0	13,100	13,100	0
Technical	1,500	7,110	5,610	4,900	7,730	2,830
Workforce	5,434	2,304	(3,130)	6,700	2,471	(4,229)
Total	39,557	54,202	14,645	60,296	76,957	16,661

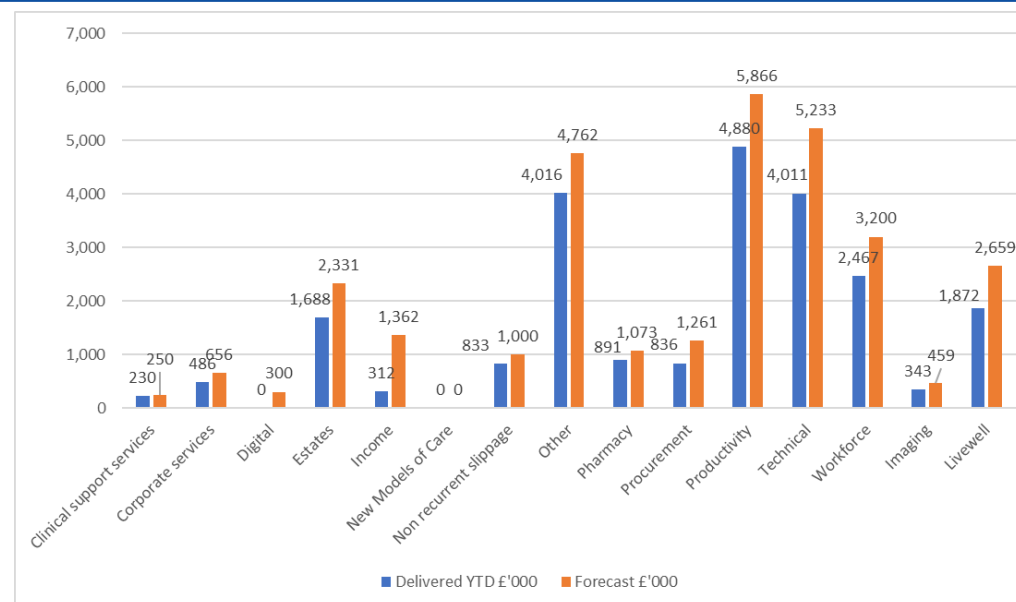


CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at M10 provided through the RDUH CIP reporting team.
- As at M10 RDUH has made efficiency savings of £54.2m, a favourable variance of £14.6m.
- Included under other is the financial recovery programme workstreams: •ERF income & data capture, Pay controls, Non pay controls, Drugs expenditure .
- Total forecast savings are ahead of plan by £16.7m.

UHP | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
Clinical support services	452	230	(222)	2,268	250	(2,018)
Corporate services	830	486	(344)	1,180	656	(524)
Digital	150	0	(150)	1,355	300	(1,055)
Estates	2,044	1,688	(356)	2,854	2,331	(523)
Income	1,051	312	(739)	1,600	1,362	(238)
New Models of Care		0	0	2,705	0	(2,705)
Non recurrent slippage	833	833	(0)	1,500	1,000	(500)
Other	3,301	4,016	715	3,406	4,762	1,356
Pharmacy	792	891	100	800	1,073	273
Procurement	1,040	836	(204)	2,785	1,261	(1,523)
Productivity	6,000	4,880	(1,120)	7,600	5,866	(1,734)
Technical	3,327	4,011	684	3,000	5,233	2,233
Unidentified		0	0	22	(2,127)	(2,149)
Workforce	2,583	2,467	(117)	5,873	3,200	(2,672)
Imaging	343	343	0	229	459	230
Livewell	2,039	1,872	(167)	2,300	2,659	359
Total	24,786	22,865	(1,921)	39,477	28,285	(11,192)



CIP Delivery

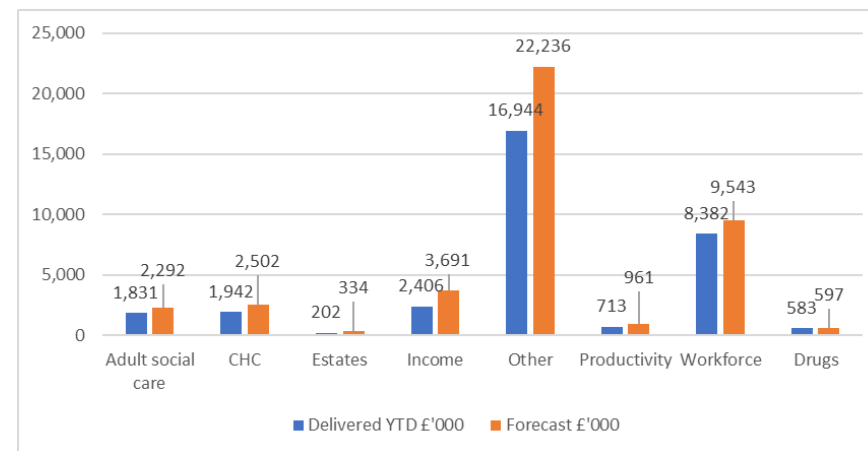
- CIP delivery figures are based on savings and efficiencies as at M10 provided through the UHP CIP reporting team.
- As at M10 the UHP has made efficiency savings of £22.9, adverse variance of £1.9m.
- Total savings are off track to by £11.2m

TSD | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
Adult social care	1,562	1,831	269	1,073	2,292	1,219
CHC	1,677	1,942	265	479	2,502	2,023
Estates	222	202	(20)	379	334	(46)
Income	0	2,406	2,406	3,881	3,691	(190)
Other	21,231	16,944	(4,287)	30,527	22,236	(8,292)
Productivity	1,246	713	(533)	961	961	0
Workforce	7,651	8,382	731	8,681	9,543	862
Drugs	483	583	100	597	597	0
Total	34,072	33,003	(1,069)	46,578	42,156	(4,422)

CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at M10 provided through the TSD CIP reporting team.
- As at M10 the TSD has made efficiency savings of £33m, an adverse variance of £1.1m.
- Total savings are forecast to deliver a shortfall of £4.4m.

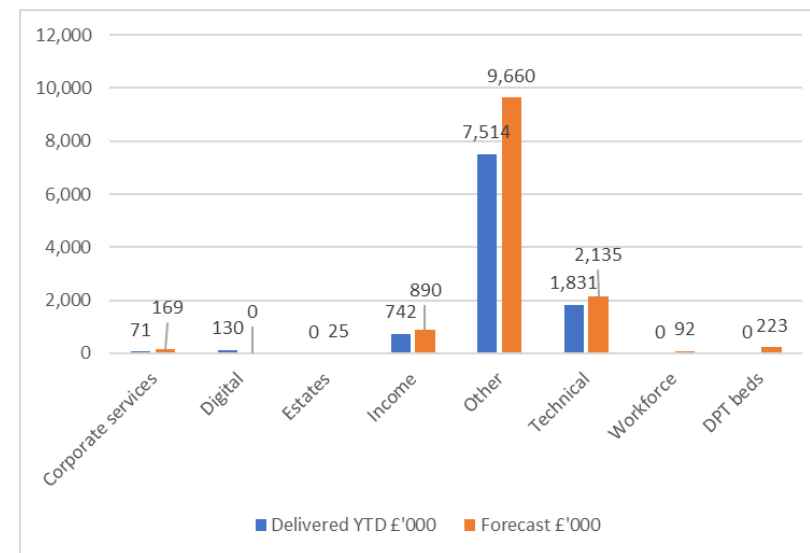


DPT | CIP Progress Overview

CIP Grouping	Plan YTD £'000	Delivered YTD £'000	Variance YTD £'000	Target £'000	Forecast £'000	Forecast variance £'000
Corporate services	297	71	(226)	430	169	(261)
Digital	166	130	(36)	500	0	(500)
Estates	236	0	(236)	440	25	(415)
Income	0	742	742	0	890	890
Other	6,748	7,514	766	8,091	9,660	1,569
Technical	1,830	1,831	1	2,200	2,135	(65)
Workforce	473	0	(473)	730	92	(638)
DPT beds	1,800	0	(1,800)	2,800	223	(2,577)
Total	11,550	10,288	(1,262)	15,191	13,194	(1,997)

CIP Delivery

- CIP delivery figures are based on savings and efficiencies as at M10 provided through the DPT CIP reporting team.
- As at M10 the DPT has made efficiency savings of £10.3m, an adverse variance of £1.3m.
- Total savings are forecast to deliver a shortfall of £2m.



NHS Devon Integrated Care Board

Quality Report

Date of meeting	Date report produced
26 March 2024	14 February 2024

Author(s)		Report approved by	
Name and Title:	Sara Wright Head of Quality Natasha Goswell Interim Deputy Chief Nurse	Name and Title:	Penny Smith Interim Chief Nursing Officer
Phone:	07787567859	Date:	14 February 2024
Email:	Natasha.goswell@nhs.net		

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

N/A

Executive Summary

This report provides detailed oversight of NHS Devon Integrated Care Board's (ICB's) quality functions. It is the first time this report has been presented and it includes information about the key areas of quality.

Key areas to highlight are:

Joint Targeted Areas Inspection: There was a joint inspection by the Care Quality Commission (CQC), the Office for Standards in Education, Children's Services and Skills (OFSTED) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) from 10-17 November 2023 on children's services on the front door across Torbay. Two areas of actions related to non-accidental injury and NHS Devon hold principal authority.

Safeguarding: NHS England (NHSE) undertook their annual review on 8 February, data is showing an increase in Domestic Homicide Reviews (DHRs) over the last 12 months

Never Events: Royal Devon University Healthcare NHS Foundation Trust (RDUH) was an outlier with a total of 9 in 2022 and 6 in 2023, a summit was undertaken with support of NHSE to understand the human factors, use of NAtSipps2 and have undertaken a safety culture survey.

Quality Early Warning Score: Devon has agreed to be one of four pilot sites for the testing of the National Quality Board (NQB) University Hospitals Plymouth NHS Trust (UHP) has agreed to be the pilot site within Devon.

People with a learning disability and autistic people (LeDeR): Update on reviews completed/outstanding /sign-off, latest process with Reviews for month ending 31 January 2024.

Continuing Health Care (CHC): provides detail on this function and the metrics associated with assessment referral and conversion, for which Devon demonstrates compliance within national targets.

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

The draft content of the Quality Report was discussed by the Executive Committee at its meeting on 30 January 2024. The Quality and Patient Experience Committee reviewed this report at its meeting on 21 February 2024. The Executive Committee reviewed this report at its meeting on 05 March 2024.

Key recommendations and actions requested

The Board is asked **to note** the current content of the quality report.

Impact on NHS Devon Objectives

Objective	Impact
Improve Population Health	Impacts All Areas Listed
Improve Services and Reduce Unwarranted Variation	
Make More Efficient Use of Our Resources	
Develop Our Culture and How We Operate	



Outline the implications of matters covered in this report for the following areas		
Area	Yes (summarise implications)	
Quality of Services	The report addresses the key quality functions of NHS Devon.	
Health Inequalities	None	
Workforce	None	
Resources and Finance		
Legal	The report provides information about the regulatory and legal responsibilities of NHS Devon in respect of quality.	
Digital and Data	None	
Engagement and Consultation	None	

Quality Report: January 2024



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

Quality Content

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Mortality	29
IPC	30

Executive Summary

This is the first quality report to Quality and Patient Experience Committee.

The key areas to bring to the attention of the committee are,

Joint Targeted Areas Inspection: This is a joint inspection from CQC, OFSTED and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) from 10-17th November 2023 on children's services on the front door across Torbay. 2 areas of actions related to non-accidental injury and NHS Devon hold principal authority.

Safeguarding: NHS England (NHSE) undertook their annual review on 8th February, data is showing an increase in Domestic Homicide Review's DHRs over the last 12 months.

Never Events: Royal Devon University Hospitals (RDUH) was an outlier with a total of 9 in 2022 and 6 in 2023, a summit was undertaken with support of NHSE to understand the human factors, use of National safety standards for invasive procedure NATsipps2 and have undertaken a safety culture survey.

Quality Early Warning Score: Devon has agreed to be one of four pilot sites for the testing of the National Quality Board (NQB) UHP has agreed to be the pilot site within Devon.

LeDeR: Update on reviews completed/outstanding /sign-off, latest process with reviews for month ending 31/01/2024.

CHC: provides detail on the ICB function regarding CHC and the metrics associated with assessment referral and conversion, for which Devon demonstrates compliance within national targets.

Safeguarding – JTAI: front door services

Joint Targeted Area Inspection: Torbay

The inspection was held 10th-17th November and included NHS Devon ICB, Torbay and South Devon Foundation Trust (TSDFT), Local Authority, Children Family Heath Devon and Devon & Cornwall Constabulary.

The report was undertaken by Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS). The JTAI letter was published on 29/01/2024 (appendix 1) highlighting findings and recommendations to each organisation involved

The inspection found that progress had been made in several areas. These included partner agencies sharing information in a timely and effective way and progress in the understanding of issues such as exploitation. A further positive was the development of family hubs within Torbay which allows families direct support to services.

Areas for priority action were as follows;

- The failure of senior leaders to have sufficient oversight and assurance of professional curiosity across practice to safeguard children.
- The variable quality of scrutiny and supervision by health staff leading to safeguarding risks in children not being consistently identified and responded to appropriately. A particular area of concern is the management of unexplained injuries to children.

The Integrated Care Board is the principal authority and will respond for the system with a multi-agency action plan overseen by the Torbay Safeguarding Partnership.

Within providers actions have begun to be identified and enacted, for example within TSDFT safeguarding leads have been within the emergency department delivering training on points raised.

