NHS Devon

NHS Devon Integrated Care Board (ICB) Meeting

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

30 January 2025

09.30 – 14.00

One Devon

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

Agenda for meeting in public

The quorum for meetings of the Board is:
a) Chair or Vice Chair
b) At least two Executive Directors
c) At least two additional independent members
d) At least one Partner Member
e) At least one of the members must be a registered clinician.

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1.		Introductory Items	Lead	Action	Time
1.1	ICB24-095	Welcome, introduction and apologies for absence	Kevin Orford, Chair	Discussion	09:30
1.2	ICB24-096	Declarations of interest	Kevin Orford, Chair	Information	
1.3	ICB24-097	Minutes of the meeting held on 28 November 2024	Kevin Orford, Chair	Approval	
1.4	ICB24-098	Action Register	Kevin Orford, Chair	Approval	09:35
1.5	ICB24-099	Our People and Communities: Experiences of Health and Social Care	Sam Wadham-Sharpe, Winter Director & Director Performance John Finn, Acting Chief Operating Officer	Discussion	09:40
2.		**Leadership Reports**	**Lead**	**Action**	**Time**
2.1	ICB24-100	Chair's Report	Kevin Orford, Chair	Information	10:05
2.2	ICB24-101	Chief Executive's Report	Steve Moore, Chief Executive	Information	10:15
2.3	ICB24-102	Organisational Development Plan	Piers Tetley, Chief People Officer	Assurance	10:25
3.		**National Oversight Framework Segment 4**	**Lead**	**Action**	**Time**
3.1	ICB24-103	Progress on the Requirements of the NHS Oversight Framework – Segment 4	Sam Wadham-Sharpe, Winter Director & Director Performance	Assurance	10.40
4.		**For Approval or Endorsement**	**Lead**	**Action**	**Time**
4.1	ICB24-104	Primary Care Access Recovery Plan (PCARP)	John Finn, Acting Chief Operating Officer	Approval	11.00
		BREAK			**11:15**

5.		Governance, Performance and Assurance Reports	Lead	Action	Time
Quality and Patient Experience					
5.1	ICB24 -105	Quality Report	Penny Smith, Chief Nursing Officer	Assurance	11:30
5.2	ICB24 -106	Chair's Report: Quality and Patient Experience Committee – 16 January 2025	Thandiwe Hara, Independent Non-Executive Member	Assurance	11:40
Finance and Performance					
5.3	ICB24 -107	2024/25 NHS Devon Annual Plan – Delivery Assurance	Libby Ryan-Davies, Transformation Director	Assurance	11:45
5.4	ICB24 -108	Finance Reports – Month 8 i. NHS Devon Finance Report ii. One Devon Finance Report	Kirsty Denwood, Interim Chief Finance Officer	Assurance	12:05
5.5	ICB24 -109	Chair's Report: Finance and Performance Committee – 11 December 2024 and 17 January 2025	Martin Sykes, Interim Independent Non-Executive Member	Assurance	12.20
5.6	ICB24 -110	2025/26 Planning and Transformation	Libby Ryan-Davies, Transformation Director	Assurance	12.30
5.7	ICB24 -111	Children & Young People's Services Recovery – Autism	Penny Smith, Chief Nursing Officer	Assurance	12.45
5.8	ICB24 -112	Board Assurance Framework	Philippa Harding, Director of Governance	Assurance	13.00
6.		**Partnership Working**	**Lead**	**Action**	
6.1	ICB24 -113	Cornwall and Isles of Scilly ICB Update	Tracey Lee, Chief of Staff, Cornwall and Isles of Scilly ICB	Information	13.15
7.		**Committee Chair Reports**	**Lead**	**Action**	**Time**
7.1	ICB24 -114	Audit and Risk Committee – 06 January 2025	Graham Clarke, Independent Non-Executive Member	Assurance	13:20
7.2	ICB24 -115	Population Health Improvement Committee – 09 January 2025	Thandiwe Hara, Independent Non-Executive Member	Assurance	13:30
8.		**Closing Items**	**Lead**	**Action**	**Time**
8.1	ICB24 -116	Questions from Members of the Public	Kevin Orford, Chair	Discussion	13:40
8.2	ICB24 -117	Any Other Business	Kevin Orford, Chair	Discussion	13.50
		Close			**14.00**

NHS Devon Integrated Care Board 30 January 2025

Name	Board Role	Interest Description (Abbreviated)	Active/Date Ended	Interest Category	Mitigating Actions
Kevin Orford	Chair	Advisor to the Board of Parental Minds C.I.C. (non-remunerated)	Active	Non-Financial Professional	Should there be any issue relating to Parental Minds, there will be a discussion with the Director of Governance and the Chief Executive to ensure that no conflict of interest ensues.
Allison Williams	Contractor (part of SOF4 Mandated support via NHSE Intensive Support	Nil Declaration	Active	n/a	n/a
Donna Manson	Partner Member - Local Authorities	CEO Of Devon County Council	Active	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
Francis O'Kelly	Partner Member - Providers of Primary Medical Services	GP Partner at Amicus Health Group. As well as providing the full range of Primary Care Services the practice is also a provider of Surgical Services (dermatology, carpal tunnel, vasectomies and minor ops) and Dermatology Services. Part of the merged practice is also dispensing.	Active	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
		Blundell's School Lead Doctor	Active	Financial	
		Member of the National Armed Forces Reference Group	Active	Financial	
		Attends Tiverton High School Welfare Meeting fortnightly	Active	Financial	
		Contributor to FASD Forum	Active	Financial	
		5 adopted children, 2 with recognised learning difficulties both recieving PIP and with residential or supported living in Devon	Active	Financial	
		Wife is a book-keeper for STEER Eduction	Active	Financial	
		I attend a monthly online meeting of Primary Care Partner Members, which is organised and Chaired by the NHS Confederation	Active	Non-Financial Professional	Will be declare on Conflict of Interests at meetings.
		My GP practice (Amicus Health) merged with the Mid Devon Medical Practice on 1.10.24 - Dr. Alex Degan (Medical Director for Primary Care at NHS Devon) is a partner in Mid Devon Medical Practice	Active	Indirect	I have declared the business of Amicus Health Group and will declare it at the start of any meeting where a conflict arises
		member of the SW People Board	Active	Non-Financial Professional	To be managed in line with the conflicts of interest policy
		Wife registered Carer for Adopted Child with Learning Difficulties	31/07/2024	Financial	Will be managed in line with the Standards of Business Conduct Policy and advice from governance
Graham Clarke	Non-Executive Member	Non-Executive Director of Medicine Discovery Catapult	Active	Financial	Where a piece of ICB work or an item on a ICB Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.
		Non Execuitve Member at the Deparment of Health & Social Care	Active	Financial	
		Trustee and Treasurer of the Cornwall Community Foundation	Active	Financial	
		Spouse is CEO of Cornwall Partnership Foundation Trust	Active	Indirect	
		Spouse is a Board Member of Cornwall & Isles of Scilly ICB	Active	Indirect	
		Member, Institute of Cancer Research. It is a both a charity and a college within London University with Membership (c 50 in total).	Active	Non-Financial Professional	To be managed in line with the Standards of Business Conduct Policy.
Helen Braid	Governance & Assurance Manager and Board Secretary	Nil Declaration	Active	n/a	n/a
John Finn	Acting Chief Operating Officer	Nil Declaration	Active	n/a	n/a
Judith Hargadon	Non-Executive Member	Nil Declaration	Active	n/a	n/a
Kirsty Denwood	Interim Chief Finance Officer	Nil Declaration	Active	n/a	n/a
Libby Ryan-Davies	Director of Transformation for Urgent and Community Care	Nil Declaration	Active	n/a	n/a

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Name	Board Role	Interest Description (Abbreviated)	Active/Date Ended	Interest Category	Mitigating Actions
Lincoln Sargeant	Partner Member - Local Authorities (Public Health)	Nil Declaration	Active	n/a	n/a
Mark Cooke	Managing Director (Strategy, Oversight & Regulation)	Non paid Director	Active	Non-Financial Professional	Declare when necessary
		Director non-paid	Active	Non-Financial Personal	Declaration when appropraite
		Director/trustee	Active	Non-Financial Personal	Declare when appropriate
Martin Sykes	Interim Non-Executive Member	I am an independent non-executive member of NHS Cornwall and Isles of Scilly Integrated Care Board and an interim non-executive member of NHS Devon Integrated Care Board.	Active	Non-Financial Professional	No conflicts of interest are anticipated as a result of holding both of these roles. Care will be taken by the respective Directors of Governance of each Integrated Care Board to review the papers for meetings at which I will be present, in order to proactively identify any potential conflicts of interest. Should any potential conflicts of interest be identified, the Director of Governance will determine (in conjunction with the relevant Chair) the most appropriate approach to managing these.
		Non Executive Director at University Hospitals Bristol and Weston	Active	Non-Financial Professional	Exclude from any decisions potentially giving rise to a conflict.
Penny Smith	Chief Nursing Officer	Nil Declaration	Active	n/a	n/a
Peter Collins	Chief Medical Officer	Trustee for Orchestras Live (charity promoting widening participation and community engagement within the orchestral sector)	Active	Non-Financial Personal	To be managed in line with the Conflicts of Interest Policy
Philippa Harding	Director of Governance and Interim Chief Communications and Corporate Affairs Officer	Founding Director of Harding Advisory Ltd, a professional services company providing corporate governance expertise.	Active	Financial	The company is currently dormant. Should any conflicts relating to NHS Devon be identified they will be managed as they arise in line with the NHS Devon Standards of Business Conduct Policy
Phillip Mantay	Partner Member - Mental Health	Employed as Chief Executive Officer of Devon Partnership Trust since June 2024	Active	Financial	Declaration of relationship prior to offering opinion or recommendation.
Piers Tetley	Chief People Officer	Nil Declaration	Active	n/a	n/a
Sam Higginson	Partner Member - NHS Trust and Foundation Trusts	Chair of Enfield Unity Primary Care Network	Active	Non-Financial Professional	To be managed in line with the Standards of Business Conduct and Conflicts of Interest Policies
		Committee Member	Active	Non-Financial Professional	To be managed in line with the Standards of Business Conduct and Conflicts of Interest Policies
		Chief Executive Officer, Royal Devon University Healthcare NHS Foundation Trust	Active	Financial	To be managed in line with the Standards of Business Conduct and Conflicts of Interest Policies.
Samuel Wadham-Sharpe	Director of Performance and Assurance	Nil Declaration	Active	n/a	n/a
Steve Moore	Chief Executive Officer	Nil Declaration	Active	n/a	n/a
Thandiwe Hara	Non-Executive Member	Trustee of Plymouth and District Racial Equality Council, a voluntary organisation that work to promote race equality.	Active	Financial	There should be no conflict of interest in current circumstances, but this may arise if, they became a provider during the course of time. I will declare my interest at any meeting that may result in them being considered for service provision and leave
		Member on the NIHR SW Clinical Research Network Board.	Active	Financial	

DRAFT Minutes of a meeting of NHS Devon Integrated Care Board held in public at the Boardroom, Aperture House, Pynes Hill, Exeter, EX2 5AZ and via Microsoft Teams on Thursday 28 November between 09:30 and 12:55	
Name	*Title and organisation*
Board Members:	
Kevin Orford	Acting Chair, NHS Devon
Steve Moore	Chief Executive Officer, NHS Devon
Dr Peter Collins	Chief Medical Officer, 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
Sam Higginson	Partner Member for NHS Trusts and Foundation Trusts (Designate), Chief Executive, Royal Devon University Healthcare NHS Foundation Trust
Donna Manson	Partner Member for Local Authorities, Chief Executive, Devon County Council
Dr Frank O'Kelly	Partner Member for Primary Medical Services, GP Partner, Amicus Health
Dr Lincoln Sargeant	Partner Member, Local Authorities (Population Health and Prevention), Director of Public Health for Torbay
Bill Shields	Chief Finance Officer, NHS Devon
Penny Smith	Chief Nursing Officer, NHS Devon
Martin Sykes	Interim Independent Non-Executive Member, NHS Devon
Also in attendance:	
Helen Braid	Head of Governance, NHS Devon
Mark Cooke	Managing Director (Strategy, Oversight & Regulation), NHS England South West
John Finn	Deputy Chief Operating Officer, NHS Devon
Anthony Fitzgerald	Chief Delivery Officer, NHS Devon
Philippa Harding	Director of Governance and Interim Chief Communications & Corporate Affairs Officer, NHS Devon
Hisham Khalil	Co-Opted Member of the NHS Devon Audit and Risk Committee
Ginny Snaith	Director of Population Health, NHS Devon
Sam Wadham-Sharpe	Director of Planning and Performance
Allison Williams	System Recovery Director, NHS England
Terry Willows	Company Secretary, NHS Cornwall and Isles of Scilly
Apologies for absence	
Graham Clarke	Non-Executive Member, Audit and Risk, NHS Devon
Phill Mantay	Partner Member Mental Health, CEO Devon Partnership NHS Trust
Kate Shields	Chief Executive Officer, NHS Cornwall & Isles of Scilly
Piers Tetley	Chief People Officer, NHS Devon

Item	Ref	Discussion
1.		**Introductory Items**
1.1	ICB24 - 073	**Welcome, Introductions and Apologies** The Chair welcomed Board members to the meeting. Apologies for absence had been received from Graham Clarke, Phill Mantay, Kate Shields and Piers Tetley. The Chair welcomed Peter Collins, Chief Medical Officer; Martin Sykes, Interim Independent Non-Executive Member (INEM) and Sam Higginson, Partner Member designate for NHS Trusts and NHS Foundation Trusts; who were all attending their first Board meeting. Terry Willows, Company Secretary from NHS Cornwall and Isles of Scilly Integrated Care Board (ICB), attending on behalf of Kate Shields, was also welcomed. It was noted that a meeting in private would be held later in the day when items commercial in confidence would be considered, together with the draft response to the 10 year health plan. The meeting was deemed quorate.
1.2	ICB24 - 074	**Declarations of Interest** Director of Governance, Philippa Harding (PH) referred the meeting to the fact that Martin Sykes was an Independent Non-Executive Member (INEM) for NHS Cornwall and the Isles of Scilly in addition to being an interim INEM for NHS Devon. This position had been discussed between the two organisations and a declaration as to how any potential conflict would be managed was being agreed. This would appear in the Register of Interests of both organisations going forward. Terry Willows confirmed that he had no conflicts in relation to the meeting agenda. The Board **noted** the Register of Interests.
1.3	ICB24 - 075	**Minutes of Previous Meeting** The minutes of the meeting in public held on 18 September 2024 were **approved** as a correct record.
1.4	ICB24 –076	**Action Register** The Chair asked for an update in respect of Action 037b regarding the review of the impact of a patient's right to choose upon costs, waiting lists and the private sector's involvement. It was noted that discussions had taken place with the Chief Executive Officer (CEO) of Devon County Council and the Directors of Childrens Services (DCS) across the Devon System as to how GP referrals into those services could be met within current resources. The three DCS were currently undertaking a piece of work to establish the position with regard to the instances where a GP referral was not made and families were contacting consultants directly and validation was required. At the present time the cost of this work was not currently affordable for Local Authorities, but a resolution was being worked towards. **The Board:** • **agreed** the closure of actions 37c; 58i; 59i and iii; 62; 63; and 64ii; • **noted** the updates in respect of actions 68; 69; 71; and 9; 37b; 38; 39; 55; 59iii and 60.

1.5	ICB24 –077	**Our People and Communities: Experiences of Health and Social Care** Director of Population Health, Ginny Snaith (GS), introduced a short film which focussed on the impact of the Devon GP Fellowship Health Inequalities Programme and highlighted some of the innovative work taking place to reduce Health Inequalities across Devon. The following issues were highlighted: • The programme provided GPs with a day a week to look at an area of health inequalities where they considered things could be done or delivered differently than at present. • It was hoped that the film would result in further consideration of how services were commissioned in complex areas where standardised approaches were not helpful and could in fact exacerbate current issues. • A number of the GPs in the 2024/25 cohort of the programme had been wanting to move away from their current role but now were staying within primary care, with two of them moving to practices in challenged areas. • The way in which relationships were built with the voluntary sector was essential for this work to continue and there be a positive impact for the community and the Devon system. • Some of the initiatives developed as a result of the programme had received seed funding and were continuing to be delivered. • Initiatives such as this would see a shift from a medical model to a community model of delivery which was essential due to the lack of resources and estate available. • There were a number of staff in different roles across the system who were committed to the NHS but were tired. The Workforce Strategy should look to how staff could take time to look at different aspects of health and social care to reinvigorate them in their work. This should be considered an invest to save opportunity as it increases productivity and retains staff. • Public health had with two of the Fellows, which had resulted in outreach work around disease prevention for those working at Brixham harbour and blood pressure checks at Torquay United on match days. • Small initiatives could have huge benefits for the population and for staff. The challenge was to deliver these initiatives at scale and there was learning to be taken from other areas as to how this had happened and where the benefits had been quantified. In order to take this forward the strategy had to be the move towards a social model of care with population health at its core. The Board **noted** the film.
2.		**Leadership Reports**
2.1	ICB24 - 078	**Chair's Report** The Chair, Kevin Orford (KO), introduced the report which provided an update in respect of NHS Devon Board appointments, proposed appointments to Board Committees and a petition from the Stroke Association. The following points were highlighted: • At the present time some INEMs were chairing more than one Board Committee. This arrangement would be reviewed following the appointment of new INEMs which it was anticipated would be by February 2025. • In addition to the proposed Committee memberships in the report, it was recommended that the Partner Member for Primary Medical Services, Dr Frank O'Kelly, should be appointed to the People and Organisational Development Committee.

		The Chair referred the meeting to a petition received from the Stroke Association relating to the decision of NHS Devon to not re-commission a service by the Association for non-clinical services across the county. "The Stroke Association's Devon Stroke Recovery Service is being forced to close because NHS Devon and Plymouth City Council have said they will no longer fund it. The service has given incredible support to thousands of stroke survivors in our county and the decision to axe funding will be disastrous for the many thousands of people who will be unfortunate enough to have a stroke in coming years." The Chair confirmed that he had met with the Stroke Association Regional Director and a number of stroke survivors and their carers to receive the petition and also to hear first-hand about the services which many had found hugely valuable and which may be withdrawn as the contract came to an end. During the meeting, it was explained that investment in stroke services was a priority for the NHS Devon Board and that spend on these services had increased during 2024/25. The context of the financial challenges faced by the NHS across Devon and in particular the need to reduce spend in some areas in order that it could be re-invested elsewhere and also manage the financial deficit. The de-commissioning of the contract was in the context of a £200 million cost improvement programme of in this financial year. Since the meeting a further communication had been received from the Stroke Association Director for the South West and Channel Islands which recognised the exceptional circumstances of the NHS in Devon and asked for further discussions around the exploration of alternative methods of funding for the Life After Stroke Pathway. The following points were highlighted: • This decision was not taken in isolation but as part of a wider programme of work. • Whole system commissioning was required for conditions as the pathway did not ends once a patient was discharged. • It was important that learning from this situation could be taken forward particularly around the need for a clear stakeholder plan and appropriate periods of notice. • Whilst a compact Equality Quality Impact Assessment (EQIA) had been used to inform this decision, full EQIAs would be used going forward with training for these assessments being rolled out to all commissioning staff. • Whilst the cost of a service was comparatively easy to determine, calculating its value was much more challenging. • Value-based commissioning also needed to be used to understand where there was the least value as there was always a cost envelope to be worked within. • Whilst this particular service to signpost users to services had not been re-commissioned, the access services still remained and signposting would form part of the My Health website. **Action:** Further engagement to take place with the Stroke Association to explore options for future funding, with the outcome of these discussions being reported to the Board. The Board: • **Noted** the report. • **Noted** the petition relating to stroke services. • **Agreed** the proposed amendments to the Terms of Reference of the Board Assurance Committees and the membership of these Committees, plus the appointment to Dr Frank O'Kelly to the People and Organisational Development Committee.

2.2	ICB24 - 079	**Chief Executive Officer's Report** The Chief Executive Officer, Steve Moore (SM) introduced his report which provided an update on NHS Devon Executive team changes, engagement in respect of the 10 Year Plan for the NHS, GP collective action and the business of the NHS Devon Executive. The following points were highlighted: • Recent appointments to the Executive team were Chief Medical Officer, Peter Collins; Chief People Officer, Piers Tetley and Chief Nursing Officer, Penny Smith. • Chief Finance Officer and Deputy Chief Executive Officer, Bill Shields, was sharing his time between NHS Devon and Torbay and South Devon NHS Foundation Trust to support transition during the period of Liz Davenport's retirement. • The role of Winter Director for the system had been taken on by Sam Wadham-Sharpe, Director of Planning and Performance. • A number of events had been planned to encourage involvement in the 10 Year Plan consultation as this was an important development for the NHS. Thanks were extended to Healthwatch and the Voluntary Community Social Enterprise (VCSE) sector for supporting the engagement programme. • The organisational change programme was progressing, with the "at risk" pool of employees diminishing. An update in respect of the programme would be presented to the People and Organisational Development Committee. • Whilst the re-procurement of routine audiology services was progressing well, the procurement for specialist services had been delayed whilst a review of more successful models was undertaken. Liz Davenport extended her thanks to the Chief Executive Officer and the wider NHS Devon team for the support provided to her and to Torbay & South Devon NHS Foundation Trust during its current period of change. The Board **noted** the content of the report.
3.		**National Oversight Framework Segment 4**
3.1	ICB24-080	**NHS Oversight Framework – progress against Segment 4 exit criteria** Director of Planning and Performance, Sam Wadham-Sharpe (SWS) introduced the report which sought to provide the necessary assurance to the Board on progress against the agreed criteria and metrics required to exit Segment 4 of the NHS Oversight Framework (NOF4) in Q1 of 2025/26. The report detailed the system position on the criteria for strategy, leadership, Urgent and Emergency Care (UEC), elective and finance recovery, accompanied by a locality position on delivery against trajectory and the key actions to either maintain or improve performance. The following points were highlighted: • The report now included a confidence forecast in respect of the timeline of exiting NOF4 as well as the current status reporting for the year to date position. • There remained a challenged position in respect of ambulance handovers. This would be an area of focus for NHS England over the winter, with there being zero tolerance on 6 and 8 hour ambulance handover delay and a new reporting structure and gold structure in place. • All cancer trajectories have been exceeded as have meeting the national requirements in respect of 28 and 62 day performance. • The system had de-escalated from Tier 1 in respect of elective care which was a positive move.

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The report had been subject to detailed review by the Finance and Performance Committee, in particular around the mitigations in place with regard to identified risks.
There was still significant risk across the system with urgent care performance remaining fragile.
Detail was still awaited regarding the financial settlement for 2025/26 and what the impact of the settlement would have in respect of the challenges being faced by the One Devon Integrated Care System.
A significant amount of time was spent by South Western Ambulance Service NHS Foundation Trust (SWASFT) trying to avoid patients being admitted or working to co-ordinate their care.
Capacity was ringfenced so that the available capacity could accurately inform modelling and assumption, with mitigations being taken as required.
Optimising NHS Nightingale, Exeter had increased the amount of same day surgery which had mitigated the risk around elective care.
The emergent financial risk within the system could impact on its ability to exit NOF4.

Action: South Western Ambulance Service NHS Foundation Trust data regarding “hear and treat” and “see and treat” to be circulated to the Board.
The Board:

agreed the following assurance ratings relating to progress against each of the NOF4 exit criteria, with an overall assurance rating for the One Devon Integrated Care System of satisfactory:

<table>
<tr><th>Criteria</th><th>Assurance</th></tr>
<tr><td>Strategy</td><td>Satisfactory</td></tr>
<tr><td>Leadership</td><td>Satisfactory</td></tr>
<tr><td>UEC</td><td>Limited</td></tr>
<tr><td>Elective</td><td>Limited</td></tr>
<tr><td>Finance</td><td>Satisfactory</td></tr>
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and took assurance that adequate plans were in place to mitigate the risks relating to the delivery NOF4 exit identified in Locality Planning and Delivery Meetings, and System Leadership Group.

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<tr><td>4.</td><td></td><td>For Approval or Endorsement</td></tr>
<tr><td>4.1</td><td>ICB24 - 081</td><td>
2024-25 System Winter Plan
Urgent and Emergency Care Programme Director, Colin Bradbury (CB), introduced a report which provided the latest iteration of NHS Devon’s arrangements for this winter, developed by senior representatives of partners from across the system.
The following points were highlighted:

A system approach had been taken to winter planning, with partners across the system contributing to the development of the plan.
Since the submission of the plan, additional mitigations on bed pressures had resulted in significant reductions in the assumptions described in the report. A conservative approach had been taken with double counting being avoided, but there were now improved projections within the model.
The system co-ordination centre continued to develop with a Winter Director being appointed and a series of workshops across the system being held to ensure a thorough understanding of escalation protocols and their associated responsibilities and also stress test the protocols in a live scenario.

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		• The flu and covid vaccination programmes were making good progress with the system being in a better position that it was at the same point last year. • Whilst the system co-ordination centre had standards working times of 0800 to 1800, this was for 7 days a week and was supplemented by an on call manager and director who had active roles out of hours. • Trigger information had yet to be received from all Trusts and this was critical to get ahead of the curve in terms of escalation. Assurance had been received that this information would be provided in the next few days; this would then be incorporated into the final iteration of the plan. • Whilst there had previously been winter funding, it was unlikely that this would be available going forward. • Whilst primary care was engaged with the ongoing winter work, it was difficult for them to stand up quickly. There was senior representation from primary care on the winter planning team and mitigations in respect of GP collective action were being managed through the risk management process. • There had been small investments made into primary care this winter, with those being focused on tests of change, which if successful could be built into commissioning intentions for 2025/26. • The purpose of the plan was around clinical safety and effectiveness and also clinical optimisation, with clinical buy-in being evident across the system. Within national guidance and planning it was noticeable that documentation was now signed off by the medical and clinical directors in addition to operational leaders. The improvement medical and clinical input had also taken place at a system level. • The locality sections of the report had been written and were now owned by locality partners, this had resulted in some pieces of work were emphasised more than others, for example in relation to staff vaccination programmes. Social and local authorities had input into the plans. • Devon Partnership NHS Trust and Livewell SouthWest had been closely involved in the planning process, with them providing the section around mental health services. • The foundation of the urgent and emergency care system is out in the community, mainly in primary care. Going forward there would be a shift towards a “home first” ethos which will have primary care and the voluntary sector at its heart. The Board: • **took assurance** that the 2024/25 Winter Plan was compliant with national requirements, that adequate escalation frameworks were in place and that the remaining risks were understood, with appropriate mitigations in place, subject to the receipt of trigger information from all providers; and • **agreed** that the Finance and Performance Committee should undertake a detailed review of the system co-ordination arrangements in place for winter 2024/25.
4.2	ICB24 - 082	**Intensive and Assertive Outreach Review (Mental Health)** Chief Medical Officer, Peter Collins (PC), introduced a report which set out the findings of a review of the current provision of intensive and assertive outreach services and highlighted the current gaps in service and support available to those facing barriers to traditional mental health services. Issues highlighted during consideration of this item included: • A gap in provision was a national issue, with Devon not being an outlier; however, there were currently 420 people across the One Devon Integrated Care System who were not receiving care. • This work was part of a national stocktake, with it being assumed that where unwarranted variation was identified consideration would be given to additional resources being provided.

		• The national stocktake would influence the level of risk being attached to this area of work. • The Mental Health Learning Disability and Neurodiversity (MHLDN) Collaborative was system wide, including the voluntary sector, which would provide a route to more support that was beyond the capacity of health. • It was important to determine timed targets for the further work required and identify the funding required. • When considering the assertive outreach work it was important to pay attention to the conditions that made it more effective, with relationships being key, whether these are with other services, individuals or their families. • The further work to be undertaken included new models of care and ways of working, together with the involvement of the voluntary sector, digital options and the levels of workforce required to meet the caseloads. • When considering the service it was important that the focus was on providing a service in the way that service users would engage with. **Action**: Timelines for undertaking the proposed programme of work to be agreed and communicated back to the Board. The Board: • **agreed** that, subject to the agreement of timelines, NHS Devon should commission a programme of work in partnership with the MHLDN Collaborative to understand and improve the current provision and delivery of Intensive and Assertive Community Mental Health Treatment services, designing a sustainable deliverable and effective target operating model for the at-risk population in Devon; • **endorsed** immediate minimal-cost actions for providers, including Devon Partnership NHS Trust and Livewell South West, to implement immediate, low-cost interventions that addressed urgent needs within the current system; and • **noted** the inherent risks and requirement for robust risk management recognising that, despite enhanced governance and programme improvements, the inherent risks associated with this high-risk group could not be entirely mitigated. Strong governance and risk monitoring would be essential to manage and respond to residual risks effectively.
4.3	ICB24 - 083	**Adoption of the Safe Learning Environment Charter** Chief Nursing Officer, Penny Smith (PS), introduced the report which sought agreement to adopt the NHS England Safe Learning Charter that had been developed in the context of widespread feedback of learner experience allegations across the NHS together with the lack of robust organisational action to prevent, detect and respond. Issues during consideration of this item included: • The charter had been co-produced with the NHS England workforce and education team. • The charter appeared to be measure free and there needed to be an agreement was to how much time for learning was appropriate. • Metrics were required as to the success of the charter, which might include student attrition rate. • There may be a need to review current policy in the area of learning and development, including the recruitment of students. **Actions:** • Further work be undertaken to incorporate primary care rather than just providers. • Report to be presented to the Executive setting out what success would look like regarding the implementation of the Charter including key metrics, with progress

		against this being reported to the People and Organisational Development Committee on a quarterly basis. The Board **agreed** that NHS Devon should become a Safe Learning Environment organisation and sign up to the Safe Learning Environment Charter.
5.		**Governance, Performance and Assurance Reports**
5.1	ICB24 - 084	**Quality Report** Chief Nursing Officer, Penny Smith (PS) introduced the report which provided a summary of key quality information, in the format of both quantitative and qualitative data from sources including NHS Devon data collection including patient experience; and direct from the NHS Devon Nursing and Quality Directorate team's involvement in partner meetings, groups, quality committees and workstreams. Issues highlighted during consideration of this item included: • The successful implementation of the Patient Safety Incident Reporting Framework (PSIRF) was continuing across the system. • Work was ongoing with the Chief Nursing Officer at Torbay and South Devon NHS Foundation Trust in respect of never events. • The report in respect of the Ofsted inspection of Devon services to children and their families was awaited, with initial feedback having been received that improvement work was required to improve "front door" access to services. • All three providers remain within the national maternity and neonatal support programme due to their CQC inspection outcomes and the One Devon Integrated Care System's NOF4 status. • The number of dental complaints received, particularly in respect of children, remained of concern with work being undertaken to ensure that arrangements were in place for those children placed in local authority care. The Board **agreed** the overall assurance level relating to the quality position of the One Devon Integrated Care System as **satisfactory** and that adequate plans were in place to mitigate and improve quality risks.
5.2	ICB24-085	**Finance Reports** Chief Finance Officer, Bill Shields (BS), introduced the Month 6 Finance Reports for NHS Devon and for the One Devon Integrated Care System which sought to provide the necessary assurance on the financial position and risk relating to the financial plans for the year ending 31 March 2025. The following issues were highlighted: • There had been a change in reporting at Month 6, with figures having moved significantly following the receipt of deficit funding. • At Month 6 NHS Devon was reporting a surplus of £14.2m and remained on track to achieve its year end target. • Risks had reduced for the sixth month in a row and there was now cautious confidence in the position of NHS Devon and the wider system. • The risk share position across the system had been disaggregated and would feature in the Month 7 financial position. • Concern regarding the continuing reduction in the risk profile. Some non-recurring flexibilities had been identified across the system which would provide a one-off benefit for 2024/25 but would help with the underlying position or the exit run rate position. • There remained a significant level of Cost Improvement Programmes (CIPs) to be delivered during the second half of the year, with NHS Devon working with providers to identify the position and the actions required to meet agreed targets. • The main area of concern was the deterioration of the position at Torbay and South Devon NHS Foundation Trust (TSD). An assurance review undertaken by

		a former NHSE England (NHSE) Director of Finance had highlighted a high level of risk at TSD, whilst there was now a significant difference in the deficit levels now reported when compared with the position at September 2024. As mandated by the Recovery Support Programme NHS Devon colleagues were now working within TSD. Findings had included disconnects between financial and operational performance, concerns regarding UEC and elective recovery and a lack of control in respect of the CIP. A detailed recovery plan was in process of being implemented together with an improvement plan being signed off and shared with the NHSE regional team. • Significant assurance could be taken that the remaining organisations in the system remained on or near plan at this stage in the financial year. This had enabled the work required at TSD to be undertaken by the system rather than being subject to an intervention from external management consultants which would enable the learning to be retained within the system. • TSD had acquired a number of services which had increased the challenges being faced by the organisation, whilst its operation as an integrated care provider had resulted in ever increasing costs as it used a medicalised model to deliver social care. • The situation highlighted the tension between individual accountabilities and working as a system. Difficult decisions would need to be taken and held by the system in its entirety and not just one organisation and the evidence of the system working required would be evidence to support the system exiting NOF4. It was noted that the Finance and Performance Committee had supported the recommended assurance level contained within both reports. The Board **agreed** the overall assurance level relating to the financial position of NHS Devon and the One Devon Integrated Care System of **satisfactory** and that adequate plans are in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.
5.3	ICB24-086	**NHS Devon Annual Plan – Delivery Assurance** Director of Performance and Planning, Sam Wadham-Sharpe (SWS) introduced the report which set out oversight and assurance for the delivery of the each of the Directorate's objectives against their agreed Annual Plan. The following points were highlighted: • There were currently 137 objectives within the plan, an increase on the previous month due to the inclusion of a number of statutory objectives. The aim for 2025/26 was to reduce this number. • The work in respect of developing a corporate descriptors for assurance was progressing with this being in place for the 2025/26 Annual Plan. • 70% of objectives remained as fully assured. • New dashboards and scorecards were now included for ease of reference. • Data metrics that had previously been included in the Integrated Quality and Performance Report (IQPR) were now aligned, with it being evident that these metrics were not available for all objectives at the present time. • It would be helpful if the dashboard could include some comparison of resources that were going into handling each objective so that it could be identified as to whether the changes made during the organisational restructure had resulted in staffing and other resources being aligned to delivering the priorities in the annual plan. • NHSE had published "The Insightful Board" guidance and was also reviewing the oversight framework, with it being anticipated that this would be published alongside the new planning guidance. Regional colleagues were happy to work with NHS Devon to see how the outcome of the assurance reporting contained within this report, the NOF4 oversight and the BAF reporting could be aligned

		with the framework and guidance, preventing duplication in any reporting to NHSE. **Action:** The "Insightful Board" to be circulated to Board members. The Board: • **agreed** the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives; and • **agreed** the proposed amendments to the NHS Devon 2024/25 Annual Plan
5.4	ICB24-087	**Board Assurance Framework** Director of Governance, Philippa Harding (PH), introduced the report which included an update on the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year. The following points were highlighted: • The BAF had now been aligned to 2024/25 Annual Plan risks so that progress against corporate objectives could be mapped. • The Governance Team was working with the Programme Management Office to ensure that risk and planning workstreams were aligned so that a single reporting framework can be developed. • The Board had requested that consideration be given to the addition of strategic risk in respect of Children and Young People. This had been reviewed by Executives who had taken the view that this risk was already covered by the risks in respect of Quality of Care, Access and Outcomes if this was strengthened to reflect that they covered "All Age" services. This had been reflected in the latest iteration of the BAF. • The Finance and Performance Committee had also considered the risk in respect of the current financial position to ensure that the wording of the risk and the mitigations remained appropriate. • There had been little movement in the ratings of the risks. Executives had been tasked to review this by the end of the year, working to understand whether this was due a changing context or whether mitigations remained appropriate. • Whether the level of risk associated with mental health services highlighted through the Intensive and Assertive Outreach Review was sufficient to be reflected in the BAF. **Action:** Discussions to take place with mental health colleagues around the level of risk associated with service provision with a recommendation being brought to the January Board meeting as to whether this should be reflected in the BAF. The Board **approved** the content of the latest iteration of the 2024/25 BAF risks to achieving the strategic objectives of NHS Devon.
6.		**Partnership Working**
6.1	ICB24-088	**Cornwall and Isles of Scilly ICB Update** Terry Willows, Company Secretary of NHS Cornwall and Isles of Scilly introduced the report which highlighted emerging issues and significant developments withing the Cornwall and Isles of Scilly integrated care system. The following points were highlighted: • The approach being taken to engagement in respect of the 10 Year Health Plan. • The challenges in urgent and emergency care and the actions being taken to improve the position which would support a system-wide discharge event. The Board **noted** the report.