In relation to timescales, the following two remain

- Feedback on inspection and framework by 15th March
- The statement of proposed action by 9th May

Quality – Overview: Safeguarding

Multiagency safeguarding arrangements

- 2 Safeguarding Adult Boards for Devon and Torbay merger 2020.
- 3 Local Safeguarding Children Partnership (LSCP) –sharing of Child Safeguarding practice reviews learning. Chair Boards and subgroups. Contribute to setting priorities. Review of health representation to ensure right contribution
- 3 Corporate Parenting Boards for Plymouth, Devon and Torbay.
- 3 (7) Children Safeguarding Practice – Devon has 4 and 'Safer Devon'. Devon Adults Safeguarding and vulnerable people subgroups, Serious Violence Duty groups.
- Devon Partnership Board – Chair.
- 3 trauma informed networks

Current Position

- Partnership Leadership changes – RDUH new Chief Executive, UHP new Chief Nursing Officer, TSDFT Interim Chief Nursing Officer, new Director of Children Services Devon and Plymouth.
- JTAI Torbay November 2023 - NHSD principal authority function
 - Partnership Governance
 - Data
 - Quality and delivery of health services – ED, supervision
 - Multiagency working practice and culture – professional curiosity, CP medicals
 - Focussed cohorts of Children, Young People – Emotional Health and Wellbeing, Mental Health, neglect, domestic abuse
- CSC
 - Plymouth focussed visit Dec 2022 – priority areas front door, early help, domestic abuse
 - Torbay Improvement journey
 - Devon – monitoring visit. Inadequate outcome in 2020. Progress remains slow. Full Inspecting local authority children's service (ILACS) anticipated Autumn 23
- SEND Written Statement of action - all Local Authority areas

Quality – Overview: Safeguarding

Safeguarding Heat Maps 23/24 – quarterly topics set and requested by National NHS England safeguarding team

Q1 focussed on safeguarding priorities in the joint forward plan (JFP).

- In our JFP we have focused on Serious Violence Duty
- The ICB Safeguarding Annual Report 2022/23 outlines our agreed priority areas and statement of compliance with the Safeguarding Assurance and Accountability Framework

Q2 focussed on Mental Capacity Act (MCA) and Deprivation of Liberty (DoL) including Key Lines of Enquiry focussing on internal ICB, community deprivation of liberty and provider oversight. All areas in the Southwest rated themselves Amber.

Devon plans and next steps: Community DoL activity within the wider ICB footprint have improved but there is still a requirement to support the CHC staffing resource to be fully compliant with applications to court. Education of the team will be key in achieving full compliance.

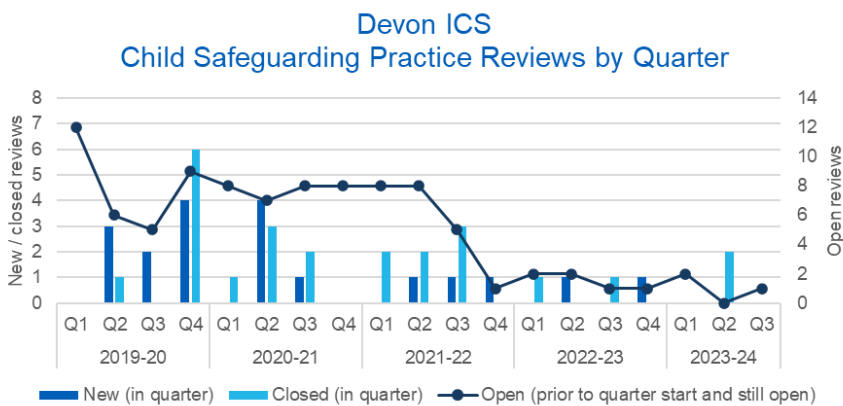
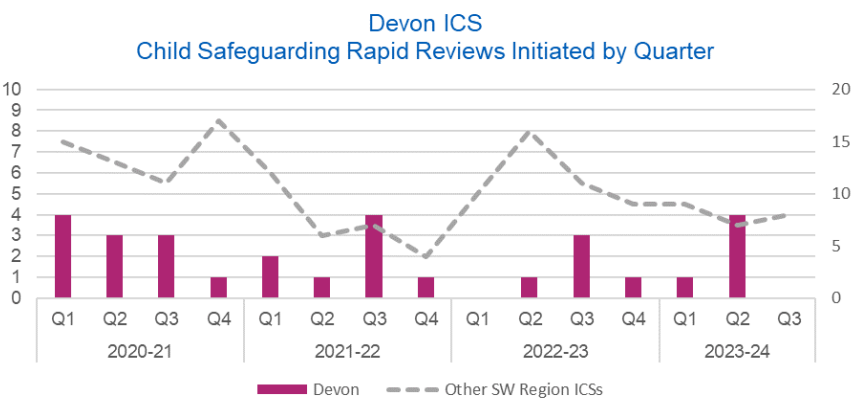
Q3 heat map was due to focus on domestic abuse and sexual violence but was stood down due to system pressures. Assurance will continue to be sought through the Domestic abuse and Sexual Violence (DASV) workstream.

- An Inspection of Local Authority Children's Services Front Door in Devon is to take place in March 2024, with a further Inspection of Local Authority Children's Services planned for the Autumn. .
- The competence of Acute Trust Paediatricians in undertaking child protection medicals is currently a priority area of work, and a report has gone to the Safeguarding Committee, with an action plan to follow.
- Following an update to the statutory guidance Working Together to Safeguard Children 2023, providers are writing impact papers in relation to the proposal that wider partners will pick up the role of Lead Professionals for cases sitting within Section 17 of the Children Act. This is a role previously undertaken in the main by the child's social worker, and could impact upon midwives, CAMHS practitioners and public health nurses.

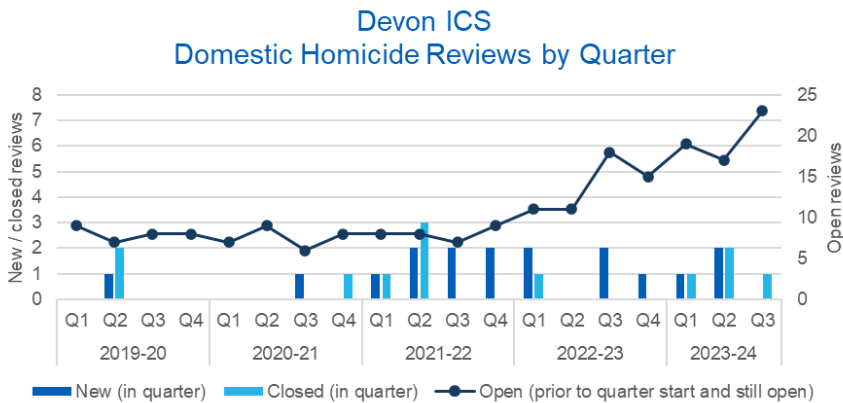
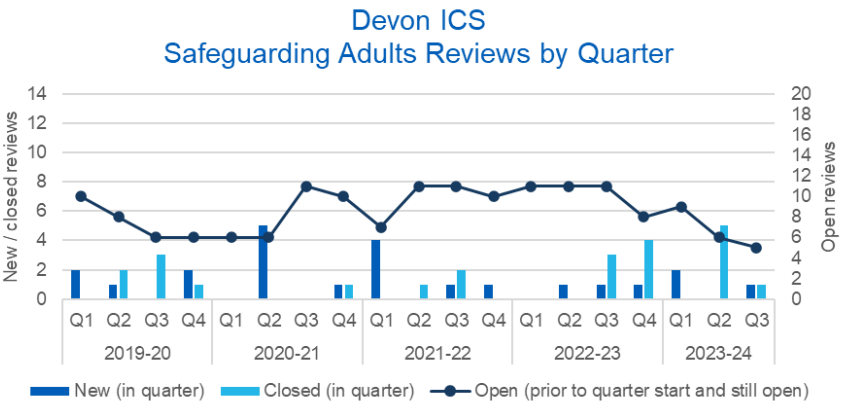
NHS Devon welcomed NHS England Regional Safeguarding team for annual follow up visit on the 8th February

Quality – Overview: Safeguarding Adults and Children

Safeguarding review data and learning from Safeguarding Adult Reviews, Child Safeguarding Practice Reviews and Domestic Homicide Reviews. Updated with Quarter 3 2023-24 data (Pan Devon)



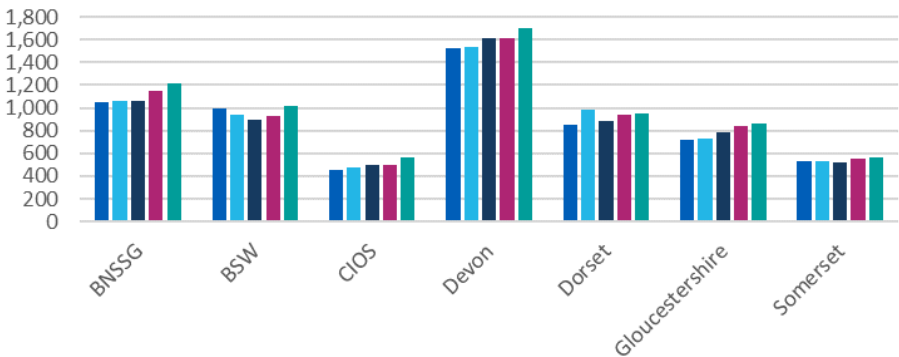
Data is showing a rise in open DHRs over the last 12 months



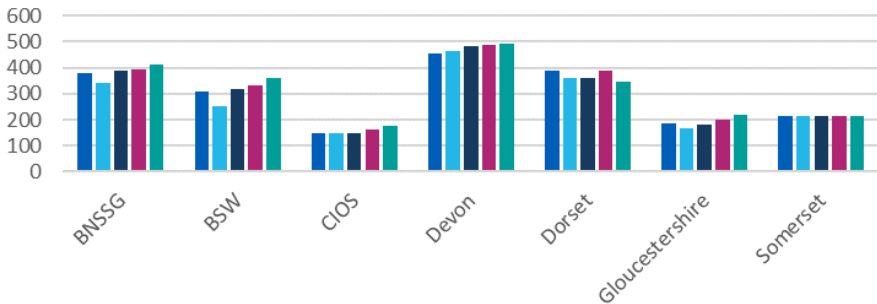
Quality – Overview: Safeguarding

Children in Care Regional Data December 2023

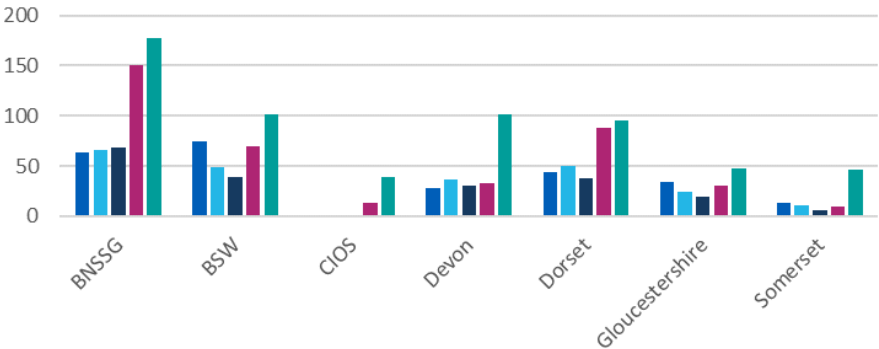
South West Region - Total Number of Children in Care - by ICS



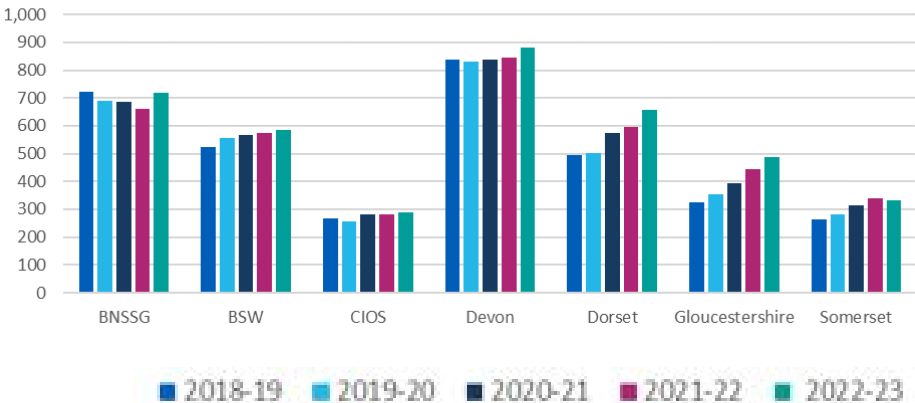
South West Region - Total Number of Children Who are the Responsibility of Other LAs Placed Within this LA Boundary



South West Region - Total Number of Unaccompanied Asylum-seeking Children - by ICS



South West Region - Total Number of Care Leavers - by ICS



Quality Improvement: Safeguarding

National Annual Safeguarding report 2022/2023

The 2022/23 Annual national safeguarding Report noted that there were 393 serious incident notifications (SINs) and rapid reviews reported in 22/23.

In Devon ICB the Safeguarding and Protection of Vulnerable People Steering Group are incorporating the 6 areas of improvement identified by the national child safeguarding review panel,

1. Effective leadership and culture supporting critical thinking and professional challenge.
2. Giving central consideration to racial, ethnic, and cultural identity and impact on the lived experience of children and families.
3. The importance of a whole family approach to risk assessment and support.
4. Recognising and responding to the vulnerability of babies
5. Domestic abuse and harm to children – working across services.
6. Keeping a focus on risks outside the family.

These will be fed into the three children safeguarding partnerships in Torbay, Devon and Plymouth.

Never events

Situation

2022 and the first half of 2023 saw an increasing trend in Devon Integrated Care System (ICS) in the reported number of Never Events (NE). Table 1 shows the number of reported NE varying across recent years. 2019 figures represent a pre-pandemic year. It should be noted North Devon Hospital Trust (NDHT) merged with Royal Devon Exeter (RDE) in April 2022.

Provider	2019	2020	2021	2022	2023
NDH	1	0	1	0 / -	-
RDUH	0	2	6	9	6
UHP	4	5	3	4	3
TSD	2	3	1	3	2
PPG	-	-	-	-	2
Total	9	10	11	16	13

The yearly figures identify an increasing trend from pre-pandemic years. However, 2023 figures show the number of reported Never Events in Devon ICS decreased. A breakdown of 2023 figures into months for the incident occurring can be seen in table 2.

Provider	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
RDUH	2	0	0	1	1	0	2	0	0	0	0	0	6
UHP	0	0	1	0	0	0	1	0	0	1	0	0	3
TSD	0	2	0	0	0	0	0	0	0	0	0	0	2
PPG	0	0	0	0	0	0	0	1	1	0	0	0	2
Total	2	2	1	1	1	0	3	1	1	1	0	0	13

RDUH was identified in mid-2023 as a national outlier due to high figures in 2022 and the 6 reported in incidents in the first half of 2023. It should be noted RDUH have not reported a NE in the second half of 2023.

Never events

Actions

The trend of increasing number of Never Events was identified in mid 2023. In response to the increasing trend identified in 2023 the following actions have taken place:

- RDUH formed a Never Event Task and Finish Group. This is focused on National safety standards for invasive procedures (NatSSIPS 2) and improving processes through learning and sharing.. The group reports to the RDUH Safety and Risk Committee and meets every other month and has executive oversight.
- RDUH held a Never Event summit with attendance and chair from Chief Medical Officer, Chief Nurse and the interim Chief Executive Officer. The summit looked at size and nature of the problem, solutions, human factors training and NatSIPPs.
- Sharing of Never Event cases and lessons learnt identified from them has occurred at the Devon and Cornwall Patient Safety Specialist Collaborative Network. Further cases are to be brought and shared over upcoming months across the system. Never Event cases have been shared at regional level, through the regional Patient Safety Specialist network.
- UHP have undertaken supportive observations of practice within theatre environments on the back of investigations.
- Staff surveys addressing culture are underway in providers

A 'system' Never Event meeting commenced. It has met three times with varying success, representation has been poor from all organisations except RDUH. Some sharing of information and case examples has taken place, this has demonstrated

- Cultural issue within staff; not all see safety checks as important.
- Difference between how (processes) work is done compared to how it is meant to be done (documented process).
- Human factors, mental model, psychological safety all important.
- No time allocated to any of the checklist completion, therefore value is questioned.

LeDeR

LeDeR was initiated in 2015 with a clear mission: to contribute to the betterment of care quality and health outcomes for individuals with learning disabilities and autism. The LeDeR program is funded by NHS England and commissioned by the Healthcare Quality Improvement Partnership (HQIP) to improve healthcare for individuals with learning disabilities. Through collaboration with local agencies and healthcare professionals, NHS England supports the program by conducting LeDeR reviews and utilizing the findings to enhance service provision within each locality. NHSE also facilitates knowledge sharing between different regions to promote learning and the adoption of best practices nationwide.

Update on reviews completed/outstanding /sign-off, Latest Process with Reviews for month ending 31/01/2024

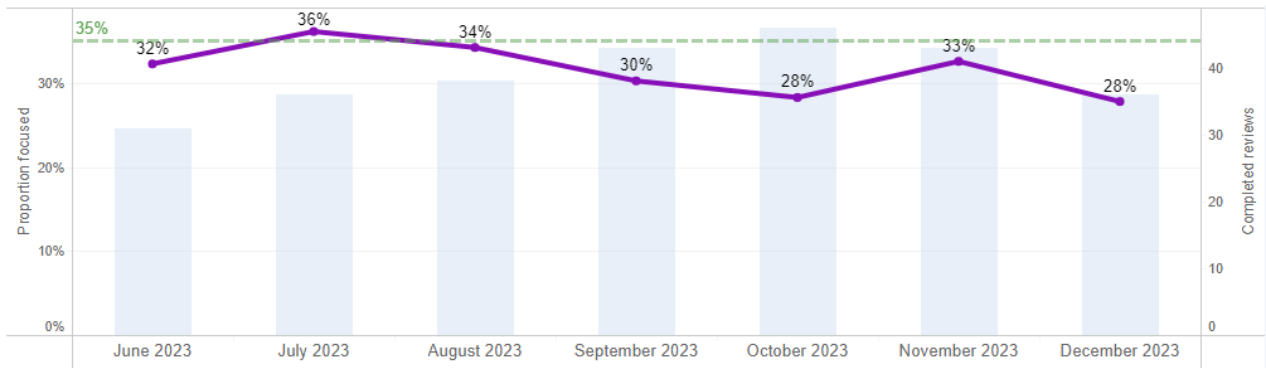
Status	Total	Autism	Learning Disability	Change	Comments
Awaiting allocation	19*	2	17	↓	*Large number of reviews awaiting allocation due to LeDeR program workforce shortage risk.
In progress	10	0	10	↑	
On Hold (pending external investigation)	13	3	10	↓	Pending external investigation ie Coroner
Pending Quality Review	1	0	1	↓	Initial (0), Focused (1)
Awaiting sign off / pending redaction	14*	0	14	↑	*Capacity issues with the NHSE DSCRO team have meant LeDeR reviews aren't being redacted and approved for sign off in a timely way.
TOTAL	57*	5	52	↓	*Three-month reporting average at 8 per month.

* NHS England Data Services for Commissioners Regional Offices.

LeDeR

Current LeDeR Key Performance Indicator (KPI) Performance
In June NHS England changed the criteria of the KPI from a static to an aggregated approach. Previously, the KPI was based on completing a review within a 6-month timeframe, meaning each review was expected to be finished within 6 months. However, with the new approach, the KPI now focuses on a 6-month aggregate, looking at a rolling period.

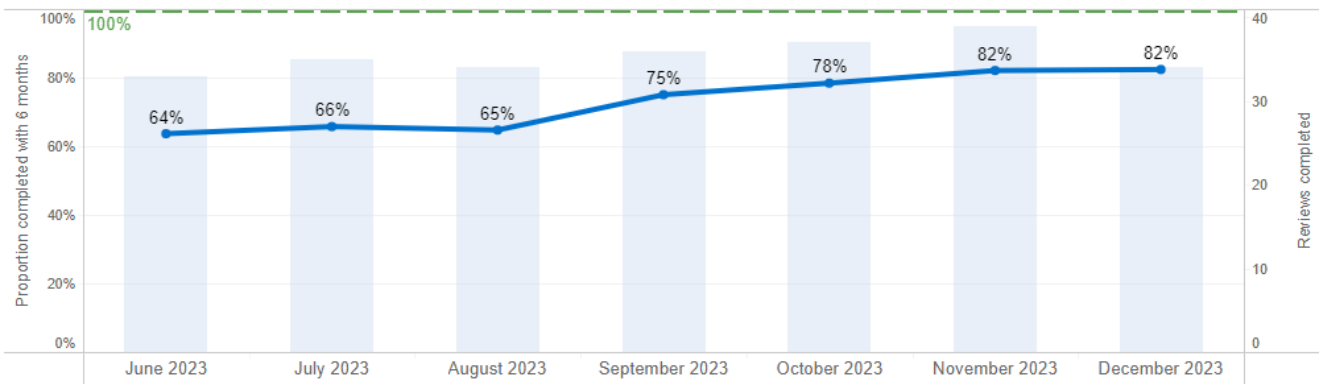
Proportion of completed reviews that were focused (6 month rolling period)



28% of completed reviews were focused (6 month rolling period)

36 reviews completed
10 reviews completed that were focused

Current LeDeR KPI Performance; Proportion of All reviews completed within 6 months of notification (6 month rolling period)



82% of **All** reviews completed within 6 months of notification (6 month rolling period)

28 reviews completed within 6 months of notification
34 reviews turning 6 months old (6 months from notification excluding time spent on hold)

- **Devon in the top 5 highest performing ICBs nationally.**
- **Devon is outperforming its regional average by 53%**

Quality – Function Overview: CHC

Continuing Healthcare (CHC)

- Determination of Continuing Healthcare (CHC) eligibility is an ICB statutory function. It is concerned with individuals who have complex health needs who qualify for NHS funded care that is determined via a detailed assessment process. Care can be provided in the home, independent care setting or a combination of both. The CHC process is determined by the national CHC Framework
- The assessment process is through a referral to the CHC team and eligibility is determined by completing a Health Needs Assessment and a Decision Support Tool, which considers health needs that by nature are complex, intense and unpredictable, over 12 domains. An individual's eligibility depends on assessed need and is not diagnosis driven.
- A typical assessment will take two/two half days per week, to assess the care needs, examine the records and record this in a Decision Support Tool and 12 domains and agree levels of need in each domain. (From 'severe' down to 'no needs').
- If an individual is deemed eligible, full CHC funding is made available for the *full cost of the package of care*. *For some individuals they are not assessed as CHC eligible, however they are considered eligible for Funded Nursing Care (FNC) which is £219.71 per week. These individuals will reside in a nursing home. For those not eligible for CHC or FNC funding, they will self-fund or refer back to local authorities for means tested support. Some individuals may have needs that are funded jointly by the NHS and the Local Authority, and the ICB has a defined process to agree this apportionment.*

Quality Assurance and Performance Monitoring

Quality assurance of the assessment process is through peer review and ICB verification. National benchmarked measured targets are as follows:

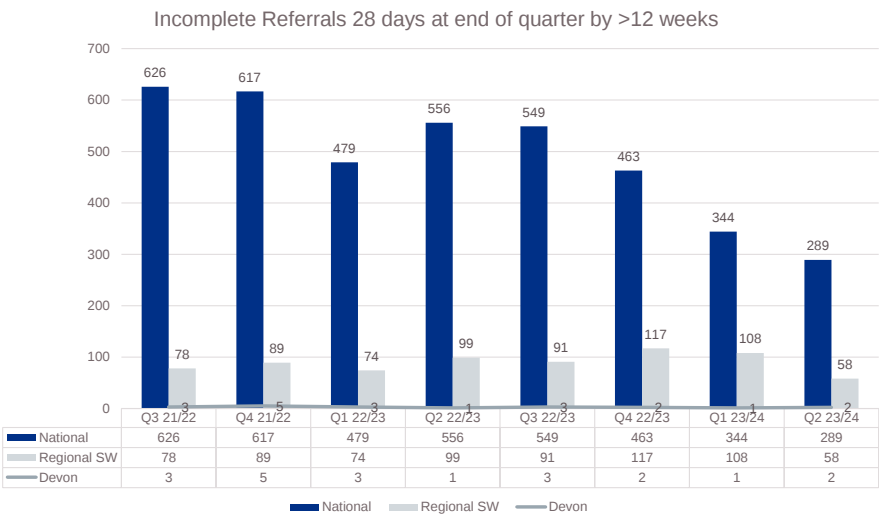
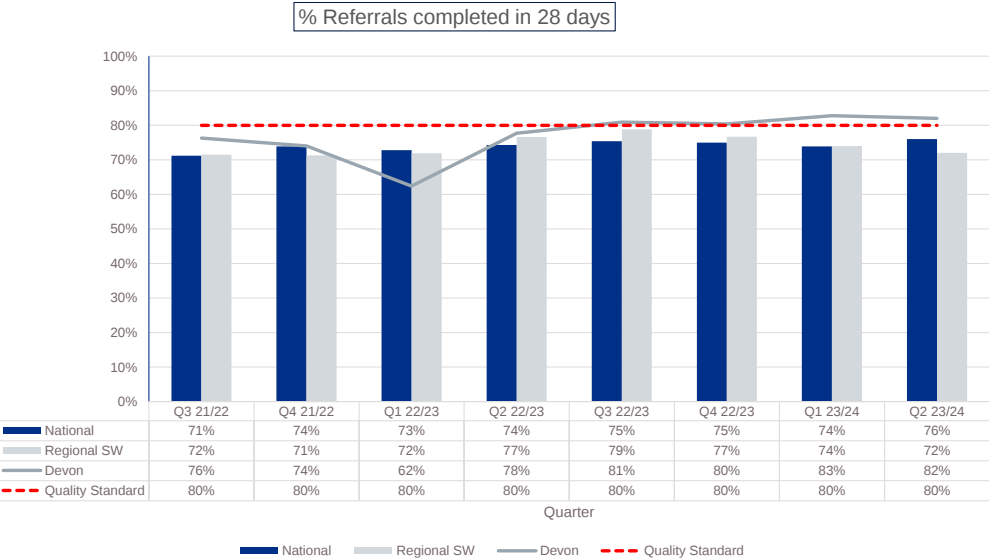
- 80% of all assessments are undertaken in 28 days from referral
- For the remaining 20% of referrals that the assessment process is concluded not longer than 12 weeks after referral
- 3 and 12 month reviews of care are not routinely monitored

Performance reporting for Continuing Healthcare – Quarter 3

The below performance slides are produced by NHS England to assess Devon's performance against the national standards, these also include comparisons with like for like ICBs.

- In summary NHS Devon has worked over several years of being a national outlier with regards to reporting metrics to now being assessed as middle of the pack.
- NHS England is assured regarding NHS Devon's performance for CHC reporting, whilst noting some risks highlighted later in the report.
- This Q3 update also includes an update regarding a request from QPEC for more detail about the patient and family experience of CHC assessment.