7.		Committee Chair Reports
7.1	ICB24 - 089	**Committee Chair's Report: Quality and Patient Experience Committee – 14 November 2024** The Chair of the Quality and Patient Experience Committee, Thandiwe Hara (TH), introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 14 November 2024. Issues highlighted during consideration of this item included: • The Committee would be exploring further the suggested increase in mortality figures to establish the context and data to identify whether this was a cause for concern. • Consideration was being given as to how the Committee was sighted on issues arising from Quality and Equality Impact Assessments, so that there was oversight of significant concerns. • The Committee identified the need for more cross-working with the Finance and Performance Committee and the People and Organisational Development Committee. The Board: • **took assurance** from the report of the Chair of the Quality and Patient Experience Committee; and • **noted** the escalations for information contained in the report.
7.2	ICB24 - 090	**Committee Chair's Report: Finance and Performance Committee – 10 October and 14 November 2024** The Chair of the Finance and Performance Committee, Kevin Orford (KO), introduced the report which provided the Board with an overview of the issues considered by the Committee at its meetings on 10 October and 14 November 2024. KO referred the meeting the escalations to the Board that had been made by the Committee at its meeting on 14 November 2024; these being: • The targeted approach in terms of the intervention at Torbay and South Devon NHS Foundation Trust relating to the emergency financial risk in the system. • Support for the linking of resources to develop and deliver the 2025/26 Annual Plan. • Whilst there was satisfactory assurance regarding the Medium Term Financial Plan, further assurance on detailed provider financial plans, including primary care, had been requested. The Board: • **took assurance** from the reports of the Chair of the Financial and Performance Committee; and • **noted** the escalations for information contained in the report of the meeting held on 14 November 2024.
7.3	ICB24 - 091	**Committee Chair's Report: Primary Care Commissioning Transition Committee – 21 November 2024** The Chair of the Primary Care Commissioning Transition Committee (PCCTC), Judy Hargadon (JH) introduced the report which provided the Board with an overview of the issues considered by the Committee at its meeting on 21 November 2024. The following issues were highlighted: • Work had been taking place to dis-establish the Committee so that primary care commissioning decisions were taken alongside all other commissioning decisions, providing an oversight of the complete picture. Once the Executive Commissioning Group had been established, the operational scheme of

		delegation reviewed and agreement reached as to where all ongoing work of the PCCTC would sit going forward, the Committee would be stood down. • The organisational change process had seen the commissioning work around primary and secondary care become more joined up which was encouraging. • The primary care perspective would be taken into account in commissioning going forward through members of the Devon Collaborative Board joining key system meetings. • Board oversight of the Commissioning Group would be through the Chief Executive's report to the Board. The terms of reference for the Group would also be shared with the Board and the remit and operation of the Group would be included within the review of the Corporate Governance Framework which would be reported to the Board at its March meeting. • Any decisions taken by the Commissioning Group would be subject to the usual assurance processes and be required to fit within the Board's commissioning intentions contained within the Annual Plan. • The Committee had approved the closure of the dental waiting list. This was not a list in the traditional sense of it currently being reviewed and verified, with people having a "place" in the queue. The list was not working effectively to get people urgent dental care when it was required and so it had been agreed to stop adding people to the list until it was established how all individuals, GPs and minor injury units could access urgent dental care so this could be clearly communicated. An options appraisal for future action was being undertaken following the assessment of all risks for those patients already on the list and relevant mitigation. • The Cornwall system, the only other system in the country with such a list, was also considering the closure of its list. **ACTION:** A closure report from the Primary Care Commissioning Transition Committee to be presented to the Board before the end of 2024/25. The Board **took assurance** from the Chair's report of the meeting of the Primary Care Commissioning Transition Committee held on 21 November 2024.
7.4	ICB24 - 092	**Committee Chair's Report: People and Organisational Development Committee – 7 November 2024** The Chair of the People and Organisational Development Committee, Judy Hargadon (JH), introduced a report which provided the Board with an overview of the issues considered by the Committee at its meeting on 7 November 2024. It was noted that this was the first meeting of the Committee, with the focus being upon terms of reference and membership. The approach to work was also considered with the approach to Equality, Diversity and Inclusion (EDI) being subject to detailed review. The Board: • **took assurance** from the Chair's report of the meeting of the People and Organisational Change Committee held on 7 November 2024; and • **approved** the recommendation that the Board should address EDI issues more often.
8.		**Closing Items**
8.1	ICB24 - 093	**Questions from Members of the Public** A number of questions had been submitted by Councillor Jan Goffey of Okehampton Hamlet Parish Council. The Chair confirmed that he had undertaken to provide a written response to Cllr Goffey and also to meet with her and NHS Devon colleagues to consider the best way in which she could become engaged with the work of NHS Devon.

8.2	ICB24 - 094	**Any Other Business** It was noted that the next meeting of the Board in public would be on 30 January 2025.
		Meeting Closed: 12.55

NHS Devon

Integrated Care Board Meetings in Public - Action Log						
Action Ref	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**Status**
68	07.02.2024	Primary Care representation on the Urgent and Emergency Care Board be considered when its Terms of Reference were being reviewed and an update be provided.	30.09.2024	Philippa Harding	21.01.2024 - The UEC Board has been dis-established. The Devon Collaborative Board has identified attendees for the System Leadership Group **Propose to close.** 17.07.2024 - UEC Group due to review its terms of reference by the end of September as part of work on system structures. The princple of primary care representation has been incorporated into all of this work. 14.03.24 - The systems and frameworks sitting below the System Recovery Board are currently being reviewed and this will be incorporated into that review. To be completed by April 2024.	Complete
71	26.03.2024	A Board Development Session to be held in respect of the longer term strategy for Primary Care across Devon.	31.10.2024	Peter Collins / Philippa Harding	21.01.2025 - Considered at development session on 19.12.2024. **Propose to close.**	Complete
ICB24 037b	25.07.2024	A review of the impact of a patient's right to chose upon costs, waiting lists and the private sector's involvement in the area of children and young people's services to be undertaken.	30.09.2024	Bill Shields / Penny Smith	21.01.2025 - This is being addressed in the prioritised work related to the Children and Young People Improvement Plan included on the agenda for 30.01.2025. **Propose to close.** 28.11.2024 - Work is ongoing with Directors of Children's Services to achieve links between education, health and social care plans. Direct referrals remain a concern due to the financial impact for Local Authorities and the NHS. Numbers are awaited and options for validation of these referrrals to be developed. Work is continuing with the families and children impacted by these direct referrals. 18.09.2024 - All providers involved had now been identified, but that the data included a mix of adult and children and that this was proving challenging to separate out. The team was working to a deadline	Complete
ICB24 039	25.07.2024	The Quality and Patient Experience Committee to seek assurance around the work being undertaken to improve data quality and whether the current data highlighted any patient experience or clinical effectiveness issues.	30.09.2024	Penny Smith	20.01.2025 - This action relates to Children and Young People community waits. Report was received at the January QPEC meeting which considered data quality issues related to Children and Young People community waits and improvement plans are in place. **Propose to close.**	Complete
ICB24 059iii	18.09.2024	A corporate approach to assurance descriptors to be developed.	28.11.2024	Sam Wadham-Sharpe	21.01.2025 - A descriptor against the assurance levels is now included within the annual plan. Following feedback from the Board these descriptors are being reviewed for the 2025/26 annual plan. **Propose to close.** 22.11.2024 - This is being addressed through the development of the 2025/26 version of the Annual Plan. The CEO has set out some principles for development and aligning assurance scoring.	**Complete**
ICB24 060	18.09.2024	The implications of the right to choose for patient pathways to be considered at a future meeting of the Quality and Patient Experience Committee.	28.11.2024	Penny Smith	21.01.2025 - This action relates to Children and Young People community waits. A report was received at the January QPEC meeting and improvement plans are in place. **Propose to close.** 20.11.2024 - Scheduled for March 2025.	**Complete**
ICB24 - 079	28.11.2024	Further engagement to be undertaken with the Stroke Association to undertake exploration of possible funding opportunities for non-clinical stroke services.	30.01.2025	John Finn	20.01.2025 Stroke Association have self-funded a comparative service for 2025/26. Initial meeting to agree how the impact of this will be quantified and input into future ICB commissioning intentions took place at end of December 2024 with an agreed review process in place. Propose to close.	**Complete**
ICB24 - 080	28.11.2024	SWASFT data in respect of regarding "hear and treat" and "see and treat" to be circulated to the Board.	30.01.2025	John Finn	23.01.2025 - Information circulated on 23.01.2025. **Propose to close.**	**Complete**
ICB24 - 083a	28.11.2024	Further work to be undertaken to incorporate primary care into the Safe Learning Environment work.	30.01.2025	Piers Tetley	21.01.2025 There is a Devon safe learning environment steering group which meets monthly and Primary Care is represented. In addition, the strategic workforce team are working in collaboration with the Devon Training Hub on delivery of the safe learning charter. **Propose to close.**	**Complete**

Integrated Care Board Meetings in Public - Action Log						
Action Ref	**Date of Meeting**	**Action - issue to be addressed**	**Target Date**	**Lead**	**Progress on action**	**Status**
ICB24 - 083b	28.11.2024	Metrics and tangible actions to be developed to monitor progress and impact of the implementation of the Safe Learning Environment Charter. Metrics to be monitored on a quarterly basis by the People and Organisational Development Committee.	30.01.2025	Piers Tetley	21.01.2025 There are 4 deliverables in the annual plan, which relate to the 10 principles set out in the safe learning charter. Metrics for those key deliverables are being developed which will then enable assurance at future People and OD Committee meetings. Safe learning environment steering group progress can also be reported through the committee for assurance. **Propose to close.**	**Complete**
ICB24 -086	28.11.2024	"The Insightful Board" to be circulated to Board members.	06.12.2024	Helen Braid	29.11.2024 - Circulated. **Propose to close**	**Complete**
ICB24 - 091	28.11.2024	The position regarding Intensive and Assertive Outreach to be reviewed with mental health colleagues to assess whether the level of risk should be included within the BAF.	30.01.2025	Philippa Harding	21.01.2025 - Reviewed and included within the corporate risk register. **Propose to close.**	**Complete**
69	07.02.2024	An update on the outcome of the review being undertaken by the Executive Team in respect of end of life commissioning and equitable funding for adult hospices in Devon to be reported to the Board.	30.09.2024	John Finn	20.01.25 - Funding plan agreed through Triple Lock to move towards a more equitable provision of grant funding for hospices. However, all hospices are continuing to struggle with financial viability due to charitable donation changes, employers National Insurance contribution and workforce cost hikes. The ICB is working with the hospices to better understand this and find alternative solutions to the reduction or closure of services. The ICB has produced a medium-term EOL commissioning plan for Devon and is working with system partners to create a implementation plan over 3 years which seeks to improve EOLC provision and positively impact UEC performance. 09.10.2024 - Proposed way forward to be presented to Board in January 2025 to enable consideration ahead of changes in April 2025. 09.09.2024 - Initial update included in CEO's report. Further update to be scheduled. 15.07.24 – Task and finish work underway and multi-organisation group established; NHS development sessions have taken place. Board item scheduled for September 2024. 24.05.2024 - A meeting with North Devon Hospice has taken place and Steve Moore has commissioned a Task and Finish Group led by Lou Higgins and sponsored by the Chief Medical Officer, to: 1. Rapidly develop a Devon-wide prospective medium-term commissioning plan for End of Life care. 2. Establish a Palliative and End of Life Care Collaborative to provide system-wide co-ordination of change and transformation and advise the ICB on future long-term commissioning plans. The Group will review evidence and guidance, assess Devon's position against this, and make recommendations on a future commissioning model. This replaces the previous action of merely levelling up hospice funding, but instead, going back to commissioning services equitably based on need. The ToR and scoping document for this group will be shared for approval at the next Executive Committee and a report will be made to the Board in September 2024 as scheduled.	In progress
ICB24 009	30.05.2024	Decision-making structures in respect of commissioning to be clarified.	30.09.2024	Steve Moore / Philippa Harding	21.01.2025 - ToR of Executive Commissioning Group approved, with group meeting on 30.01.2025. Operational Scheme of Delegation being reviewed as part of Corporate Governance Framework effectiveness review and will be presented to the Executive for approval at its meeting on 04.03.2025. 21.11.2024 - Proposed ToR of executive Commissionig Group have been drafted and circulated. To be considered alongside a revised operational scheme of delegation by the NHS Devon Executive meeting on 03 December 2024. 09.09.2024 - Work on operational scheme of delegation ongoing. Position to be presented to the Board in November 2024.	In progress
ICB24 038	25.07.2024	A report to be brought to a future meeting of QPEC in respect of the merger between the Devon and the Cornwall LMNS.	31.01.2025	Hannah Pugliese	03.01.2025 - Both CNOs are engaging with the regional midwife to support this work. This is being explored at a summit in April 2025 following a LMNS effectiveness review January 2025. A report to QPEC will be provided in the next planned maternity report (March 25). 09.09.2024 - Scheduled for January 2025.	In progress
ICB24 - 091	28.11.2024	Closure report from the Primary Care Commissioning Transition Committee to be submitted to the Board by the end of the financial year.	27.03.2025	Philippa Harding	21.01.2025 - Will be included on Board agenda for 27 March 2025.	**In progress**

NHS Devon Integrated Care Board

Chair's report

Date of meeting	Date report produced
30 January 2025	16 January 2025

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer	**Name and title:**	Kevin Orford, Chair
Phone:		**Date:**	17 January 2025
Email:			

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

Executive summary
This report provides an update from the Chair.

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

Key recommendations and actions requested
NOTE the contents of the report
AGREE to delegate to the Chair of the Board the authority to appoint new INEMs to Board Assurance Committees for the remainder of 2024/25.
APPROVE the proposed drafting amendments to the terms of reference of the Population Health Improvement Committee and the Quality and Patient Experience Committee.

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

Board appointments

1. I am pleased and honoured to have been appointed as the Chair of NHS Devon. This is a pivotal time for the One Devon Integrated Care System (ICS), and I look forward to continuing to work collaboratively with our partners, staff, and communities to drive forward improvements in care for all. I’m thankful to be able to continue to work with colleagues on the Board and in our wider organisation and system.

2. I am also pleased to announce the appointments of three new Independent Non-Executive Members (INEMs) who are joining the NHS Devon Integrated Care Board in February, following a competitive and open recruitment process.

    - Salma Ali
    - Kaye Bentley
    - Lopa Patel MBE

3. **Salma Ali** is a highly experienced senior NHS Executive, with a wide range of executive director leadership in both commissioning and provider roles, including as a clinical commissioning group (CCG) Accountable Officer, director of a cluster of primary care trusts (PCTs) and a Programme Director for NHS England.

4. In addition to her expertise in commissioning and service transformation, Salma has a strong background in clinical leadership, having served as a Director of Nursing for Heart of Birmingham Primary Care Trust (PCT) as well as Executive Director of Nursing and Quality for the four Black Country PCTs in Dudley, Sandwell, Wolverhampton and Accountable Officer for Walsall CCG.

5. Having begun her career as a Registered General Nurse, followed by tenures in midwifery, health visiting and primary care, Salma is currently a Non-Executive Director at Birmingham Community Healthcare NHS Foundation Trust, as well as a Trustee for Black Country Women’s Aid.

6. **Kaye Bentley** brings a wealth of experience in financial leadership and strategic management across the healthcare sector, including in commissioning, provision and at a regional and national level.

7. She previously served as Director of Finance at NHS England South West, where she played a key role in overseeing the financial strategy and governance for the region’s NHS.

8. Born and raised in Devon, Kaye was instrumental in driving financial efficiency, ensuring effective use of resources, and supporting the delivery of high-quality care during her time at NHS England.

9. She is currently the Independent Chair of NHS England South West's Joint Specialised Services Committee and has also recently provided senior financial advice and support to a number of Integrated Care Boards.

10. **Lopa Patel MBE** is a digital entrepreneur, Chair, Non-Executive Director and Trustee with strengths in governance and risk oversight. An ambassador for entrepreneurship, innovation and technology, she has founded two ventures in online media and a data-driven marketing.

11. As the Chair of Diversity UK, Lopa has played a pivotal role in advocating for diversity, equality, and inclusion within healthcare and beyond, shaping policies and practices that support underrepresented communities.

12. Lopa has been recognised with may accolades including an MBE for services to the creative industries and an Honorary Doctorate conferred by the Open University.

13. Salma, Kaye and Lopa bring extensive experience and credibility to our board that will widen our diversity and bring real benefits to the Devon system at a time when we are most challenged.

14. We look forward to welcoming them to our Board and working with them in the months and years to come.

15. As we are still in the process of working through the most appropriate Board Assurance Committees to which our new INEMs should be appointed, I propose that the Board delegates to the Chair, the authority to make appointments to our Board Assurance Committees for the remainder of 2024/25. This will enable us to add to our existing Committee membership before the next meeting of the Board in March 2025.

One Devon Partnership Chair appointed

16. I am pleased to announce that Councillor Mary Aspinall has been appointed as the new Chair of our One Devon Partnership (our Integrated Care Partnership (ICP)).

17. Councillor Aspinall brings a wealth of experience and a deep commitment to public service, making her ideally placed to lead the Partnership in its ongoing efforts to improve health and social care services across Devon.

18. As a long-serving member of Plymouth City Council, Councillor Aspinall has represented Plymouth's Sutton and Mount Gould ward since in 2002 and served as Lord Mayor of Plymouth in 2010/11.

19. Councillor Aspinall is currently a Cabinet Member for Health and Adult Social Care and Chairs the Health and Wellbeing Board. During her time in office, she has also previously chaired the Scrutiny Management Board and the Health and Adult Social Care Overview and Scrutiny Panel.

20. With her passionate, strategic and collaborative approach, Councillor Aspinall's leadership will be instrumental in fostering greater integration between health and care services across Devon.

21. We are excited to welcome Councillor Aspinall to this important role and look forward to the fresh perspective and vision that she will bring.

One Devon Partnership meeting 09 January 2025

22. Councillor Aspinall's appointment to the role of ICP Chair was agreed at the meeting of the One Devon Partnership on 09 January 2025. This was the first meeting of the Partnership for quite some time, following the departure of the previous ICP Chair James McInnes and NHS Devon Chair Sarah Wollaston. We have been using this time to think about the role and purpose of the One Devon Partnership and to ensure that the membership of the Partnership is fit for purpose.

23. We will return to formal reporting from the Chair of the One Devon Partnership in 2025/26 and have invited Councillor Aspinall to attend our Board meetings now that she is Chair of the ICP. We are hoping to hold the next meeting of the One Devon Partnership at the start of the 2025/26, which means that first report will be presented to our Board meeting in May 2025. I anticipate that this report will address the work that has been undertaken to fully-re-establish the ICP with our partners across the One Devon Integrated Care System.

24. We took the opportunity of the meeting on 09 January 2025 to hear from colleagues from NHSE England about recent work that has been undertaken to understand how ICPs are working across the South West Region. This presentation and the subsequent ICP discussion will steer us in our work to develop the ICP.

Board Assurance Committees – proposed amendment of Terms of Reference

25. The first meeting of the Population Health Improvement Committee took place on 09 January 2025. The Chair's Report from this meeting is available elsewhere on the agenda for this Board meeting. I wanted to bring to Board members' attention the proposed amendment of the Terms of Reference of this Committee and the Quality and Patient Experience Committee in relation to the provision of assurance in respect of patient and public engagement. Board members may recall that the Quality and Patient Experience Committee considered this issue and supported these proposals at its meeting on 11 September 2024.

26. The Quality and Patient Experience Committee (QPEC) currently holds accountability for assuring the Board on how NHS Devon has discharged its legal and constitutional duties for both patient and public engagement and Patient Experience.

27. The Population Health Improvement Committee (PHIC) holds the accountability for assuring the Board on how NHS Devon is discharging its responsibilities around better health outcomes, working in line with the Core20plus5 framework, and impacts on social and economic growth.

28. Given the focus on tackling health inequalities through forward looking, transformational processes, and the clear alignment to the remit to its aims and responsibilities, it is recommended to move the assurance and relevant reporting for NHS Devon's legal duties for involving public and patients to the PHIC. This would mean that the PHIC, on behalf of the NHS Devon Board, would seek assurance in respect of the appropriateness of the People and Communities Strategy, as well as monitoring progress against its delivery.

29. While the accountabilities around patient experience should remain with QPEC, there can be a more considered, joined up approach with the PHIC for building in the learning and insight from patient experience to NHS Devon decision making.

30. The detailed drafting amendments to the PHIC and QPEC ToRs are set out below.

ToR and reference	***Proposed action***	***Original version***	***Updated version***	***Outcome***
QPEC 2.6	Amend and move to PHIC	Provide assurance that public involvement activities are being carried out effectively and meet the statutory duties placed on NHS Devon through oversight of regular Public Involvement reports.	Provide assurance, *alongside QPEC*, that patient and public engagement activities are being carried out effectively and meet the statutory duties placed on NHS Devon *and the 10 principles set out in the NHS Devon constitution* through oversight of a *quarterly* Public engagement report.	Updated version is moved to the PHIC ToR Legal duties around 14Z2 moved to PHIC See PHIC 2.9 for QPEC addition
QPEC 2.7	Remain in QPEC ToR	Provide assurance that there are mechanisms in place that enable inclusive patient feedback to influence NHS Devon planning and commissioning arrangements and subsequent provider arrangements.	N/A	No change
QPEC 2.8	Move to PHIC	Provide assurance with regard to the	N/A	Original version moved to PHIC

ToR and reference	Proposed action	Original version	Updated version	Outcome
		quality and content of the annual submission to NHS England for the Public Involvement Improvement and Assessment Framework		
QPEC 2.9	Amend and remain in QPEC ToR	Review recommendations based on feedback and insight from patient and public engagement and experience and provide assurance that responsive action is being taken within the work of NHS Devon	Review recommendations based on feedback and insight from *patient experience* and provide assurance that responsive action is being taken within the work of NHS Devon	'Public engagement' removed from QPEC and amend version remains in QPEC ToR
QPEC 2.10	Suggest remove	N/A	N/A	On review 2.10 appears to cover the same element as 2.7
PHIC 2.6	Amend and remain in PHIC ToR	Provide assurance to the NHS Devon Board that its equality objectives with regard to health outcomes are being effectively met, with a particular focus on NHS Devon's impact on health inequalities.	Provide assurance to the NHS Devon Board that it is meeting its equality statutory duties with regard to health outcomes, and with a particular focus on NHS Devon's impact on health inequalities.	Amended version is moved to the PHIC ToR Suggest: Legal duties around equality are moved to the PHIC
PHIC 2.8	Amend and remain in PHIC ToR	Ensuring that the plans of NHS Devon and partner NHS organisations in the One Devon Integrated Care System identify and engage the most marginalised communities in setting, delivery, and monitoring health inequality priorities.	Ensuring that the plans of NHS Devon and partner NHS organisations in the One Devon Integrated Care System identify and *meaningfully and inclusively* engage the most marginalised communities in setting, delivery, and monitoring health inequality priorities.	Updated version remain in PHIC ToR

ToR and reference	*Proposed action*	*Original version*	*Updated version*	*Outcome*
PHIC 2.9	Suggest amend and replace with QPEC 2.6	Be assured that people drawing on services are systematically and effectively involved as equal partners in developing strategy and services, seeking assurance in this alongside the Quality and Patient Experience Committee.	Provide assurance, alongside QPEC, that patient and public engagement activities are being carried out effectively and meet the statutory duties placed on NHS Devon *and the 10 principles set out in the NHS Devon constitution* through oversight of a *quarterly* Public engagement report.	Updated version remain in PHIC ToR Legal and constitutional duties around 14Z2 moved to PHIC

31. Board members are recommended to approve the proposed drafting amendments to the terms of reference of the Population Health Improvement Committee and the Quality and Patient Experience Committee.

Conclusion

32. The NHS Devon Board is asked to:

- **NOTE** the report.
- **AGREE** to delegate to the Chair of the Board the authority to appoint new INEMs to Board Assurance Committees for the remainder of 2024/25.
- **APPROVE** the proposed drafting amendments to the terms of reference of the Population Health Improvement Committee and the Quality and Patient Experience Committee.

NHS Devon Integrated Care Board

Chief Executive's report

Date of meeting	Date report produced
30 January 2025	16 January 2025

Author(s)		Report approved by	
Name and title:	Sam Cush, Communications Manager Philippa Harding, Director of Governance and Interim Chief Communications and Corporate Affairs Officer	**Name and title:**	Steve Moore, Chief Executive
Phone:		**Date:**	17 January 2025
Email:			

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

Executive summary
This report provides an update from the Chief Executive.

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

Key recommendations and actions requested
NOTE the contents of the report

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

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

Chief Executive's report

Board appointments

1. I am delighted that Kevin Orford has been confirmed as our Chair, following a competitive NHS England recruitment process.

2. As colleagues will be aware, Kevin has held the Acting Chair role since June 2024 and was previously one of our Independent Non-Executive Members, so he has great knowledge, insights and understanding of our organisation and system.

3. Kevin is an experienced Board director who has held Chief Executive, Executive Director, Non-Executive Director and Trustee positions on NHS, charity and government agency boards for over 25 years.

4. Having held director roles in both NHS acute and community trusts and in strategic health authorities, Kevin was also previously a non-executive director for Royal Devon University Healthcare NHS Foundation Trust.

5. Kevin is committed to inclusion and was a Board member of Stonewall Equality Ltd during the successful campaign for equal marriage.

6. A meticulous and compassionate leader, Kevin's leadership and vision will be invaluable to our organisation and the wider community of Devon, and I am very much looking forward to continuing to work with him.

Executive team changes

7. Bill Shields, our Deputy Chief Executive and Chief Finance Officer, continues to work with Torbay and South Devon NHS Foundation Trust (TSD) to provide system support in terms of additional capacity and leadership. TSD have now appointed Joe Teape as their new Chief Executive. Joe, who is currently the Chief Operating Officer at University Hospital Southampton NHS Foundation Trust, knows the Devon system well, having previously worked for University Hospitals Plymouth NHS Trust. He will be taking his new role on in March 2025. Until that time and in light of Liz Davenport's retirement, Bill has taken on the role of acting Chief Executive and Accountable Officer at TSD. Kirsty Denwood, our Deputy Chief Finance Officer, has stepped up to act as Interim Chief Finance Officer during this period.

8. As Board members will be aware, Anthony Fitzgerald, our Chief Operating Officer, decided to step down at the end of 2024. Anthony has provided great leadership to the operational directorate and wider organisation since joining in November 2022. We are hugely grateful for everything he has done in that time, and we wish him all the best in his future endeavours.

9. In light of these changes I wanted to confirm that the following individuals will be overseeing these areas and functions:

    - John Finn – operations: primary care, localities, commissioning and contracting
    - Kirsty Denwood – finance, estates and digital
    - Sam Wadham-Sharpe – the system coordination centre, winter and overseeing performance of providers through locality meetings
    - Libby Ryan-Davies – planning and the programme management office (PMO)

10. I can also confirm that all of the chief officers will carry out the deputy chief executive functions as and when required.

11. We are also making some evolutionary updates to our executive team structure and portfolios to ensure that we have the right capacity and capability to deliver on our priorities and purpose.

12. The changes are focused on the executive team structure only, but some teams will be aligned to the two new portfolios, which may involve some line management changes.

13. As colleagues will be aware, I inherited the original executive structure that was developed as part of our phase one organisational change process in 2022/23. We now have an opportunity to rethink and remodel it to ensure we are well-positioned for the future.

14. The first aspect that I wanted to address is strategy. We identified that this area was a gap in our current structure, which was something that was also highlighted by staff during the consultation.

15. As an Integrated Care Board, one of our key roles is strategic commissioning and planning, and it's essential we have the right expertise within the organisation to drive this forward.

16. The second area relates to primary and community care. As well as being a priority for Devon, it also aligns with the national agenda for example, providing more care in the community is one of the government's "three big shifts" outlined in the 10 Year Health Plan.

17. To address these areas, we are implementing two key changes:

18. The Chief Operating Officer post has been removed and replaced with a Chief Strategic Commissioning and Planning Officer

19. A new Chief Primary Care, Partnerships and Placed-Based Delivery Officer has been introduced

20. The teams and individuals who will be affected by these changes will be fully briefed. I also spoke to staff about our plans on Thursday 23 January 2025.

21. The recruitment process for these roles will begin externally from mid-January, and I will keep the Board updated as this process progresses.

10 Year Health Plan engagement

22. Our 10 Year Health Plan engagement is continuing to process well, with more than 1,000 responses to our local survey so far.

23. Since our last Board meeting, we have invited staff and local people to a series of local engagement days in January, as part of our collaborative and extensive engagement activity with our One Devon partners.

24. This is an opportunity for people to have their voices heard as part of the national 10 Year Health Plan development process, which is due to launch in spring 2025.

25. There are five events taking place across our county that anyone is welcome to attend:

    - Paignton Library – Friday 17 January
    - Ivybridge Library – Friday 24 January
    - Exeter Library – Tuesday 28 January
    - Barnstaple Library – Thursday 30 January
    - Plymouth Methodist Church – Friday 31 January

26. As part of the engagement days, there will also be workshops to understand people's experiences of NHS services, what is working well, where there are challenges and what the NHS should prioritise. People can find out more and get involved by visiting our website.

27. I am hoping to attend the Exeter event and look forward to hearing from members of our local community. If you're in the area, please pop in and say hello.

28. In total, One Devon partners are planning to hold more than 50 events with staff and local communities, which is a remarkable feat. Thank you to everyone who is involved in these.

29. In recognition of the valuable role that Voluntary, Community and Social Enterprise Sector (VCSE) organisations play, we introduced a small grant scheme to support the VCSE in engaging with their communities about the 10 Year Plan. We had a huge response from the VCSE which is fantastic and will be invaluable in helping to reach as many of our local communities as possible. The applications for funding is now closed.

30. Healthwatch in Devon, Plymouth and Torbay are also undertaking some targeted events with children and young people via Exeter and South Devon colleges -

they are also supporting the engagement programme by taking responses from our digitally excluded communities in Devon.

31. Outputs from the engagement will support the national 10 Year Plan development, help Devon to shape future services, as well as where to focus future involvement.

Torbay Joint Targeted Area Inspection – follow up

32. In November 2023, a Joint Targeted Area Inspection (JTAI) of Torbay 'front door' services was undertaken. The inspectors found many good areas of practice. However, priority actions were identified for Torbay and South Devon NHS Foundation Trust (TSD) and areas for improvement for other agencies. Immediate remedial action was undertaken by TSD. NHS Devon, as Principal Authority was asked to lead the creation of an action plan, and this was completed and submitted to Inspectors in May 2024. The majority of actions are now completed. The outstanding actions will be monitored by the Torbay Safeguarding Children's Partnership (TSCP) Quality Assurance Group subgroup. Drift and delay of actions will be escalated to the TSCP Executive.

NHS finances - equity

33. There has been some concern raised by Plymouth City Council about historic funding inequity for the city, the key question being whether Plymouth is consuming its fair share of the NHS resources.

34. This has been driven by a long-held understanding that the Plymouth population was receiving less than its fair share of the NHS/Clinical Commissioning Group (CCG) resources. This understanding dates back to a piece of work the former CCG undertook to look at the needs-based equity of its contract expenditure at that time.

35. NHS Devon has been working with Plymouth City Council to understand the history of health resource allocations, going back to 2013/14. The outcome of this work will be presented to the Board at its meeting on 27 March 2025.

Winter pressures

36. The first few weeks of January are often amongst the busiest for the NHS, and this year has been no different. All parts of our system have seen increases in demand and we're working hard to treat people as quickly and safely as possible.

37. The pressures have been exacerbated by the cold weather and a rise in the number of people presenting with flu, COVID-19 and other respiratory viruses, so we have been reminding people to stay safe by getting vaccinated, washing hands, keeping hydrated and taking over the counter medicines before seeking further medical support.

38. Colleagues may have seen our Chief Nursing Officer, Penny Smith, and Peter Collins, our Chief Medical Officer – as well as other colleagues across the system – talking about this on BBC and ITV recently.

39. I have been on several system calls over the past few weeks, and it is heartening to see all partners coming together to support each other during this busy time.

40. One Devon Integrated Care System partners have a system winter plan (presented at our last Board meeting) that outlines how we will care for people and reduce pressures on the health service during the winter period. It includes various timely discharge and admissions avoidance schemes including same-day emergency care, virtual wards and care coordination.

41. This is supported by a system communications plan that helps people to understand what services are available and when to seek support.

42. Thank you to everyone who has been supporting with this and to those who were working over the festive period.

43. After a tough couple of weeks, I wanted to thank all our teams across the system for their incredible efforts to ensure that patients can be seen and treated as quickly and safely as possible during this exceptionally busy period.

GP Collective Action – ICB oversight

44. As GP Collective Action (CA) has evolved, and the level and scope of action being taken increased, the potential risks that result have also increased to a point where it has become necessary to adapt Devon's approach to escalating, assessing and mitigating.

45. NHS Devon's Chief Medical Officer (CMO), Director of Primary Care and Strategic Clinical Advisor for Primary Care met and agreed the following approach for GP CA generated challenges where risks are not currently mitigated. This will involve:

- Use of a simplified template that captures issue, scale, level of risk, risk tolerance and action required for risks that cannot currently be mitigated or tolerated.
- Those risks that cannot be tolerated will be escalated via the CMO to the NHS Devon Executive where a decision is needed on any action that needs to be taken.
- The NHS Devon Executive and the CMO will provide challenge where there is not a clear articulation of a need for swift action.
- Templates to be completed by subject matter leads, identifying need for action and potential mitigations.

- Templates could also be used to provide intelligence to the regional team in demonstrating to the national team that NHS Devon is moving from potential risk towards risk realisation – to enable this NHS Devon Primary Care team will be cc'd into correspondence to ring-hold the position for NHS Devon.

- Where possible the submissions to the regional team will include indicative costing for the solutions and mitigations proposed. In most cases it is thought that this would mainly occur post-any NHS Devon Executive decision to act

- Template submissions will also inform any review by the Director of Primary Care and Head of Primary Care of risk scores for overarching GP CA related corporate risk.

46. This revised approach will enable better risk management to those GP CA risks that impact the Devon system and have no clear mitigations within the existing group.

47. Examples of collective action that have been escalated to the include:

- Limiting clinical contacts to 25 patients per day per GP, directing further patients to other parts of the system e.g. ED, MIU, 111
- Ceasing monitoring of patient cohorts e.g. eating disorder patients
- Handing back responsibility for prescribing medications on behalf of secondary care e.g. anti-psychotic medications
- Declining to monitor blood tests e.g. PSA for non-cancer patients after discharge from urology.
- Declining to prescribe on behalf of allied health professionals, including midwives, podiatrists, dieticians, and bladder and bowel nurses.
- Withdrawing from local enhanced services such as phlebotomy and shared care agreements

48. There are three main categories of service being handed back under GP collective action.

1. **Services that are part of the General Medical Services (GMS) contract**, and as such, primary care should continue to deliver these services without disruption. In this instance practices are informed accordingly although it should be noted that there are differing opinions between practices/LMC and the ICB on these due to lack of clarity in the GP contract.
2. **Services that are not currently commissioned from primary care**, which require alternative solutions. This could involve developing Local Enhanced Services (LES) or other appropriate solutions.
3. **Grey areas where the responsibility/contractual positions for provision is unclear**. These require further discussion and a collaborative approach to determine the most appropriate course of action. These services may need additional clarification on contractual

obligations or a strategic response to ensure they are adequately addressed within the healthcare system.

49. The key risks of GP Collective Action are as follows:

Safety:

- **Deterioration of patient health**: Due to insufficient monitoring or prescribing, patient health may worsen, leading to preventable complications or adverse outcomes.
- **Gaps in healthcare delivery**: Patients may not receive the necessary care, leading to delayed diagnoses and suboptimal treatment.
- **Increased pressure on secondary care**: Reprioritisation of work in primary care could increase demand on secondary services, leading to longer wait times and delayed care for other patients in secondary care.

Quality/Experience:

- **Patient confusion**: Lack of clarity on where care is being provided may cause anxiety and dissatisfaction among patients.
- **Reduced local services**: Decreased availability of local services can burden patients with travel and result in delays and reduced access to care.

Financial:

- **Additional financial burden**: Additional financial resource may be required to fund enhanced services or commissioning gaps. Additionally increased costs may be incurred within secondary care in order to cover work that is being handed back by primary care.

Strategic:

- **Misalignment with strategic goals**: The current situation may hinder the broader strategic ambition to shift care from secondary to primary settings, impacting long-term sustainability.
- **Resource diversion**: Significant time and resources being spent on managing GP collective action could undermine efforts to achieve broader strategic objectives, delaying key system improvements.

50. Risks are communicated from providers to the GP CA Group. Where mitigations cannot be identified the risk can be escalated.

51. The GP CA group also recommends that the NHS Devon Quality and Safety Team seeks assurance from the quality and safety teams in secondary care with regard to safety/quality and experience risk.

52. The NHS Devon Patient Experience team are able to identify any themes that come through direct contact by patients to the team.

53. The NHS Devon Finance team will be aware of and monitor any financial risk from GP CA and escalate where appropriate.

54. A report on the actions being taken to mitigate the potential harm to patients as a result of the GP CA will be presented to the next meeting of the Quality and Patient Experience Committee.

NHS Devon Executive meeting business

55. The NHS Devon Executive's Terms of Reference require a report to be provided at each NHS Devon Board meeting, to demonstrate how the Committee has discharged its responsibilities (since the last meeting of the NHS Devon Board).

56. The NHS Devon Executive met on 03 December 2024 and 07 January 2025. Set out below is a summary of the business that was transacted.

03 December 2024

57. The Executive reviewed the following performance assurance reports:

- Progress towards NOF4 exit
- 2024/25 Annual Plan Progress Update
- NHS Devon Integrated Care Board and One Devon Integrated Care System Finance Reports
- An oral update on quality-related activities
- The Corporate Risk Register

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

- Governance Improvement Plan & 2024/25 Review of Corporate Governance Framework. This was presented to the Audit and Risk Committee meeting on 06 January 2024.
- Quarterly Contracting Review including Single Action Waivers and managed Approach for Major Contract Renewals. This was presented to the Audit and Risk Committee meeting on 06 January 2024.
- Annual Report process and timeline. This was presented to the Audit and Risk Committee meeting on 06 January 2024.
- EPRR Assurance Report. This was presented to the Audit and Risk Committee meeting on 06 January 2024.
- Draft initial 2025/26 Operating Plan submission.
- Weight Management.
- Devon End of Life: Medium Term Commissioning Plan 2025-28.
- Hospice Care Financial Sustainability.
- Commissioning Governance and Operational Scheme of Delegation
- Losses and Special Payments. This was presented to the Audit and Risk Committee meeting on 06 January 2024.
- Devon Investment Group Outcomes. This was presented to the Finance and Performance Committee meeting on 17 January 2025.

- Internal Audit Update - an update on the progress of the 2023/24 internal audit programme and the closure of actions in response to internal audit recommendations.
- Managing Conflicts of Interest - an update on corporate compliance with current NHS Devon policies in relation to the declaration of interests, gifts, hospitality and sponsorship.
- The draft agendas for forthcoming meetings of the NHS Devon Board, the Quality and Patient Experience Committee, the Finance and Performance Committee, the Population Health Improvement Committee and the People and Organisational Development Committee.

07 January 2025

59. The Executive reviewed the following performance assurance reports, which appear elsewhere on the agenda for this meeting of the Board:

- Progress towards NOF4 exit
- 2024/25 Annual Plan Delivery Assurance
- 2025/26 Annual Planning Update
- NHS Devon Integrated Care Board and One Devon Integrated Care System Finance Reports
- Quality Report
- Board Assurance Framework (BAF)

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

- Organisational Development Plan Update
- GP Collective Action

61. The following additional issues were also considered:

- Policy Framework Update - an update on the status of NHS Devon's non-clinical policies.
- Devon Transformation Programme. This was presented to the Audit and Risk Committee meeting on 06 January 2024.
- Devon Investment Group Outcomes. This was presented to the Finance and Performance Committee meeting on 17 January 2025.
- Information Governance & Information Security Report. This was presented to the Audit and Risk Committee meeting on 06 January 2024.
- Quarterly Freedom to Speak Up Progress Report.
- IPC Annual Report. This was presented to the Quality and Patient Experience Committee meeting on 16 January 2024.
- Vaccination Update. This was presented to the Quality and Patient Experience Committee meeting on 16 January 2024.

Conclusion

62. The Board is asked to **NOTE** the report.

NHS Devon Integrated Care Board

Organisational Development Plan

Date of meeting	Date report produced
30 January 2025	31 December 2024

Author(s)		Report approved by	
Name and title:	Katy Kerley Head of Organisational Development	**Name and title:**	Piers Tetley Chief People Officer
Phone:	07834981756	**Date:**	08 January 2025
Email:	katy.kerley@nhs.net		

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

Executive summary
This report provides an update on Organisational Development (OD) activity over the past 6 months and a recommended plan for delivery during 2025/26. The report outlines a comprehensive OD Plan for NHS Devon and some key areas of focus for continued Integrated Care System (ICS) development. The NHS Devon OD Plan is focused on creating an environment where staff can grow and develop and where talent is nurtured, and leadership skills are developed at all levels. The plan for 2025/26 focuses on the following priorities:

- Determining and embedding an organisational culture which supports and empowers colleagues, creating a sense of belonging and inclusion. Co-creating an environment of psychological safety and civility.
- Enhancing and developing leadership at all levels across NHS Devon and the wider health and care system.
- Supporting the development of and relationship building for newly formed teams following the organisational restructure and encouraging cross-functional collaboration, adaptability, and collective problem-solving across the organisation.
- Establishing clear performance expectations, continuous feedback, and a talent management approach that maximises individual and organisational potential.
- Establish a learning and development plan which supports colleagues to acquire the skills and capabilities needed to deliver our role and function as an Integrated Care Board (ICB).

The plan also outlines work which focuses on key areas of ICS development the key focus for 2025/26 include:

- Development of a leadership behaviours compact, providing consistency of expectations for colleagues when working together to deliver system priorities. Developing a culture that promotes psychological safety and civility through the way we interact with each other and conduct ourselves.
- Development of and commence the implementation of a system development plan which identifies and delivers efficiencies, while promoting greater quality of products, such as, a single system leadership development programme, combining learning and development activity so where appropriate programmes are developed once, creating consistency and efficiency.

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

Reviewed by the NHS Devon Executive at its meeting on 07 January 2025.

Key recommendations and actions requested

TAKE SATISFACTORY ASSURANCE from the update provided on progress against the OD Plan and plans for 2025/26.

NOTE the identified risks and mitigations, which will continue to be reviewed.

APPROVE the adoption of the NHS England Code of Conduct (Appendix A) in respect to system working, noting that work to develop a Devon framework for embedding the behaviours is ongoing with system OD leads and senior leaders.

NOTE that regular updates on progress of the delivery of the OD Plan will be provided to the People and Organisational Development Committee.

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	Improving organisational design & development, supporting new ways of working.
Develop our culture and how we operate	Designing and developing our organisational culture, a critical success factor will be to engage staff throughout.

Outline the implications of matters covered in this report for the following areas (if none, please state)	
Area	
Quality of services	The activity outlined in this report seeks to improve the quality of care for patients through development of leadership skills and behaviours.
Health inequalities	None
Workforce	Improving our organisational culture, design, and ways of working. The impact of which will create an environment which will empower, generating positive morale and motivation.
Resources and finance	Investment is required for the delivery of some activity within the OD plan. An investment request has been submitted to DIG 07.01.25
Legal	Following procurement and contracting processes for external facilitation/development support
Digital and Data	None
Involvement, Engagement and consultation	Engaging with and influenced by staff and key stakeholders throughout the programme of work.

Organisational Development Plan

Introduction and background

1. NHS Devon has been in a state of change for a significant period, including the merger of two Clinical Commissioning Groups (CCG) in 2019, then transition from a Clinical Commissioning Group (CCG) to an Integrated Care Board (ICB) in 2022 and, more recently, the necessity to reduce running costs by at least 30%, requiring the organisation to re-structure.

2. During this period the organisation has had multiple Chief Executive Officers (CEOs) and Executive Directors, each bringing new perspectives on the ICB's priorities and driving different cultures.

3. The One Devon Integrated Care System (ICS) has had long standing financial and performance challenges and have been placed in Segment 4 of the NHS Oversight Framework (NOF4), bringing various additional forms of scrutiny from NHS England (NHSE). This has demanded that the organisation focus its efforts and energy into its recovery programme including a focus on leadership.

4. The organisations staff survey results in 2023 and subsequent engagement with staff provide evidence that the continued change, transitions, and complexity in which the organisation is working has had a significant impact on our staff, the way that we work together and our ability to effectively lead within the One Devon ICS.

5. A significant proportion of the Organisational Change Programme is now complete (acknowledging that some areas of the organisation are part of Phase 2.2). This now affords a focus on the future of NHS Devon, stabilising leadership through Board and Executive appointments, defining the organisation's purpose, role and function and embedding a culture that supports and develops colleagues to deliver the objectives within our annual plan and the 10 Year Health Plan.

6. This report is provided for information, and assurance purposes and provides an update on Organisational Development (OD) activity over the past 6 months, following NHS Devon Board approval to proceed on 30 May 2024 and a recommended plan for delivery during 2025/26. The report outlines a comprehensive OD Plan for NHS Devon and some key areas of focus for continued ICS Development.

7. The NHS Devon OD Plan is focused on creating an environment where staff can grow and develop and where talent is nurtured, and leadership skills are developed at all levels.

8. The plan for 2025/26 focuses on the following priorities:

a) Determining and embedding an organisational culture which supports and empowers colleagues, creating a sense of belonging and inclusion. Co-creating an environment of psychological safety and civility.
b) Enhancing and developing leadership at all levels across NHS Devon and the wider health and care system.
c) Supporting the development of and relationship building for newly formed teams following the organisational restructure and encouraging cross-functional collaboration, adaptability, and collective problem-solving across NHS Devon.
d) Establishing clear performance expectations, continuous feedback, and a talent management approach that maximises individual and organisational potential.
e) Establish a learning and development plan which supports colleagues to acquire the skills and capabilities needed to deliver our role and function as an ICB.

9. The plan also outlines work which focuses on key areas of system development the key focus for 2025/26 include:

a) Development of a leadership behaviours compact, providing consistency of expectations for colleagues when working together to deliver system priorities. Developing a culture that promotes psychological safety and civility through the way we interact with each other and conduct ourselves.
b) Development of and commence the implementation of a system development plan which identifies and delivers efficiencies, while promoting greater quality of products, such as, a single system leadership development programme, combining learning and development activity so where appropriate programmes are developed once, creating consistency and efficiency as opposed to each organisation developing their own programme with the same content.

10. Throughout its delivery the OD Plan will engage with colleagues through co-creation, ensuring it is fit for purpose and aligns with our values, purpose, role and function.

Current Progress

11. Following the approval of the recommendations set out in the OD Plan taken to the NHS Devon Board in May 2024, work has continued on the recruitment of Board and Executive leadership roles within NHS Devon. This includes permanent appointments to the Board Chair role, Chief Nursing Officer, Chief Medical Officer and Chief People Officer, and Independent Non Executive Members, supporting the stabilisation of the most senior leadership within the ICB.

12. The Organisational Change process is nearing its completion, and many teams have finalised or are completing their recruitment processes.

13. Board and Executive members have strongly indicated a culture which sets a different tone, this includes:

a) Open and transparent conversation, including answers to questions and feedback provided during staff briefing sessions and staff bulletin communications.
b) Executives creating dedicated time with teams to discuss and listen to the challenges that colleagues were experiencing, empowering teams to find own solutions and encouraging both self-care and looking out for each other during the organisational change process.
c) Whole organisation development sessions reflecting on 'Compassionate Leadership'.
d) Reflective Board sessions which have focused on the impacts of leadership behaviour and engagement.
e) Willingness to progress work that focuses on creating an environment where staff can thrive, and talent is nurtured at all levels. This includes a review and development of a values and behaviour framework. Co-produced by staff, this work will be hosted through the Staff Partnership Forum (SPF).

14. NHS Devon Board and Executive Development sessions have focused on Clarifying, agreeing, and beginning to articulate the function of the ICB, including the capabilities required to deliver its role and function.

15. Executives have committed to quarterly development sessions over 2 days to build as a team, using Partick Lencioni methodology to support the process.

16. Developing the One Devon ICS and the relationships with and between our partners continues to be a priority for NHS Devon to lead and convene. Creating an environment to bring together OD leads across the system to work together to both identify and deliver pieces of work that will create a system culture and way of working which supports leaders to deliver against our recovery plan and to navigate the system transformation needed for the sustainability of NHS services in Devon.

17. Development sessions with CEO from across the NHS in Devon have commenced and are due to continue during 2025/26. Work in development includes:

a) A behavioural compact, based on the foundational work developed by NHSE (appendix A). The compact will be proposed at each NHS Board for adoption by 31 March 2025, with ongoing work to include local inferences and principles of accountability, holding oneself and others to account when behaviours are not those that have been agreed. This work will be co-created by Executive and Senior Leaders across the system and final versions shared with each NHS Board.
b) A system development plan describing the priority areas for OD support across the Devon system including a single leadership development programme and maximising opportunities to share learning and development resources and expertise across all partners.

Organisational Development plan for 2025/26

18. While considerable progress has been made during the past 6 months, the OD plan for 2025/26 remains ambitious but encouraging, focusing on the foundations needed to support NHS Devon to work towards a vision of becoming a high performing organisation.

19. During April 2025, NHS Devon will host a series of events 'The Next Chapter'. These events will see a number of OD activities come together including communicating and making clear the purpose and function of NHS Devon; engagement and feedback on the values and behaviours framework and sharing the OD Plan for 2025/26, encouraging involvement and co-creation of all activities described.

20. The governance route for assurance of the delivery of the OD Plan will be via the People and Organisational Development Committee. Regular updates on system wide development activity will also be provided to the Chief People Officers system group and the CEOs development group.

Objective	Activity	Timescale
Create a **culture** for NHS Devon staff to grow and develop, nurturing talent and developing leadership skills at all levels, maximising the opportunities for NHS Devon to be a well-run effective and efficient organisation in pursuit of our aims and objectives	**1.** During 2025/26 all Board members and Executives will take part in regular development sessions both to develop the capabilities required to lead the purpose and function of the ICB and to develop/build relationships as a team. This includes a comprehensive induction for new Board members during Q1.	Throughout 25/26
	2. By the end of 2025/26 the ICB will have a Performance Management and Talent approach aligned to the culture of the organisation ready for implementation. (Talent approach must be aligned to a system approach).	End Q4 25/26
	3. A development plan for NHS Devon Senior Leadership Team which is aligned to develop the capability of Senior Leaders within the organisation to deliver organisational and system objectives and to develop/build their relationships as a team.	End Q3
	4. Develop a learning and development plan, providing clarity of access – optimising the capability of our people to deliver organisational objectives and developing future leaders.	End Q4

Objective	Activity	Timescale
	5. 'Team Effectiveness' offer for newly formed teams within the ICB with the objective of supporting the development of relationships, capability and delivery of organisational objectives.	Plan developed by end Q2 Implementation will begin in Q3
	7. ICB 'Way we work together' plan – objective is to support the interoperability between Directorates and Teams. Mapping activity, systems and processes to develop horizontal integration. Optimising productivity with reduced resources following organisational change.	Implementation through 25/26
	8. A values and behaviours framework developed by staff, hosted through SPF.	Developed Q4 24/25. Implementation begins Q1 25/26
Develop and deliver a comprehensive **OD plan** for the **Devon System** in preparation for the successful delivery of the NHS 10-year plan and a single operating model for Devon	**1**. Development and implementation of a system behavioural compact, co-produced by system leaders (Q1 24/25) which formally articulates the shared vision of system partners and establishes a set of reciprocal behaviours for effective delivery, supporting the Devon single operating model.	NHS Board adoption by 31.03.25 Implementation End 25/26
	2. Develop a system Organisation Development (OD) plan focused on implementing high-impact actions to address challenges identified through ICS maturity assessments, supporting the development of a single operating model for Devon	Implementation End 25/26
	3. Develop a single system leadership programme	End 25/26

Investment

21. The financial challenges that Devon continues to face means that new money to invest in training and development opportunities are very limited. To enable the organisation to be successful in the delivery of both its own annual plan and the NHS 10-year plan it is essential that investments in opportunities that will provide the capability to deliver objectives within the plan are considered

as well as investment in developing our leaders, which is one of our NOF4 exit criteria.

22. A principle of delivery will be to ensure that any external funding opportunities that are available to us will be explored and secured where possible in support of development opportunities both internally to NHS Devon and for system development.

23. Where possible we will make best use of the ICB's apprenticeship levy, new rules have been indicated surrounding its use which will increase the opportunity for NHS Devon to utilise this money.

24. Maximising the resources and expertise in the system by identifying what can be shared, where there is duplication and where it is possible to create efficiencies is also essential in support of keeping costs down but also developing the quality of products and opportunity.

25. At the time of writing, an investment request has been submitted to the Devon Investment Group (DIG) for consideration.

Principles for implementation

26. Clarifying and articulating the organisation's shared purpose is key to engaging NHS Devon's staff and also our system partners.

27. Developing the ICB and the ICS in Devon is a long-term piece of work – critical to its success is the ability to engage others in its delivery and building the relationships which can sustain the tension between operational demands and developing new ways of working.

28. The OD Plan will follow a programme approach, providing clear and transparent timescales and milestones so that all stakeholders can engage with and support progression, aligning key elements to our recovery plan.

29. OD capacity is limited within the organisation – to support co-ordination and implementation, developing and building internal and utilising external OD capability is essential.

30. Continuously test and improve what we implement. Learn from others and share/celebrate what we do well.

31. Engagement with staff and other key stakeholders is essential to set direction and shape the development of the organisation. Incorporating ideas and voices into design and implementation.

32. Agility of approach must be maintained to ensure that any funded opportunities that arise are considered and utilised where appropriate. In addition, supporting changes to organisational/system priorities.

33. All work must be designed, developed, and aligned to ensure consideration of impact on all parts of the organisation including Governance; PMO; Strategy; Finance; Communications; HR and individual Directorates.

34. NHS Devon is part of One Devon, change and transition cannot be made in isolation and must consider its impact in the wider system.

Risks

35. Four key risks have been identified which have potential to impact the delivery of the OD Plan for 2025/26, each of the risks may slow the pace of activity or prevent it from happening. The potential impacts of this include:

    a) We may not achieve meeting the NOF4 exit criteria in relation to leadership.
    b) NHS Devon colleagues will not have the capabilities to deliver against annual plan objectives.
    c) Leaders who do not have the capabilities to transform services or meet annual plan objectives will Impact on patients/population and the quality of care that we deliver.
    d) Absenteeism – the impact of not developing our culture, providing colleagues with the opportunity to grow and develop can lead to high levels of stress and being absent from work. This can further impact on the quality of care we are able to deliver and potentially increases costs.
    e) System Finance – The Impact of low staff morale, motivation and stress levels on the employee productivity, the reduction of which can equate to 18% of an individual's salary as well as recruitment/agency costs.
    f) Reduced ability to attract high calibre talent due to poor reputation and depleted credibility as a good employer.
    g) Reduced ability to transform services at pace to meet the needs of our population.

Timing

36. The Organisational Change process and previous cultural behaviours has had and continues to have, a considerable impact for some staff on morale, motivation and appetite to become involved in new pieces of work.

37. **Mitigation** - Working closely with SPF to take guidance and advice around the sensitivities and how to best overcome them to continue to deliver at pace. The Board and Executives have indicated a move to a culture of empowerment, inclusion and engagement, which will encourage staff involvement.

Capacity

38. OD capacity currently stands at 28 hours per week, the plan is ambitious and has been developed on the basis that increased capacity will be identified as part of the organisational change process phase 2.2 - HR restructure.

39. **Mitigation** – If additional resource is not secured the OD Plan will require reprioritising based on the capacity available to deliver. This will mean that pace of delivery will be impeded as well as the ability to deliver the breadth of activity required.

Resources

40. The OD Plan identifies new investment as well as the requirement for continued funding for learning and development opportunities,

41. **Mitigation** – If approval is not granted it will be necessary to stop and/or reprioritise the activity described in the plan, followed by a communication as to what activity/development will not continue or commence.

Engagement

42. Continued engagement of ICS OD leads and senior leaders can be challenging, particularly during demanding operational periods and conflicting priorities from their own organisations.

43. **Mitigation** – Continue building the relationships with OD leads to enable open and honest communication. The People and Organisational Development Committee will support upholding accountabilities where they have been agreed. The development of the system wide behaviours compact will identify the behaviours needed to ensure accountability to deliver against agreed priorities and ability to challenge when this is not being supported will be included.

Recommendations

44. The Board is asked to:

- **TAKE SATISFACTORY ASSURANCE** from the update provided on progress against the OD Plan and plans for 2025/26.
- **NOTE** the identified risks and mitigations, which will continue to be reviewed.
- **APPROVE** the adoption of the NHS England Code of Conduct (Appendix A) in respect to system working, noting that work to develop a Devon framework for embedding the behaviours is ongoing with system OD leads and senior leaders.
- **NOTE** that regular updates on progress of the delivery of the OD Plan will be provided to the People and Organisational Development Committee.

Management and Leadership Code of Practice

Introduction

This Code of Practice outlines the core values, guiding principles, and characteristic behaviours expected of every leader and manager working within health and social care. It aims to support the professionalisation of management and leadership within these sectors.

The values and behaviours in this Code are informed by and aligned with key health and social care policies and documents, including but not limited to:

- NHS Constitution
- Our People Promise
- Our Leadership Way
- Seven Principles of Public Life

Designed to be multi-professional, the Code will support all leaders and managers in health and social care by emphasising non-negotiable principles and offering examples of how to interact and conduct themselves.

The Code also draws upon their relationship with the community, their organisation, their colleagues, processes and everyone they work with or for.

What is meant by being a leader and manager working in health and social care?
A leader and manager in health and social care will typically fit into one or more of the following categories:

- They have direct line management responsibility,
- They are indirectly responsible for achieving outcomes through others
- They lead on key strategically or organisationally important decisions, or
- They operate at the most senior levels within the organisation.

The Core Values

Accountability Owning your actions and decisions, learning from your mistakes and holding yourself and your colleagues to account, in order to achieve the best possible outcomes and experiences for service users of the health and care sectors.	**Integrity** Being a role model through your actions and behaviours, even in complex and challenging situations, while demonstrating honesty, transparency, and the highest ethical standards to remain true to yourself, your colleagues, your organisation, and the people you serve.	**Compassion** Embracing a people-centred approach in your actions, balancing empathy, kindness, and thoughtfulness toward others with professional boundaries, and ensuring safety, dignity and respect for individual autonomy and rights.
Collaboration Encouraging strong teamwork and transdisciplinary cooperation to maximise expertise and resources across professional, team, organisational, and system boundaries, integrating diverse skills and experiences to achieve shared goals.	**Inclusion** Exemplifying and promoting equity, diversity, belonging, and ethical practice for all by fostering a safe organisational culture that actively challenges situations that are not inclusive, such as bullying, harassment, disrespectful behaviour or discrimination.	**Curiosity** Empowering individuals to embrace a spirit of inquiry that welcomes innovation and challenges ways of working, in order to keep practices and processes current, and drive incremental and transformational change and development.

The Code in Practice - what do effective and ineffective practices look like?

Accountability

Accountable leaders and managers take responsibility for their actions and decisions, are open to challenge and incorporate proud and positive attitudes, even in uncertain circumstances and complex situations. They ensure commitments are upheld with integrity and transparency, while working with relevant policies, processes and principles. By taking ownership of outcomes and leading by example, they create a culture of openness and accountability that addresses issues, such as people safety and staff wellbeing, and strives to achieve the best possible results.

Examples of effective practice may include:	Examples of ineffective practice may include:
• They take responsibility for their actions and those of their team, are not afraid to own and learn from their mistakes, and will speak up to demonstrate a commitment to rectifying issues, including addressing both serious incidents and near-misses. • They prioritise safety and reflect on incidents promptly to improve practices and prevent future occurrences, leading by example to foster a culture of effectiveness and accountability.	• Their team feels unsupported and less engaged, and if not addressed, this not only impacts team outcomes, but also the people they serve and the morale within the team. • They blame others, are defensive and avoid responsibility for outcomes, potentially resulting in inefficiencies and leading to issues with compliance or effectiveness of results.

Integrity

Leaders and managers who intentionally act with integrity set high ethical standards and consistently role model the core values within this code of practice. They are open, honest, professional, and trusted, speak up and challenge others, and make decisions based on what is right, not what is easy. They take pride in their work and genuinely care about people and end-user outcomes as well as the organisation's success.

Examples of effective practice may include:	Examples of ineffective practice may include:
• They actively promote a working environment of transparency and consistency, creating strong team morale and a culture of collaboration and ethical decision-making. • They maintain a positive reputation and build trusting relationships across their community and organisation.	• They are mistrusted by members of their team and the people they work with, creating a toxic environment that erodes confidence, tolerates dishonesty and allows poor behaviour to persist. • Their behaviour risks reputational damage to the organisation that could lead to loss of public trust, and legal or financial consequences.

Compassion

Compassionate leaders and managers prioritise the mental, emotional and physical well-being of others. They are caring, empathetic and mindful of how they impact others, treating everyone equitably with dignity and respect.

Examples of effective practice may include:	Examples of ineffective practice may include:
• They actively listen to others (including individuals receiving care and colleagues) and address personal needs with understanding. • They foster a culture of belonging that creates a supportive, empathetic and cohesive working environment.	• Their behaviour creates a working environment that impacts people outcomes, meaning that team members may feel it is okay to ignore concerns, show indifference, and neglect the emotional or physical needs of others. • Their poor interpersonal behaviours and attitudes create a culture of discrimination, bullying, blame and avoidance of responsibility.

Collaboration

Leaders and managers who foster collaboration create environments where the people they work with (including team members, colleagues, patients and service-users) feel valued and empowered to share their ideas. They recognise gaps and bring in expertise to fill them. They actively engage in teamwork, operate with integrity and inclusivity, and work collectively towards common goals that have a positive impact on people-centred outcomes and experiences.

Examples of effective practice may include:	Examples of ineffective practice may include:
• They lead by example, encouraging teamwork and offering support, fostering a positive, collaborative environment that motivates and empowers individuals to reach their full potential and be themselves at work. • They actively encourage others to contribute and share their expertise and perspectives creating a more cohesive and inclusive environment that leads to diversity of thought and creates opportunities to find innovative solutions that lead to better outcomes and people-centred experiences.	• Their behaviour may be seen as being noncooperative and controlling, meaning the people they work with feel they cannot contribute ideas or take ownership of their roles. • They create a culture where important updates or changes are not communicated, resulting in confusion and a lack of alignment that undermines transparency and trust, as well as making it difficult for everyone to work together.

Inclusion

Leaders and managers who champion respect, inclusivity, fairness and social justice will be seen to value and seek out diverse perspectives. They treat everyone impartially, fostering a culture of equity and belonging that creates a working environment where everyone feels safe, valued and appreciated. Recognising that everyone is unique, they challenge inappropriate or discriminatory behaviours.

Examples of effective practice may include:	Examples of ineffective practice may include:
• They actively encourage diversity of thought, creativity, and problem-solving within their team, and challenge discrimination to ensure equal opportunities are promoted across the whole employee lifecycle process. • Their behaviour ensures that everyone they work with feels valued and listened to, increasing employee engagement and better outcomes and experiences for people.	• They create an environment where the people they interact with (such as their team members, colleagues, patients) feel undervalued or that they are not heard which then leads to frustration, disengagement and increased conflict. • Their behaviour creates a negative culture where discrimination and bias are left unaddressed leading to higher turnover rates and impacting people-outcomes and experiences.

Curiosity

Leaders and managers who are curious are innovative and inquisitive, empowering others to explore new ideas. They focus on improvement, valuing feedback and leveraging technology to challenge the status quo, anticipate future trends, and adapt to stay ahead in an ever-changing environment.

Examples of effective practice may include:	Examples of ineffective practice may include:
• Their behaviour motivates other team members to be more effective and efficient, especially when managing change, addressing challenges and in identifying new opportunities. • They promote a working environment across their organisation and community that increases creativity and actively seeks ways to solve problems or adapt to new initiatives to drive improved services and better people-centred outcomes.	• They are resistant to change that they feel is not necessary or that may have a negative impact on them and their team which leads to the team becoming less engaged and effective in implementing new initiatives and missing opportunities for improvement. • Their behaviour leads to decreased efficiency, and creates a culture where leaders and managers are viewed as being blockers to change or too busy to be forward-looking.

Document Information

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Audience & Purpose	Round 3 for Feedback and Review
Document Owner	Technical Lead
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1.1	07/10/2024	Revisions based on recommendations from Key Project Team and insights findings.
1.2	11/11/2024	Revisions based on recommendations from Round 2 Stakeholder Group Feedback

NHS Devon

NHS Devon Integrated Care Board

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

Date of meeting	Date report produced
30 January 2025	23 December 2024

Author(s)		Report approved by	
Name and title:	Sam Wadham-Sharpe Director of Performance and Planning	**Name and title:**	Bill Shields Chief Finance Officer and Deputy Chief Executive Officer
Phone:		**Date:**	23 December 2024
Email:	s.wadham-sharpe@nhs.net		

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

Executive summary
The presentation of the Progress Report on the Requirements of the NHS Oversight Framework – Segment 4 seeks to provide the necessary assurance to the Board on the progress against the agreed criteria and metrics required to exit NOF4 in Q1 of 2025/26.

One Devon

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The report details the system position on the criteria for strategy, leadership, UEC, elective and finance recovery, accompanied by a locality position on delivery against trajectory and the key actions to either maintain or improve performance.

This report is presented in a new format that seeks to provide an improved assurance-based review and is accompanied the data packs and key lines of enquiry discussed at the Locality Planning and Delivery meetings.

NHS Devon carried out progress assurance reviews with all Trusts in November 2024

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

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

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

NHS Devon Executive – 7 January 2025
Finance and Performance Committee – 17 January 2025

Key recommendations and actions requested

AGREE the assurance ratings relating to progress against each of the NOF4 exit criteria (limited for UEC, satisfactory for all others) and **TAKE SATISFACTORY ASSURANCE** that adequate plans are in place to mitigate the risks relating to the delivery NOF4 exit via the Locality Planning and Delivery Meetings and System Leadership Group.

Impact on NHS Devon objectives

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

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	Delivery of access standards
Health inequalities	None
Workforce	None
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	None
Engagement and consultation	None

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

Introduction and background

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

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

3. NHS Devon did not meet its original timeline for NOF 4 exit of Q1 of 2024/2025 and as such, all NOF 4 exit criteria and exit measures have been refreshed for the new financial year.

4. The monthly oversight process in locality planning and delivery meetings in which each locality's progress against the criteria is discussed, including plans to mitigate performance deficits. It should be noted that due to significant levels of sickness in December, these meetings were stood down. As such, the committee may wish to consider if further assurance on recovery actions and capability needs to be sought.

Leadership

(see detail in slide 3 and slide 9 of the NOF 4 Assurance Report)

5. The NHS Devon Board has considered role of Collaboratives in strategy during the development session on 31 October 2024. The process for development of an ICB strategy was also addressed at same session, as well as approach to planning for 2025/26. Further discussion of initial priorities took place at Board development session on 19 December 2024 with follow up to be undertaken by the ICB Senior Leadership Team during January 2025.

6. A process of Integrated Care Partnership refresh has been undertaken during Q3, with a Chair being appointed at the meeting held on 09 January 2025.

7. The Board can take **satisfactory assurance** that the current plans place and assurance provided from providers will enable the meeting of the leadership NOF 4 criteria.

Strategy
(see detail in slide 2 and slide 10 of the NOF 4 Assurance Report)

8. A Clinical Reference Group (CRG) was held in December to support detailed modelling of activity, workforce and transport against the specialities previosuly identified. Further CRGs will be held in January to finalise activity and travel modelling. The approach for workforce and financial modelling has been agreed and detailed modelled scenarios to be available for the end of Q4.

9. Further work was undertaken in December with the tactical service change, goal, method and outcome approved by the Peninsula Acute Provider Collaborative (PAPC). Further projects have been agreed for: Stroke, Oral and Maxillofacial Surgery, Dermatology, Interventional radiology, Cardiology, Microbiology, Urology and Paediatric Surgery.

10. The Board can take **satisfactory assurance** that the current plans place and assurance provided from providers will enable the meeting of the strategy NOF 4 criteria. The committee can take assurance that plans are in place to progress the work around fragile services.