Quality Standards: 82%of Assessments completed within 28 days for Q3 2023/24

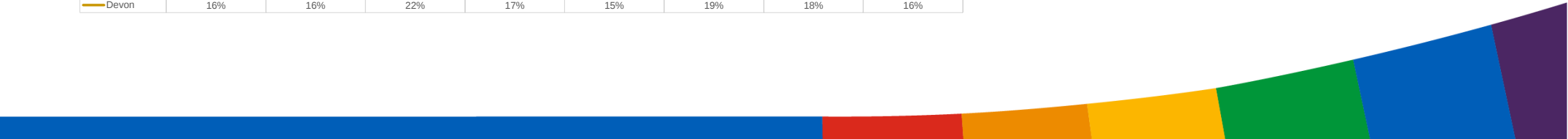
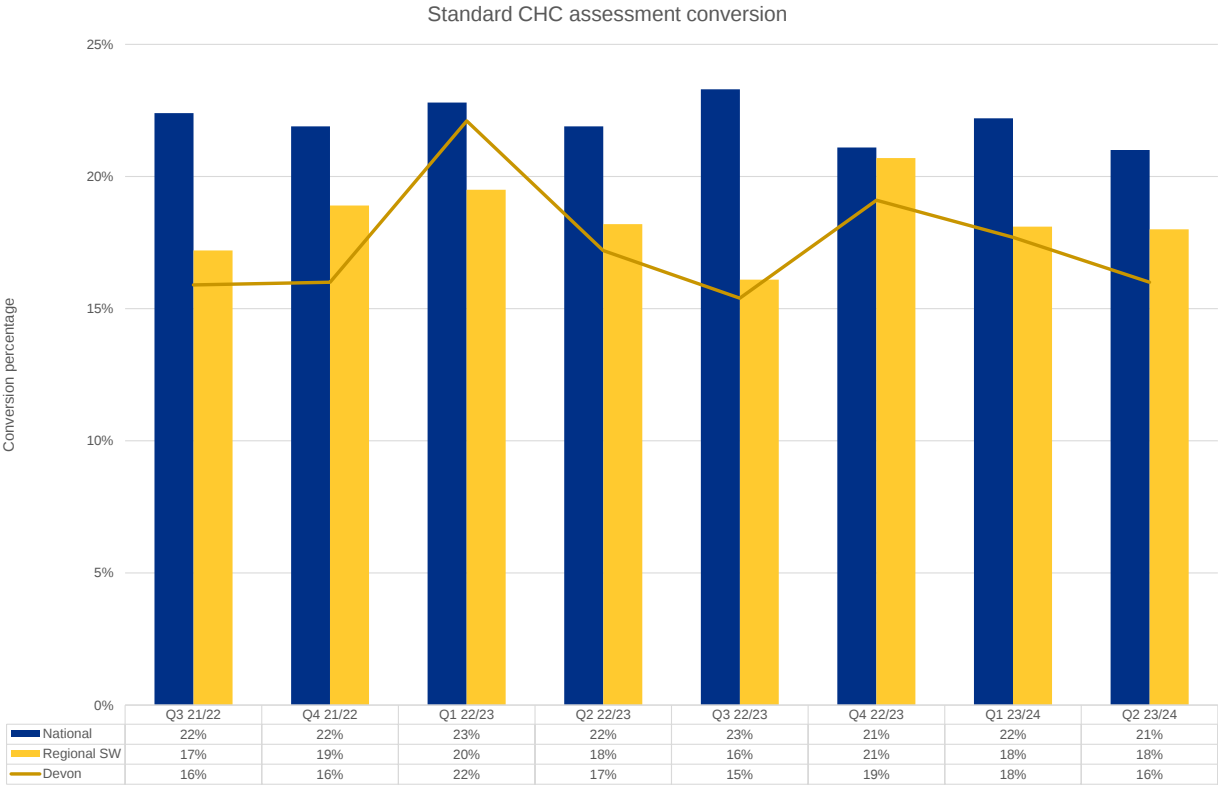


- 11 Up to 2 Weeks
 - 12 Above 2 and up to 4 weeks
 - 5 Above 4 and up to 12 weeks
 - 2 Above 12 and up to 26 weeks
 - 0 Above 26 weeks
- 2 Assessments incomplete over 12 weeks for Q3 2023/24
- 30 Assessments incomplete over 28 days for Q3 2023/24



Performance reporting for Continuing Healthcare – Quarter 3

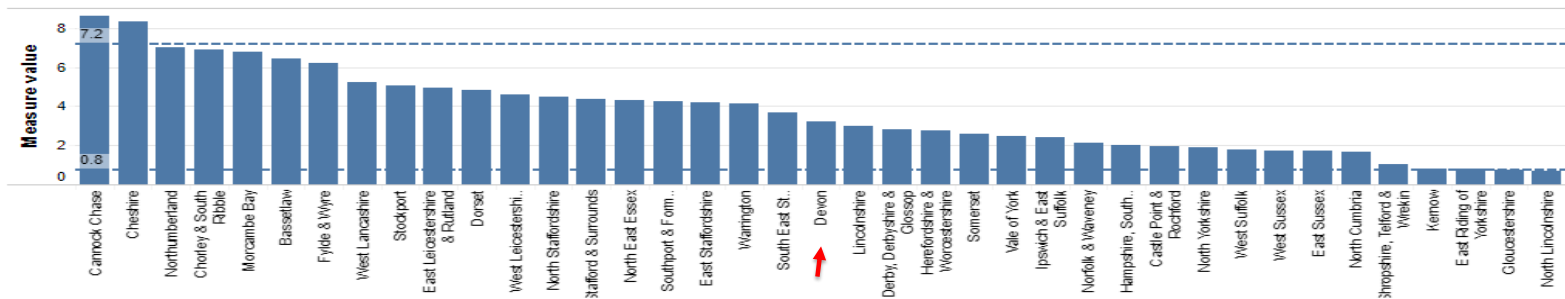
16% Assessment conversion rate



Performance reporting for Continuing Healthcare – Quarter 3

Standard NHS CHC eligibility

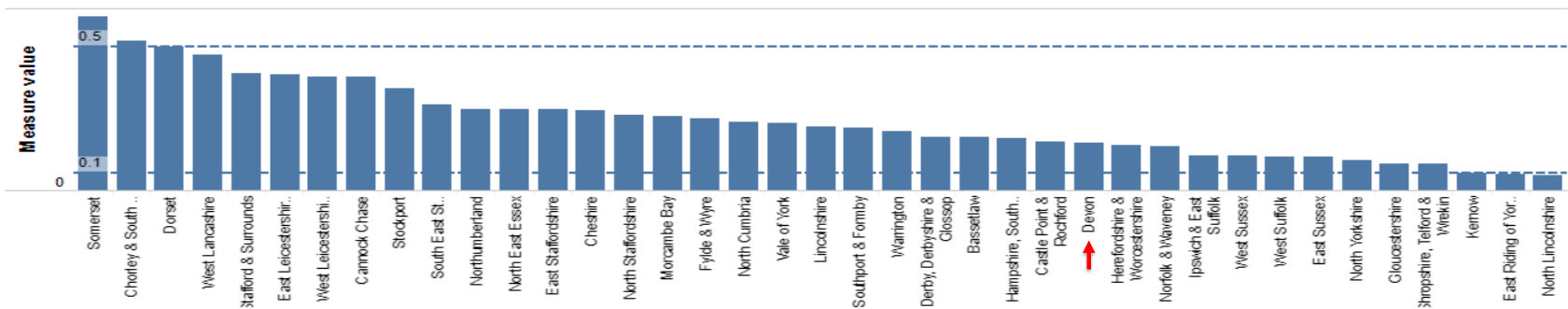
Number assessed as eligible for Standard CHC – per 50k



Devon is within the confidence levels for both numbers assessed as eligible and conversion rate

Assessment Conversion rate

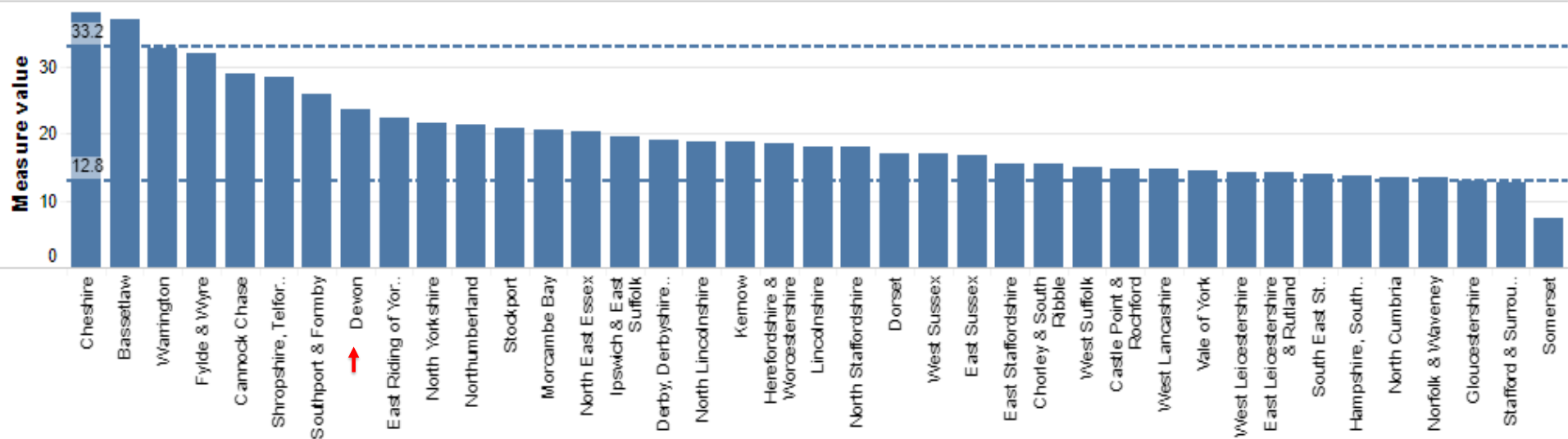
Standard CHC assessment conversion rate



Performance reporting for Continuing Healthcare – Quarter 3

Number of new referrals for standard CHC

Number of new referrals for Standard CHC – per 50k



Devon remains within confidence levels



Quality – Function Overview: CHC

Individual and Family Experience

Reviewed 10 complaints and concerns from 2023 were analysed to explore what were the common themes and concerns.

The cross section of themes and issues that have arisen, broadly falls into the following themes:

- Communication of key information and the process
- Explanation regarding decision made and the processes that need to be followed.

The team have taken the time to consider the complaints and what lessons can be learnt and any further actions that can be taken. The team are very conscious of a process that can appear complicated and burdensome, and that the outcome has a financial implication for individuals and families.

A summary of the actions taken

- The team have re-written all the letters that could be sent out, so there is a consistent standardisation of the letters sent out.
- The CHC website has been updated to provide clearer explanations and updates of processes.
- All of the CHC policies have been redrafted to be clearer for members of the public. These are in the process of being approved before being uploaded onto the CHC website.
- The teams have been reminded of good practice, in terms of explanations to individuals and family members of key terms and processes.
- The team have outsourced a number of processes to speed up appeals and retrospective process, so that it is not so protracted for individuals and families.
- The team focus on completing assessments to timescale, so that decision making is made as soon after referral as possible.
- The team have introduced a delay in sending out emails – so that emails can be quickly recalled if there is a data breach

Key Challenges and next steps

- Workforce remains a significant challenge for the CHC assessment and Quality Assurance function. The ICB is reliant on outsourcing to maintain the current performance, if this outsourcing is not maintained post April 2024, there is a significant risk that the ICB's performance levels will deteriorate, this will represent a financial, reputational, and clinical risk for the ICB.
- This risk is identified on the corporate risk register. The volume of work from the system outstrips the ICB workforce available.
- As part of the ICBs restructure, the CHC and Quality Assurance team will be working with the team, to further streamline services, and gain further efficiencies. The team are exploring digital solutions to assist with reliance on workforce. To try and alleviate pressure on the clinical team, the team are also looking at utilisation of clinical staff, to enable lower banded assistant practitioners to undertake part of the case work.
- The team will continue to learn lessons from complaints to improve the patient experience for individuals and families.

National Quality Board Early Warning Signs Framework – Pilot (QEWS)

Context

- National Quality Board (NQB) Guidance on Quality Risk Response and Escalation in ICSs sets out how quality risks should be managed in health and care systems.
- Quality Early Warning Signs(QEWS) framework builds on a tried-and-tested Healthcare Improvement Scotland framework, updated to align with the National Quality Board guidance and structured to align with CQC’s well-led quality statements.
- For use by system leaders, NHSE and wider partners (e.g. regulators) when there are early warning signs, signals and insights relating to deteriorating care quality

Purpose of the QEWS framework

- Summarises the key drivers and signs that should be considered to help identify early warning signs.
- Analytical and improvement resources underpinning the framework:
 - Model Health System site
 - Signposting summary of wider intelligence and information
- Outlines key principles to follow when using the framework, in order to mitigate and manage risks and support improvement

Pilot

- Commenced within Southeast initially, now piloting in Southwest
- Devon one of 4 pilot areas
- UHP will be pilot within Devon ICB