UEC
(see detail in slide 5,11 and 12 of the NOF 4 Assurance Report)

11. The system position for urgent care remains improved from the 2023/24 position in most performance areas during November 2024, with improvements seen in most metrics from October 2024; however, is not currently meeting trajectory against any key indicators.

12. All providers missed trajectory for both 4 hour performance and ambulance handover delays in November 2024. The system recorded its lowest 4 hour performance position in the current financial year with 68.43% of patients meeting the standard. Performance worsened across all three providers in November. University Hospital Plymouth NHS Trust (UHP) remain closest to forecasted trajectory however retain the most challenged performance position. Royal Devon University Healthcare NHS Foundation Trust (RDUH) are now almost 7% behind trajectory and Torbay and South Devon NHS Foundation Trust (T&SD) almost 5% behind trajectory.

13. UHP have re-forecast trajectories due to potential delays in opening the Urgent Treatment Centre (UTC) at Derriford Hospital. The performance improvement predicted from the UTC is ~5% and therefore a decision was taken to revise trajectories. These are detailed below. While there may be delays to the UTC being operational, UHP have identified a series of other actions to support improvement in performance and these are detailed within

the highlight report.

4hr%	OP Plan	H2 Revised
Jan-25	73.7%	70%
Feb-25	73.0%	72.50%
Mar-25	75.4%	75.4%

Hrs Lost	Plan	H2 Revised
Jan-25	1790	3500
Feb-25	1640	3000
Mar-25	1790	2500

14. Time lost due to ambulance handover delays improved from October into November but still totalled greater than 9900 hours lost. This returned performance back to end of Q1 position before the significant improvements were made in Q2.

15. Ambulance handover delays are the main area of scrutiny from regional and national teams over this winter. A new regional escalation Standard Operating Procedure (SOP) is in place requiring system and regional gold calls if any ambulance handover is delayed beyond 8 hours. In the month of November, the system recorded 218 ambulances delayed longer than 8 hours which was a slightly improved position from October. All of the delays in November were experienced at UHP and T&SD, and improvements have so far been seen in the December performance position.

16. There is currently only **limited assurance** regarding the meeting of the UEC exit criteria based on current performance being behind trajectory and the risks identified by the system as they remain significant, particularly as the system manages winter. Based on these risks, the end of year forecast position within the highlight report has been changed from Amber to Red.

Elective

(see detail in slide 6,13 and 14 of the NOF 4 Assurance Report)

17. While improvements have been made on long waiting patients, the finalised October 2024 position shows that NHS Devon did not achieve its submitted trajectories for 78 week waits or 65 week waits.

18. All providers have re-forecast their elective long wait trajectories for the remainder of the year, including identification of when they will reach zero. The national requirement is for all providers to eliminate 78 week waits by December 2024 and 65 week waits by March 2025. The detail of the October position against the new trajectories is detailed below:

Provider	October 78ww	October 78ww Trajectory
RDUH	28	27
TSD	10	15
UHP	47	29

Provider	October 65ww	October 65ww Trajectory
RDUH	365	369
TSD	242	288
UHP	352	383

19. The failure to meet the revised 78 week wait trajectory for UHP was due to a delay in the commencement of insourcing for the neuro physiology pathway. Assurance has been received that this has been resolved.

20. Risks have been identified to meeting the national requirement for zero 78 week waits at the end of December in T&SD who are forecasting 7 patients at risk. Additional scrutiny and challenge is being provided by the turnaround team to the Trust operational teams. A risk has also been identified to meeting the zero 65 week wait requirement in March 2025 at UHP who have a risk of ~240 patients at present. Work is ongoing to resolve these risks and progress will be monitored at the locality and delivery meetings.

21. It is recommended that the Board can support an improvement in the assurance rating and take **satisfactory assurance** that the elective NOF 4 criteria will be met. This is based on the progress against the new trajectories despite the risks identified and the work being undertaken to mitigate these. Further assurance should be taken from the regional decision to move Devon providers out of Tier 1 oversight for elective as recognition for the improvements made over the past 18 months.

Finance

(see detail in the Finance Report M8, and slide 7, 15 and 16 of NOF 4 Assurance Report)

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

23. The ICS is reporting £103.7m efficiency achievement in the first 8 months of the year. This is £9.6m above plan. The forecast has been restated to show £2.6m under-delivery against plan of £213.3m at a system level.

24. The 2024/25 plan shows 70% of savings as recurrent. The forecast is for 57% of the plan to be delivered recurrently. Trusts are continuing to push to identify opportunities to convert non-recurrent savings delivered into recurrent. At month 8, 56% of year to date efficiency is recurrent (58% M7), against a plan of 73%. The £12.3m shortfall in recurrent savings has been offset by delivery of non-recurrent savings above plan of £21.9m. The providers'

forecasts identify a £29.8m shortfall in recurrent savings and £9.5m non-recurrent savings above plan. The impact on the underlying position is being assessed.

25. Against the revised efficiency savings forecast, 76% of schemes are rated as low risk and 85% are rated as fully developed. 4% of schemes by value are classified as high risk (7% M7).

26. For pay expenditure the ICS is reporting 1% (£16.3m) adverse expenditure against plan at month 8. Of this total, additional income to offset pay costs above the plan of circa £8m has been received, for elements such as new funded activity and new funding for externally funded posts and packages of care which were not in place at planning stage.

Assurance and Recommendations

27. Based on the discussions held with ICS organisations and review of the performance and finance highlight reports from each organisation it is recommended that the overall level of assurance that the ICS will achieve the planned NOF 4 exit for 2024/25 as at Month 8 is as follows:

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

28. The Board is asked to **AGREE** the assurance ratings relating to progress against each of the NOF4 exit criteria (limited for UEC, satisfactory for all others) and **TAKE SATISFACTORY ASSURANCE** that adequate plans are in place to mitigate the risks relating to the delivery NOF4 exit via the Locality Planning and Delivery Meetings and System Leadership Group.

NHS Oversight Framework – progress against Segment 4 exit criteria

December 2024

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NOF4 exit criteria and self-assessment ratings (M8)

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

NHS Oversight Framework Domain	NOF 4 exit criteria theme	NOF 4 exit criteria	Rating (M8)	NOF4 Exit Forecast (Q1 25/26)
Local Strategic Priorities	Strategy	Delivery of Phase 2 of the Acute Services Sustainability Programme		
		Develop and commence implementation of a plan to eliminate unwarranted duplication of specialist DGH services across Devon		
Leadership and Capability	Leadership	Demonstrate collaborative decision-making in delivering all the RSP exit criteria at both system and organisational levels, based on the principle of delivering the best, most sustainable and most equitable solutions for the whole population served by the system		
People	-	-	-	-
Quality of Care, Access and Outcomes	Urgent and Emergency Care (UEC)	Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement.		Worsened
	Elective Care	Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement		
Preventing Ill Health and Reducing Inequalities	-	-	-	-
Finance and Use of Resources	Finance	Develop and deliver a short-term financial plan (2024/25) that is signed off regionally and nationally		
		Deliver reductions in the run rate for each consecutive quarter		
		To agree a financial recovery trajectory with NHSE, which includes specific dates for the achievement of non-recurrent and recurrent balance with clear milestones, and the confidence from NHSE as to the deliverability of the plan. This deliverability will be demonstrated through the achievement of key (materially significant) milestones		

Exit Criteria Measures - Leadership

Exit Measure	Progress update	
Review of the **ICS strategy** (developed by the ICS Board) and Joint Forward Plan (developed by the ICB) during 2024/25 and agree priorities and timelines for delivery	NHS Devon Board considered role of Collaboratives in strategy 31 October 2024. Process for development of an ICB strategy also addressed at same session, as well as approach to planning for 2025/26. Further steer provided on initial priorities at Board development session on 19 December 2024. Integrated Care Partnership refresh work has been taking place in October/November/December and new Chair due to be appointed at meeting early January 2025. This will enable work on the strategy to be shared more formally with system partners.	
Revised NOF4 **system architecture** to reflect learning from 2023/24 RSP process. This will need to include effective governance arrangements for making collective decisions which have financial implications across organisational boundaries including control of workforce, service investments, cost reductions and productivity improvements.	New system governance and delivery architecture embedded. This has been created with input and oversight of Recovery Support Programme (RSP). System Leadership Group (SLG) has been overseeing delivery of the 2024/25 Operating Plan, development of the Medium Term Financial Plan (MTFP) and enabling system wide decision making. Review of effectiveness considered December with minor amendments proposed. These will be presented to the SLG for approval in January 2025	
Development and delivery of organisational and system **improvement plans** with clear trajectories aligned to the exit criteria and 2024/25 operational plan to include: ○ Named SROs for organisational and system programmes ○ Clear accountability and reporting arrangements	System improvement plans in place for Urgent and Emergency Care (UEC) and Elective Care, as well as strategic programmes for system wide Cost Improvement Programme (CIP). NHS Devon Out of Hospital Plan agreed in October. Winter Plan shared with system partners and approved by SLG in November 2022 and presented to NHS Devon Board in public same month. Work on planning for 2025/26 has commenced.	
Agree which services will be delivered as part of a system-wide 'shared-services' programme and ensure realistic but stretching delivery plans are developed and progressed.	Corporate shared services programme agreed by SLG.	
Review and adapt **Devon Operating Model** and Governance Architecture in response to ICB governance review and the restructure aligned to reduced management costs	System Organisational Development (OD) Plan development launched with system OD leads in October. System CEOs agreed further work on Compact to be undertaken in January. NHSE leadership framework to be adopted whilst this work is ongoing.	
Develop, agree and deliver specific improvement plans to address quality and performance issues raised by regulators. This will include any **CQC notices and requirements of MSSP.**	Improvement plans for quality issues raised by regulators including CQC notices and requirements of the Maternity Safety Support Programme are reviewed through the NHS Devon Quality and Patient Experience Committee, with escalation levels agreed through the System Quality Group which has provider and regulator membership.	
Summary rating	Overall progress in line with expectations; however new governance and oversight architecture is embedding and will require time to ensure it is having the required impact	

Exit Criteria Measures - Strategy

Exit Measure	Progress update	
Phase 2 to be launched in May 2024. Maternity services to be brought into the Programme with workshops complete before end July	Phase 2 launched on time and Boards agreed to bring Maternity in scope. Maternity workshops and scenarios developed. Complete	
Detailed modelling of the scenarios already developed for paediatric, medicine and surgical assessment services to be completed by September 2024 and Maternity by end November 2024	Clinical Reference Group (CRG) held in December to support detailed modelling of activity, workforce and transport. Further CRGs in be held in January to finalise activity and travel modelling. Approach for workforce and financial modelling agreed. Detailed modelled scenarios to be available for end of Q4.	
Draft Case for Change developed and socialised with key stakeholders during the summer of 2024	Local engagement on the NHS 10-year plan underway and will inform final draft of Case for Change.	
Final Case for Change agreed and signed off by Boards by November 2024	The draft case for change will be updated following engagement and be signed off by Boards at end of Q4	
Options appraisal to be undertaken in advance of public consultation process being activated (date TBC before end Q4 2024/25)	Options will be generated following conclusion of modelling. Evaluation criteria for options appraisal to be developed by end of Q4.	
Integrated solutions developed, agreed and in progress for a minimum 6 Fragile services	Tactical Service Change, goal, method and outcome approved by Peninsula Acute Provider Collaborative (PAPC) in December. Projects agreed for: Stroke, OMFS, Dermatology, Interventional radiology, Cardiology, Microbiology, Urology and Paediatric Surgery.	
Proposal for elimination of unwarranted duplication of ‘specialised services’ agreed, and implementation plans underway		
Public consultation process and timeline agreed with Region	For discussion with Region in Q4 when modelling complete and case for change approved by Boards.	
Summary rating	Overall progress in line with internal expectations however case for change has been delayed as per update above.	

Exit Criteria Measures - UEC

Exit Measure	Progress update	
Improvements in line with agreed baseline and plan, over two quarters, in ambulance handover delays (>15 minutes & > 3 hours)	Ambulance handovers within 15 minutes improved from M7 to M8 to 16.7%. This performance position is forecasted to worsen in December with performance data showing 15.9% at present. Ambulances waiting longer than 3 hours improved in M8 to 12.05%.	
Improvements in line with agreed baseline and plan, over two quarters, in ambulance response times for Category 2 incidents to 30 minutes on average	Category 2 response times improved to 61 minutes in M8 and remains behind the required trajectory.	
Improvements in line with agreed baseline and plan, over two quarters, in 4 hour performance & 12-hour breaches	4-hour performance worsened in M8 to 68.43% and missed the trajectory of 73.36%. University Hospitals Plymouth NHS Trust (UHP) have re-forecast trajectories for January and February to account for potential delays to the Urgent treatment Centre (UTC), but have implemented further mitigations to enable improved performance	
Month on month improvements, over one quarter, in pre-midday Discharges against agreed baseline and trajectories	The system is not currently meeting its internal trajectory of 33% with performance fluctuating between 14% and 16% through the year so far, however performance improved to 16.4% in M8, which is the best performance position in 24/25.	
Achieve and sustain a reduction in number of patients who no longer meet the “criteria to reside in hospital"	The system failed to meet its No Criteria To Reside (NCTR) trajectory, which has risen through autumn and in M8 was 36% above plan. Additional resource has been put in place across the system to support a reduction in these numbers.	
CQC confirmation of UHP compliance with Conditions on the trust’s Licence	CQC reinspected March 2024, conditions were not reissued. UHP One Plan in place to address Section 29a conditions and expecting further unannounced inspection by end of 2024.	
Meet and maintain the exit criteria for national Tier 1 for UEC.	The M8 position has seen a worsening in performance in ambulance standards, however performance in all areas exceeds performance from 2023/24, including 4-hour performance which is stagnant at 68%-70% but exceeds the 2023/24 position.	
Summary rating	Progress has been made on UEC performance from this point in last year, although the position remains fragile, and performance can fluctuate.	

Exit Criteria Measures – Elective care

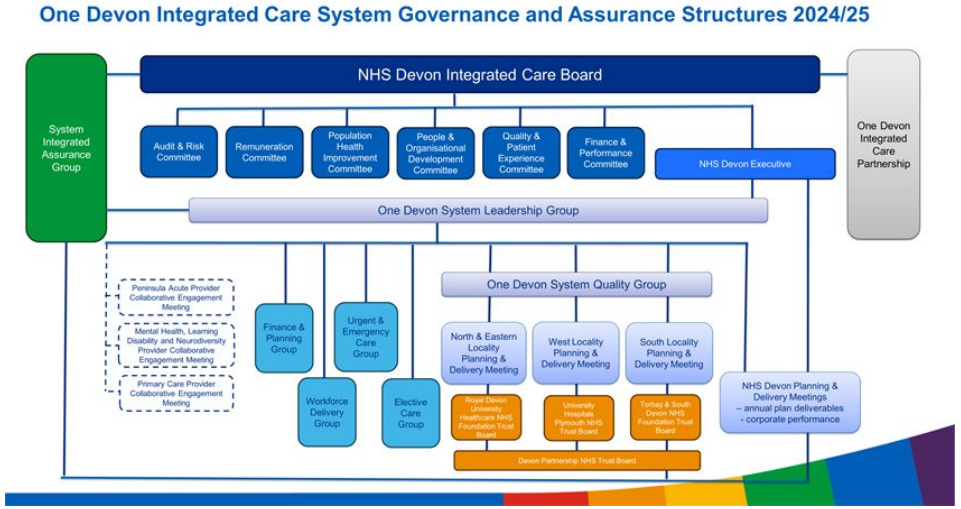
Exit Measure	Progress update	
Elimination of waits over 104 weeks and 78 weeks, in line with agreed plan and operational planning guidance.	System did not meet original trajectory in M7 with no provider meeting their individual trajectory. Royal Devon University Healthcare NHS Foundation Trust (RDUH) and Torbay and South Devon NHS foundation trust (TSD) met their re-forecasted trajectory for M7 while UHP did not meet their trajectory. RDUH and UHP are forecasting not meeting December clearance with ~50 patients at risk in the system.	
Virtually eliminate waits over 65 weeks for elective care in line with agreed plan and operational planning guidance.	System did not meet original trajectory in M7 with no provider meeting their individual trajectory. All providers met their re-forecasted trajectory for M7. UHP currently forecasting a risk to meeting zero 65ww in March 2025 but mitigations continue to be worked through to improve position.	
Meet and maintain the exit criteria for national Tier 1 for Elective, by all trusts	NHS Devon providers de-escalated from Tier 1 to Tier 2 in November 2025 and continue to track re-forecasted trajectories.	
Summary rating	Progress continues to be made on long waiter trajectories; and while original trajectories will not be met, all providers are either meeting or close to meeting revised trajectories. NHS Devon providers de-escalated from Tier 1 oversight in November 25 as a result of progress made over past 18 months. Risk remains to meeting trajectories in certain specialties and will continue to de discussed and mitigated at each Locality Planning and Delivery Meeting.	

Exit Criteria Measures – Finance

Exit Measure	Progress update	
Develop and deliver a financial plan for 2024/25 that is signed off regionally and nationally. This will include, but not limited to: • Confirmation of the exit underlying run rate from 2023/24 and an improvement in the actual recurrent run rate in the 2024/25 plan (Q1 24/25) • The 2024/25 plan shows an improvement in productivity compared to 2023/24 (Q1 24/25) as agreed with NHS England • A system-wide shared services programme is developed that has all appropriate back-office functions within scope and includes accompanying timelines and delivery plans • The system delivers the financial plan for 2024/25 recurrently for two successive quarters (Q4 24/25) • The system delivers improvements in productivity for two successive quarters compared to [baseline year to be determined] (Q4 24/25).	• The underlying run rate has improved on 2023/24 and is currently being refreshed as part of the 2025/26 operational planning process. • 2024/25 productivity metrics up to M6 have been published. The data showed Devon had an implied productivity growth of 8.4% in comparison to M1-6 2023/24 and well above the region average of 4.4%. • A system wide shared services programme is underway with Angela Hibbard nominated as SRO. There is a timeframe to realise a single CSS across the 9 service functions by 2027/28. A business case is in development and planned to go through organisational and system sign off by end of February. • The financial 2024/25 plan was delivered through to Month 8 and FOT is at plan.	
To agree a financial recovery trajectory with NHSE, which includes specific dates for the achievement of non-recurrent and recurrent balance with clear milestones, and the confidence from NHSE as to the deliverability of the plan. This deliverability will be demonstrated through the achievement of key (materially significant) milestones	The system has updated the Medium-Term Financial Plan (MTFP), which clearly articulates the recurrent and non recurrent trajectories to financial balance over the next five years, with breakeven achieved in 2027/28 (excluding convergence and debt repayment). This plan will be underpinned by the financial improvements delivered by the strategic signature moves as well as business as usual cost improvements. This plan was presented at the RSP Escalation meeting in October 2024. The system is modelling the differing planning scenarios provided by the region to ascertain the impact on the base case submitted in October.	
Develop and agree a Capital Plan that is clearly aligned to System strategic priorities and supports long term financial sustainability.	A system wide prioritised estate exercise has been undertaken and this is currently being extended to include digital and equipment with prioritisation meetings scheduled for January 2025. The system has also undertaken an analysis of any risks due to a reduced capital allocation and identifying future schemes with no current funding scheme identified. A full report has been completed and shared and the recommendations are being progressed. Within the reduced allocation we will determine the optimal split of strategic capital requirements and ongoing equipment and building maintenance. This will be used to inform capital allocations from 2025/26 onwards.	
Develop and agree a workforce plan that is clearly aligned to System strategic priorities and supports long term financial sustainability.	Whole Time Equivalent (WTE) totals are marginally adverse to plan at month 8 and pay expenditure remains above plan. £8m of the £16m adverse position is due to delivery of new funded activity. Workforce plan aligned to strategic priorities in development as part of MTFP and 2025/26 planning. Significant risk remains in the TSD position and while assurance gained on grip and control measures, further interventions required to meet the plan.	
Summary rating	The system continues to deliver the financial plan as at M8. Risk to the year end position most evident at TSD. All organisations are forecasting delivery of the revised system neutral plan following a re-forecasting exercise carried out in month 8.	

Oversight and Assurance mechanisms

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



The data packs supporting each Locality Planning and Delivery Meeting and reports of issues considered at those meetings can be found in the adjacent table:

	South	West	North and East
Data pack	Microsoft PowerPoint Presentat	Microsoft PowerPoint Presentat	Microsoft PowerPoint Presentat
Report of meeting	December meeting stood down. No report available.	December meeting stood down. No report available.	December meeting stood down. No report available.

Leadership

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

System Organisational Development (OD) leads were given the task of codesigning and embedding of the system Compact in October and November. This was considered at a half day session with system CEOs on 13 December 2024. Plan is to bring all system Boards together to ensure sign up to system values and behaviours compact before the end of 2024/25. Executive/Director workshops to take place during Q1, aligning values and behaviours to real work. CEOs to set the context and identify 3 key areas e.g. Transforming Devon Programme; Critical Care Service; Pathology.

System OD leads have also been tasked with the development of a system OD Plan.

NHS Devon Board considered initial priorities for 2025/26 Annual Plan (incl operational plan priorities) at Board Development Session on 19 December 2204.

Integrated Care Partnership refresh work has been taking place in October/November/December and new Chair is due to be appointed at meeting early January 2025. This will enable work on planning and strategy to be shared more formally with system partners.

The draft Medium Term Financial Plan (MTFP) was shared at the Recovery Support Programme (RSP) Escalation meeting on 17 October 2024 with reference to the Transforming Devon Programme which outlines the key system-wide projects which Boards are committed to delivering together. Governance and delivery mechanisms have now been agreed to deliver at pace. Further work to be done to operationalise impact at organisational level in January 2025.

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

Strategy

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

Fragile services and duplication District General Hospital (DGH) Specialist Services

- Peninsula Acute Provider Collaborative (PAPC) agreed in October to combine fragile services and duplication of specialised services into a single workstream – 'Tactical Service Change'.
- Scope, goal, method and outcome agreed by CEOs approved by PAPC in December.
- Projects agreed for: Stroke, OMFS, Dermatology, Interventional radiology, Cardiology, Microbiology, Urology and Paediatric Surgery.
- Resources to support each project underway.
- Deep dive workshops to be held for each project in January to develop brief.
- Workstream governance reviewed and agreed.

Strategic Service Change

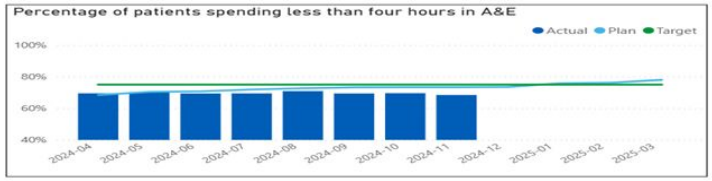
- Public engagement to further develop Case for Change started mid-November, aligned with national engagement and as part of the local system engagement on the NHS 10-year plan.
- Modelling underway for all clinical scenarios to describe implications for activity, workforce, travel, finance and estates for each scenario.
- Third set of Clinical Reference Groups (CRGs) held in December, further CRG meetings planned for January to finalise activity and travel modelling and gain clinical input into evaluation criteria.
- Support identified to support financial modelling and agreed that estates modelling will need to align with New Hospital Programme (NHP).
- Approach for workforce modelling agreed with workforce planning workshop to be held in January.
- Approach agreed for engaging with Executive Teams on outputs of activity and workforce modelling in February.

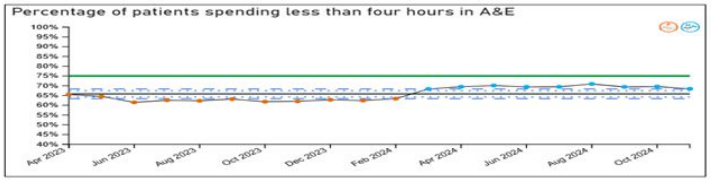
SLG Escalations and Responses		
Area of plan identified as off track by system	Actions agreed by system to return to plan	System's anticipated impact of action
N/A	N/A	N/A

Urgent and Emergency Care (UEC) - System

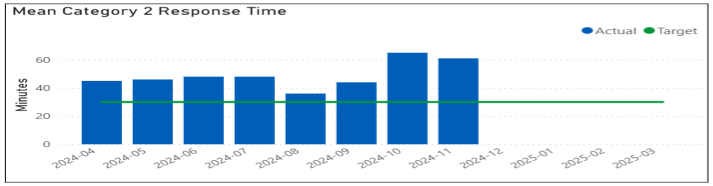
Exit criteria	Assessment
Make demonstrable progress towards achieving national UEC objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement.	

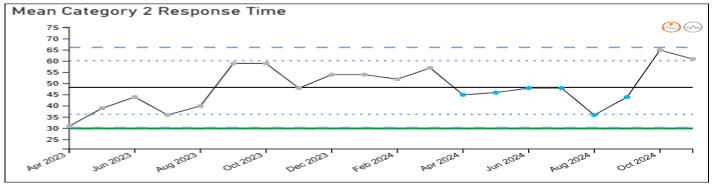
The system 4-hour performance position declined from 69.57% in October to 68.43% in November. While performance remains stable at system level, the system did not meet its submitted trajectory for the seventh consecutive month.



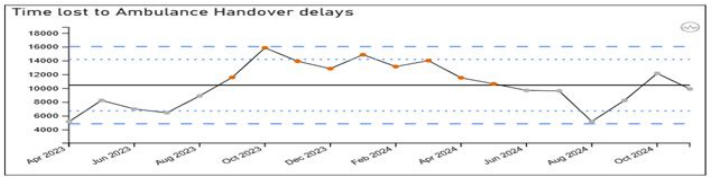


Category 2 response times improved from 65 mins in October to 61 mins per response in November. Initial reporting shows a continued reduction in response times for the first week of December, however, last week's shows a worsening position. As we move further into winter, poor weather conditions will impact negatively on performance.

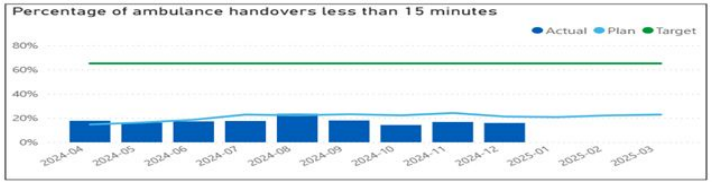


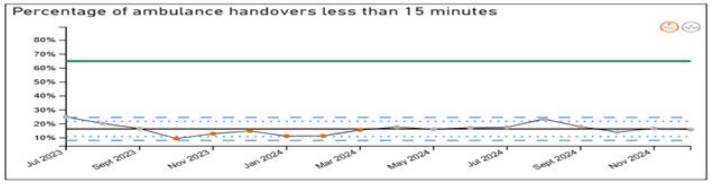


Time lost due to ambulance handovers improved from 12,189hours lost in October to 9,931 in November. Current performance forecasting shows this mirroring a similar position in December.

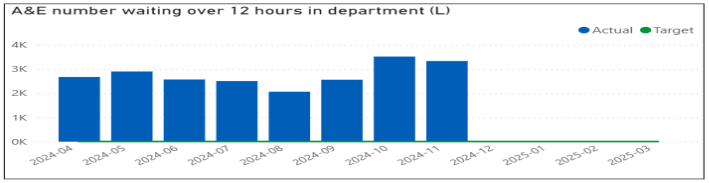


There was an improvement in the percentage of ambulances handed over within 15 minutes in November to 16.7% from 14.2 % in October. Current performance forecasting shows a slight worsening position in December.





The number of patients spending more than 12 hours within emergency departments improved slightly to 3,336 in November from 3547 in October.



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

Urgent and Emergency Care (UEC) - Providers

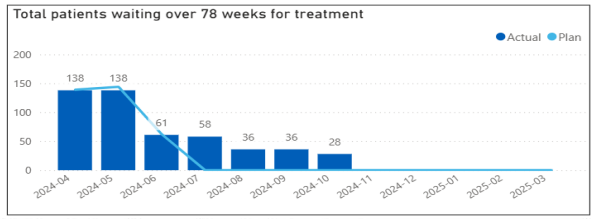
Outcomes of Locality Planning and Delivery Meetings				
	South	**West**	**North and East**	**NHS Devon**
Areas of underperformance identified	4-hour performance **67.11%** v trajectory of **74%** in M8. **15.2%** of ambulances handed over within 15 mins v trajectory of **34%,** and **3275** hours lost which is a deterioration from M7.	4-hour performance **66.05%** v trajectory of **67.2%** in M8. **16.0%** of ambulances handed over within 15 mins v trajectory of **18%,** and **4972** hours lost which is an improvement from M7.	4-hour performance **70.81%** v trajectory of **77.56%** in M8. **18.0%** of ambulances handed over within 15 mins v trajectory of **23%,** and **1684** hours lost which is an improvement on the previous month.	ICB has committed to supporting UEC performance through a range of schemes to manage demand. The commencement of this work is currently behind schedule
Actions agreed to address underperformance	• Action: Open new SDEC space on 6th Jan with associated pathways and process in place **– Arun Chandran** • Action: Open McCullum as additional acute assessment space on 13th January. Ensure plan in place to not bed these areas over Christmas period **– Arun Chandran** • Action**:** Data reconciliation between SITREP and ECDS to identify true performance opportunity **– Arun Chandran** • Action: LOS reduction plan including surge and escalation protocol **– Arun Chandran**	• Resolve potential P1 issue over Christams/New Year periwood – **Chris Morley** • Direct care home access to care coordination, comms and engagement plan **– Chris Morley** • Review of inappropriate conveyances and potential admission avodiance solutions **– Rachel O'Connor** • Initiate change to HALO model **– Michael Whitcombe**	▪ Extended GP streaming through to end of March**- John Palmer** ▪ AMU tirage pathway and SDEC frailty in place in RDUHN **– Karen Donaldson** ▪ Increase P1 capacity with joint funding **– Lou Higgnigs/Zoe Harris**	• Opening direct access to care coordination hub to care homes in South and West **– Sam Wadham-Sharpe** • Re-instate weekend planning calls with each provider **– Sam Wadham-Sharpe** • Ensure E-TEP forms are visible to all primary care providers and SWAFT **– James Wenman** • Implement new plan to coordinate out of hospital capacity in Plymouth locality **– Sam Wadham-Sharpe** • Investigate funding for new HALO offer **– Sam Wadham-Sharpe**
Anticipated impact of agreed actions	Expected improvement to 70% 4-hour performance in M9.	UHP plan to return to amended trajectory and improving on ambulance position.	RDUH have forecasted a return to 4-hour trajectory in the financial year and meet the M12 position	
Any unmitigated risks remaining	• Risk: There is a risk to achieving the 4hr performance trajectory for November and the One Plan. • Risk: Whilst improvements from the ambulance improvement project have been seen, the risk with the community remains.	Any delay to the build and opening of the new UTC and the link to the increase in performance levels built into trajectories.	Mental health pressures and growth in minors activity	

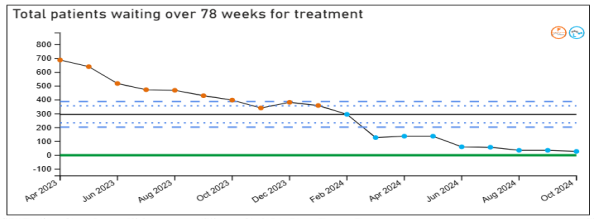
All actions to be completed in next 4 weeks unless otherwise stated

Elective Care- System

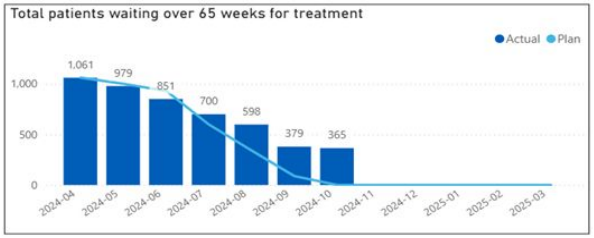
Exit criteria	Assessment
Make demonstrable progress towards achieving national elective and cancer objectives, in line with agreed trajectories, sustained over two consecutive quarters and have in place an agreed system plan to sustain this improvement	

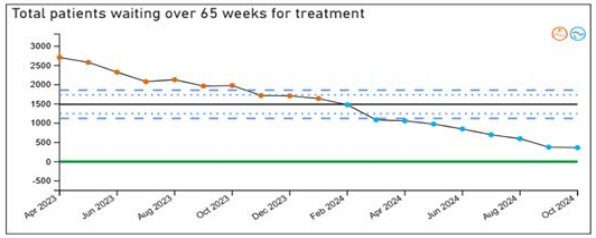
The number of patients waiting beyond 78 weeks for treatment decreased from 94 in September to 85 in October, however, did not meet the system original trajectory (0), with no provider meeting their individual trajectory. UHP saw an increase in the waiting list rising from 41 to 47 in October.



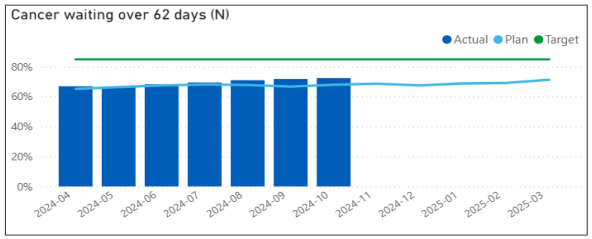


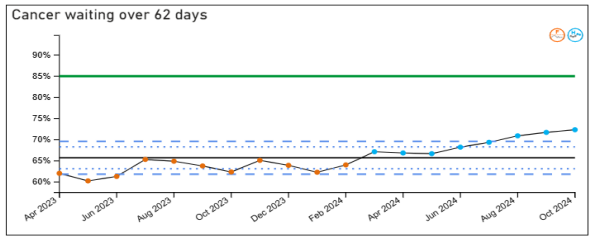
The number of patients waiting longer than 65 weeks for treatment improved from 1077 in September to 959 in October. The system trajectory of 104 was not met with no individual provider meeting their trajectory. Whilst all providers reduced their list size the rate of reduction is slow; with estimated zero waits taking affect around the new financial year.



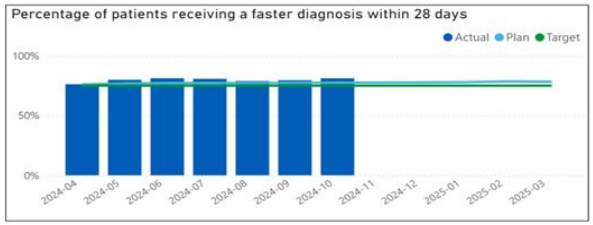


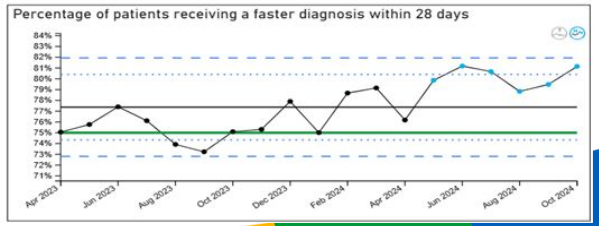
The system met its 62-day trajectory with a performance of 72.4% v trajectory of 67.9%. This represents a continued improvement from the 71.7% in September and is the best performance this financial year. The 62-day cancer trajectory has been exceeded in each month this year.





The system continues to exceed both the trajectory and national standard for 28-day faster diagnosis standards. Performance was 81.8% in October which was an improvement from 79.5% in September. All providers exceeded their trajectory.





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

Elective Care - Providers

Outcomes of Locality Planning and Delivery Meetings				
	South	**West**	**North and East**	**NHS Devon**
Areas of underperformance identified	78ww performance was **10** v trajectory of **0**. 65ww performance was **242** v trajectory of **0** **Revised Trajectory** 78ww performance was **10** v trajectory of **15** 65ww performance was **242** v trajectory of **288**	78 ww performance was **47** v trajectory of **0**, and 65ww performance was **352** v trajectory of **104** **Revised Trajectory** 78ww performance was **47** v trajectory of **29** 65ww performance was **352** v trajectory of **383**	78 ww performance was 25 v trajectory of **0**, and 65ww performance was **365** v trajectory of **0**. **Revised Trajectory** 78ww performance was **25** v trajectory of **27** 65ww performance was **365** v trajectory of **369**	
Actions agreed to address underperformance	• Ensure all equipment available to perform two conreal transplants on same day – **Kenny Naughton** • Explore mutual aid for UHP corneal graft – **Kenny Naughton**	• Explore insouricing soluiton for urodynamics **– Jemma Edge** • Action: Circulate the slides outlining the use of independent sector providers for long waiting patients **– Anthony Fitzgerald** • Ensure all equipment available to perform two conreal transplants on same day	• Ensure all equipment available to perform two conreal transplants on same day – **Mike Browning** • Explore UHP mutual aid for corneal grafts – **Mike Browning**	• Action: Look at how the ICB can produce a system solution to reduce insourcing arrangements that providers are relying on to deliver elective capacity **– Mark Sowden**
Anticipated impact of agreed actions	TSD to clear 78ww by end of December, RDUH forecasting 15 78ww at end of Decemebr, UHP forecasting 33 78ww at end of December Expectation of clearance of 65ww by end of March 25			
Any unmitigated risks remaining		Risk to 65ww position in neurology		.

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

Finance - System

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

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

The ICS is reporting £103.7m efficiency achievement in the first 8 months of the year. This is £9.6m above plan. The forecast has been restated to show £2.6m under-delivery against plan of £213.3m at a system level.

The 2024/25 plan shows 70% of savings as recurrent. The forecast is for 57% of the plan to be delivered recurrently. Trusts are continuing to push to identify opportunities to convert non-recurrent savings delivered into recurrent.

At month 8, 56% of year to date efficiency is recurrent (58% M7), against a plan of 73%. The £12.3m shortfall in recurrent savings has been offset by delivery of non-recurrent savings above plan of £21.9m.

The providers' forecasts identify a £29.8m shortfall in recurrent savings and £9.5m non-recurrent savings above plan. The impact on the underlying position is being assessed.

Organisation	Year to date			Forecast		
	Plan surplus / (deficit) £000	Actual surplus / (deficit) £000	Variance favourable / (adverse) £000	Plan surplus / (deficit) £000	Forecast surplus / (deficit) £000	Variance favourable / (adverse) £000
Devon ICB	18,945	24,766	5,821	28,419	46,129	17,710
Devon Partnership NHS Trust	2,548	2,548	0	3,591	3,591	0
Royal Devon University NHS FT	(10,829)	(10,271)	558	(2,790)	0	2,790
Torbay and South Devon NHS FT	(11,707)	(15,243)	(3,536)	(13,624)	(28,623)	(14,999)
University Hospitals Plymouth NHST	(13,221)	(16,067)	(2,846)	(15,596)	(21,097)	(5,501)
Total	**(14,264)**	**(14,267)**	**(3)**	**(0)**	**0**	**0**

Organisation	Year to date			Forecast		
	Plan CIP delivery £000	Actual CIP delivery £000	Variance favourable / (adverse)	Plan for the year £000	Forecast £000	Variance favourable / (adverse)
Devon ICB	14,305	20,217	5,912	37,228	54,938	17,710
Devon Partnership NHS Trust	10,188	9,973	(215)	15,739	15,739	0
Royal Devon University NHS FT	34,454	34,440	(14)	63,610	63,610	0
Torbay and South Devon NHS FT	17,800	17,851	51	39,900	24,900	(15,000)
University Hospitals Plymouth NHS Trust	26,948	30,779	3,831	56,801	51,516	(5,285)
Total	**103,695**	**113,260**	**9,565**	**213,278**	**210,703**	**(2,575)**

	Year to date			Forecast		
	Plan CIP delivery £000	Actual CIP delivery £000	Variance benefit / (adverse) £000	Plan for the year £000	Forecast £000	Variance benefit / (adverse) £000
Recurrent efficiencies	75,581	63,239	(12,342)	150,076	120,266	(29,810)
Non-recurrent efficiencies	28,114	50,020	21,906	63,202	90,435	27,233
Total	**103,695**	**113,260**	**9,565**	**213,278**	**210,701**	**(2,577)**
Recurrent %	72.9%	55.8%		70.4%	57.1%	
Non-recurrent %	27.1%	44.2%		29.6%	42.9%	

Against the revised efficiency savings forecast, 76% of schemes are rated as low risk and 85% are rated as fully developed. 4% of schemes by value are classified as high risk (7% M7).

The Locality Planning and Delivery Meeting packs and the ICS M8 finance pack contain the local level data and the key lines of enquiry for improvement. These packs also include an outline of the key discussion points and the actions due to completed within the next month.

Class	Year to date (excl capitalised)			Full Year (excl capitalised)			WTE current month		
	Plan £000	Actual £000	Variance fav/(adv) £000	Full Year Plan £000	Forecast £000	Variance fav/(adv) £000	Plan wte	Actual wte (per PWR)	Variance fav/(adv)
Substantive	**1,169,004**	**1,176,651**	**-7,647**	**1,743,387**	**1,757,395**	**-14,008**	**32,272**	**32,061**	**211**
Bank	**55,006**	**62,464**	**-7,458**	**77,462**	**92,184**	**-14,722**	**1,058**	**1,245**	**-187**
Agency	**26,054**	**27,201**	**-1,147**	**37,484**	**37,954**	**-470**	**414**	**524**	**-110**
	1,250,064	**1,266,316**	**-16,252**	**1,858,333**	**1,887,533**	**-29,200**	**33,744**	**33,829**	**-85**

Pay expenditure: The ICS is reporting 1% (£16.3m) adverse expenditure against plan at month 8. Of this total, additional income to offset pay costs above the plan of circa £8m has been received, for elements such as new funded activity and new funding for externally funded posts and packages of care which were not in place at planning stage.

SLG/System Escalations and Responses

Area of plan identified as off track by system	Actions agreed by system to return to plan	System's anticipated impact of action
• System net risk is £15m which reflects the re-forecasting completed in month 8. This is an overall improvement of £14m on the previous month. • Year to date CIP delivery above plan but recurrent CIP delivery trajectory behind in both TSD and UHP thereby putting underlying exit position at risk. • Workforce costs ytd over plan, but much is offset by additional income. Main area of concern is TSD with high levels of agency and bank usage.	• Turnaround support to TSD. • Additional work to understand impact on underlying exit position for both UHP and TSD. • Continued focus on managing system risk in FOT to reduce net risk	• Development of key recovery actions for TSD • Confirmation of underlying financial positions for providers • Reduction in net system risk

Finance - Providers

Outcomes of Locality Planning and Delivery Meetings				
	South	**West**	**North and East**	**NHS Devon**
Areas of underperformance identified	Financial position is **(15,243)** v plan of **(11,707)** Recurrent CIP YTD improved to **39%** in M8	Financial position is **(16,067)** v plan of **(13,221)** CIP delivery is **£3.8m** ahead of plan at M08, and recurrent delivery is at 73%	Financial position is **(10,271)** v plan of **(10,829)** YTD delivery of recurrent schemes is above plan by £3.3m (M07 £2.4m fav).	
Actions agreed to address underperformance	• Clarify the £900k pay award issue and share with Kirsty Denwood – **Mark Brice** • Urgently escalate TSD's cash position with the regional team and share the outcomes with Kirsty Denwood **– Mark Brice** • Weekly CIP meetings chaired by the Interim CEO – Bill Shields			
Anticipated impact of agreed actions	• Identify how risk position can be improved • Increase recurrent CIP rates • Understand improvements on run rate and ULP	• Expectation to remain on agreed plan	• Expectation to remain on plan • Commitment to move toward break even in 25/26	
Any unmitigated risks remaining	Risk being overseen and managed by turnaround team. A presentation on the TSD position will be provided to SIAG	Impacts of continued increase in UEC demand	• Cost of mental health 'specialling' • Assumptions on ERF income built into plan • Any further industrial action and impacts on elective activity	

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

NHS Devon

NHS Devon Integrated Care Board

Primary Care Access Recovery Plan (PCARP)

Date of meeting	Date report produced
30 January 2024	31 October 2024

Author(s)		Report approved by	
Name and title:	Gill Munday, Head of Primary Care Adam Bowles, Primary Care Support Manager Lucy Morris, Primary Care Development Officer Paul Green, Deputy Director of Primary Care Contributions from identified workstream leads	**Name and title:**	John Finn, Acting Chief Operating Officer
Phone:		**Date:**	5 November 2024
Email:	gill.munday@nhs.net		

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

One Devon

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Executive summary

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

A further progress update on the plan was presented to the NHS Devon Board meeting in public on 26 March 2024.

The PCARP 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.

This report shines a spotlight on the difference the PCARP programme is making to general practice and its patients through four case studies linked to the four domains of the PCARP.

As required by the national guidance, Appendix 1 provides headlines from 2023/24 PCARP delivery and a progress update for each area of the 2024/25 PCARP delivery plan. 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

This report was reviewed at the NHS Executive meeting on 1 October 2024 and circulated in correspondence to the members of the Primary Care Commissioning Transition Committee on 24 October 2024 for their consideration and feedback.

Key recommendations and actions requested

TAKE SATISFACTORY ASSURANCE that the PCARP delivery is on track in Devon

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	

NHS Devon

Primary Care Access Recovery Plan (PCARP)

Introduction

1. The Primary Care Access Recovery Plan (PCARP) (available via this link) forms part of the operational planning guidance. The national ambitions for the PCARP are:
    - To make it easier for patients to contact their practice and;
    - For patients' 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

2. The PCARP is divided into 4 keys areas:

Area	Focus
Empower Patients	• Improving information and NHS App functionality • Increasing self-directed care where clinically appropriate • Expanding community pharmacy services
Modern General Practice	• Implementing 'Modern General Practice Access' • Better digital telephony • 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'

3. The Devon System Level Access Improvement Plan was presented to the NHS Devon Board meeting public on 4 October 2023. The plan was well received by the Board, with valuable feedback given.

4. This report provides information about the delivery of the PCARP in 2024/25 and the context within which primary care is operating. Detailed information about headlines from the 2023/24 PCARP delivery and a progress update for each area of the 2024/25 PCARP delivery plan is attached as an annex to this report,

as is a full description of the trajectories linked to PCARP delivery and current achievement.

Context: National position

5. GP **access and resilience** are prerequisites to delivering the Fuller integration agenda – we need to get this right first to ensure we are building on solid foundations.

6. The **financial viability** of general practice remains a concern for providers, as well as the **current level of demand's impact** on general working conditions and ability to provide the level of service they aspire to for the patient population.

7. General Practice Alert State (GPAS) tracking reports a consistent OPEL 3 since Jun 2020, indicating sustained levels of pressure on practice resilience.

8. The British Medical Association remains in dispute with NHS England over the 2024/25 imposed GP Contract. This resulted in 98.3% of British Medical Association (BMA) members voting in favour of taking **"Collective Action".**

9. The system impact of GP Collective Action is being regularly assessed. However, gauging the effects of the action practices are taking is complex due to the dynamic nature of practice participation in the BMA's list of 10 suggestions/recommendations for action and other factors at play.

10. NHS Confederation recent research states "We need to invest in the Out of Hospital Care system in order to create savings". This is further reinforced in the **recent Darzi report** where the need to adequately fund primary and community care was repeatedly highlighted.

Context: Local Position

11. Devon has historically lacked focus on Out of Hospital Care. This has resulted in an underdeveloped Out of Hospital Care system.

12. Lack of space in primary care estate: 75/118 (c.63%) practices are undersized / very undersized. This has been exacerbated by Devon's success in growing the ARRS workforce and a lack of funding for primary care estate.

13. A number of practices have known resilience issues (32 / 27%).

14. General practice in Devon performs well when compared against national and regional metrics (Devon delivers >20% more General Practice clinical contacts than the national average.) However, there is variation within Devon that needs to be understood and addressed.

15. The Darzi report highlighted the strength of the GP workforce in Devon, but again there is variation within this, with some areas of the county a little below the national average.

16. Devon GP Collaborative organisational development is continuing - this will take time to realise full potential.

17. NHS Devon organisational change - even post organisational change, the primary care team will still be one of the smallest teams in the South West region, despite having the most contractors.

Context: Supply of Clinical Contacts – Position

18. Primary Care demand continues rise this year. Provision of clinical contacts is up 14% vs pre pandemic year 2019/20 (5 years ago) and has continued to be on the rise since.

19. The increase in demand is 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.

20. The UEC story in Devon does not describe Primary Care pressures as being a cause of challenges to the UEC system.

Headlines for 2024/25 PCARP

21. Devon continues to make good progress with the delivery of the PCARP and is in a strong position regionally and nationally. Performance is far ahead of the target to deliver 4% more appointments compared to pre-Covid levels, with levels 14% of Aug 2024). We are really starting to see the impact of the programme in terms of patients and staff benefits.

22. Variation remains a key priority, and work to address this is being taken forward in line with the national “Commissioning and Transformation” model approach, that Devon ICB are informing. We will, using national data and local intelligence, identify and understand unwarranted variation across access, workforce and quality domains and will tailor support offers to proactively address the performance, resilience and sustainability of our practices.

23. Primary care access and resilience therefore needs to remain an ongoing area of focus for NHS Devon ICB as the PCARP progresses through its second year, being particularly mindful of the direction of travel coming through in the Darzi report.

24. A summary RAG rating of the delivery of PCARP actions is set out below. A detailed update on progress against the 2024/25 PACRP can be found at the Annex to this report.

Empower Patients

Action		National Metric	Status
1	Increase use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions	• Increase NHS App record views from 9.9m to 15m per month by March 2025 (349% increase) • Increase NHS App repeat prescription numbers from 2.7m to 3.5m per month by March 2025 (30% increase)	
2	Continue to expand Self-Referrals to appropriate services	• Increase number of self-referrals across appropriate pathways by a further 15,000 per month by March 2025	
3	Expand uptake of national pharmacy clinical services	• Increase Pharmacy First clinical pathway consultations per month by at least 320,000 by March 2025	
		• Increase oral contraception prescriptions coming directly from a Community Pharmacy by at least 25,800 by March 2025	
		• Increase Community Pharmacy Blood Pressure check appointments by at least 71,000 per month by March 2025 as part of our ambition to deliver a further 2.5 million blood pressure checks in community pharmacy	

Modern General Practice			
Action		**Detail**	**Status**
4	Complete implementation of better digital telephony	• Percentage of PCN practices meeting CAIP payment criteria (>90%)	
5	Complete implementation of highly usable and accessible online journeys for patients	• Percentage of PCN practices meeting CAIP payment criteria (>90%)	
6	Complete implementation of faster care navigation, assessment, and response	• Percentage of PCN practices meeting CAIP payment criteria (>90%)	
7	National transformation/improvement support for general practice and systems	• Programme milestones including sharing evidence, standards, best practice and support tools; which in turn enhance system-led targeted support to practices and PCNs.	

Build Capacity			
Action		**Detail**	**Status**
8	Continue with expansion and retention commitments in the Long Term Workforce Plan (LTWP)	• As per the LTWP	

Cut Bureaucracy		

Action		Detail	Status
9	Make further progress on implementation of the four Primary Care Secondary Care Interface Arm recommendations	• Baseline in April 2024 using assessment tool and monitor ICB progress against implementation of AoMRC recommendations based on NHS Trust provider returns every 6/12.	
10	Make online registration available in all practices	• More than 90% of practices using the on-line registration system by 31 December 2024	

Conclusion

25. The Board is asked to **TAKE SATISFACTORY ASSURANCE** that the PCARP delivery is on track in Devon.

Primary Care Access Recovery Plan (PCARP)

Progress Update

NHS Devon Integrated Care Board

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What impact is PCARP having in Devon? case studies

NHS Devon

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Modern General Practice in Kingsbridge

Norton Brook Medical Centre's story

Overview
Moving to a total triage model has been phenomenally successful for us as practice. We are nearly three months in and continue to learn from our experience and to adapt and tweak our triage system and appointments mix to meet demand. We now have a level of control that we have never experienced before. We are operating at safer, more sustainable levels whilst improving capacity and continuity for our patients. It has been transformational for the practice and has brought significant benefit to the wellbeing of staff and outcomes for patients.

We are also looking to engage better with system partners, for example with community pharmacy to increase referral capacity in our locality. The GPIP programme helps to provide the space and support essential to our transformational journey!

Our Journey
During the winter pressures of 2022/23, we experienced an unprecedented increase in demand, driven by respiratory conditions. We continued to experience sustained levels of demand, which we met through our on the day capacity, as we just didn't have routine capacity available and were experiencing waits of up to 5 weeks for a routine appointment with a patient's named GP. The volume of patients we were seeing on duty was outside safe working limits. As a consequence sessions overran, GPs were exhausted and readily expressed their anxiety about the risk that they carried by working in this way. Reception was dealing with increasingly frustrated, angry and sometimes anxious patients, who felt concerned and let down by wider healthcare system pressures. We knew we had to do something different. We needed a new system that protected both staff and patients. The outcome that we wanted was to improve patient safety and prevent burnout of both GPs and our practice staff.

We did extensive research and spoke to multiple colleagues. Looking at the Modern General Practice model, this led us to believe that Total Triage would enable us to more effectively provide the sustainable model of healthcare that we wanted for the practice and our patient community.

We implemented Total Triage in July of this year. We no longer have a Duty Doctor; we have a Triage GP who reviews consistently formatted information from patients in a clinically prioritised and timely manner and who then signposts them to the appropriate healthcare professional either within the practice or local system. The primary benefit it has offered is an overwhelming feeling of control and the ability to meet the healthcare needs of our patients and support the well-being of our GPs and wider practice staff.

In our old system, we met routine demand by using on-the-day appointments, as we had limited future capacity. As a result, we thought that we would need significantly more on-the-day appointments. We discovered that once we were effectively triaging clinical need, routine demand could be filtered and met through appropriate routine capacity and the wider health care professionals.

Our patients are now routinely responded to within 2 hours of making contact with the practice, all demand is responded to and clinical need is met within 14 days. Patients who need continuity of care are now routinely seeing their own GP or the GP who initiated the episode of care. All requests are triaged by a GP and there is equity of access whichever of channel used to contact the practice. Contacting patients is now a more positive and pleasant experience as we can offer them an appropriate appointment for their need.

Our GPs now routinely finish triage at the end of their session and can go home on time.

Learning and advice to other practices

Learning/advice to other practices

- Plan well ahead and have a project plan and manager
- Engage your wider team
  Visit lots of different practices to find out what they did (bring biscuits)
- Plan a reset in which you clear your backlog of appointments so that you can start with a clear appointment book
- Work with clinical leads to design and build the system
- Create workstreams that include internal and external communication, training of reception and clinicians,
- Engage your PPG in testing the new system prior to launch, and in gaining patient feedback.

Empowering Patients to Use the NHS App

Patient support and education – building confidence and competence with the NHS App

Estover Health Centre planned an event at the Elm Community Centre, with the aim of providing an opportunity for members of the local community to drop-in and get help with the NHS App.

To promote engagement, the Health Centre sent a message to all its registered users inviting them to attend the free event. Learn Devon arranged for several tutors to be on standby throughout the morning. Staff from the Estover Health Centre were also available to answer questions and talk to the visitors.

Throughout the morning, Learn Devon's tutors supported visitors as they used the App – often for the first time. Visitors were shown how to download the App, navigate its features and how to verify their profiles. Alongside this, visitors were also taught the importance of basic online safety.

Over the course of the event, a total of 81 learners received support

For many, using the online App had been a concern; Silvia, like many others, appreciated the direct help from the tutors: 'So glad that I have come here because I'm really not good with technology but now I feel more confident, able to use the app, and the staff are lovely and helpful.'

As a first-time user, Peter was now able to order through the App: 'I'd not used the NHS App before however, now I know how to order my prescriptions and have done so for the first time.'

Having used the App in the past, Maria appreciated having a reminder on how to use it: 'I used to use the NHS App to order my prescriptions however, after the App changed and I didn't know how to use it. After today's session, I can now again order my prescriptions and complete a clinic without having to go through a nurse.'

Build Capacity - Devon Training Hub (DTH) New to Practice Programme

The New to Practice Programme - Developing and retaining our GPs and Nurses

Devon ICB has worked with Devon Training Hub to establish a number of programmes which support the retention of primary care staff.

The New to Practice programme (GPs & Nurses first two years in primary care) has supported over 150 GPs and Nurses.

The following feedback from a GP in Devon shows the difference the scheme is making.

“I started the new to practice scholarship a year ago after really struggling in my salaried post straight after training and starting to look at non-GP career options. It enabled me to train further in areas of lower confidence, learn from more experienced doctors how to manage the workload, learn from peers and find a work life balance that has enabled me to remain a salaried GP. The biggest part of the scheme for me has been the 1 to 1 mentoring. It gave me dedicated time to work out my career options, but also before having our first child, work out how to stay working as a GP and to be a parent. I cannot emphasise enough the difference it has made to both my mental wellbeing and growth as a GP.”

Cutting Bureaucracy- Primary and Secondary Care Interface, North and East Devon, Work transfer to primary care

Work Transfer forms –

As part of the Primary/Secondary Care Interface work the Deputy Medical Director at RDUH is taking lead role and using the work transfer briefings from Devon's LMC to enable feedback to department level and target interventions to resolve issues.

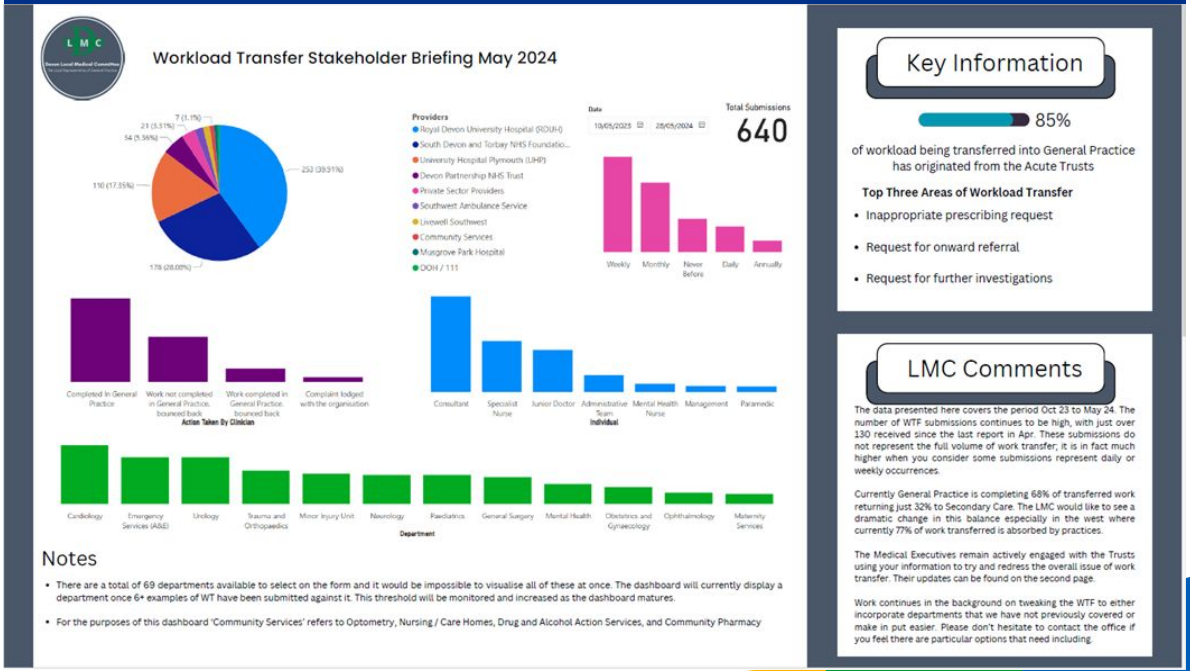
Realtime solutions– what are we doing locally? Targeting solutions

- Community ECG service being worked up with cardiology / arrythmia service
- Heart failure services
- Face-to-face clinicians meetings to discuss pathways (North and East)
- Discharge group work
- Nurses and FIT notes
- Podiatry PGDs to reduce prescribing ask on primary care

Realtime solutions – appetite from our providers to improve organisation interface

"Hopefully changing things for the better (recognising it is like a marriage – long term commitment from both parties, there will be successes and failures, some re-education, a bit of compromise but hopefully no divorce…..)"

Realtime impact – LMC data



2024/25 PCARP

NHS Devon

One Devon

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Empower Patients

Empower Patients actions 24/25

Action		National Metric	Update	Status
1	Increase use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions	• Increase NHS App record views from 9.9m to 15m per month by March 2025 (349% increase) • Increase NHS App repeat prescription numbers from 2.7m to 3.5m per month by March 2025 (30% increase)	• The NHS App dashboard shows that record views for Devon have increased from 133,066 per month in June 2023 to 328,428 in September 2024. This is an increase of 147% a national increase of 160% over that same period. • Repeat prescriptions ordered each month increased from 48,005 in June 2023 to 81,914 in Aug 2024. This is an increase of 70% which exceeds the national desired metric. • The NHS App dashboard does not currently distinguish between the different levels of record view access. Prospective record access is to the full GP record and we continue to work with GP Practices in Devon to support them enable this for as many patients as they can.	
2	Continue to expand Self-Referrals to appropriate services	• Increase number of self-referrals across appropriate pathways by a further 15,000 per month by March 2025	• The ICB has been set a local challenge of increasing self-referrals by 8%, meaning a target of 2,387 per month. The ICB is above target in delivering this trajectory with the Devon self-referral performance between 2700 and 2800 for the last 3 months. • Contract variations were sent in April 2024 to all community audiology providers to include self-referral for age related hearing loss. Self-referral activity is monitored via monthly provider KPI reporting.	
3	Expand uptake of national pharmacy clinical services	• Increase Pharmacy First clinical pathway consultations per month by at least 320,000 by March 2025 • Increase oral contraception prescriptions coming directly from a Community Pharmacy by at least 25,800 by March 2025 • Increase Community Pharmacy Blood Pressure check appointments by at least 71,000 per month by March 2025 as part of our ambition to deliver a further 2.5 million blood pressure checks in community pharmacy	• A comprehensive marketing campaign to promote the national Pharmacy First Service locally has been in place since April 2024. This includes locally produced video, bus advertising, radio, social media and digital marketing. • Local resources for the national Pharmacy First Service have been finalised and shared on the resources webpage for Health & Social Care Professionals • Development of a Community Pharmacy Strategy for Devon. First draft of the Strategy has been presented to the Devon Community Pharmacy Development Group. Final version is scheduled for approval at the Primary Care Commissioning Transition Committee (PCCTC) in November 2024. • A proposal utilising national monies for a Community Pharmacy PCN Engagement Lead role was agreed and approved by the Peninsula Community Pharmacy Development Group in July 2024; an interview process is currently underway to fulfil the role. • Our existing Community Pharmacy PCN Leads continue to work with their local pharmacies and practices to facilitate communication, resolve any issues on the ground, and have recently shared ideas for increasing resilience within the community pharmacy network. The newly formed ICB POD Team will look to take this forward over the next 2 – 3 months. • In terms of digital integration, the GP Connect Update Record functionality has now been rolled out by Pinnacle (PharmOutcomes) for the Hypertension Case-finding and Contraception Services (effective 28th June 2024), and more recently the Pharmacy First Service (September 2024). • Important to note the progress within the Devon Independent Prescriber Pathfinder Service; this service remains 'live' for 3 pharmacy sites, who are utilising paper scripts for the minor ailment element of the pilot	

Implement Modern General Practice Access

Implement Modern General Practice Access actions 24/25

Action		Detail	Update	Status
4	Complete implementation of better digital telephony	• Percentage of PCN practices meeting CAIP payment criteria (>90%)	• 99% of Devon practices currently have some form of Cloud Based Telephony system in place and 92% are framework compliant. • A small number of practices are tied to long contracts with large exit fees so moving is both costly and complex. As contracts end, exit fees diminish or agreements can be made, the remaining sites will be moved over to framework compliant systems. • 97% of practices are compliant with the Data Provision Notice so that telephony data can be provided by the supplier to NHS England.	
5	Complete implementation of highly usable and accessible online journeys for patients	• Percentage of PCN practices meeting CAIP payment criteria (>90%)	• 99.16% (117/118) GP practices have online consultation and video consultation available for all patients. • All practices within Devon have had online and video consultation in place since before Covid. Devon is now looking to review where remote consultation tools have moved to and how the new move to AI could assist with improvements to practice capacity. • Reviewed every practice website within Devon, using the NHSE website benchmarking tool and provided feedback to each individual surgery on how they can improve their patient journey, with many improvements being made. • In total, Devon put forward 26 sites forward for support from NHSE's Southwest GP standardised website project. 10 websites are currently live and the others are in the project pipeline awaiting review. An example of a new Devon website here: Kingkerswell and Ipplepen Medical Practice (KKIPP) – NHS Services (kingskerswellandipplepenmedicalpractice.nhs.uk)	
6	Complete implementation of faster care navigation, assessment, and response	• Percentage of PCN practices meeting CAIP payment criteria (>90%)	• Developments and progress in care navigation through national support offers such as GPIP and focussed care navigation training in 23/24 made available to practices. • DTH development and retention schemes to reduce turnover of staff trained in Care Navigation. • Relevant patient survey metrics allow us to infer that Devon practices provide care navigation in line with what patients can expect nationally.	
7	National transformation/improvement support for general practice and systems	• Programme milestones including sharing evidence, standards, best practice and support tools; which in turn enhance system-led targeted support to practices and PCNs.	• Devon ICB has 3 active cohorts of practices on the 24.25 GPIP programme • Intelligence gleaned from delivery partners is cross referenced with regularly updated access metrics and resilience intelligence to identify practices and PCNs in need of support or to highlight opportunities for sharing best practice more widely. • Devon ICB has been selected to aid in the development of a national ICB support level framework and intervention support model for Primary Care commissioners with the aim of producing a consistent and holistic approach to commissioning General Practice in England. • Devon ICB will be working with NHS England in the exploration and potential development of more PCN-level transformation and improvement support, following on from the support offers that were originally provided in 23/24.	

Build Capacity

Build Capacity actions 24/25				
Action		**Detail**	**Update**	**Status**
8	Continue with expansion and retention commitments in the Long Term Workforce Plan (LTWP)	• As per the LTWP	• Workstreams established to aid in retention with Devon New to Practice Fellows fully up and running, with good uptake despite reduced offer. • GP reconnect scheme is in progress. • Attendance at Best Practice event in October to aid in recruitment. • Workforce planning for PCNs is in progress.	

Cut Bureaucracy

Cut Bureaucracy actions 24/25				
Action		**Detail**	**Update**	**Status**
9	Make further progress on implementation of the four Primary Care Secondary Care Interface Arm recommendations	• Baseline in April 2024 using assessment tool and monitor ICB progress against implementation of AoMRC recommendations based on NHS Trust provider returns every 6/12.	• Regular meetings take place with AMDs from acute trusts to support and monitor implementation of interface document which was published and circulated March 2024. Any key themes/issues identified are logged to help inform changes for the 2nd iteration of the document. • Building on April's initial baseline assessment a further baseline assessment will be submitted to NHSE at the end of September 2024.	
10	Make online registration available in all practices	• More than 90% of practices using the on-line registration system by 31 December 2024	• Over 93% of practices are now enrolled with GP online registration service within Devon, with 8 left to enrol. The average across England is currently 83% enrolment.	

Primary Care – Strategic Metrics

Pillar	Key indicator	2024/25 Metric	Narrative update	RAG*/ trend
(1) Access	Patient uptake of Enhanced Access (EA) slots	95% EA slot utilisation	The utilisation rate for May is 90%. 10 out of 18 providers are above this average. 7 providers are under 90% utilisation. Meetings are being set up with these 7 providers to review how utilisation can be increased.	
	Access to General Practice	Maintain year on year clinical team appointments	Appointments per working day have increased by 4.7% year on year, from 34,482 in June 2022-May 2023 to 36,094 in June 2023-May 2024.	
		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, note this excludes bookings made on non-working days)	80% of appointments were seen within 2 weeks throughout June 2023-May 2024 (81% during May 2024). Significant contributory factor is system asking general practice since Autumn 2023 to put greater focus on delivery of same day appointments. Focus on 2 week achievement from new Government noted.	
		35% of general practice appointments occur within 1 working day of request (this excludes bookings made on non-working days). (Note: 35% remains an evidence-based target for balanced general practice workflows).	48.4% of appointments occurred within 1 day throughout June 2023-May 2024 (51.1% during May 2024).	
		90% of practices using the on-line registration system by 31 December 2024	Data is supplied by national leads. We only have access to the baseline figure at present, which sits at 64.4%. In all likelihood, the actual position is considerably higher than this.	
		90% PCN practices meeting Capacity and Access Improvement Payment (CAIP) criteria	CAIP payment form shared with PCNs on 24/05/24. 7/31 PCNs have claimed for at least 1 of the 3 claimable components of CAIP. The national Data Provision Notice for the telephony component of the funding is unavailable until later in the year, meaning PCNs are not expected to claim that funding currently. Deferral of sign-off for the telephony and online consultation elements features on the list of BMA recommended actions for collective action.	
	Technology enabling access	Number of online/video consultations against target of 1m a year (assumes we have data flows for all practices)	Online consultation numbers have increased over the new financial year. We currently do not receive data for 12 practices and we are missing data for 2 practices due to supplier reporting issues. Cumulative total for this financial year is 293,379 (April–June 2024). Video consultation numbers remain low, averaging around 1 per practice per month, when split across all practices. Less than half of Devon's practices are currently utilising video consultations with patients. Between April to June 2024, 396 video consultations have taken place. (Note: we do not anticipate any growth in this area during the period of GP collective action).	
		80% patients satisfied with online consultation (would use online consultation again or recommend to a friend or family)	Patient satisfaction remains within acceptable levels for AccuRX (the dominant online tool in Devon) at a consistent 84%.	
		Enable patients in over 95% practices to be able to manage routine appointments using the NHS App	Patients in 94.7% practices able to manage routine appointments using the NHS App.	
		55% patients aged 13+ registered for NHS App	53% patients aged 13+ registered for NHS App.	
		Ensure 100% of Devon practices are using an advanced cloud based telephony system from the approved framework by March 2025	99% practices confirmed they are using some form of cloud based telephony system at present (1 practice refusing to engage). 92% of Devon practices are on approved framework supplier contracts. 9 are not on framework contracts, of those 7 contracts are due to expire within this financial year and 2 have over 24 more months to run. We will continue to endeavour to align these practices with a framework supplier. Practices whose contracts are coming up for renewal are being asked to ensure their new contract is framework compliant.	
	Patient satisfaction with getting access to GP services (note: we anticipate patient survey questions changing for 2024/25, which might make direct comparison with prior year challenging)	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 (2024) show 78% patients in Devon describing their experience as "good" against the national average of 74% for the same measure (2023 value 78%).	-
		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 55% 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% (2023 value 59%).	↓
		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)	Patient survey results (2023) show that 92% patients in Devon felt that their needs were met at their last appointment, compared to 90% national average (2023 value 94%).	↓
		Delivery of good continuity of care	A reliable means of quantifying this across 118 practices has not yet been identified. This was an area of discussion at a recent Health Improvement Network (HIN) 'hackathon'.	