Quality Early Warning Signs Framework DRAFT v1.8		
Primary Cause	Warning Signs	
Strategy	- Lack of shared purpose and vision to improve quality - Strategy and planning not aligned to wider system priorities and inequalities - No clear accountability framework - Lack of long-term workforce strategy - Lack of digital strategy - Inadequate strategic planning	- A failure to learn and share lessons - No clear and effective quality improvement system - Board Assurance Framework not fit for purpose - Deterioration in CQC inspection report ratings including Well Led - Poor lack of LPISS strategies
Leadership	- New / inexperienced leadership team - Inadequate focus on care quality demonstrated by senior leaders - Discrepancy between senior leaders and staff points of view - Limited quality vision from clinical leaders and patients, including at senior Board / Incoming/Current members of senior management	- No leadership development strategy - Lack of Board knowledge and open discussions on finance and digital - Lack of strategic activity from NQBs - Failure to ensure sound system of internal controls e.g. risk/financial
Culture	- Culture of complacency - Closed culture / inspection, lack of transparency and candour - Defensive or unresponsive to external assurance - Formalistic culture and building behaviour - Lack of professional curiosity and appreciative inquiry - Limited capacity/responsibility for quality improvement - Lack of learning from intelligence e.g. operational / clinical / staff survey - Inadequate/defensive responses to feedback from people using services, families and carers, including concerns, complaints, surveys - Lack of continuous organisational development	- Low staff morale - Lack of value and support for frontline staff - Limited value given to Patient Safety Specialists, clinical safety officers, clinical audit, quality improvement leads, needs of patients experience etc - Inadequate CQ and safety training and support - Lack of evidence of CQC and appraisal processes - Whistleblowing alerts, FSLU index - Staff risk ratio of registered in support staff - Passive approach to incident reporting
Governance	Corporate Governance - Very centralised decision making - Slow and unresponsive decision making - Regulatory breaches - Failure to address internal audit actions and/or no audit Quality Governance - Unclear roles and responsibilities across Board level in relation to quality governance - Ineffective measures, infrastructure and information systems for effective governance - Reluctance to monitor quality concerns reported by external stakeholders over those raised internally via staff - Normalisation and tolerance of deviation: errors, lapses, or mistakes go unchallenged, unreported, or unreviewed for extended periods of time - Lack of adequate policies and procedures for dealing with poor clinical performance - Lack of inadequate policies and procedures for incident ending, re-bidding and monitoring evidence-based quality improvement - Concomitant actions with regulations / PDIAT implementation - Ineffective complaints management processes / little evidence of complaints / claims driving service improvements or as sources of learning - Ineffective systems and processes for seeking and responding to staff and people using services, families and carers - Absence of proactive clinical audit programme and/or appropriate follow up action on results, absence of regular programme for clinical audit	
Risk Management	- Lack of clearly defined risk appetite / not clearly defined to meet target risk across all linked to risk appetite - State considered significant and material on risk register consistently unmanaged - Poor risk management processes, including processes and thresholds for escalation - Inadequate assessment and monitoring of efficacy of Clinical Risk Management and digital clinical safety - Identified escalation risks from any source not assessed and managed appropriately (on line with NQBs guidance) - Reliance on external organisations to identify compliance gaps - Poorly written action plans, with lack of SMART objectives	
Use of Information	- Virtual assurance used in place of evidence - Limited use of quality and integrity impact assessments - Lack of integration of data to identify early concerns – e.g. experience with incident reporting - Poor use of data to support quality improvement - Lack of holistic/continuous assessment/lack of accurate information to support care process and clinical business unit	
Engagement & Wellbeing of staff	- Low leading staff engagement - Multiple/persistent red flags on feedback surveys from staff and trainees - Failure to learn from views of staff, service users and stakeholders - Ineffective teamwork and poor working relationships (including between clinicians and managers) - Lack of engagement / co-design with staff and people using services on service design and improvement (incl Patient Safety Partners/ Specialist / digital) - Inadequate systems for recording and managing staff concerns	- Tension with system partners/ loss of relationships or immature relationships due to leadership behaviour or turnover - Limited communication, collaboration and data sharing with system partners - Lack of consideration or support for staff wellbeing, e.g. unrealistic workload - Geographical, professional or academic isolation - Lack of staff development (e.g. CQC, senior staff, joint MDT training), appraisal and review - Inadequate leadership management / collaboration on necessary structural systemic issues
Innovation and Improvement	- Lack of improvement and change capability - Lack of reproduction with staff and people using services, families and carers - Too many areas of focus change or focus goes on gone - Change not sustained (but may be assumed to be so) - Unexamined variations in service, patient flow, experience, outcomes, productivity - Non-compliance with standards, including clinical standards (see also quality gov)	- Lack of robust processes to ensure regular and timely adoption of proven innovation or participation in research - Participation in NHS Oversight Frameworks 2 or 4 segments and/or deteriorating performance
Quality	- Centralised risk identified via system/regional quality intelligence, including via System/Regional Quality Groups and Emerging Concerns Protocol - Inadequate monitoring specifications and overnight emergency - Centralised legal action notifications - CQC Warning Notices, negative reports, deteriorations in ratings	Safety: Significant under-reporting of incidents, infection rates Clinical effectiveness: National / local clinical audits, CQC outcomes, GUST, NICE, SSI, Learning from deaths, LofD, Regulation 88 reports Experience: Patient, carer and family surveys, including Friends and Family Test, national surveys (e.g. GPF, PDISS, compliance, PALS) Well Led: Staff surveys, staff turnover, NQBS survey Health inequalities: COVID-19 LLES, inclusive recovery Cost/Value
Operations	- Deteriorating performance versus threshold of national targets or failure to improve PDISS Oversight Framework, Diagnostics, Maudsley, Self-Assessment, Governance, cancer waiting list, RCT, excessive length of stay, over medication, access to psychological therapy and emotional adult based activity, access to specialist services & regular monitoring, opportunity to access education and/or employment, e.g. of former mental health placements - Participation in national Training Programme, Mentoring, Safety Support Programme and Recovery Support Programme	
Finance	- Greater strategic focus on financial performance than quality - Efficiency savings made without adequate care pathway and demographic insights - Efficiency savings made without ongoing monitoring of impact on quality and outcomes - Lack of appropriate financial management and control	- Increasing variation between trajectory and budget over/under - Balance on non-recovery savings - ICB pushing efficiency over patients
Workforce	- Inadequate process for monitoring professional registration - Low appraisal and evaluation rates - Lack of action to address GMC/NMC standards for postgraduate medical training/evaluation to GMC/NMC enhanced or ongoing - Inadequate quality control of medical training by boards - System not using the unit for student placement - MAST completion rates not on trajectory / registration not managing	- Number/length of suspensions - Increasing adverse action rates - Increasing use of temporary/agency staff / increasing agency spend - Staff staffing numbers, skill mix / NQBS via ICB - High staff turnover rates - Poor relationships with local media unions / industrial action - Frontline healthcare worker vaccine uptake

National Quality Board Early Warning Signs Framework – Pilot (QEWS) (Continued)

Quality Early Warning Signs Framework DRAFT v1.8				
Primary Cause		Warning Signs		
Decline in Health & Care Services or Provision	Strategy	- Lack of shared purpose and vision to improve quality - Strategy and planning not aligned to wider system priorities and inequalities - No clear accountability framework - Lack of long term workforce strategy - Lack of digital strategy - Inadequate/poor strategic planning - A failure to learn and share lessons - No clear and effective quality management system - Board Assurance Framework not fit for purpose - Deterioration in QOC inspection reports/surveys including Well Led - Poor/lack of LPSR strategies		
	Leadership	- New/ inexperienced leadership team - Inadequate focus on care quality demonstrated by senior leaders - Disconnect between senior leaders and staff point of care - Limited quality vision from clinical leaders and patients, including at exec/ Board - Increasing turnover/ vacancies of senior managers - No leadership development strategy - Lack of Board knowledge and open discussions on finance and digital - Lack of challenge/ scrutiny from NEDs - Failure to ensure sound system of internal control e.g. risk/ financial		
	Culture	- Culture of complacency - Closed culture/ inspection, lack of transparency and candour - Defensive or unresponsive to external assurance - Fearful culture and bullying behaviour - Lack of professional courtesy and appreciative inquiry - Limited expertise/ capability for quality improvement - Lack of learning from intelligence e.g. complaints/ PALS/ staff survey - Inadequate/defensive response to feedback from people using services, families and carers, including concerns, complaints, surveys - Lack of continuous organisational development - Low staff morale - Lack of roles and support for frontline staff - Limited roles given to Patient Safety Specialists, clinical safety officers, clinical audit, quality improvement leads, heads of patient experience etc. - Inadequate QI and safety training and support - Lack of evidence of QPD and appraisal processes - Whistleblowing alerts, FT/SLURs - Skill mix ratio of registered to support staff - Punitive approach to incident reporting		
	Governance	Corporate Governance - Very centralised decision making - Slow and unresponsive decision making - Regulatory breaches - Failure to address internal audit actions and/ or re-audit Quality Governance - Unclear roles and responsibilities below Board level in relation to quality governance - Insufficient resources, infrastructure and information systems for effective governance - Reluctance to recognise quality concerns reported by external stakeholder over those raised internally via staff - Normalisation and tolerance of deviations, errors, lapses, or mistakes go unattended, unappraised, or unreviewed for extended period of time - Lack of inadequate policies and procedures for dealing with poor clinical performance - Lack of inadequate policies and procedures for implementing, embedding and monitoring evidence-based quality improvement - Continual concerns with organisation's PSIRF implementation - Ineffective compliance management process fails evidence of compliance/ claims driving service improvement or as source of learning - Ineffective systems and processes for seeking and responding to staff and people using services, families and carers - Absence of proactive clinical audit programme and/ or appropriate follow up action on results, absence of regular programme for clinical audit		
	Risk Management	- Lack of clearly defined risk appetite/ not communicated to trust/ target risk scores not linked to risk appetite - Risks considered significant and recorded on risk register consistently unmitigated - Poor risk management processes, including processes and thresholds for escalation - Inadequate assessment and monitoring of efficacy of Clinical Risk Management and digital clinical safety - Identified/ escalated risks from any source not assessed and managed appropriately (in line with NQCB Guidance) - Reliance on external organisations to identify compliance gaps - Ready written action plans, with lack of SMART objectives		
	Use of Information	- Verbal assurance used in place of evidence - Limited use of quality and inequality impact assessments - Lack of triangulation of data to identify early concerns – e.g. experience with incident reporting - Poor use of data to support quality improvement - Lack of holistic performance assessment/ lack of granular information to support care teams and clinical business unit		
	Engagement & Wellbeing of staff	- Low/ declining staff engagement - Multiple/persistent red flags on feedback surveys from staff and trainees - Failure to listen/act on views of staff, service users and stakeholders - Difficult teamwork and poor working relationships (including between clinicians and managers) - Lack of engagement/ co-design with staff and people using services on service design and improvement (incl. Patient Safety Partnership Specialists/ digital) - Inadequate systems for record keeping and cases management - Tensions with system partners/ loss of relationships or immature relationships due to leadership behaviour or turnover - Limited communication, collaboration and data sharing with system partners - Lack of consideration or support for staff wellbeing, e.g. unrealistic workloads - Geographical, professional or academic isolation - Lack of staff development (e.g. CPD, team days, joint MDT training), appropriate and reviews - Inadequate stakeholder management/ collaboration on necessary structural/ systemic issues		
	Innovation and Improvement	- Lack of improvement and change capability - Lack of coproduction with staff and people using services, families and carers - Too many areas of focus/ change in focus year on year - Change not sustained (but may be assumed to be so) - Unexamined variations in access, patient flow, experience, outcomes, productivity - Non-compliance with standards, including clinical standards (see also quality gov) - Lack of robust processes to ensure equitable and timely adoption of proven innovation or participation in research - Participation in NHS Oversight Framework 3 or 4 segments and/ or deteriorating performance		
	Quality	- Concerns/ risks identified via system/ regional quality intelligence, including via System/ Regional Quality Groups and Emerging Concerns Protocol - Inadequate commissioning specifications and overnight arrangements - Concerns/ legal action notifications - QOC Warning Notices, Insights Reports, deteriorations in ratings Safety: Significant under-reporting of incidents, infection rates Clinical effectiveness: National / local clinical audits, QOC ratings, GHFT, NCP, SSI/SL, Learning from deaths, LSCer, Regulation 28 reports Experience: Patients, carer and family surveys, including Friends and Family Test, national surveys (e.g. GPR, RCGM, complaints, PALS Well Led: Staff surveys, staff turnover, NETS survey Health Inequality: CORIS2PLUS, inclusive recovery Sustainable		
	Operations	- Deteriorating performance versus threshold of national targets or failure to improve (NHS Oversight Framework): Diagnostics, Mental Sex Accommodation Breaches, cancer waiting to time, RTT, excessive length of stay, use of section 17 leave, over medication, access to psychological therapy and recreational adult based activity, access to mental health services - Participation in national Taming Programmes, Maternity Safety Support Programme and Recovery Support Programme		
	Finance	- Concern strategic focus on financial performance over quality - Efficiency savings made without adequate case pathway and demographic insights - Efficiency savings made without ongoing monitoring of impact on quality and outcomes - Lack of appropriate financial management and control - Increasing variance between trajectory and budget over spend - Reliance on non-recurrent savings - ICB pushing efficiency onto providers		
	Workforce	- Inadequate process for monitoring professional registration - Low appraisal and revalidation rates - Lack of action to address GMC/NMC standards for postgraduate medical training/ education to GMC/ NMC enhanced revalidation - Inadequate quality control of medical training by Boards - System not using the unit for student placement - MAST completion rates not on trajectory / organisation not managing - Number/ length of suspensions - Increasing sickness absence rates - Increasing use of temporary/locum staff/ increasing agency spend - Safe staffing numbers, skill mix RGN versus RMN - High staff turnover/ vacancy rates - Poor relationships with local trade unions/ industrial action - Frontline healthcare worker vaccine uptake		

Equality Quality Impact Assessment

A self –assessment was requested to be completed by each provider the results are shown below

One Devon		EQIA self-assessment					
		Key:	No	Yes	Partly	N/A	No response received
Category	Key line of enquiry	Provider A	Provider B	Provider C	Provider D	Provider E	Provider F
Policy	Is the policy in date?						
	When was it last reviewed?						
	Was it approved by the Board or a sub-committee of the Board?						
	Does it reflect best practice and guidance?						
	Are roles, responsibilities, process and governance described?						
	Are the scope and requirements clear – thresholds for undertaking an impact assessment?						
	Was it developed with clinical and operational engagement?						
Process	Are staff aware of the policy and is there evidence of appropriate training?						
	Is there a clear 'road map' or algorithm for the process?						
	Are levels of decision making and follow-up requirements including monitoring and review process clear?						
	Is the process clinically led with evidence of clinical engagement?						
	Are roles in the process clear at service level, Care Group, Executive and Board Level?						
	Is the Gateway and/or star chamber approval process clear (including key stages such as initial high level assessment, thresholds for local or corporate decision making)?						
	Is approval of the Medical Director, Director of Nursing and Chief Operating Officer required?						
Assessment Tool	Does the assessment process include explicit opportunity for escalation and raising concerns pre and post implementation?						
	Is there a review process and reporting frequency proportionate to impact and linked to key milestones?						
	Is there access to information and simple guidance on the process?						
	Is there access to training and/or help from a subject matter expert (SME) who has received training?						
	Is the impact assessment template simple to use with appropriate fields and prompts?						
	Does the assessment tool include a Risk Matrix with clear definitions for scoring – is it consistent with the Risk Management Strategy, Risk Register and BAF?						
	Are risk scores clearly linked to the levels of approval required?						
	Does the template include fields for positive and negative impacts of the change?						
	Are KPIs/metrics identified for both negative and positive impacts and are there any thresholds for assumptions (min or max)?						
	Are mitigations described? Is implementation of mitigations tracked?						
Governance	Are KPIs/metrics used to monitor impact or risk?						
	Does the assessment include domains for safety, outcomes, effectiveness, experience, access (including choice) and performance?						
	Does the assessment identify the differential impact on patient or carer groups (protected characteristics) and the mitigations?						
	Are the links between service change, impact assessments and FTSU for raising concerns explicit?						
	What is the Board oversight of the impact and KPIs described through the relevant sub committees and audit committee?						
	How is compliance monitored by the relevant committee?						
	- Audits, minutes, reports						
	- Alignment with risk registers and BAF						
	- Use of external assurances						
	Is there a central tracker for impact assessments and is it up to date?						
	How are individual impact assessments reviewed – is it proportional to risk/impact and aligned to key milestones?						
	What is the approach to assessing the cumulative and/or cross over impact of multiple changes?						
	What is the quality assurance process for assessments including evidence of proposals which have been rejected?						
	How is compliance and effectiveness of the impact assessment process monitored and reviewed (assurance)?						

The key domains for a robust impact assessment approach are;

- The organisation's **policy**
- Design and management of the assessment **process**
- The **assessment tool**
- **Governance** arrangements for assessments

A baseline self-assessment was introduced by NHS England in 2021 as part of their national review on integrated impact assessments. The self-assessment was conducted by providers and NHS Devon ICB within December and January.

A workshop has been arranged for 8th March 2024 as part of the Equality Quality Impact Assessment improvement plans

Care Quality Committee (CQC) Maternity

Maternity Inspection

The CQC have visited all Devon Acute Maternity service (Nov 23 for Royal Devon University Hospital and Torbay and South Devon Foundation Trust, Oct 22 for University Hospital Plymouth).

Devon services have all be rated as Requires Improvement (RI) which is consistent with previous CQC inspection reports

Nationally 2/3 of trusts are rated as requires improvement or inadequate.

Reports will be published on CQC website and providers websites expected spring 24

Maternity CQC Survey

There are three domains within the survey that questions are asked these are Labour and Birth, Staff caring for you and Care in hospital after Birth.

Labour and Birth has 6 key areas of questions

Staff caring for you has 11 key areas of questions asked

Care in hospital after birth asks 7 key themes of questions

Each question is rated out of 10

Overall the Trusts have been about the same with positive outliers in labour and birth for UHP and TSDFT

Provider/ Survey questions	TSDFT	Compared with other Trusts	RDUH	Compared with other Trusts	UHP	Compared with other Trusts
Labour and Birth	9.2/10	Much better than expected	8.5/10	About the Same the trust is performing about the same for that particular set of question as most other trusts that took part in the survey	8.7/10	Somewhat better than expected
Staff Caring for you	8.6/10	About the Same	8.5/10	About the Same	8.4/10	About the Same
Care in hospital after birth	7.7/10	About the Same	8.0/10	About the Same	7.0/10	About the Same

UHP are involved in the national NHS England maternity safety support programme

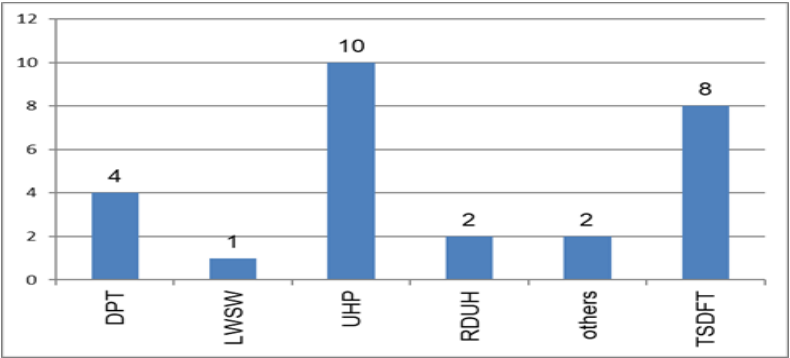
Quality Overview: Serious Incidents

Serious Incidents December 2023, Q3 month 9 data:
There are currently 330 (decrease) open serious incidents (SI) under investigation in the providers in Devon. 36 are recorded as high profile (never events, media attention, complex) and 13 (increase) are recorded as requiring a multi-agency investigation.

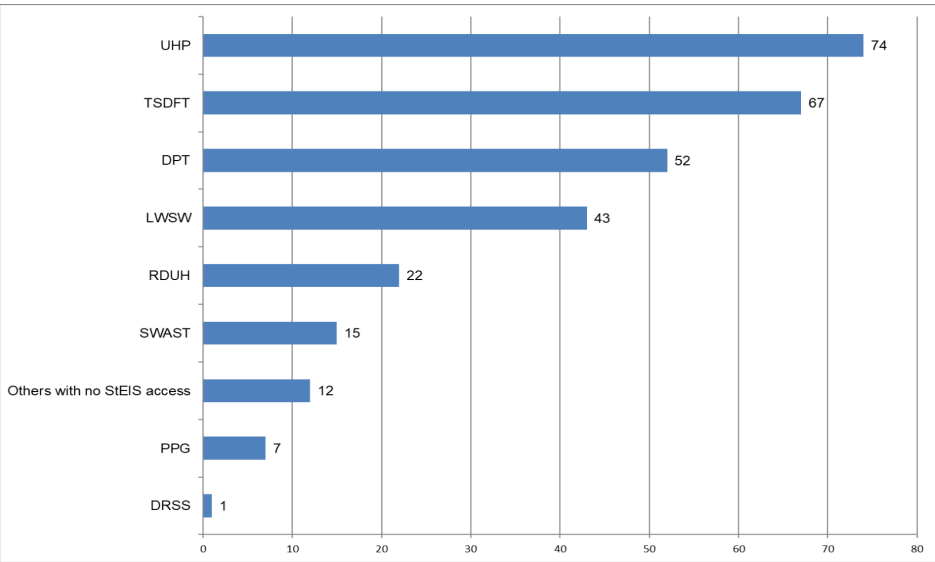
Main providers have been asked for their trajectories of closure of the outstanding SI's. NHS Devon closed 44 SIs, which is an increase from the previous month where 26 were closed

There are currently 135 (increase) SIs open for longer than six months and NHS Devon have not received the investigation report. RDUH now have the highest number of investigation reports not completed and older than six months with 34 cases followed closely by TSDFT with 32. DPT currently have 30 open for over 6 months and LWSW 26.

27 SIs were reported during December 2023, Q3 month 9, this is an increase from the 24 reported in November 2023, Q3 month 8. The below chart shows the number of reported SIs during this period by provider:

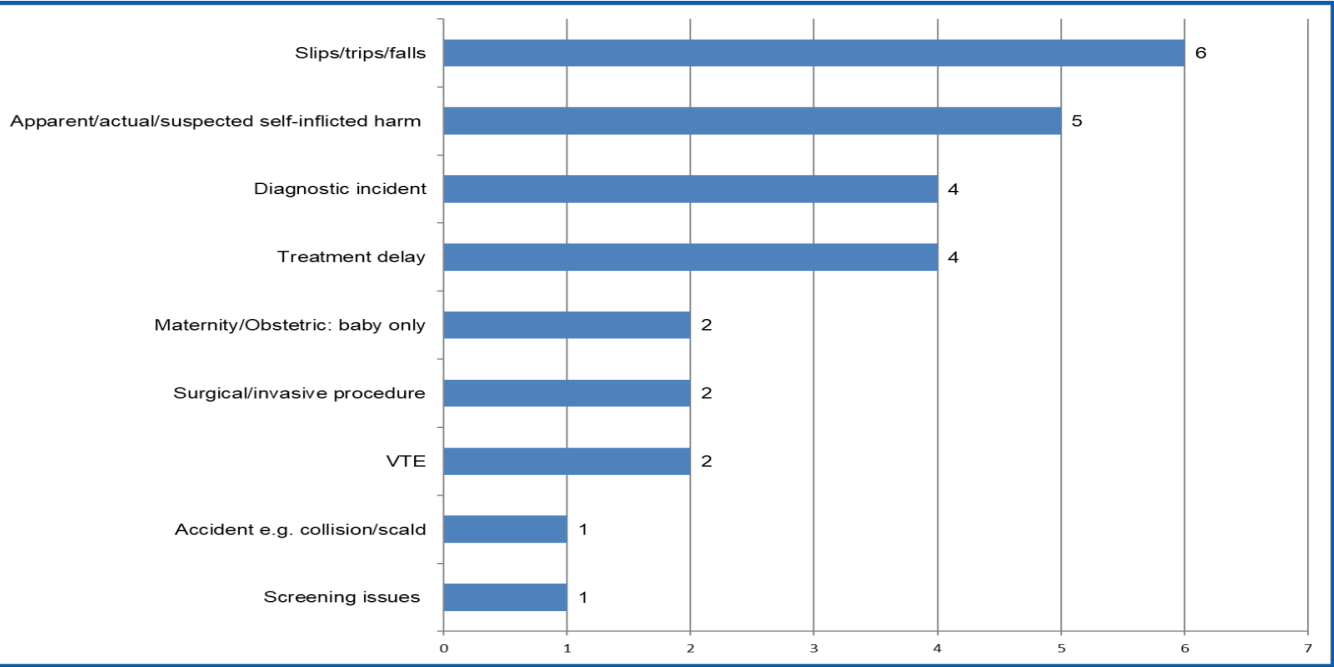


UHP and TSDFT are recording the highest reporting acute providers reporting 10 and 8 respectively. RDUH remain consistently the lowest reporting main acute provider. The graph below shows SIs report during the fiscal year 23/24:



Quality Overview: Serious Incidents

It must be noted that when each provider transfers to the new Patient Safety Incident Response Framework (PSIRF), data on the number of serious incidents will no longer be available or be monitored. RDUH, DPT, LWSW, and SWAST have now all made the transition from SIF to PSIRF with their Patient Safety Incident Response Plans (PSIRP) approved by the ICB. They will no longer be reporting SIs. TSDFT's PSIRP has been approved and will be going live on PSIRF 01/02/2024. UHP are nearing completion of their PSIRP and will present to the PSIRF steering group during February 2024. All providers are required to have transitioned by 01/04/2024 to comply with the NHS Standard Contract which after this date will no longer refer to SIF 2015 but to PSIRF as their reporting requirement.



The most reported type of SIs during December 2023, Q3 month 9 was slips, trips, and falls (6), treatment delays (4) / Diagnostic (4) and apparent/actual self-harm, (5). The chart to the right illustrates all SIs reported during December 2023, Q3 month 9 by type.



Quality Overview: Serious Incidents

Learning from SI investigations during December 2023, Q3 month 9:

Apparent/actual/suspected self-inflicted harm:

- Need to ensure regular and effective communication to Childrens Young Persons & parents / carers.
- Duty of candour must be completed as per CQC regulation 20.
- Consideration must be taken on the impact of chronic pain on service users.

Treatment delay incident learning:

- There needs to be robust governance processes for maintaining oversight of typing backlogs within the service with a clear risk tolerance for escalation.
- There needs to be a clear process for communicating urgent/2WW (2 week waits) patients who are seen as an inpatient and require some form of follow up under Urology.
- On a weekly basis, the Clinical Admin Manager or Support Manager for Gynaecology should review the Patient list, which should be pulled on that day, to ensure that there are no patients waiting over two weeks under 'do not book'. Should they find any patients on it fitting these criteria, they should be escalated immediately to the consultant of the week.

Central Alerting System Notifications

All providers currently have their CAS alert responses up to date.

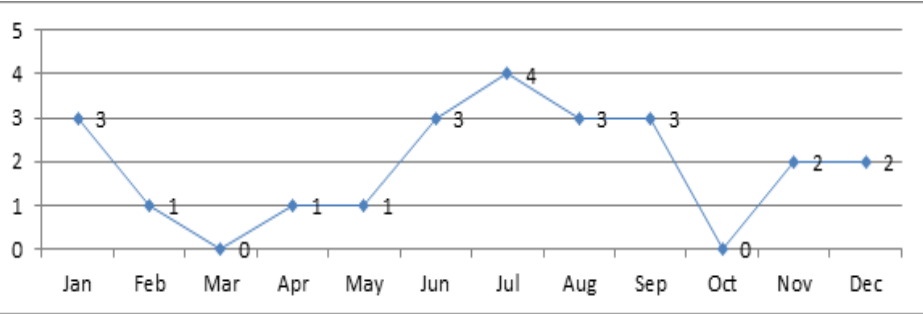
Due in March - long term harm on patients with Valproate, providers needing to recall patients, plan in place

Due in March – Bedrails assessment in place, re-evaluation of plans



Quality – Function Overview: Patient Experience- Formal Complaints & PHSO Cases:

During December **2 formal complaints were closed**. The below chart illustrates all closed complaints since January 2023. Please note the graph may have different historical data than previously reported. This is linked to any reopened formal complaints, they will not be considered as a closed complaint, until they a resolution is found.



There are currently **12 open formal complaints**, this is a small decrease from the previously reported month (November), where there were 14 formal complaints active. The status of all open complaints is shown within the below table.

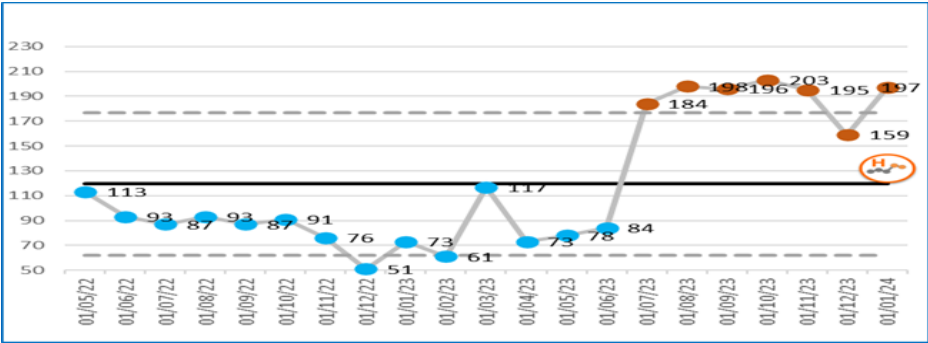
Not allocated	Concluding	Complex and in progress	In progress
0*	1	5	6

Number of Parliamentary Health Service Ombudsman (PHSO) cases:
There have been no new PHSO cases received in December, leaving 6 cases remaining open at time of writing this report.

Monthly Patient Experience meetings were in place with all main providers within Devon and a planned initial Devon Network meeting in October. These were stood down from November due to capacity issues and increased demand on the Patient Experience service.

The Patient Experience team continue to capture lessons learned from complaint responses and monitored these through to completion. This process is relatively new and therefore cannot provide any reportable data at present.

There has not been any further progress in developing the patient experience stories or NHS Devon patient experience strategy, specifically working with Healthwatch and Engagement colleagues (citizens voice).



The table above provides detail of the number of patient experience calls received into Devon Referral Support Service (DRSS), where early resolution is completed, this number has risen due to the number relating to pharmacy, dental and optometry as the commissioning of this transferred from NHSE to ICBs on July 24

Quality Overview: PSIRF Update:

Royal Devon University Hospitals NHS Foundation Trust (RDUH)

Review and feedback on draft Patient Safety Incident Response Plan (PSIRP) and Policy completed during October by a small number of ICB trained staff. PSIRP and Policy formally agreed with ICB PSIRF Steering Group (SG) November 2023. Summary paper to Quality Patient Experience Committee (QPEC) of ICB in January 2024 with notification to ICB board. RDUH became live with PSIRF 1st December 2023.