Primary Care – Strategic Metrics

Pillar	Key indicator	2024/25 Metric	Narrative update	RAG*/ trend
(2) Workforce	General Practice able to offer improved multi-disciplinary care through employment of additional roles (ARRS)	All PCNs projected to spend at least 90% of their ARRS allocation based on actual ARRS portal claims YTD	23/31 PCNs projected to spend at least 90% of their allocation based on claims submitted. 2 PCNs have not yet submitted any 2024 claims.	↑
	General Practice workforce capacity	Maintain year on year FTE GP per 10,000 population (noting in 2023/24 Devon was consistently one of the highest performing ICBs this regard)	Removal of national funding for programmes such as Fellowship increases risk of individuals leaving the profession. SDF funding agreed to support local GP and GPN New to Practice Programme. Local funding also agreed to support Visa costs supporting IMGs to stay in Devon. May 2024 data: GP FTE 6.6 per 10,000 weighted population (highest in South West region and above all regional FTE rates for the whole of the UK).	
		NEW Expand and innovate the independent prescribing programme within Devon (by Q2, 20 participants in place, by Q4 40 participants in place)	Increased uptake in training across a range of roles working with DTH. Q1 - 20 participants in place.	
		Maintain year on year clinical staff per 10,000 population	Number of clinical staff has risen from 18.7 FTE in May 2023 to 18.8 FTE in May 2024. SDF funding will ensure continued support across clinical staff, including GPNs, a known risk owing to age profile (we have raised a query with NHSE regarding staff definitions; this would not have an impact on our year to year position).	↑
(8) Pharmacy	Pharmacy activity	Increase Pharmacy First pathways consultations per month. Target trajectory to be set once initial baseline data has been received.	Still awaiting access to national data streams. This has been escalated by Pharmacy First Implementation Group.	
		Increase oral contraception prescriptions coming directly from a Community Pharmacy - target trajectory to be set once initial baseline data has been received.	Still awaiting access to national data streams. This has been escalated by Pharmacy First Implementation Group.	
		Increase Community Pharmacy Blood Pressure including hypertension case finding and oral contraception provision check appointments. Target trajectory to be set once initial baseline data has been received.	Still awaiting access to national data streams. This has been escalated by Pharmacy First Implementation Group. National trajectories are to be reviewed in September 2024.	

Approach to Variation

- Where practices appear to be experiencing challenge, in terms of resilience or performance, we will be prioritising exploratory conversations to establish the best means possible of supporting those providers.

- This work will ramp up upon appointment to the GP Access and GP Resilience Manager posts in the Primary Care Team structure over the coming months.

- The team has been active in taking preparatory groundwork for this with business intelligence colleagues, putting monthly processes in place to highlight practices and Primary Care Networks experiencing unwarranted variation against key access metrics. Once flagged, the Access and Resilience Team look at the data and intelligence available to gain insight into factors contributing to the variation. This data and intelligence includes:
    - A wider spread of GP appointment data metrics
    - Resilience workstream intelligence
    - Estates data
    - Workforce data
    - Local care partnership intelligence
    - GP Patient Survey

- Informed, supportive conversations and visits can then take place with providers. Here, we would look to use the positive feedback received on the 24/25 General Practice Improvement Programme and our local resilience toolkit as a foundation for the support we provide to practices in the future.

PCARP Finance

Funding Stream	What is it	23/24	24/25	How are we applying it?
IIF National Capacity and Access Support Payment	Paid to PCNs, proportionally to their Adjusted Population, in 12 equal payments over the financial year	An average of £115k per PCN based on £2.765 per patient £3.6m total for NHS Devon	An average of £136K per PCN based on £3.248 per patient £4.3m total for NHS Devon	Unconditional Funding from Network DES
IIF Local Capacity and Access Improvement Payment	Paid to PCNs once commissioner confirms criteria achievement	An average of £50k per PCN based on £1.185 per patient £1.5m total for NHS Devon	An average of £57k per PCN based on £1.392 per patient £1.8m total for NHS Devon	Part of Network DES. Payments commence once confirmation of criteria approved
Transition Cover and Transformation Support Funding	To support practices to make the change to a modern general practice access model	An average of £15K per practice over 2 years £1.8m total allocation for NHS Devon		Rolled out to all practice. 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	Total SDF funding is £4,099k which includes £1,423K for Fellowships	Funding for GP Transformation used to support: •Retention schemes (Mentors, fellowships) •Digital first •Practice resilience •Online consultations tools •Provider Collaborative development •Admissions Avoidance These are all areas aligned to PCARP delivery
Digital telephony	To support transition on practices to CBT systems	£1,164K awarded	No allocation received this year	
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 available, funding received of £564K to match actual spend	YTD Spend £310K - paid as per existing arrangements. There is a potential change in process due to need to procure these tools in the near future.	

2023/24 PCARP

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PCARP Headlines 23/24

Workstream	Successes
Pharmacy	Almost all pharmacies in Devon have signed up to provide the national Pharmacy First Service The development of the Community Pharmacy PCN Integration Lead Network – we now have 4 locality leads within this network that provide leadership within the network, and help co-ordinate events and support responses and escalations to the ICB and Community Pharmacy Devon There are pockets of good service provision for the Pharmacy First Service – key factor is the working relationships between GP practices and pharmacies Devon continues to perform well in the Hypertension Case-Finding Service
Digital	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%** 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%** 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 – **82.11%** • 100% of practices able to book appointments digitally, or by telephone, or by attending the practice in person – **100%**
Self-referral	Self-assessment completed against 7 original PCARP self-referral pathways Refocus of NHS E work on data capture through CDDS data set – better demonstrating achievement of regional self-referral targets Improvements made in data quality and capture in collaboration with service providers – additional self-referrals identified and now feeding into CDSD data

PCARP Headlines 23/24

Workstream	Successes
Workforce	Improved workforce solutions delivered and in place through close collaboration with Devon Training Hub General Practice Nurse pipeline has been established and is recognised nationally as an outstanding example of collaborative working with ICB, LMC and DTH which has created a sustainable career development pathway for General Practice Nurses. GP Wellbeing pilot project completed and approved at regional level. Will be funded for all South West ICBs. **95%** ARRS role utilisation across Devon ICB PCNs.
GP Access / Capacity	**100%** of PCNs provided Capacity and Access Improvement plans, with mid-year and final reflective check points carried out by the team. **100%** of Capacity and Access Improvement funding released to PCNs Transition Support and Transformation Funding applications received from **116 practices** (of 118) and funding issued with the aim of progressing the move to Modern General Practice Access models **2nd highest** uptake of national General Practice Improvement Programme support offer Robust assessment of all Devon practices' resilience, with targeted support. GPAD assurance process – through CAIP **100%** PCNs confirmed self-certification of accurate recording of all appointments and compliance with GPAD.
Communications	Good national campaign materials for digital aspects of PCARP are available and used on social media and digital marketing channels. Development of a local Pharm First campaign with materials to be used extensively across Devon, Plymouth and Torbay as part of a long-term campaign.
Pri/Sec Interface	Strengthening Devon's Primary and Secondary Care Interface document signed off by local partners and put into use. Locality secondary and primary care clinical leads identified

NHS Devon Integrated Care Board

Quality Report

Date of meeting	Date report produced
30 January 2025	15 January 2025

Author(s)		Report approved by	
Name and title:	John Trevains, Director of Nursing & Quality Sara Wright, Head of Nursing & Quality	**Name and title:**	Penny Smith, Chief Nursing Officer
Phone:		**Date:**	15 January 2025
Email:	sara.wright4@nhs.net		

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

Executive summary
The following report describes a summary of key quality information, in the format of both quantitative and qualitative data. Sources range from NHS Devon data collection including patient experience; and direct from NHS Devon Nursing and Quality Directorate teams being embedded in partner meetings, groups, quality committees and other key forums. The report is divided into sections but seeks to evidence the triangulation of quality information around key issues identified through quality governance process.

Section	Assurance	Trend from previous month
Overall assurance	**Satisfactory**– (areas of concern have additional focus and mitigating actions)	**No change**

Committees that have previously discussed/agreed the report, and outcomes of that discussion
Considered by the NHS Devon Executive at its meeting on 7 January 2025. Considered by the Quality and Patient Experience Committee at its meeting on 16 January 2025.

Key recommendations and actions requested
AGREE the overall assurance level relating to the quality position of the One Devon Integrated Care System as **satisfactory** and **TAKE SATIDFACTORY ASSURANCE** that adequate plans are in place to mitigate and improve quality risks.

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

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of services	Delivery of high quality services.
Health inequalities	Addresses health inequalities.
Workforce	Addresses impact on workforce.
Resources and finance	Delivery of financial sustainability
Legal	None
Digital and Data	Identifies areas of risk and also improvement required.
Engagement and consultation	Addresses experience and engagement.

Quality Report

Introduction and background

1. The following report (please see attached full quality report) provides a high level summary of key quality information. Sources include data collected via NHS Devon reports and directly from NHS Devon Nursing and Quality Directorate teams attending and participating in system partner meetings, groups, quality committees and other forums.

2. The Quality Report seeks to systematically report evidence and triangulate quality information around key issues identified through quality governance processes in line with NHS England guidance, as described within NHS England's Quality Functions: Responsibilities of Providers, Integrated Care Boards (ICBs) and NHS England (2023). This guidance provides the framework for the quality operating model for delivering quality assurance as an ICB. Within this paper, in line with established healthcare quality principles, information is grouped across the areas of Safety, Patient Experience and Effectiveness/Outcomes.

Safety

Developments challenging assurance:

3. **Area of ICB Quality focus: UEC and Elective Care:** Urgent and emergency care continues to be of ICB focus, with long waits in along the clinical pathway. Considerable work has been undertaken to reduce numbers of ambulances waiting. Winter continues to be challenging and is a priority area for additional support by the ICB. The Devon Clinical Cabinet and System Quality Group are addressing, key issues such as dynamic risk assessment, safety in areas of unplanned escalation and vaccination.

Developments improving assurance:

4. **Patient Incident and Response Framework:** Incident management under the new Patient Incident and Response Framework (PSIRF) model is progressing across Devon, with all main providers having transitioned. Reporting is noting the increase in primary care 'sign up' to the new system and national/regional work is under away to further support this to improve Primary Care level patient safety reporting.

5. **Never Events:** Regarding oversight of Never Events the safety systems team within NHS Devon ICB regularly receives progress updates from the providers. The workstream to implement the Never Event focused improvement initiative, National Safety Standards for Invasive Procedures, (NATSIPS 2) has resumed. The ICB is closely monitoring reporting rates and overseeing improvement plans.

6. **Infection Prevention & Control:** NHS Devon via the Health Protection Delivery Group with Public Health stakeholders continues to develop and deliver plans and services in the domain of infectious diseases such as avian flu and tuberculosis. Work on commissioning specifications is well progressed which will enable gaps in services to be addressed.

7. **Maternity:** Throughout quarter 3 2024/25 the Local Maternity and Neonatal System (LMNS) will be working with Devon trusts to ensure that evidence is collated and validated in preparation for Clinical Negligence Scheme for Trusts (CNST) submissions in March of 2025.

8. **Children & Young People:** Data validation has been completed across all areas for waiting over 52 weeks; a Rapid Quality Review meeting has been held to understand any quality or safety issues within these long waits; progress is being made in some areas against the recovery target, more specifically within the Plymouth locality area. Challenges across other system providers are being addressed. This is subject to separate reporting to board.

Patient Experience

9. In summary, patient experience report themes arising from formal complaints to NHS Devon mostly report access issues to GP appointments and Dental care.

10. Positively, the ICB recent recruitment to vacant posts within the team is demonstrating improvements in response times and this will further improve in coming months.

11. Regarding ongoing increases in dental access related complaints, the ICB quality team is working with commissioners and regional colleagues to better understand plans for improving access so patients can be better informed.

12. Development work is being progressed to report improved system partner data focused on patient experience at ICB level inclusive of Friends and Family Test performance and other measures. A development workshop for system partners is being planned for later this year.

Effectiveness/Outcomes

Area of ICB Quality focus:

13. **Mortality – Improving Assurance**: All reporting providers in Devon are within expected ranges with our Torbay & South Devon NHS Foundation Trust (TSD) and Royal Devon University Healthcare NHS Foundation Trust (RDUH) both below the midpoint score of 100. University Hospital Plymouth NHS Trust (UHP) has a SHMI score above 100 but is within expected ranges. Work is underway at UHP to improve depth of coding quality and recent reports indicate that the SHMI score for the Trust will improve as coding quality

develops. Additional assurance has been reported through the use of Structured Judgement Review's.

14. **S117 Aftercare Arrangements:** Assurance improvement work is underway to improve reporting and assurance of all S117 Aftercare arrangements in Devon. This is inclusive of delegated activity to provider Trusts and specific commissioning responsibilities delivered by the ICB. Good progress is being made to respond to the audit report recommendations.

Section	Assurance	Trend from previous month
Overall assurance	**Satisfactory – (**areas of concern have additional focus and mitigating actions)	**N/A**

Recommendations

15. The Board is asked to **AGREE** the overall assurance level relating to the quality position of the One Devon Integrated Care System as **satisfactory** and **TAKE SATIDFACTORY ASSURANCE** that adequate plans are in place to mitigate and improve quality risks.

NHS Devon ICB's Quality Report January 2025

Public Board January 2025

Penny Smith, Chief Nursing Officer, NHS Devon ICB

Developed by:
The Nursing & Quality Directorate

Editors:
John Trevains, Director of Nursing & Quality
Sara Wright, Head of Quality Improvement

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Contents

Executive Summary of Key Points:

Mortality: All reporting providers in Devon are within expected ranges with our Torbay and Royal Devon Trust's both below the midpoint score of 100. University Hospitals Plymouth (UHP) has a SHMI score above 100 but is within expected ranges. Work is underway at UHP to improve depth of coding quality and recent reports indicate that the SHMI score for the Trust will improve as coding quality develops. Additional assurance has been reported through the use of Structured Judgement Review's.

Urgent and Emergency Care (UEC): Urgent and emergency care continues to be of ICB focus, with long waits in ambulances and within Emergency Departments (ED). Winter performance has been challenging and continues to be a priority area of focus and additional support by the ICB .

IPP/ S177: There is on-going work within the ICB around Individual Patient Placements (IPP) and Section 117 governance and assurance, to ensure an improved position and oversight. A task and finish group is in place working on audit and internal review findings to improve performance and assurance.

Elective Care: The Elective Care Improvement Board has been stood down by the ICB. Instead, work will feed into the Locality Meetings. The future governance of the Clinical Harm Group is currently being determined. Positive work has been progressed via the Quality Improvement Group to support resolution of delays in Torbay.

Patient Safety Events: There has been good progress in the closure of serious incidents (SIs) under the previous process. The learning from Never Events will be shared through the System Quality and Performance Group (SQG). **Re Primary Care –** work is being delivered to improve the role out of the national patient safety reporting in primary care, noting this is a regional and national area of attention.

Patient Experience: With the ICB team fully recruited to the ICB turn-around time for managing complaints has improved. Dental and access to primary care remain the main themes of complaints.

Mental Health: Information is provided on county wide work regarding suicide reduction and quality improvement work with provider Trusts

Children & Young People: Waiting list recovery: Neurodiversity and Speech, Language and Communication - Data validation has been completed across all areas for waiting over 52 weeks; a Rapid Quality Review meeting has been held to understand any quality or safety issues within these long waits; progress is being made in some areas against the recovery target, more specifically within the Plymouth locality area. Challenges across other system providers are being addressed. Further updates will be supplied to the quality committee

Safeguarding: Devon and Cornwall Police are stepping back from the strategic leadership for the Right Care Right Person (RCRP) initiative post roll out of phase 3 & 4, due to commence in January 2025. The ICB working with the Devon Mental Health Collaborative are working to put suitable arrangements in place. Future governance arrangements will be discussed at the January RCRP Strategic Board.

Quality Focused National Guidance

(New since previous Quality Report - November 24):

HSSIB proposes the following safety responses for integrated care boards: Mental health inpatient settings: Creating conditions for the delivery of safe and therapeutic care to adults — HSSIB

- Creating conditions for the delivery of safe and therapeutic care to adults — HSSIB
- Proposed safety response ICB/2024/008: HSSIB suggests that integrated care boards work collaboratively with the NHS and independent sector to review their system-level workforce plans to ensure they recognise and mitigate the safety challenges in mental health inpatient settings and agree how variation across a geographical area can be mitigated.
- Proposed safety response ICB/2024/009: HSSIB suggests that integrated care boards: 1) ensure system-level infrastructure strategies clearly reflect the risks across their mental health inpatient built environments, and 2) ensure prioritisation of capital funding is equitable across different healthcare settings in a geographical area.
- Proposed safety response ICB/2024/010: HSSIB suggests that integrated care boards: 1) work with mental health inpatient providers to identify patient needs that require input from other providers and agencies, and 2) facilitate cross-provider working arrangements between mental health, acute and primary care providers to minimise the need for transfers of care unless clinically necessary.

Principles for Assessing and Managing Risks across Integrated Care Systems: NHS England » Principles for assessing and managing risks across integrated care systems

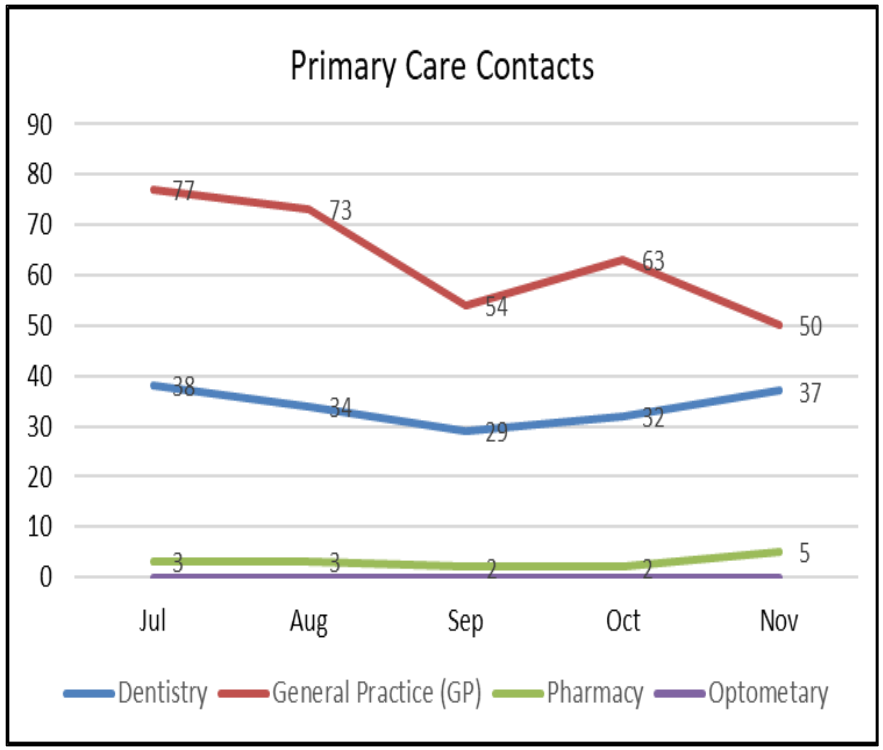
- The National Quality Board's Principles for Assessing and Managing Risks across Integrated Care Systems was published on the NQB webpage 4 December.
- The Principles sit alongside the RASCI tool (Responsible, Accountable, Support, Consulted and Informed) published on NHS Futures last month and the previous NQB guidance.
- In 2025, NHSE will be working with a small number of systems to test the Principles and gather more learning into implementation of the principles.

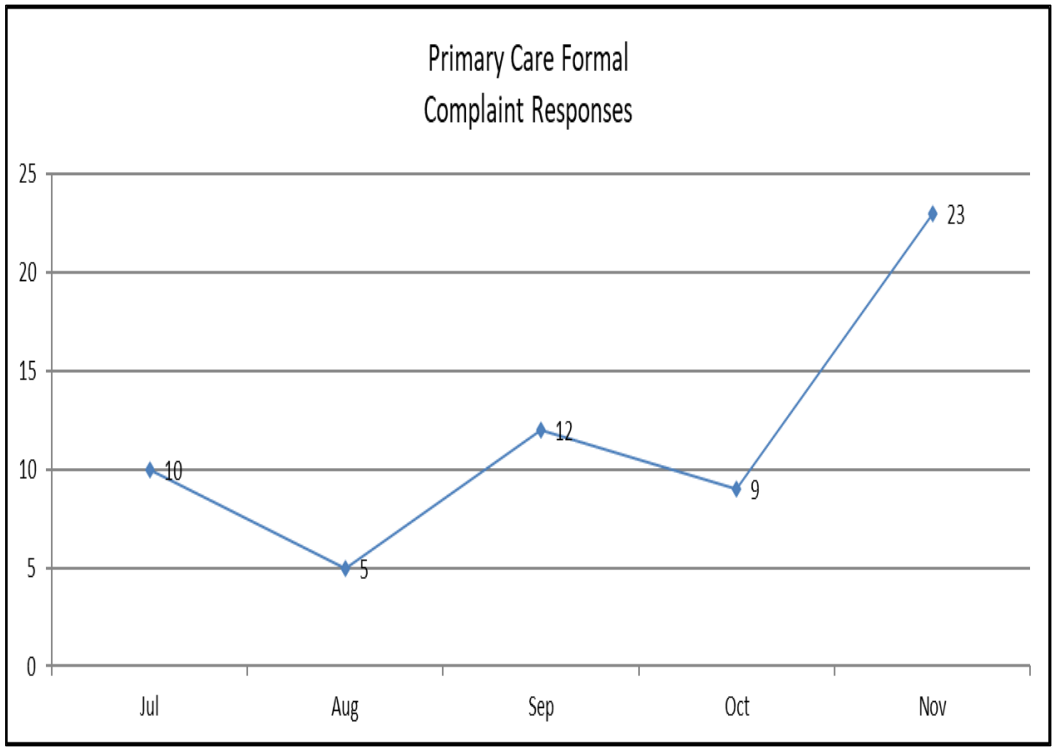
The Insightful Provider Board: NHS England » The insightful provider board

- This guide will help boards to consider their approach to handling and acting on the information they receive. It considers the leadership behaviours and culture of the board and how these can affect the information it receives and the actions it takes, as well as metrics that can support the board to better understand the organisation's performance.
- The 6 domains are indicative areas of oversight and should be read as a collective – for example, information about an organisation's estate could fall within all domains.

Primary Care 1: Patient Experience

ICB Contacts by theme and completed responses





Primary Care 2: Patient Experience continued

Please see previous slide

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Patient Experience:	Dental contacts continue to be the main Primary Care contacts for NHS Devon, main themes relate to dental access; - Dental access concerns and complaints are generically responded to providing details of the national work to improve England's oral healthcare. Many complaints report difficulty in accessing an NHS Dentist in the area. General practice main contact relates to appointments and prescribing which are directed back to practices in most cases. Recent main themes identified: - Contacts relating to a Plymouth Practice and changing their boundary, which impacted 600+ patients. - Contacts relating to dissatisfaction with service provision . During November there has been an increase in number of formal complaints received for review and sign off from the NHSE Primary Care Hub due to recent recruitment enabling improved processing of enquiries. A small number of pharmacy contacts were received in October/November which related to out-of-stock medicines and home prescriptions stopping. NHS Devon has not received any recent contacts since last report regarding Optometry.	- Primary Care Commissioners are developing plans to improve dental access, including dental education for young people. - Although these contacts continued from the previous month, they were resolved during the early part of October and patients remained with the practice - No action indicated . - No action required.

Primary Care 3: Patient Safety

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	**Patient Safety Strategy: Primary Care Summary** We know from previous studies (Avery et al, 2020) that a significant number of incident happening in General Practices that result in significant harm are avoidable incidents, with a large proportion being diagnostic errors. The patient safety strategy for Primary Care has 3 main aims: •Developing a supportive, learning environment and just culture in primary care, with sharing across the system so that the services can continually improve •Ensuring that the safety and wellbeing of patients and staff is central, and that our approach to managing safety is systematic and based on safety science and systems thinking •Involving patients in the identification and co-design of primary care patient safety ambitions, opportunities and improvements Recognises the pressures in primary care, the implementation of the strategy is flexible, with GP's being the priority for implementation. In summary implementation means: •Providing a safety culture with participation in staff survey's •Safety systems by completing the patient safety syllabus training •Insight by registering and using the new national incident recording systems (LfPSE and PSIRF) •Involvement by identifying patient safety leads •Improvement by reviewing and testing new ways of working to support improvement in diagnosis, medication, referrals, optometry and dental services.	In January 2025, the Safety Systems Team will be producing a summary of the patient safety strategy to be included in the GP bulletin.
Safety	**Learning from Patient Safety Events (LfPSE)** A letter was sent to all General Practices in September, to encourage them to register an account on LfPSE to enable them to report events themselves but also allow them to be visible of incidents that are being reported about their services from other health and social care providers. From the letter and work that the Safety Systems Team are continuing to complete we now have a total of 45% (increase) of practices registered, of which 38% (increase) of practices have recorded at least one event. Identified themes from events reported by GPs are regarding: •Medications – specifically regarding the wrong type of medication being prescribed, followed by the wrong dosage of medications. •IG Breach's •IT and software **Chart 2 illustrates all type of reported incidents from GP's.**	Supporting GPs to register onto LfPSE provides resource, which is limited within the team. Some GP's are reporting that this is not a contractual requirement. Communication is shared with Primary Care Commissioning colleagues and engagement colleagues are supporting the communication.

Primary Care 4: Patient Safety

45% of GP's registered on LfPSE

38% of GP's reported at least one event

3% of GP's are in the process of registering

Chart 1: Reported incidents within Primary Care April to November 2024

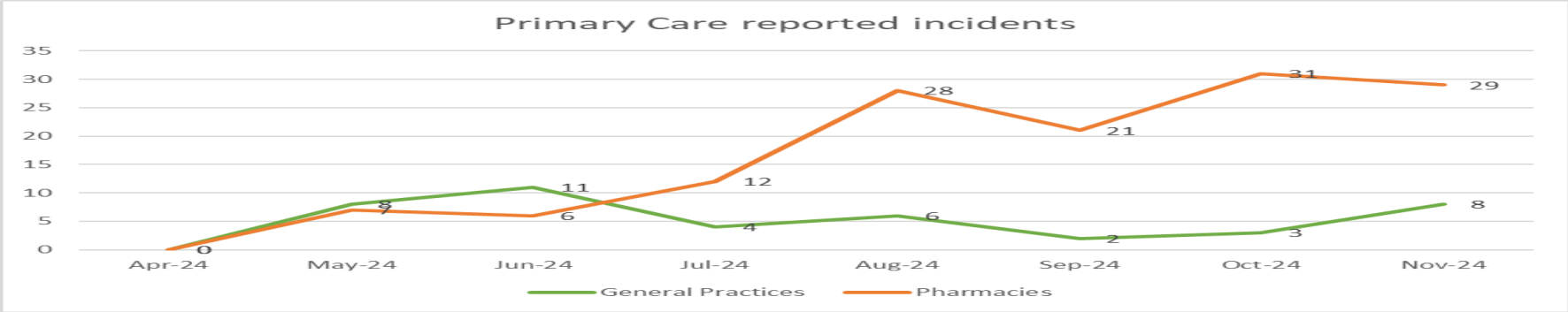
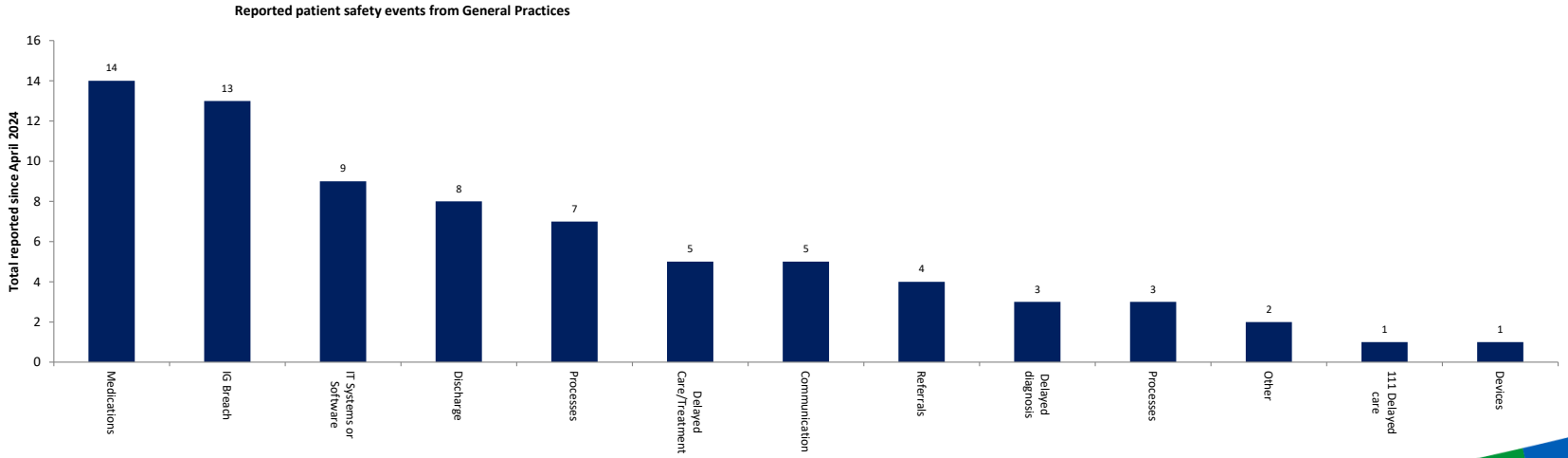
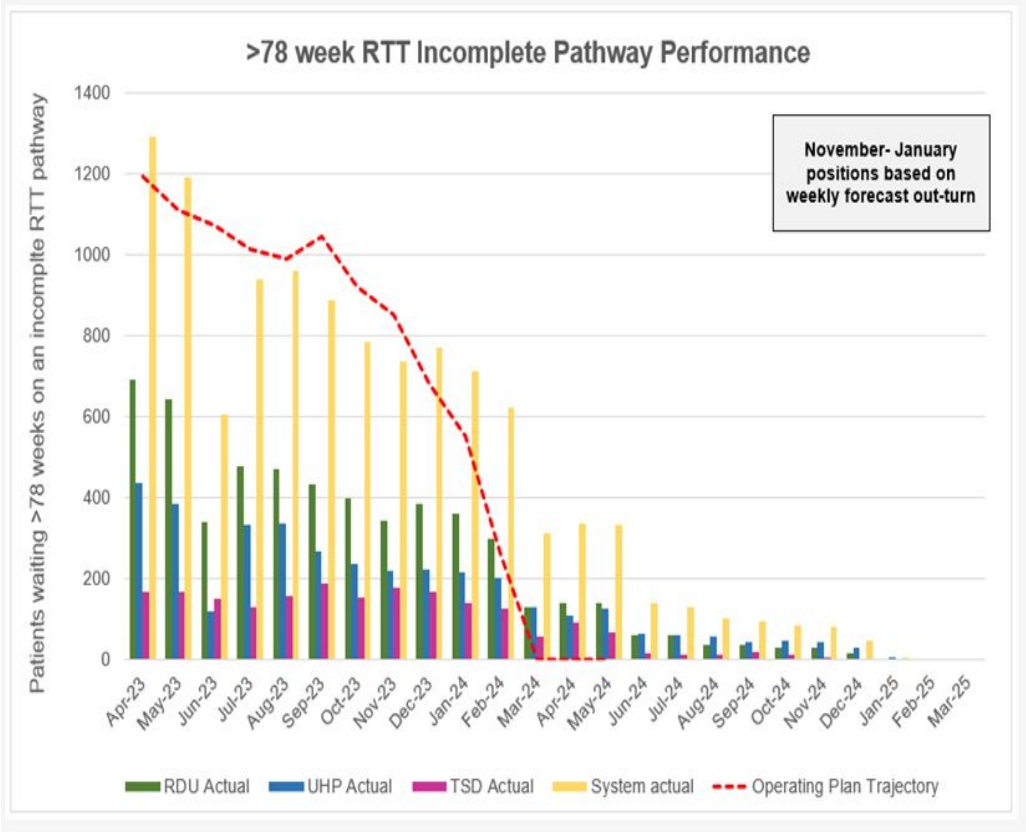
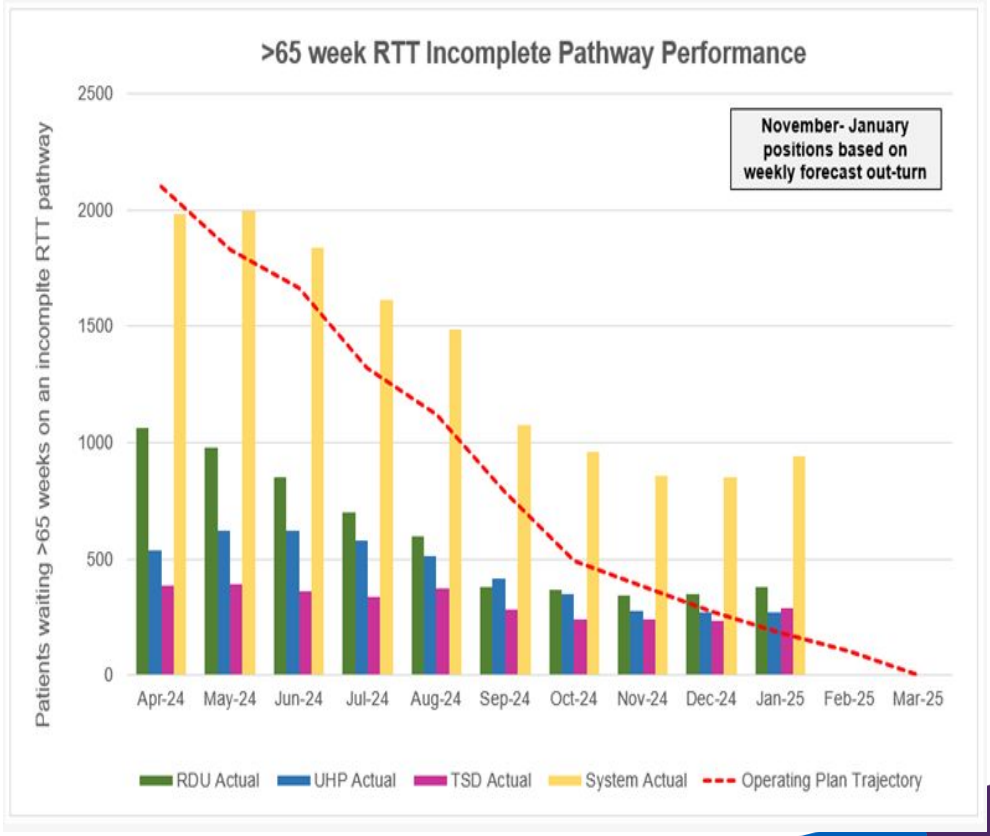