ICB staff have joined the RDUH emergent patient safety event panel. Learning identified through incident responses will come through to the Patient Safety Improvement Forum, which the ICB will attend when it is invoked.

RDUH use the datix cloud software for incident management. This system is automatically updating LfPSE. RDUH are therefore live on the national reporting system. They will report any new Patient Safety Incident Investigations (PSII – patient safety events that meet new national criteria) on the Strategic Executive Information System (StEIS) as per national guidance.

Torbay and South Devon NHS Foundation Trust (TSD)

Review and feedback on draft PSIRP and Policy completed during December 2023 by members of the ICB PSIRF SG. PSIRP and Policy formally presented to ICB PSIRF SG on 17th January 2024. Agreed in principle with minor amendments to be completed. Summary paper due to ICB QPEC in March 2024. TSD board and executive approval planned for end of January 2024 with PSIRF go live date planned for early February 2024.

Continuing to use the serious incident framework until PSIRP and policy is agreed and implemented by Trust board and ICB.

TSD use the datix cloud software for incident management. This system is automatically updating LfPSE and TSD are therefore live reporting to it. Whilst serious incident framework is in use, they continue to report serious incidents (SI) on StEIS.

Devon Partnership Trust (DPT)

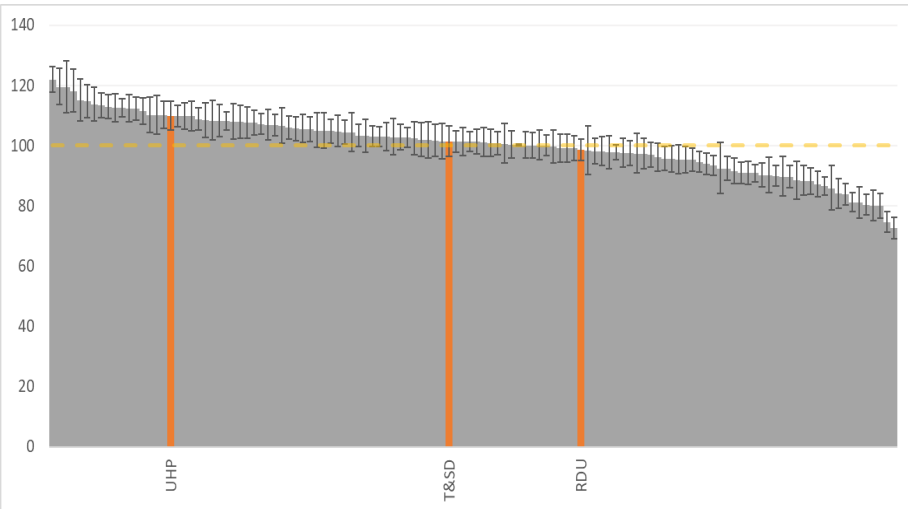
Review and feedback on draft PSIRP and Policy completed during November 2023 by members of the ICB PSIRF SG. DPT board and executive agreed their PSIRP and Policy in December 2023 and launched PSIRF internally on the 11th December 2023. This was prior to ICB formal approval. Interim arrangements were put in place to ensure appropriate governance of incidents prior to formal ICB approval. PSIRP and Policy formally presented to ICB PSIRF SG on 3rd January 2024. Agreed in principle with minor amendments to be completed. Summary paper due to ICB QPEC in March 2024.

DPT use the Ulysses software for incident management. This system is automatically updating Learn from patient safety events (LfPSE) and DPT are therefore live on the national reporting system. They will report any new PSII to the ICB for discussions under the interim arrangements.

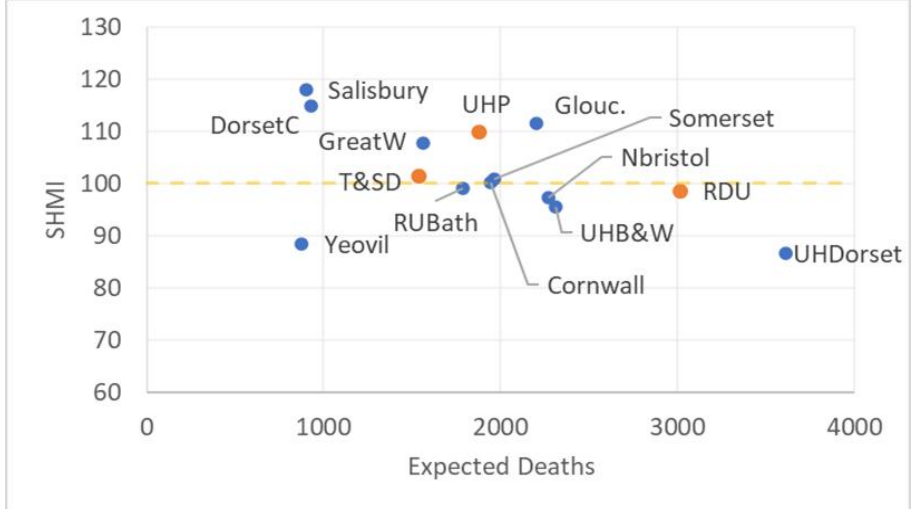


Patient Safety & Mortality

SHMI National Comparison, May 2022 to June 2023:



SHMI Regional Southwest Comparison, May 2022 to June 2023



A SHMI score of 100 represents expected deaths balancing with observed deaths. Providers T&SD and RDU are both close to this marker, with 95% error-bars showing that they are not significantly different from 100. University Hospitals Plymouth (UHP) has a SHMI score significantly above 100, meaning more deaths observed in comparison to what was expected in the year up to June 2023.

The chart to the right shows observed minus expected deaths across the Devon providers, in effect the excess deaths for the system at acute level. The tables below then provide the split of what was observed at each of the acutes. At UHP there were only two months where observed deaths did not exceed expected deaths.

It was known that there were significant operational challenges in December 2022 linked to a surge in respiratory infections. Historically this surge is seen in January but due to several factors including social distancing policies to restrict the spread of covid this then had a secondary effect of reducing the spread of flu and other respiratory infections. The winter of 2022/23 was the first year since the start of the pandemic that a significant flu surge had occurred.

RDU:

	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Expected Deaths	234.28	220.84	232.36	251.4	243.24	253.12	284.54	283.17	246.31	257.07	244.18	262.71
Observed Deaths	244	245	241	250	226	236	311	237	226	249	244	263
Excess Deaths	10	24	9	0	0	0	26	0	0	0	0	0

T&SD:

	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Expected Deaths	113.16	110.57	119.18	116.94	118.84	132.36	143.32	144.4	125.86	137.83	142.42	134.78
Observed Deaths	108	124	114	108	134	135	154	157	120	136	136	135
Excess Deaths	0	13	0	0	15	3	11	13	0	0	0	0

UHP:

	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
Expected Deaths	154.82	131.06	154.12	143.45	152.37	160.93	175.67	173.54	151.88	168.64	165.93	148.76
Observed Deaths	148	164	175	167	157	170	193	168	177	177	175	196
Excess Deaths	0	33	21	24	5	9	17	0	25	8	9	47

Quality Overview: IPC

Seasonal flu
The contract with PPG (the primary care out of hours provider) for seasonal flu prophylaxis has now agreed on principle and this has been tested with a flu outbreak in a care home over the weekend of 3-4 February 2024, which was supported successfully.

Measles
A national measles incident has been declared, with 342 cases since October 2023. There have been no cases in Devon during this time. It is likely that Devon will begin to see cases as the national incident continues, and the ICB IPC team have been analysing the preparedness of the Devon system to allow gaps to be identified and mitigated before this occurs.

Three key system gaps have been identified:

- FFP3 masks and fit testing in primary care. This is an occupational health requirement and the responsibility of the practices; uptake however has historically been low.
- There is a potential guidance conflict (HSE law that FFP3/fit testing is required; UKHSA guidance that if a staff member is vaccinated then they are at low risk and exposure to measles does not require isolation). This has been raised regionally and nationally, with clarification awaited.
- UKHSA may request a swab through the out of hours service, to support case management, and this may be outside of current process.

Pathway for use of prophylaxis (immunoglobulin) for exposed people in vulnerable groups, outside of hospital. There is no current pathway for this, and this will be highlighted as a gap at the regional measles event on Wednesday 7th February, where potential solutions will be explored.

IPC National Visit:
The National IPC visit to Devon and Cornwall (combined) took place on 29/11/23. All our trusts (including the MH providers) teams in attendance. The information shared was well received and we were commended by the NHSE IPC Lead for the work going on within the two counties.

COVID & Flu Vaccination:
The England CMO has formally declared we are now in the Flu season with the publication of his letter in December 23. Devon remains one of the top areas in England with regards uptake of both the Seasonal Flu and Autumn COVID vaccinations. The National Booking System (NBS) for COVID vaccinations has now closed but the vaccine is available until the end of January 2024, with the Flu Vax being available until the end of March 2024.

Current status is: (figures in brackets are the same point 2022-23):

61.7% (72.1%) of eligible cohorts have received the autumn COVID Vaccination.

73.2% (84.3%) of eligible cohorts have received the seasonal flu vaccination

34.6% (21.0%) received a co-administered vaccination



30 January 2024

Nancy Meehan, Director of Children's Services, Torbay Council
Bill Shields, Interim Chief Executive, One Devon Integrated Care Board (ICB)
Alison Hernandez, Devon, Cornwall and the Isles of Scilly Police and Crime Commissioner
Acting Chief Constable Jim Colwell, Devon and Cornwall Police
Keith Perkin, Independent Scrutineer, Torbay Safeguarding Children Partnership (TSCP)

Dear Torbay Safeguarding Children Partnership

Joint targeted area inspection of Torbay

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to identification of initial need and risk in Torbay.

This inspection took place from 13 November 2023 to 17 November 2023. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

Headline findings

The Torbay Safeguarding Children Partnership (TSCP) was reconstituted in 2020 following a short period of alignment with a neighbouring local authority. Since that time, a clearer focus on the children of Torbay has resulted in a more targeted and cohesive approach to both strategic oversight and the identification and delivery of services to children who may be in need or at risk of harm. The TSCP Executive Group functions effectively and benefits from healthy challenge from independent scrutiny. There have, however, been several changes of senior personnel across the partnership, which has hampered progress against some key strategic priorities, especially children's mental health. Reliable, disaggregated data for Torbay from an integrated care board (ICB) on behalf of health providers and a police force that cover much larger geographical areas is not available to the partnership. Allied with delays in establishing a children's mental health subgroup and insufficient quality assurance, both of which the partner agencies are fully aware of, it is difficult to chart the impact of the partnership on Torbay's children in some key strategic areas.

That said, operationally, partner agencies work well together. Information-sharing and attendance at meetings in the multi-agency safeguarding hub (MASH), child protection strategy discussions and in child protection enquiries is consistently timely and effective. Thresholds for different levels of intervention are jointly understood



across partner agencies and, for the majority of children, risks and support needs are identified early, resulting in the right support at the right time.

Families have direct access to support under the umbrella of early help services, including from the well-regarded family hubs in each of Torbay's three main towns. These make a positive difference to their lives. The risk to missing children and the link to exploitation are well understood and the partnership has made significant progress in this complex area of practice. Practitioners are growing in confidence and expertise, but, in some key areas, such as using new information to understand the impact on children of long-term neglect and domestic abuse, could be more consistent in challenging each other when insufficient progress has been made. This lack of professional curiosity for a small number of children on the part of professionals from local agencies is a more acute and systemic problem within health services. This manifests as insufficient safeguarding oversight by both the Devon ICB and the Torbay and South Devon NHS Foundation Trust. In particular, this relates to poor safeguarding decisions within the trust when the reasons given by parents or carers for bruises and injuries to children are accepted too readily, and without adequate reference to previous history or wider concerns. The safeguarding partnership has insufficient oversight of these failings.

Area for priority action

Urgent action is required by the Torbay and South Devon NHS Foundation Trust to assure themselves of the quality and effectiveness of their own safeguarding practice. Too many children remain in situations of risk and harm. Priority action should be taken to address the following areas:

- The failure of senior leaders to have sufficient oversight and assurance of professional curiosity across practice to safeguard children.
- The variable quality of scrutiny and supervision by health staff leading to safeguarding risks in children not being consistently identified and responded to appropriately. A particular area of concern is the management of unexplained injuries to children.

What needs to improve?

- The consistency with which professional curiosity and challenge are applied, particularly in situations in which children living with chronic domestic abuse or neglect are not making progress and situations in which children have unexplained injuries.
- Performance information across the partnership to inform needs analysis and measure the impact of strategic approaches to areas of concern.



- The partnership's strategic approach to children with poor emotional and mental health.
- The length of time children have to wait for support from child and adolescent mental health services (CAMHS) when categorised by the service as low risk.
- Communication between partner agencies when new information is gathered about families where there are existing safeguarding concerns.
- The rigour of the partnership's quality assurance function.
- The meaningful involvement of children, families and the wider Torbay community in the development and delivery of strategic priorities and services.

Strengths

- A strong partnership approach to providing early help is making a positive difference for many children.
- The development of family hubs and the access families have to immediate support.
- Consistently good multi-agency attendance and information-sharing in the MASH supports and protects children. Strategy meetings include the partners that are most important to understanding children's situations.
- The effectiveness of the pre-birth panel to safeguard children.
- The effectiveness of the partnership's response to missing and exploited children.
- The quality of public protection notices (PPNs) and their focus on children's wide-ranging needs.
- Flexibility within midwifery and 0 to 19 services to be responsive to the needs of children and their families.
- The high quality of partnership working when a child is in significant mental health crisis and requires a safeguarding response.
- The positive difference that support to schools from the Torbay Education Support Service (TESS) is making for children.

Main findings

In the MASH, hosted by children's social care, decision-making is timely, and thresholds that trigger appropriate responses are well understood and applied consistently. Relevant background information is gathered about families, including about fathers who are not living with their children, and from agencies outside of Torbay. The co-location of social workers, early help practitioners, health representatives and the TESS facilitates valuable discussion about initial planning. The more limited physical presence of police officers results in them responding to



requests for information rather than actively contributing to decision-making about patterns of concern, and so limits their effectiveness.

Children are visited with appropriate consent from parents or when this has been overridden because of safeguarding concerns. Social workers, police officers and teachers coordinate these visits well so that they are at a time and place where children feel most comfortable. In the interim, the voice of children is evident in the records, as are their wishes. Police notifications to the MASH (PPNs) are detailed and child-focused and capture the presentation and lived experience of children.

Referrals are largely of a high quality. Those made by schools and the information they share are increasingly well focused on the help that will make a difference for children, in part due to the guidance of TESS and by links built at partnership training events. Most contacts and referrals indicate a shared understanding of thresholds by staff across agencies and clearly focus on what information is most valuable. For example, PPNs are submitted once a child goes missing and when they have been found, and research is added to police systems once they have had a return home discussion. This adds richness and detail about the children who go missing and other children and adults who may be at risk or of concern, and about possible 'hot spots'.

The quality of communication, information and decision-making across health services varies significantly, and overall is not good enough. Some of this is attributable to IT systems and practitioners not being able to access information which may include vulnerabilities or relevant family history. However, there is early identification of risk by the midwifery team and effective sharing of this information with health partners and the MASH.

When children are at risk of immediate harm, decisions to proceed to child protection strategy meetings are timely and appropriate and differentiate the risks to individual children in the family clearly. This is also the case when immediate risk is considered outside of office hours by the emergency duty service. Key partner agencies relevant to the child and including schools, colleges, the local authority designated officer and the most relevant health practitioners contribute to decision-making that is recorded clearly. The use of a specialist panel to discuss risks to unborn children also works particularly well in identifying and responding to increased risk. On the few occasions when decisions are taken not to proceed to strategy discussions or not to request child protection medicals for injured children, the rationale for this is not always recorded. These decisions are rarely challenged by partners, even when they are not consistent with what is known about children's level of risk.

Child protection enquiries are mostly thorough. Stronger investigations and assessments are informed by the child's history and incorporate previous involvement by most agencies. Risks and strengths are identified and analysed well, and good management oversight ensures that assessments are concluded quickly



and safely. Support is triggered during these enquiries without delay, and workers show tenacity in making sure that they see the children as soon as possible. The wider partnership includes housing, border patrol and those with specialist knowledge about disability who routinely contribute valuable information. Considerate and sensitive work with most disabled children helps them to understand what professionals are worried about and helps them communicate in the way that they choose. For a few disabled children, key members of the wider family network are not always consulted. Child protection medicals to ensure children's safety are underused and decisions to proceed to strategy discussions rely too heavily on social workers when partner agencies have enough information of concern to initiate those steps.

On those limited number of occasions when practice is weaker, it is usually when more enduring or complex situations need an extra level of assertive and inquisitive practice from one or more of the partner agencies. This is most apparent when children have lived through cycles of domestic abuse or neglect and have parents who struggle with their own mental health. These children are known to agencies in Torbay and are getting support, predominantly from their school and from early help services. When new information is gathered through referrals into the MASH, it is not consistently pieced together with what is already known. Matching this information to threshold criteria in isolation, and a lack of collective reflection, can result in repeated signposting to the same services with little chance of a better outcome. For these same children, information from the paediatric liaison team to health visitors and school nurses is poor, and information from the police is not always fully explored to identify risks to children when family composition changes.

For a small number of children, there is insufficient consideration of safeguarding concerns by partner agencies, particularly when mobile and older children have bruises or injuries. Explanations from parents or carers are often either too readily believed or not sought at all. For these children, child protection medicals are not considered when there are clear benefits to doing so, and medical staff, including consultants, are not challenged by health colleagues or partner agencies. The policy for escalation is easy to follow but rarely applied or used to inform changes to these decisions, leaving children at risk of harm.

For most families receiving support from early help services, there is considerable progress. Schools and the local community have welcomed the family hubs. Families are increasingly able to access early help directly and immediately instead of waiting, including practical support regarding finance, child development and appointments to register births, enabling quick and easy access to wider family-focused services. Early help assessments identify a family's strengths and vulnerabilities well, and the range of support available to respond to these is steadily increasing. The early help panel provides a multi-agency response commensurate with need. Recent increases in



need have led to short delays in consideration by the panel for some families but there is no reduction in support to children in the interim.

Despite some technical glitches that slow down information-sharing in some children's cases, Operation Encompass works well, ensuring that schools and early years settings in Torbay have an increased awareness of the impact on children of living in homes where there is domestic abuse.

Most children benefit from help provided by skilled and committed frontline early help, social care and health practitioners, police officers and school staff working collaboratively to support them and their families and to prevent risk and harm escalating. Police staff understand vulnerability well and routinely complete risk assessments, which they use in their role to protect children. When children go missing, the missing persons safeguarding officer gathers intelligence at several points that helps to build a picture of whether risks of exploitation are increasing. Research by well-trained and supervised police staff in the force control room results in officers arriving at addresses where children are present with a comprehensive understanding of family dynamics and risk. The risk to missing children and the link to exploitation is well understood using multi-agency panels, and a thorough understanding of wider networks, places and spaces where children may be vulnerable. This is noteworthy progress from the very weak understanding prior to the re-establishment of a Torbay-specific safeguarding partnership in 2020, and demonstrates how a strategic approach to systems, processes, communication and training are driving positive change for children.

Although comprehending the extent and severity of children's mental health is a clear priority for TSCP, this is yet to translate into improvements in service delivery. As a result, children are not guaranteed the right support, at the right time, by the right people. For example, where NHS mental health support teams are operational in a school, there are positive outcomes for children, but not all schools have access to this. When a child is in significant mental health crisis and requires a multi-agency safeguarding response, there is good evidence of partnership working and linking in with CAMHS. CAMHS are considered part of the professional network in these cases and engage well with multi-agency colleagues. Outside of this, those children assessed as lower risk face substantial waiting lists and no routine re-evaluation of their mental health. Partner agencies have insufficient understanding of what CAMHS can deliver, and as a result often seek this as a panacea when other support may be more effective and quickly available. Insufficient mental health triage and guidance exacerbates this situation. Schools are increasingly supporting children directly with their mental health alongside charities, and for many children this works well. However, these demands are increasing in complexity, and they do not have the capacity or knowledge to help all children. Management oversight and supervision varies in quality and impact across the partnership. Where it is stronger, for example in the MASH, the social care assessment teams, early help, midwifery and CAMHS,



supervision is systematic, and managers understand thresholds and review progress with families regularly. Conversely, in the emergency department frontline practitioners do not have enough oversight from the safeguarding team or specialist supervision of a good enough quality.

The TSCP executive group has identified a significant weakness in the quality, accuracy, and reliability of the data they can call upon when considering the prevailing needs of Torbay's children. Both the ICB and Devon and Cornwall Police rely on data that relates to areas much larger than Torbay and includes between three and five different local authorities. This severely undermines their ability to identify local needs and track the impact of services. A functioning data dashboard is taking too long to progress and is an understandable priority for the partnership. In the meantime, reliable data from children's social care performance reports alongside local intelligence from schools and the police are used well, for example to react to increased school absences and increased antisocial behaviour. Practice tools such as exploitation toolkits and structured assessments to further understand neglect are being implemented and used by staff but can give little more than a baseline rather than measuring progress for families.

In the absence of sufficient Torbay-specific data, the Quality Assurance subgroup of TSCP is not active enough to give the right level of insight and assuredness about children's safety to the partnership. This is most noticeable given the significant delay in establishing a mental health strategic group and a clear action plan, but equally applies to standards of practice relating to physical abuse. The partnership recognises the need to review how this function is best used. Although limited in number, the multi-agency audits of work with individual children that the TSCP has completed do add rich information about the quality of practice but lack enough focus on the fundamentals of safeguarding. The partnership's insufficient oversight of unexplained injuries to children is an obvious example, but this also applies to initial decision-making when children have poor mental health but are not yet at the point of crisis.

The partnership also recognises, following external review and internal reflection, that the meaningful involvement of children in reviewing and shaping strategy is underdeveloped. Equally, the development of a broader membership, including the local community and specialist health services, is a key priority. However, most staff say that they have a voice and can contribute to strategic priorities. Although the partnership collates aggregated data in relation to multi-agency training, it does not have a detailed breakdown of who attends from each agency or the impact on practice. All staff report positively about the quality and relevance of what is on offer when disciplines come together.



Next steps

We have determined that One Devon Integrated Care Board is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response should set out the actions for the partnership and, when appropriate, individual agencies. The local safeguarding partners should oversee implementation of the action plan through their local multi-agency safeguarding arrangements.

The ICB should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 9 May 2024. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

Yours sincerely

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His Majesty's Inspector of Fire & Rescue Services

Integrated Care Board Meetings in Public - Action Log						
Action Reference	Date of Meeting	Action - issue to be addressed	Target Date	Lead	Progress on action	In progress / Completed
55	06.12.2023	The next iteration of the BAF to be presented to the Board seminar session in January 2023 for consideration in advance of its submission to the Board for approval in February 2024.	07.02.2024	Philippa Harding	14.03.24 - The latest iteration of the BAF was scheduled for discussion at the Board Development Session on 07.02.24, but was not considered due to lack of time. It has been presented to and supported by the Audit and Risk Committee in advance of its inclusion on the agenda of the Board meeting on 26 March 2024. Propose to close	Completed
56	06.12.2023	Performance information in respect of young people in care accessing mental health services will be circulated to the Board.	07.02.2024	Nigel Acheson	14.03.24 - Information in respect of children accessing mental health services was circulated to Board Members on 08.03.24. 16.01.24 - Data is not currently available for children in care accessing mental health services and children in care is not a unique identifier on the clinical systems. Propose to close	Completed
60	07.02.2024	The Torbay & South Devon NHS Foundation Trust Charter in respect of racial equality to be circulated to the Board.	26.03.2024	Liz Davenport	13.03.2024 - Circulated on 13.03.24 Propose to close	Completed
65	07.02.2024	Quality and Patient Experience Committee to undertake a deep dive with respect to C&YP services and report back to the Board to provide assurance on the work being undertaken in this area.	tbc	Penny Smith / Thandie Hara	13.03.2024 - Deep dives have been scheduled by the Quality & Performance Committee as follows: Maternity (14.03.24); Children in Care (11.04.24); and SEND (11.04.24) Propose to close	Completed
67	07.02.2024	The recommendation of the Finance and Performance Committee in respect of the quality impact of long waiting times to be referred to the Quality and Patient Experience Committee	tbc	Penny Smith / Thandie Hara	13.03.24 - Included on the Quality and Performance Committee agenda for 11.04.24. Propose to close	Completed
70	07.02.2024	The Chair and Company Secretary liaise with DM and PS as to the content of an item in respect of C&YP which can be brought to the next meeting in public of the NHS Devon Board.	26.03.2024	Philippa Harding	05.03.24 - Initial planning session held on 04.03.24. Item to be focus of Development Session on 25.04.24 and brought to Board at its meeting in public in May 2024. Propose to close	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	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 circulated to Board members once the review has been completed.	In progress
52	06.12.2023	The VCSE Assembly to be approached regarding involvement in the work of the care co-ordination hub.	07.02.2024	Anthony Fitzgerald	18.03.2024 - The Associate Director for Urgent Care is presenting to the VCSE assembly on 19.03.2024. In the meantime, work is underway to further develop and scale existing pathways where VCSE support is already provided to ensure effective service delivery.	In progress

Integrated Care Board Meetings in Public - Action Log						
Action Reference	Date of Meeting	Action - issue to be addressed	Target Date	Lead	Progress on action	In progress / Completed
53	06.12.2023	An evaluation report in respect of the outcomes achieved through the Care Co-ordination Hub be presented to the Finance and Performance Committee before the end of the 2023/24 financial year.	31.03.2024	Anthony Fitzgerald	18.03.2023 - Evaluation of the service continues with the Care Coordination offer being modified to reflect feedback and data received. Whilst detailed evaluation is challenging to evaluate at present, daily reporting evidences that the service is effective. End to end reviewed to further understand the movement of the patient are to be undertaken. An example of a typical week that highlights progress can be made available to Board members if required. 22.01.2024 - Evaluation of the service to date is being completed to inform a paper for the Devon Investment Group and a full business case for ongoing financial support.	In progress
54	06.12.2023	An update to be provided as to where the narrative around safeguarding and services for children and young people was located, if this was not within the BAF.	07.02.2024	Penny Smith / Nigel Acheson	13.03.2024 - Children and Young People, especially safeguarding issues, will be addressed at the April Board Seminar.	In progress
57	06.12.2023	Consideration to be given to how wider system performance which was not included within the IQPR might be reported to the Board.	07.02.2024	Anthony Fitzgerald	19.03.2024 - The outcome of the Task & Group will be aligned to the Operating Plan and Annual Plan process to be reported to the Board in May. 22.01.2024 - Current reporting initially discussed with both Devon County Council and Plymouth City Council. A Task & Finish Group has been established to review current reports and potential alignment with the IQPR to report back by the end of February 2024.	In progress
59	06.12.2023	The NHS Lead for Dentistry, once appointed, should liaise with Local Authority colleagues around the engagement with children and young people in care about how they access dental services.	07.02.2024	Nigel Acheson	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.	tbc	Andrew Millward	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.	tbc	Allison Williams	20.02.24 - Scheduled for May 2024. Tba as to whether this is for a public meeting or private meeting / development session.	In progress
63	07.02.2024	The Urgent and Emergency Care Plans to be presented to a future meeting of the Board, having been scrutinised by the Finance and Performance Committee.	tbc	Anthony Fitzgerald	19.03.2024 - This will be aligned to the Operating Plan and Annual Plan process to be reported to the Board in May.	In progress
64	07.02.2024	The waiting list for CAMHS to be shared with the Board.	26.03.2024	Anthony Fitzgerald	19.03.2024 - To be circulated by 22 March 2024.	In progress
66	07.02.2024	Finance and Performance Committee to undertake a deep dive with respect to UEC and report back to the Board to provide assurance on the work being undertaken in this area.	tbc	Anthony Fitzgerald / Kevin Orford	13.03.2024 - UEC Deep Dive scheduled for Finance and Performance Committee meeting on 9 May 2024. The outcome of this will be reported to the Board via the Committee Chair's Report.	In progress
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	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	Nigel Acheson	14.03.24 - Scheduled for September 2024.	In progress