Chart 2: Reported incidents by General Practices April to November 2024, by type



Elective Care 1: Performance



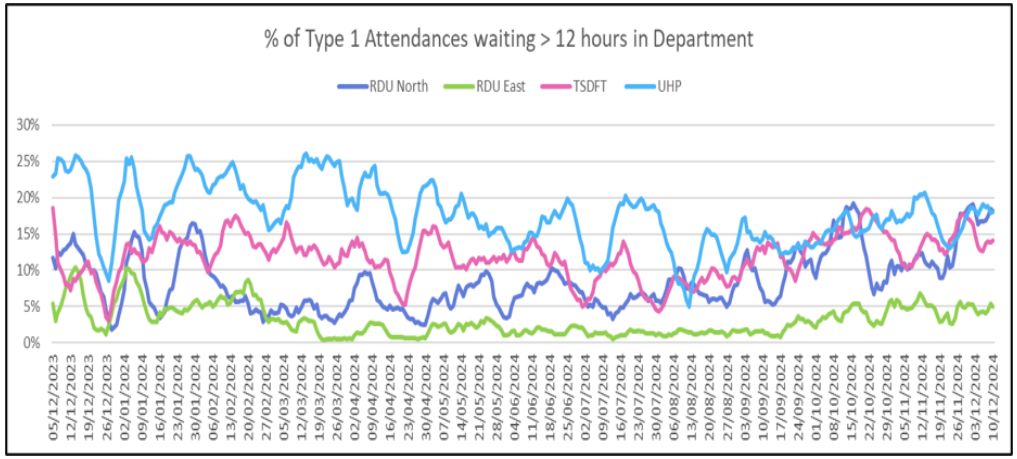


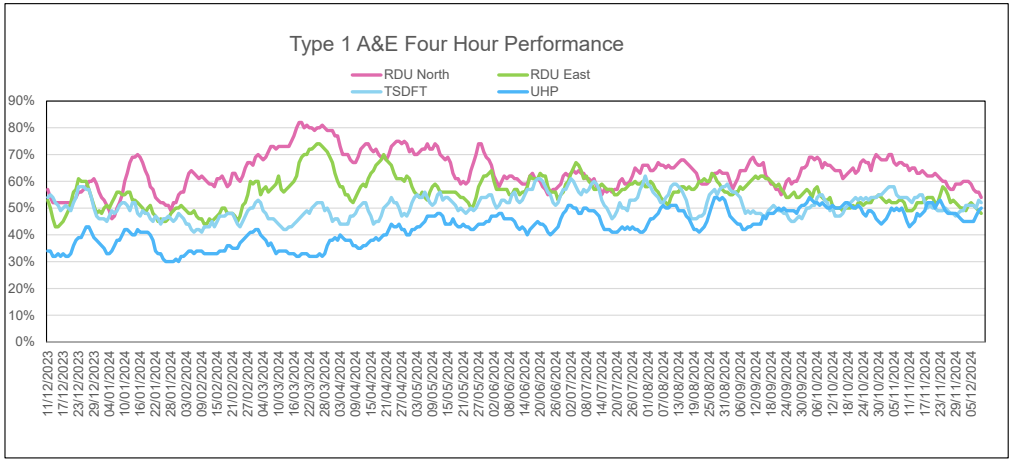
Elective Care 2: Assurance information

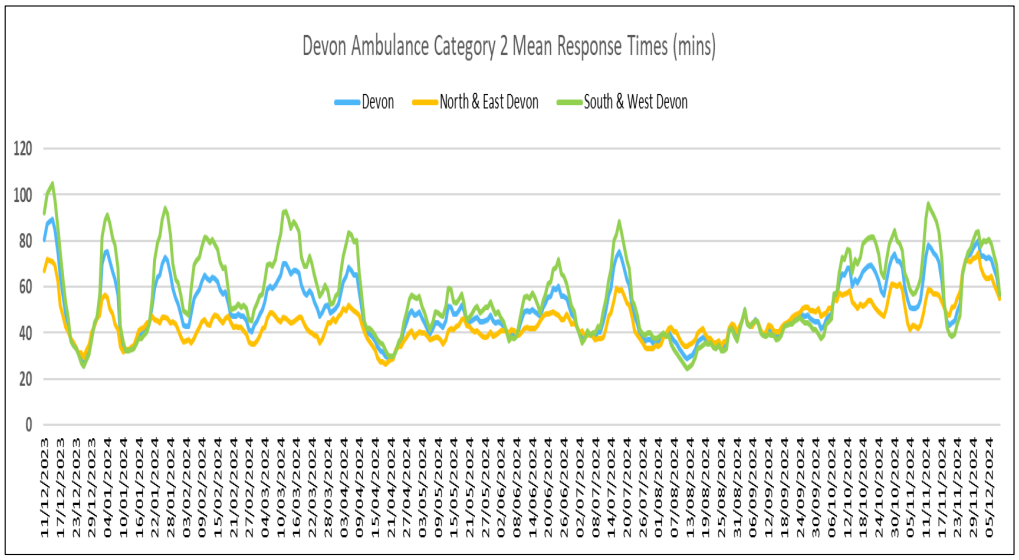
Please see previous data slide above:

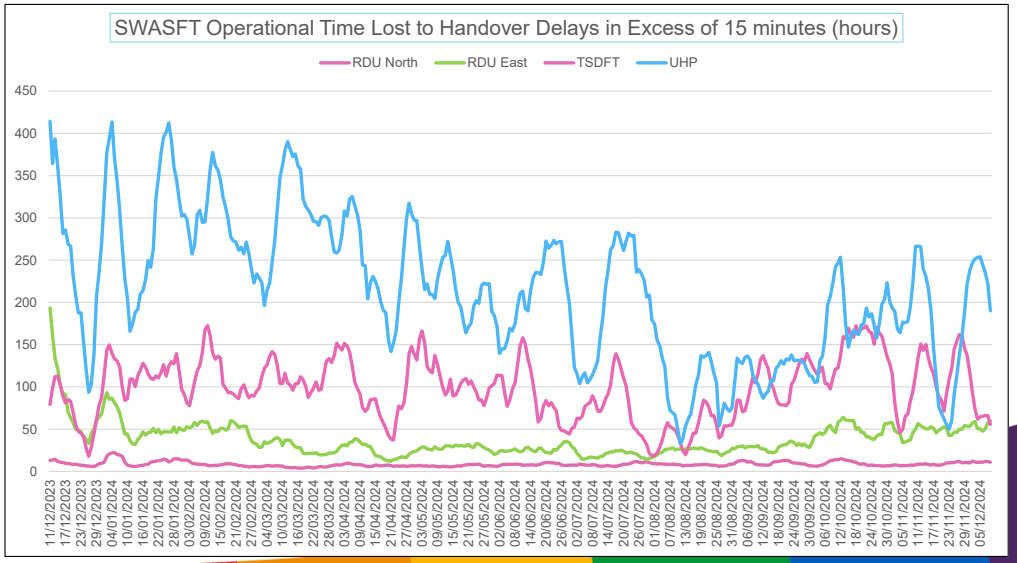
Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	**Long Waits Overview** (See tables 1&2 on previous slide): The system remains behind trajectory in December for 78ww clearance with a total of 45 against a plan of zero, with patients remaining to be seen in January with a predicted position of 3 (data as of 11/12/24). Patients within the 65ww cohort are also behind trajectory for December and January with a position of 856 for December and 942 for January against an operational plan position of 0. Assurance has been provided to NHSE through Tier 2 that recovery will be in place over Q4 through the use of 10 week challenge methodology. **Orthopaedic Progress Specifically**: • Devon System successful bid to be part of GIRFT community MSK pathway work. National programme in conjunction with Department of Work and Pensions. £100,000 funding to support community MSK waiting list and review/redesign pathways. • ICB working with SWAOC team to understand ability to support a system physio post to roll out best practice physio at other sites **Key area of success:** **Patient Follow up's (September 24)** All providers are in upper quartile nationally • RDUH 9.3% • TSDFT 6.1% • UHP 4.9% **Successful Funding:** NHS Devon has been successful in the Getting It Right First Time (GIRFT) Community Musculoskeletal (MSK) bid. Monies will support the reduction to 18 week waits for community MSK patients (aprox. 1200). A working group of community physio leads, including a regional lead, will be working at pace to affect this program of work.	Highlights & Escalations have been escalated to the Elective Workstreams via Devon Elective Care Improvement Board. Board is now stood down and elective escalations will be through the Locality Meetings. The System Clinical Risk and Long Waits Group continues to provide a forum for assurance in relation to the risk profile associated with long waits. The future, including governance of the group, is to be decided by the Commissioning Team.
Safety	**Renal Services TSDFT:** Challenges in accessing and the availability of appointments within TSDFT. A review of all patients attending ED and MIUs on the renal waiting list is being conducted to ascertain if harm has occurred whilst waiting. The future sustainable service model is in the process of being agreed with RDUH. Additional info on this is provided in the Locality slide later in this report	Quality Improvement Group on-going, chaired by the ICB DCNO. NHSE and the CQC are also in attendance.
Experience	**Waiting Well/Health Optimisation Service:** The Waiting Well/Health Optimisation Service has been open since July 2024 via referral to Living Options Devon. The service is open to patients on hip and knee waiting lists at all Trusts who meet target criteria. Since opening there have only been 29 referrals in total made to Living Options Devon. Thus far, only RDUH – North (14) and UHP (15) have transferred any patients, resulting in: • Service is significantly underutilised (estimates were around 100 referrals per month) • Inability to improve health and wellbeing of patients on waiting lists Barriers incl: • Slow engagement of trusts • Inability to staff front end of perioperative journey due to staffing pressures • No perioperative coordinators in place • Difficulty identifying patient groups/BI	The System Elective Care Improvement Board will be presented with the following recommendations: • Trusts prioritise implementation of screening process and identification of patient groups at time of addition to waiting list (as per NHS standard contract) • Trusts identify resource to undertake role of perioperative coordinator

Urgent and Emergency Care 1: Wait times /Response Performance









Urgent and Emergency Care 2: Continued

Please also see previous slide above

	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety and Quality	Handover and category 2 response times remain of concern at present. Handover delays are more prevalent within the Plymouth, West and South localities	NHS Dorset ICB is the lead commissioner for SWASFT and liaise with the system on clinical risk, potential harm and outcomes. A SW999 Quality group has been reinstated for quality leads.
Patient Experience	The CQC UEC survey results were published 21/11. The survey targets patients who have used UEC sites and services including urgent treatment centres and emergency departments. Care opinion continues to provide a real-time option for patients and family to provide feedback. There are expected correlations between performance against wait targets and patient experience.	The UEC Board has been stood down. Issues are discussed at Locality Meetings.
Patient Experience	ICB Quality Visit to TSDFT ED 6/12/24: To ensure the Fundamentals of Care are delivered consistently to patients waiting in the ED for admission, the symphony patient management system gives total oversight by hours waiting, acuity etc. The ED team include good detail when documenting care including a patient's ability to express needs/call for support, whether food offered is accepted and consumed.	Safety and Quality reported through the TSD Quality Committee which the ICB attend.

Urgent & Emergency Care 3: SWASFT Quality Indicators

Quality (Taken from November 2024 Board Papers agenda-pack-board-in-public-november-2024pdf.pdf Note Data Includes All ICBs): The following indicators evidenced some improvement but also areas that remain challenged.

National Ambulance Quality Indicators October 2024

- Call answering mean was 2 seconds (England national standard is 10 seconds)
- Category 1 mean response time was 10 minutes 27 seconds (England mean was 8 minutes 38 seconds).
- Category 2 mean was 57 minutes 38 seconds (England mean was 42 minutes 15 seconds).
- Category 3 mean was 3 hours, 48 minutes (England mean was 2 hours, 41 minutes).
- Hours lost to hospital handover delays over 15 minutes was 34,195 an increase of 17,307 hours above the August position**.** Average handover time was 70 minutes, the longest in the country, the England average was 40 minutes
- Falls care bundle. Patients aged 65 years and over who have a fall below 2 metres, (less than 10 steps) should receive a thorough examination to exclude missed traumatic injuries before being Discharged at Scene Safely. 26.7% of patients over 65 received an appropriate care bundle, compared to 43.3% across England.

Urgent and Emergency Care 4: Friends and Family Test

The friends and family test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience

RDUH ED FFT Data September 2024:
100% Positive Recommender from 0.1% of eligible patients surveyed.

TSDFT ED FFT Data September 2024: 90% Positive Recommender from 0.9% of eligible patients surveyed

UHP ED FFT Data September 2024:

81% Positive Recommender from **7.3%** of eligible patients surveyed

	Total Responses	Total Eligible	% Positive	% Negative	Breakdown of Responses					
					Very Good	Good	Neither Good nor Poor	Poor	Very Poor	Don't Know
DEVON ICB	1,028	29,629	82%	12%	647	194	66	45	74	2
RDUH	4	11,398	100%	0%	14	0	0	0	0	0
TSDFT	42	4,877	90%	5%	33	5	2	0	2	0
UHP	972	13,354	81%	12%	600	189	64	45	72	2

Patient Safety 1. Devon System Level Data

Chart 1: Top 25 reported incident onto LfPSE by clinical incident areas

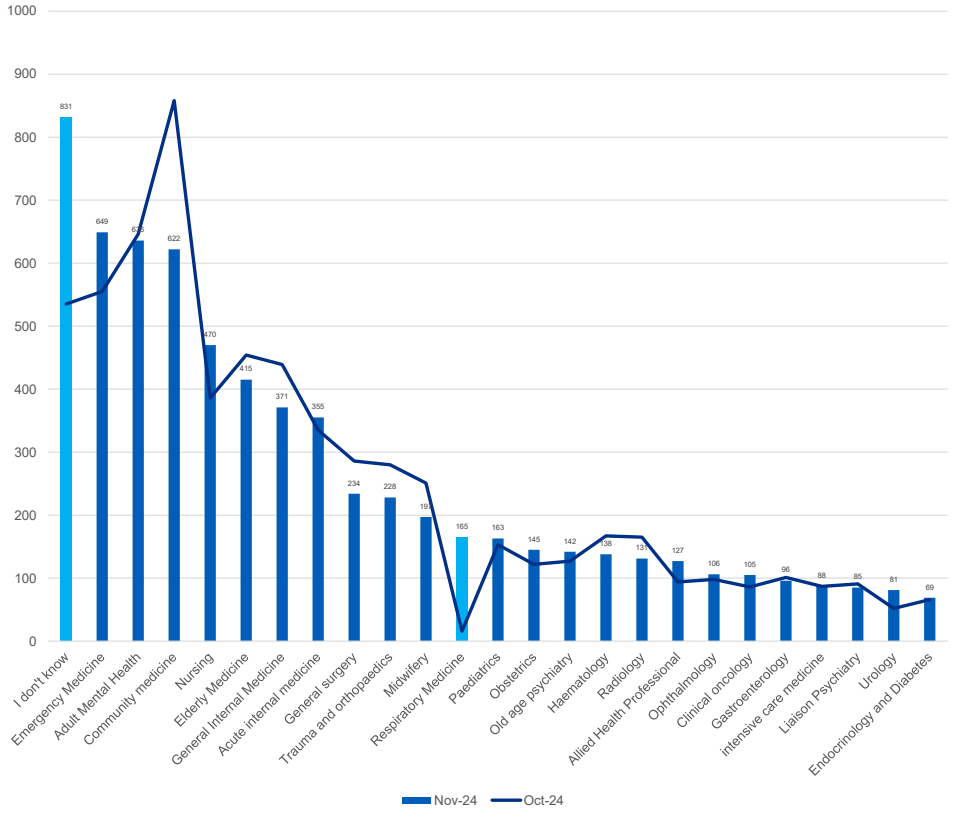
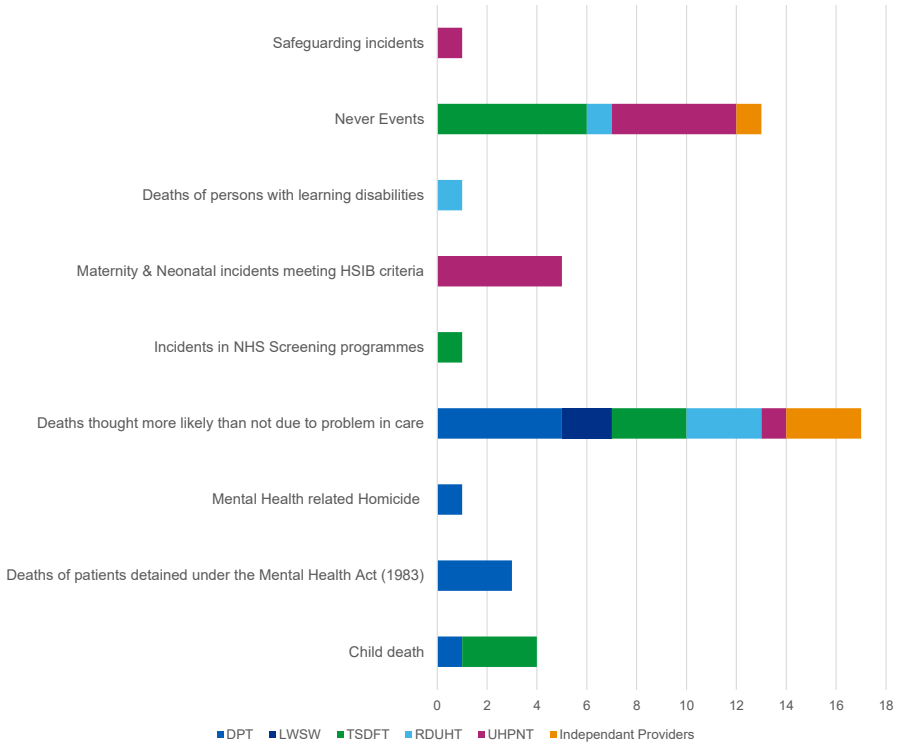


Chart 2: National priorities reported by Provider



Patient Safety Events 2: Continued

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	**Serious Incidents (SI)** Currently, there are 68 open serious incidents, with 5 investigation reports completed and submitted to NHS Integrated Care Board (NHS Devon) for review and approval for closure. This will reduce the number of open SIs further by the end of next month. During November 2024 NHS Devon reviewed and closed 22 SI investigation reports, which were subsequently reviewed and closed. A further 14 SI investigation reports were reviewed by the Safety Systems Team, however further assurance is required before closure is supported. The Safety Systems Team are in regular contact with all Providers that have open SI's on the Strategic Executive Information System (StEIS) to ensure they are on track to complete their open SI's. NHSE have confirmed that StEIS will remain live until next year to support organisations transition to taxonomy 6 within their local risk management systems.	The number of SI being closed each month is being reduced. NHSE have confirmed StEIS will remain active until next year, proving additional time for Providers to close SI on StEIS.
Safety	**National and local Patient Safety Incident Investigations (PSII)** PSIRF enables Providers to establish their own local patient safety priorities by analysing historical themes and trends. These priorities are outlined in their PSIRF plan and policy, which must be approved by NHS Devon ICB. Alongside these local priorities, PSIRF also sets certain national priorities that all Providers must address through mandatory Patient Safety Incident Investigations (PSII). Some of these investigations will be conducted locally by the provider, while others will involve an independent PSII. During November, 2 national PSII were reported and 3 local PSII. After the Safety Systems Team reviewed the reporting of national priorities, concerns were identified regarding the consistency of reporting PSII regarding maternity and neonatal incidents. Discussions are ongoing with all acute organisations to ensure reporting is consistent across the system.	
Safety	**National Priority: Never events** The number of never events reported since April 2024 to November 2024 is higher than previous years. TSDFT having reported the highest number of never events, noting thew were no harm events . No never events have been reported by mental health trusts this financial year and only one never event has been reported since 2015. Immediate learning identified from the reported never event was shared quickly with all Trusts within the Devon and Cornwall patient safety specialist network and nationally through the patient safety alerting system. Immediate learning has been identified from TSDFT reported never events and actions are in place to help prevent re-occurrence of similar incidents. The safety Systems Team have completed a never event summary report, which included the implementation of NatSSIPs 2 work.	TSDFT have reported an increased number of no harm never events since April 2024.. Never event learning summary is planned to be shared and discussed within SQG.

Patient Safety Events 3: Continued

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	**Learning from Patient Safety Events (LfPSE)** Monthly patient safety data is available from all reporting organisations. New guidance has been released to support organisations to improve the quality of data being reported onto LfPSE, proving feedback to strengthen the accuracy and compliance of data fields. This guidance has been discussed within NHS Devon's system network for LfPSE users. The new ICB LfPSE dashboard will soon be released, which should enable trends and themes to be identified. Chart 1 illustrates the top clinical areas reported, those highlighted in a different blue colour have shown as significant increase and will be monitored by the Safety Systems Team.	Reporting within main providers remains consistent.
Safety	**Patient Safety Incident Response Framework (PSIRF)** NHS Devon ICB PSIRF policy has been reviewed by NHSE and is going through final approval stages within NHS Devon. The follow up letter that was sent to all those Independent Providers who have not yet submitted a revised incident reporting policy that reflects the new PSIRF rather than the existing serious incident framework (2015) generated lots of responses, with an additional 7 new policies shared. Regular communication with contracting colleagues, including a monthly update on providers progress is shared. Independent Providers that have had their PSIRF policy approved by the ICB this month: •Children's Hospice South West Some of our main Providers within Devon are starting to revisit and review their PSIRF plans, which the Safety Systems Team are invited to attend.	Contracting colleagues are updated monthly with received, reviewed and approved PSIRF policies from independent providers.
Safety	**Central Alerting System (CAS):** A review of the ICB's process for managing patient safety alerts is complete. Current outstanding safety alerts across the system: •NatPSA/2023/010/MHR - Medical beds, trolleys, bed rails (A new safety alert is likely to be issued to replace this one) •NatPSA/2024/004/MHRA - Educing risks for transfusion-associated circulatory overload (Acute Trusts) •NatPSA/2024/011/DHSC - Discontinuation of Kay-Cee-L (potassium chloride 375mg/ml) (potassium chloride 5mmol/5ml) syrup	The review and recommendations will be shared within QAM. Outstanding safety alerts are monitored by the safety systems team.

Patient Experience 1: ICB Performance

Table one: contact received in November

Formal complaints	**3**
Informal concerns	162
Ombudsman investigations	0
Primary care hub sign off	23

Table two: open and unallocated cases*

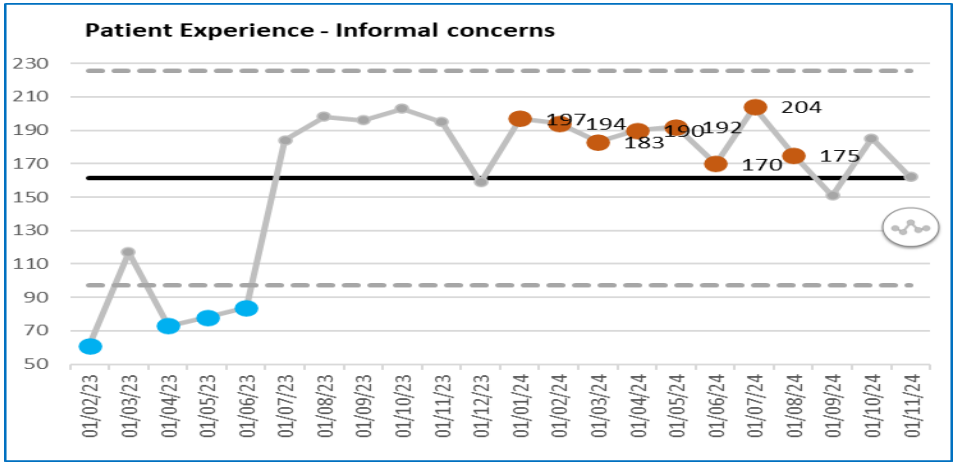
**as at 02/12/2024*

Formal complaints	13
Informal concerns	56
Ombudsman investigations	7
Primary care hub sign off	3
Unallocated cases	0

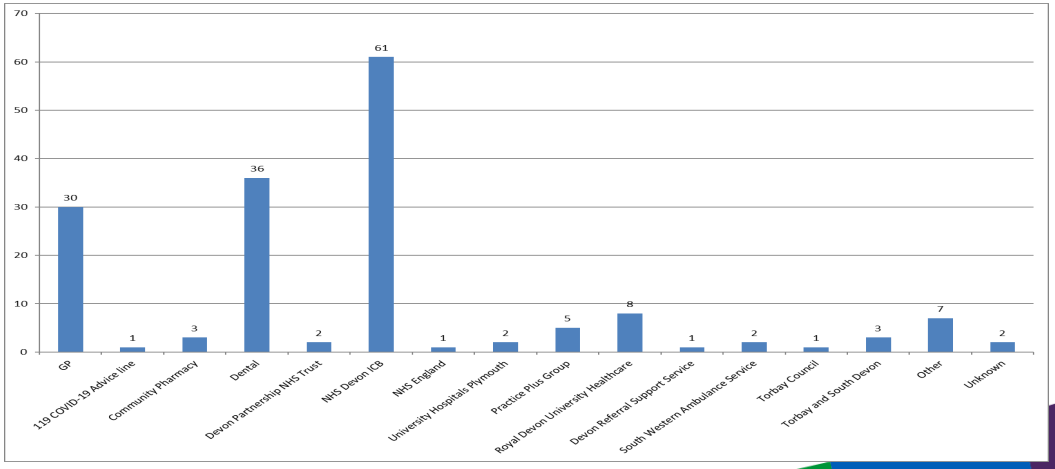
Table three: top themes of November 2024

Theme	Number received	Main topic
Access to service	110	Mixture of themes across GP appointments and dental access
Communication	29	Varying themes, mainly GP, 111 and ambulance services
Quality of care	15	Mainly GP relating prescribing and onward referrals

Graph one: new contacts by month



Graph two: November contacts by provider



Patient Experience 2: Assurance Information

Please see data slide (s) above:

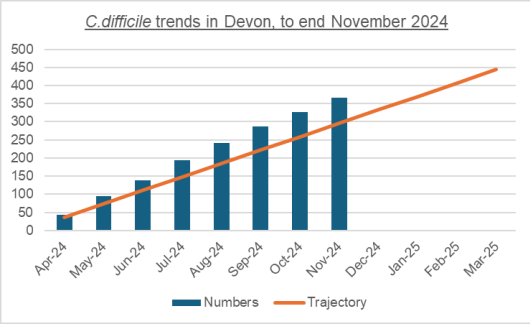
Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Experience	**Complaints response performance** Positively, at the end of September there were 40 unassigned new contacts, this reduced to 15 in October and zero in November. Is due to successful recruitment of new staff to the team and completion of their training and induction periods. The oldest complaint is 2 years old but is being well managed with the family. The final investigation report was received as expected in October, with significant work now taking place with support from Learning Disability leads. Devon Referral Support Services and Patient Experience used a telephony system called Avaya. Significant issues relating to stability of the telephony system was identified during November and has been ongoing since. Escalated to appropriate directors and senior leadership within Delt, along with updates to communication teams. *Activity throughout November is illustrated in table 1 and 2 and graph 1 and 2.*	Significant improvements in response times to concerns and complaints is anticipated in the next 3-6 months due to good recruitment in the team . Recruitment will create limited delays in improving the service offered by the team and will create some temporary delays whilst training and support is provided.
Experience	**Main topics** **Dental** Dental access continues to be the main reason for contact. The team is continuing to respond to contacts with the same template response as previously agreed. Access remains a significant challenge **Weight Loss Medication** Patients are making contact regarding the weight loss management pathways and medications available. *The top themes of October are illustrated in table 3.*	Ongoing risk regarding NHS dental access which is frequently escalated and discussed with Primary Care Commissioners. Request for updated position statement to support responses to patients. Position statements have been provided to support patients in how they can access services. Working group in place to improve the service, accessibility and access to weight loss medication.

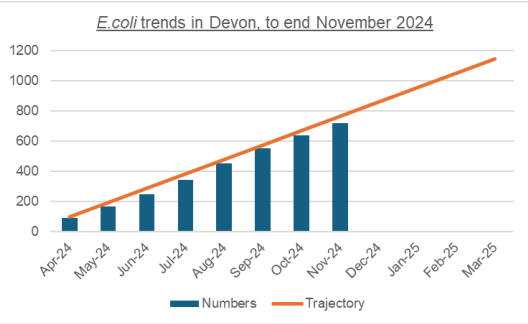
Patient Experience 3: Assurance Information

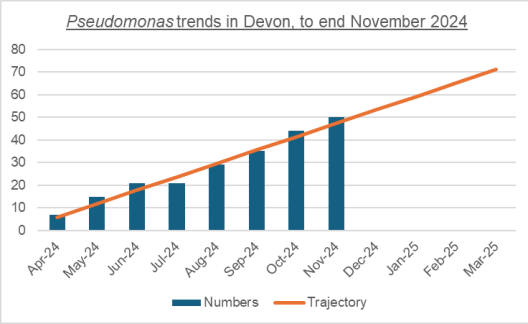
Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Experience	**Diabetes** Contacts regarding access to diabetes management devices across Devon following NICE guideline changes. Particular challenges in Torbay. **Stroke Association** Devon patients and family's are raising concerns regarding the decision to cease stroke rehabilitation support through the Stroke Association. **Activity and learning** **Special Allocation Scheme (SAS)** Work continues to improve the panel process for patients who have been on the SAS for more than 12 months and wish to appeal after this time. **Supporting out of area patients** On going activity following a PHSO recommendation the team is working with the mental health collaborative to consider how families with patients placed out of area can be supported to visit their family member .	Statements provided by commissioners explaining NHS Devon's pathway and access to devices where clinically appropriate. Support from commissioners in place and working with providers to offer guidance. Clear rationale provided by commissioners to support responses but offer sign posting to a selection of different alternatives to support stroke patients. Consideration being given to how travel costs and associated expenses can be supported.
Experience	**System activity** **Devon Patient Experience Network** - No further meetings since last report. **Devon scores highly in GP patient survey** In November's report it was highlighted that 78% of patients reporting a good overall experience with their GP practice. However, a comparison was not offered. Nationally, the overall score was 73.9% and in 2023 Devon scored exactly the same satisfaction score. **Other activity** - Following University Hospitals Plymouth concerns that Medical Examiners have seen a 70% increase in death reviews since September, funding has been provided to increase support in this area. - UHP held their first Youth Council, 17 young people attended offering the voice of young people in Plymouth. - UHP in partnership with PCC and LWSW have developed an All Age Carers Strategy and agreed 7 key ambitions/commitments. - SWASFT's engagement team are completing a piece of work face2face with patients who are waiting in an ambulance to be transferred into hospital.	N/A.

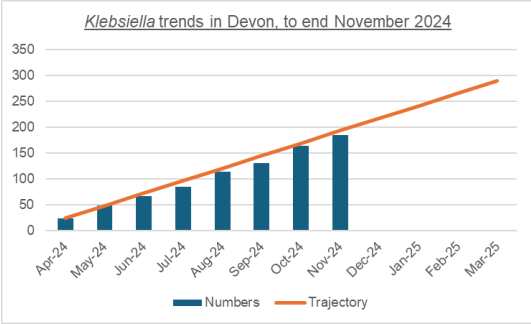
Infection Management – Performance & Trends

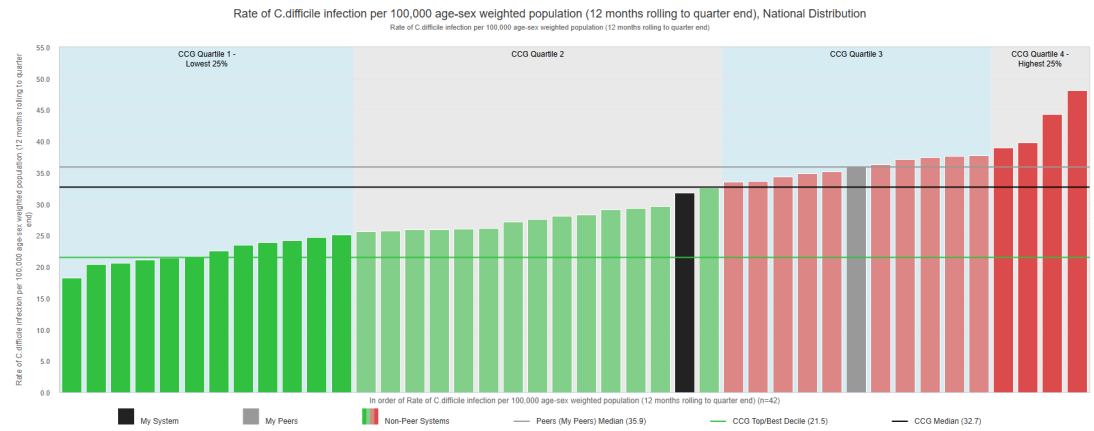
Health care associated infection trends in Devon against national thresholds, April-November 2024

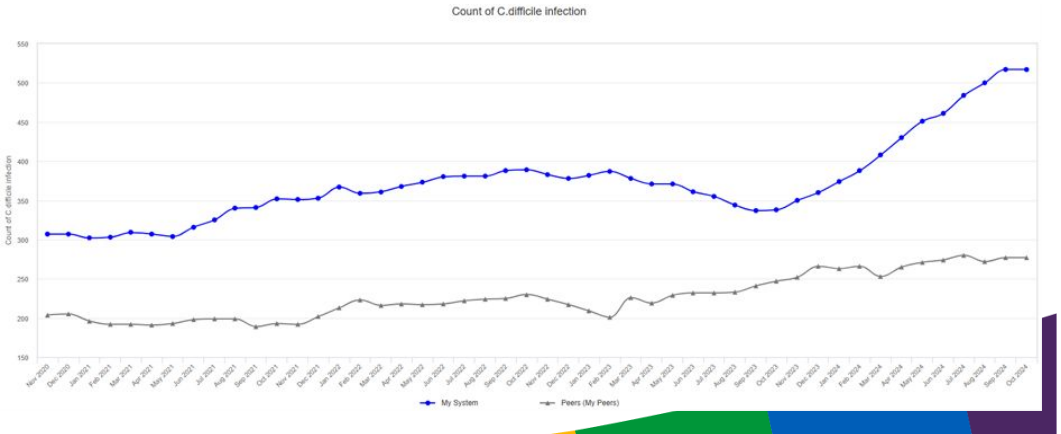










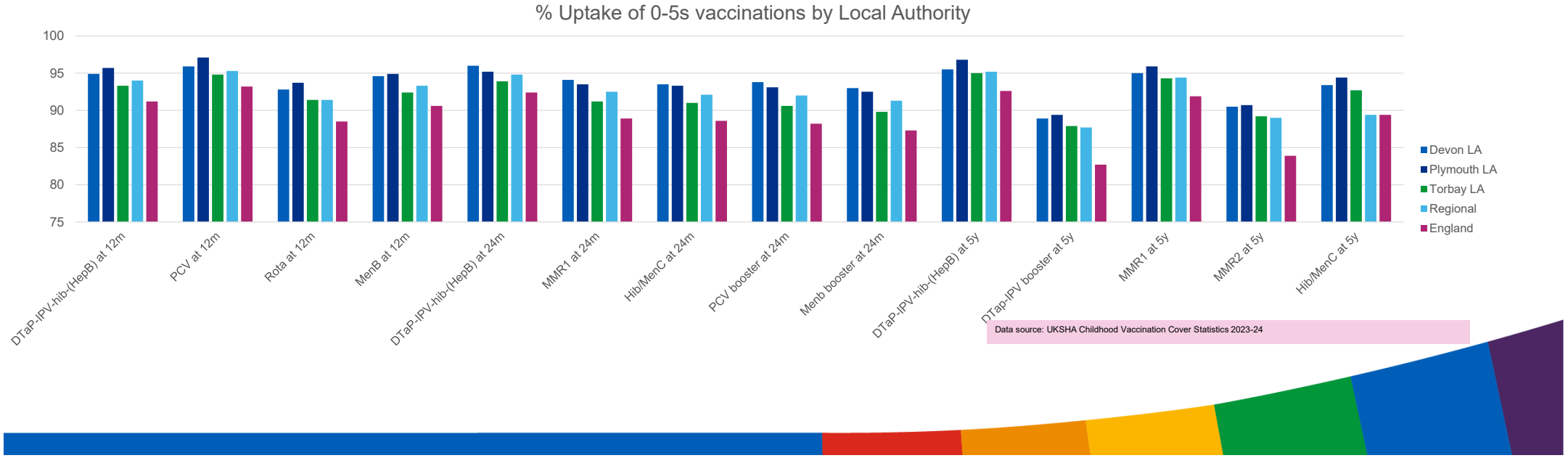


Infection Management 2- Updates, Risks & Mitigations

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Effectiveness	**HCAI Sharing and Resource Group** Devon ICB, RDUH East and Torbay have collaboratively created a new regional infection control learning group, with the aim of fostering collaboration and sharing of local successes and issues across the region. The group meets quarterly. **Health Protection Delivery Group** Devon ICB is leading this county wide group with public health colleagues to address commissioning gaps in services regarding pan Devon TB and high consequence infectious disease response services. **Winter IPC Touchpoint meetings –** Additional support meetings have been initiated by the ICB to provide support and facilitate sharing good practice this winter ***C. difficile* rise** There has been a rise in *C. difficile* over the last 12 months, both within Devon and regionally. Despite local, regional and national interest and investigation, no specific explanation has been found. Devon ICB continues to engage with local trusts and regional teams.	Suitably managed: yes Risk escalation: no Suitably managed: yes Risk escalation: no Suitably managed: yes- appropriate escalations and local/regional work Risk escalation: no
Safety	**Tuberculosis (TB)** The Devon system has seen an increased number of tuberculosis cases, causing a system impact. A rapid needs assessment is being undertaken by UKHSA. UKHSA and Devon ICB are working together to progress a pan-devon TB business case; an initial draft is now available. Latent tuberculosis (LTBI) screening in refugee populations has now had financial approval, and the particulars are being worked out with the Trusts involved. A tuberculosis outbreak within residential homes in the Devon area has led to a communications and education opportunity, with engagement with all Devon homes planned. **Mpox guidance in primary care settings** The mpox guidance released in September 2024 sets expectations for primary care PPE, which practices currently do not meet (airborne RPE, including fit tested FFP3 mask). Devon ICB are in the process of procuring a training service for FFP3 fit test training in primary care, through an external provider. **High Consequence Infectious Disease (HCID) response** The Devon system is looking to commission a community HCID swabbing service, as this is a current system gap addressed and mitigated by as required responses by NHS Trusts in Devon . Individual provider discussions are ongoing. An interim Devon protocol has been developed, with input from major stakeholders, and is in place until a commissioned service starts.	Suitably managed: yes Risk escalation: yes- risk is on the ICB risk register, with similar risk on public health risk registers. Suitably managed: yes Risk escalation: yes- for discussion at Executive Committee Suitably managed: no- although provider discussions continue, there is no contracted service in place. Mitigated by as required responses by NHS Trusts in Devon Risk escalation: no

Vaccination Optimisation 1 – Childrens Lifetime Vaccinations Performance

- National vaccination data is currently held and reported though a number of different systems and a national data set will be developed in readiness for when ICBs have delegated commissioning responsibility for vaccinations from April 2026.
- Childhood Vaccination Cover Statistics are available to the public and sees Devon with comparably good uptake levels. However, uptake falls below the World Health Organisation target of 95% coverage for routine 0-5s vaccinations.
- A more detailed vaccination report is being drafted to share governance arrangements, current vaccination status and planned development activities in the lead up to delegated commissioning.
- The table below shows data from the annual **(September 2024)** publication of uptake for 0-5s vaccinations, and the following slide provides details of the uptake for the Autum seasonal vaccination campaigns.



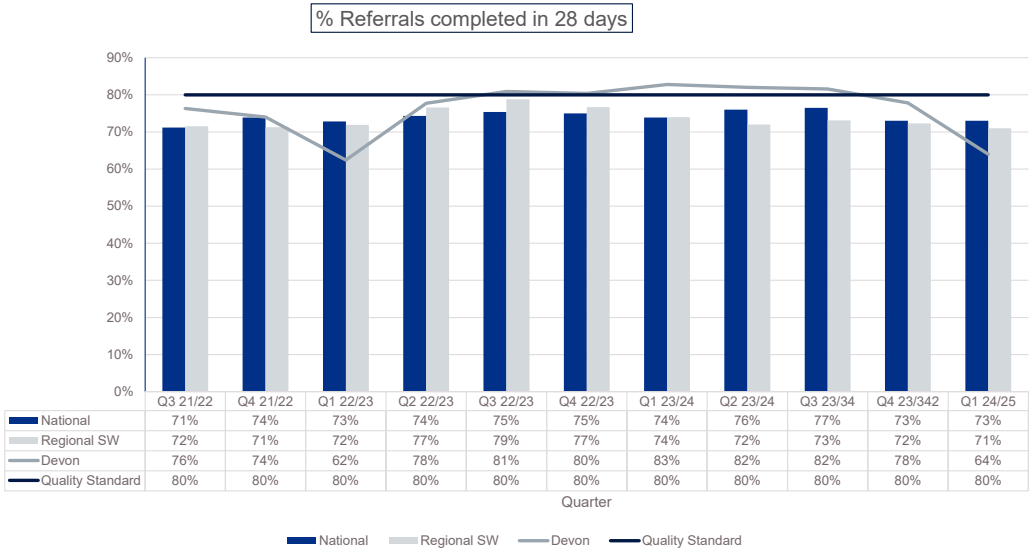
Vaccination Optimisation 2 – Seasonal Vaccinations

Uptake for Population Seasonal Vaccinations at 19/12/24

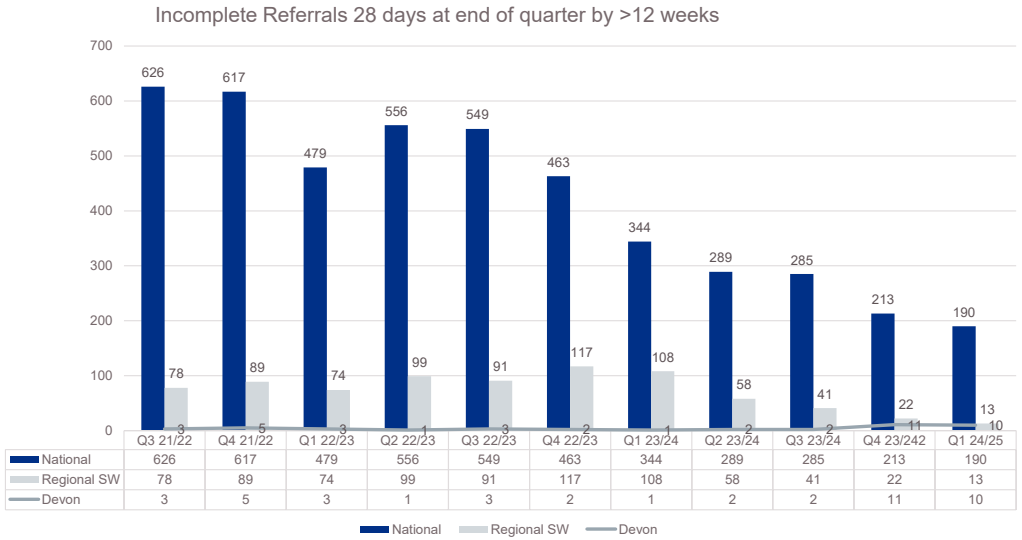
	Devon	Southwest	National
Flu (adult)	58.69%	NA	NA
Covid-19	54.44%	55.93%	43.88%

- Autumn flu vaccinations are available for most cohorts 03/10/24 - 31/03/25 (maternity and children from 01/09/24)
- Autumn Covid-19 vaccinations are available 03/10/24- 31/01/25
- Flu and covid cohorts are similar – over 65s, care home residents, front-line health and care workers, those meeting Green Book clinically vulnerable criteria. Children are also offered flu vaccinations.
- Current uptake for Covid-19 ranks Devon in 7th place compared to other ICBs in England. Ranking data for flu uptake is not available.
- Current uptake across the country, including in Devon is lower than last year when end of campaign uptake was 75% for Flu and 62% for Covid-19. Whilst points of access and vaccination offers continue to increase in Devon, vaccine fatigue amongst the public is being seen across all vaccinations, including flu and Covid-19.
- Flu and Covid-19 vaccinations are provided at GPs, Community Pharmacies, at hospitals for inpatients and staff, at maternity units and maternity clinics in the community, at school and via the Vaccination Outreach Service which typically run over 500 outreach clinics per campaign to access underserved groups.
- Following recommendations from the Joint Committee on Vaccinations and Immunisations (JCVI), Respiratory Syncytial Virus (RSV) vaccinations have been available since 1st September to provide protection to older people and infants.
- RSV vaccinations are being offered to people when they turn 75. Up until 31/08/25 a catch-up campaign is in place for 75-79 year olds. Current uptake levels for Devon are 45.9% and we expect this to increase as GPs increase capacity, as they step down flu and Covid-19 clinics.
- RSV vaccinations are also offered to maternity patients when they reach 28 weeks' gestation. The offer is through maternity clinics and is supported by the Vaccination Outreach Service.

Continuing Health Care 1: Quality Metrics



	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/34	Q4 23/342	Q1 24/25
National	71%	74%	73%	74%	75%	75%	74%	76%	77%	73%	73%
Regional SW	72%	71%	72%	77%	79%	77%	74%	72%	73%	72%	71%
Devon	76%	74%	62%	78%	81%	80%	83%	82%	82%	78%	64%
Quality Standard	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%



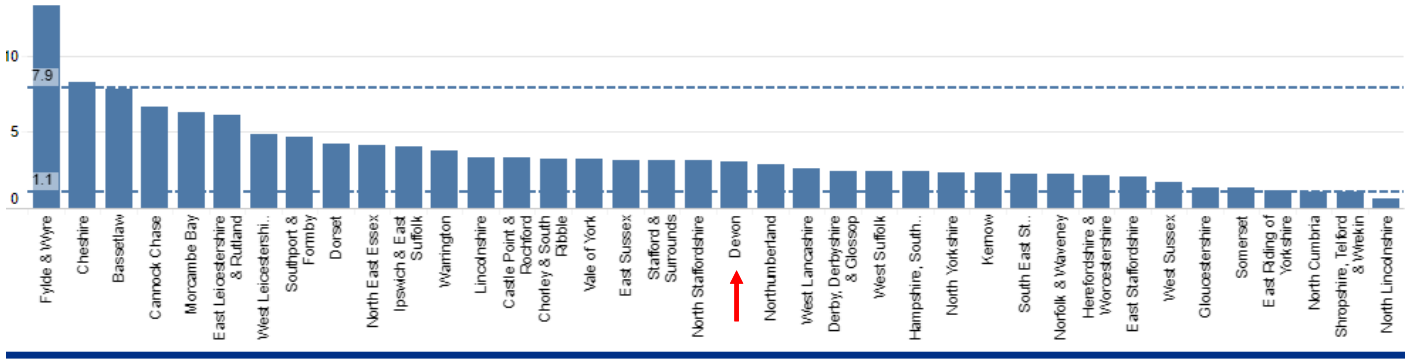
	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/242	Q1 24/25
National	626	617	479	556	549	463	344	289	285	213	190
Regional SW	78	89	74	99	91	117	108	58	41	22	13
Devon	3	5	3	1	3	2	1	2	2	11	10

60% of Assessments completed within 28 days for Q2 2024/25

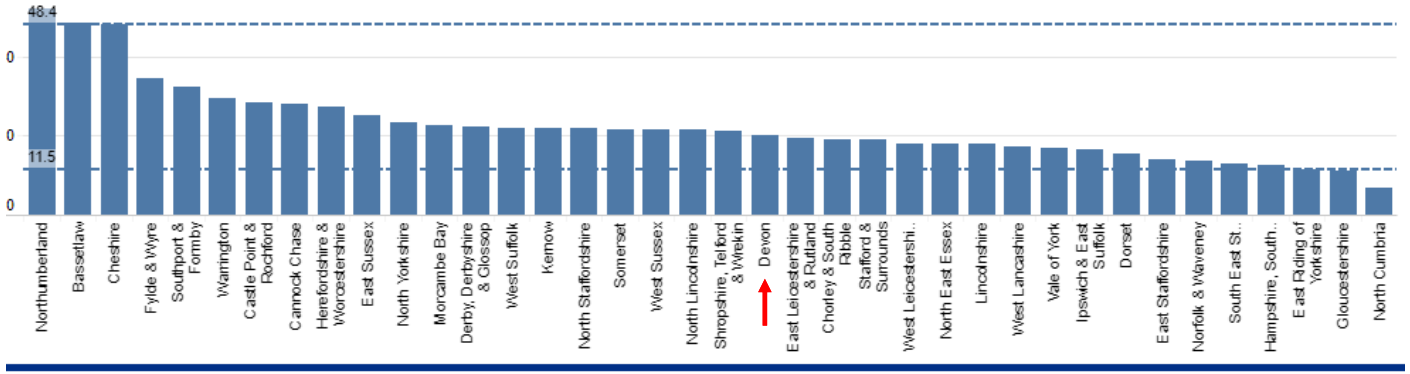
7 Assessments incomplete over 12 weeks for Q2 2024/25
30 Assessments incomplete over 28 days for Q2 2024/25

Projections	Q1	Q2	Q3	Q4
Percentage of assessments completed within 28 days	>60% - 64.9%	>65% - 69.9%	>70% - 74.9%	>80%
Number of incomplete assessments over 12 weeks	10 to 14	10 to 14	5 to 9	1 to 4

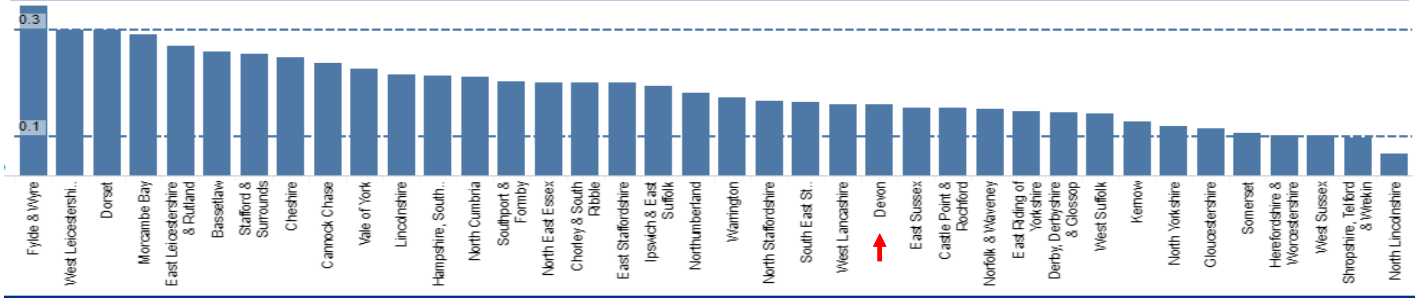
Continuing Health Care 2: Assessment Activity



Number assessed as eligible for Standard CHC (per 50k)



Number of new referrals for Standard CHC (per 50k)



Standard CHC assessment conversion rate

Continuing Health Care 3: Assurance Information

Please see data slide (s) above:

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety And Effectiveness	KPI – 80 % Assessments completed within 28 day: The CHC national Framework, determines that a 80% assessments are to be completed within 28 days. For 2024/25 the ICB is subject to a performance improvement plan – as the service just missed meeting its KPIs at the end of Q4 2023/24. The KPI for Q1 was met. Due to workforce capacity issues the KPI and projection was not met. Target was between 65% and 69.9%- achieved 60% Mitigations are that recruitment is underway for clinical assessors, and that the outsourcing contract has been temporarily increased to cope with demand. It will continue to be monitored during Q3. NB: The CHC National Framework is a complex piece of legislation and requires training, that takes time to absorb and learn. The onboarding and induction of new staff also has a significant lead in time.	This was discussed at the NHS E Q2 assurance call. It was agreed to move the quarterly meetings to monthly during Q3. There is partial assurance for meeting key KPIs. This risk has been reported through the ICBs corporate risk register.
Safety And Effectiveness	KPI – in complete assessments over 12 weeks: Q2 target met. Target to have less than 14 incomplete assessments over 12 weeks. Achieved out of 30 assessments over 28 days – 7 were incomplete over 12 weeks.	This KPI will continue to be monitored throughout Q3 as the target reduces again in Q3. Challenges remain with workforce capacity and outcomes agreed with the ICBs partner organisations. Assured
Safety And Effectiveness	Assessment activity: The assessment activity is comparisons with other ICBs. The ICB is benchmarked within the middle grouping compared to other organisations nationally- for spend. Conversion rates to CHC eligibility sit at 13 %, again this is not an outlier. Referral rates are currently middle when benchmarked.	NHS E present these slides to the ICB and are assured on the activity for NHS Devon. Assured

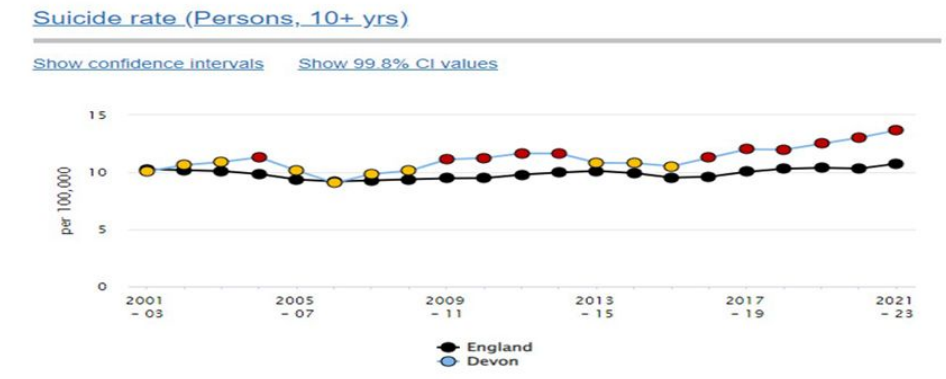
Mental Health 1: Assurance Information

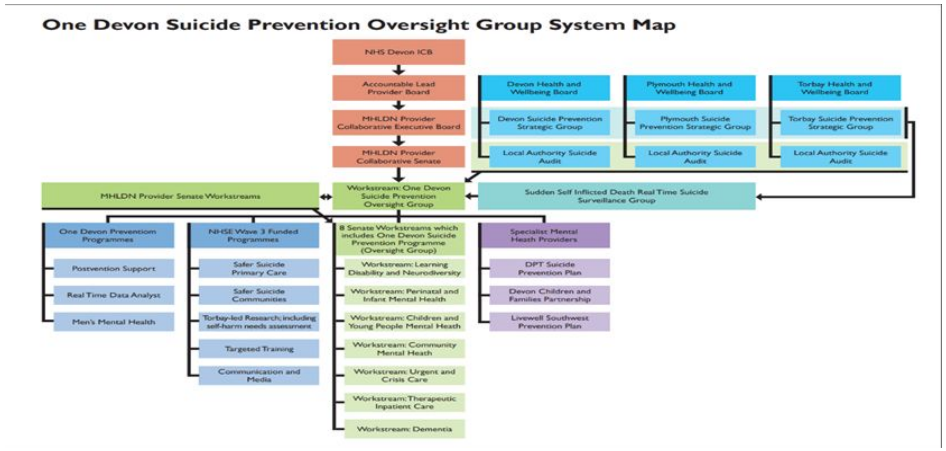
Domain	Summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are risks discussed considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety **Effectiveness**	**Suicide Prevention:** One Devon Suicide Prevention Oversight Group (SPOG) has recently been reviewed with updated terms of reference detailing revised purpose with system membership aligned to the ICS and refreshed governance. The oversight group will report into the MHLND collaborative Senate (reporting structure shared in next slide). Meeting quarterly, SPOG received updates from the Real Time Suicide Surveillance (RTSS), updates from locality suicide prevention plans in addition to responding to emerging themes and trends. There is planned alignment to the System Mortality Review Group. The data presented in the next slide is reporting the suicide rate for each local authority Fingertips | Department of Health and Social Care, but to note this is until 2021. **Real Time Suicide Surveillance** is commissioned by the local authority and provided by Pete's Dragons, working in partnership with Devon and Cornwall Police and local system partners. The monthly data review group provide opportunity timely identification al of emerging themes and trends – currently more detailed thematic analysis is being undertaken. The ICB commission Pete's Dragons to provide post-prevention counselling and wellbeing offer for people bereaved by suicide. This service has effectively adapted to an increase in demand through expanding the workforce and where referrals are not appropriate signposting to other services.	Mental health provider and local authority improvement plans in place to support suicide prevention.
Safety	**Mental Health Independent Investigations:** Alignment to Domestic Homicide Review, ICB have membership to the DHR panel. This takes a system approach, considering improvement, planning and commissioning cycle. There are 3 current investigations that are ongoing for NHS Devon as of November 2024. 2023/15157 – Further internal review is in progress. 2023/3845 - Further internal review is in progress. 2023/11131 - review by SW region Incident Review Group in November 2024. The Quality Assurance Review (QAR) learning and assurance workshop is scheduled for 15 January 2024, with planning meetings in place in December. Learning and improvement is being developed through a National Mental Health Improvement Group.	Providers are reporting through internal quality governance.
Safety	**Section 117 & IPP:** Independent audit and the outcome of internal review of section 117 and IPP has established a position of limited assurance regarding the ICB's position in fulfilling this statutory duty. To address this assurance gap, there is now an embedded Task and Finish group in place, with representation from across the ICB, to develop a detailed action plan and oversee completion of actions. Governance is determined with reporting to the Quality and Cost Control Board, Quality Assurance Meeting and Quality and Patient Experience Committee. Progress to date: ICB section 117 policy at final review stage prior to ratification, ICB risk has been formulated, 117 & IPP included in the term of reference of the Quality and Cost Control Board to support system reporting.	Risk has been formulated for the Medical Directorate Risk Register and is being taking through risk governance process.

Mental Health 2. One Devon Suicide Prevention Oversight Group

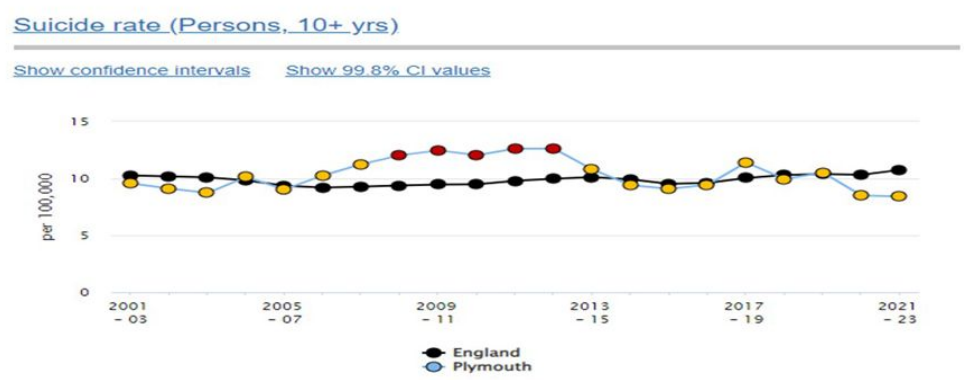
Note – 2021 DHSC data

Devon

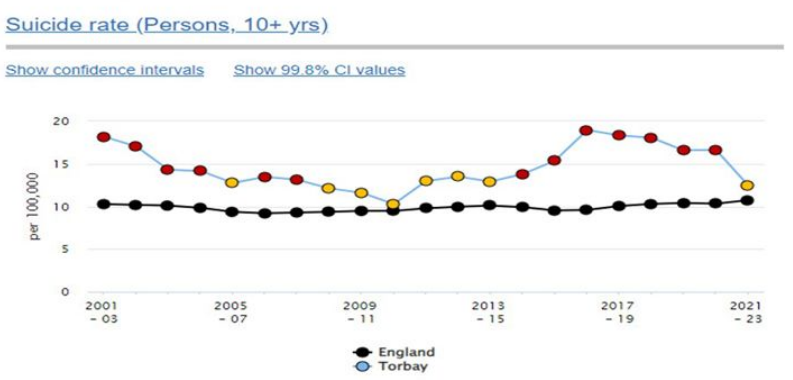




Plymouth



Torbay



Mental Health 3: Assurance Information

Domain	Summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are risks discussed considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	**Eating Disorder/Disordered Eating - Physical Health Monitoring:** A business case for Eating Disorder/Disordered Eating Physical Health Monitoring and Psychological Interventions is being developed by the ICB and system providers and is planned to be presented to the Devon Investment Group for consideration in December.	Identified risks have been raised – awaiting outcome decision of the business case.
Safety	**Restricted practice in Acute settings:** Acute providers are reporting an increase in incidents of violence and aggression in acute settings.. The ICB is undertaking a review of available data regarding the use of restrictive practice. The Mental Health & Learning Disabilities Team (MHLT) is undertaking improvement work in the system to review the current Psychiatric Liaison services.	Aligned to the Men-SAT assessment and following a recent internal review by DPT, the Collaborative is moving forward with revising the Psychiatric Liaison service specification. The process involves an in-depth review of best practices, national guidelines and analysis of local service data including the DPT review work.
Effectiveness	**Operational Planning:** The MHLT has undertaken a collaborative system wide operational planning event that took place in November 2024. Strategic Planning Considerations: 1.Workforce challenges remain a critical issue, particularly in psychiatry and the voluntary sector. Innovative approaches, such as extended traineeships and cross-sector mobilisation, were suggested. 2.Proven models like the Homeless Mental Health Team and Positive Behavioral Support should be scaled across Devon to enhance equity and outcomes. 3.There is strong support for prioritising preventative measures to reduce downstream system pressures, and improve outcomes.	Using a structured approach to evaluation the range of investment priorities, and balancing clinical needs, equity, and sustainability, the following priorities were agreed: Adults/Older Adults Priority 1 – Dementia Priority 2 – Psychiatric Liaison Priority 3 – Psychological Therapies Children and Young People Priority 1 – CYP In Reach Discharge Service Priority 2 – CAMHS Eating Disorders Priority 3 – CYP 24/7 Crisis Response

Children and Young People 1: SEND data

Autism recovery data:
Number of assessment completed between October and November

	Assessment Completions	Oct	Nov
Project 1	UHP Wait List/MDT review	127	44
Project 2	UHP Business As Usual	50	50
Project 3	UHP Additional Capacity	0	0
Project 4	CFHD Under 5's Eastern MDT Review	0	0
Project 5	CFHD Under 5's Southern MDT review	0	0
Project 6	West Devon to UHP (ADHD f/up)	0	5
Project 7	CFHD Over 5's Eastern MDT Review	0	0
Project 8	CFHD Over 5's Southern MDT Review	0	0
Project 9	CFHD Under 5's additional capacity	0	0
Project 9a	CFHD Validation		50
Project 10	CFHD Over 5's Additional capacity	0	0
Project 11	CFHD Business as usual	60	60
Project 12	South Hams and West Devon to LWSW		
Project 13	Private 17,18,19		
Project 14	CFHD Mers		
	Total	**237**	**209**

Education and Health Care Plan (EHCP) returns:
September 2024: Compliance within the 6-week deadline

	Compliance
Children & Family Health Devon (CFHD)	86%
Torbay & South Devon Foundation Trust	78%
Livewell Southwest (LSW)	100%
University Hospitals Plymouth (Devon)	33%
University Hospitals Plymouth (Plymouth)	100%
Devon Partnership Trust	100%

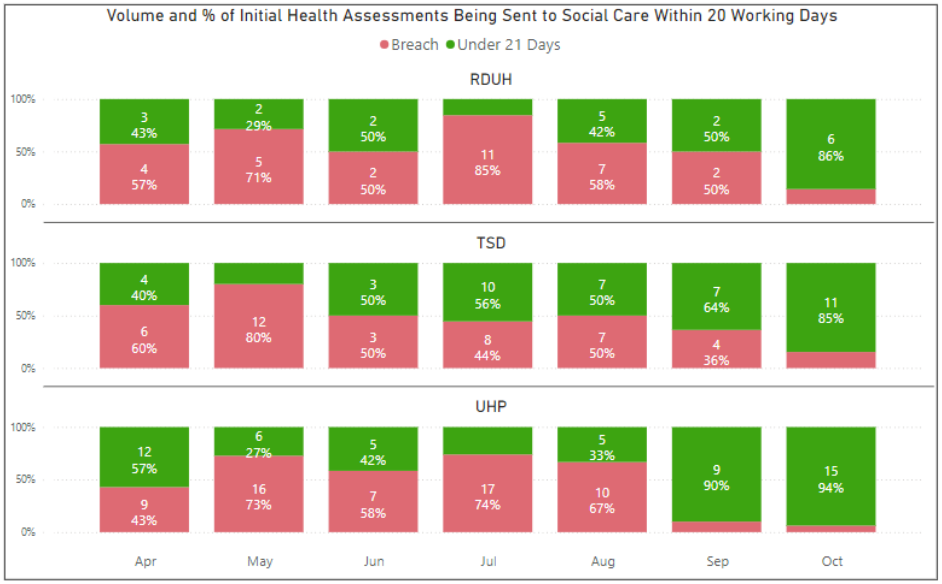
Children and Young People 2: SEND - Assurance Information

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level?
Safety Experience Effectiveness	**Waiting list recovery: Neurodiversity and Speech, Language and Communication: Limited Assurance** • The Children's Autism Recovery programme was established this September, in response to a target to reduce the number of children waiting longer than 52 weeks for an autism assessment by March 2025, as set by NHSE and DfE in the DCC SEND inspection. • Robust programme governance is in place with a monthly NHS SRO group, reporting to the One Devon Elective Recovery Board, along with reporting to Local Authority SEND Boards and to Locality meetings by exception. • Data validation has been completed across all areas for waiting over 52 weeks; a Rapid Quality Review meeting has been held to understand any quality or safety issues within these long waits; progress is being made in some areas against the recovery target, more specifically within the Plymouth locality area. Challenges across other system providers are being addressed. Further updates will be supplied to the quality committee	A **Rapid Quality Review** meeting was held in November to understand any quality or safety issues within autism long waits, in addition to provider level oversight. **ICB corporate risk.**
Experience	**Waiting Well: Assurance to timescales** • Development of the MyHealth Devon neurodiversity resource hub; initial information went live on 29 November, with continued development taking place with clinical leads, subject matter experts, parent/carers and young advisors. • Recruitment completed for Neurodiversity Navigators for Plymouth and Devon, Torbay workers going through HR process; leads will provide targeted support to children, young people and their families. • Peer support framework is being developed ahead of commissioning support so it can be available across the whole of the ICB area.	Risk to service user experience and to SEND targets for DCC being managed through programme risk register.
Safety Effectiveness	**SEND Standard Operating Procedures for health input into ECHPs, Tribunals and Annual Reviews: Assurance** • SEND SOP's will be developed, reviewed and signed off through ICB Board by February 2025. • SEND SOPs to be reviewed and signed off through each local authorities SEND Boards by end of March 2025.	Risk being managed at programme level, and through Local Authority SEND governance.
Safety Experience Effectiveness	**Individual Commissioning: Limited Assurance** • One Devon System Escalation Protocol for complex Children and Young People requiring multi-agency response has been drafted and currently being reviewed with partners. • Review of All age continuing care processes and decision making which is taken in to account the increasing numbers of children with SEND who may not be eligible for Continuing Health Care but whose needs are above commissioned services and within statutory commissioning responsibility of ICB.	**ICB corporate risk.**
Safety Experience Effectiveness	**Workforce Training: Assurance** • Plymouth: Council of Disabled Children SEND Basic Awareness training launched as a partnership universal training offer. • CFHD: Monthly SEND and Quality Assurance training delivered by SEND Leads with support from DCO. • PINS support offers to schools: delivery to take place before the end of March 2025.	Risk being managed at programme level, and through Local Authority SEND governance.
Experience	**Local Offer: Limited Assurance** • The ICB is working with all three local authorities on a variety of co-produced work strands to be included in local offer. These include production of video resources regarding EHCP/IHCP, PINS project, developing web-based information on both One Devon and ICB websites. • Continued involvement of providers in development and review of local offer, supported by DCO's. • Plymouth: Delivered the Your Future programme for young people with vulnerabilities to support transitions, with over 90% of young people have achieved positive outcomes.	Risk being managed at programme level, and through Local Authority SEND governance.
Safety Effectiveness	**Medical Needs in School: Limited Assurance** ICB draft commissioning document shared with local authorities for comment. Put on hold whilst work is taken forward with NHSE and ICB regional colleagues to agree a consistent approach by the NHS including examples/case studies which evidence delegation of nursing tasks.	Risk being managed at programme level, and through Local Authority SEND

Children and Young People 3: Care Experienced Data

Quality and Performance

Initial Health Assessment compliance 2024/5



Review Health Assessments: LSW and CFHD Q2 - July-Sept 2024

Q2 July-Sept 2024	LSW	CFHD
	% RHAs undertaken within timescales	
Q2	66.9%	63.9%

Children and Young People 4: Care Experienced - Assurance Information

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level?
Safety Experience Effectiveness	The ICB has Statutory Responsibility to ensure the health needs of children in care and care leavers are met. ICB will work in collaboration with Local Authorities to ensure every child entering care must have an Initial Health Assessment within 20 working days of entering care, followed by a review health assessment twice a year until the age of 5 and then annually until they leave care or turn 18 years. **Initial Health Assessments (IHA): Limited Assurance** A data collection template has been drafted and socialised with the acute providers for comment. The data will provide an effective overview of locality and Local Authority. Aim to be implemented by the end of January. **Review Health Assessments (RHA): Limited Assurance** A data collection template has been drafted and socialised with the acute providers for comment. The data will provide an effective overview of locality and Local Authority. No robust data reporting in place. Aim to be implemented by the end of February. **Action:** Multi partner Health Improvement Task and Finish groups are being developed with each Local Authority to drive improvement across the system.	Provider capacity being actioned as part of annual plan 25/26.
Safety Experience Effectiveness	**Immunisations: Limited Assurance** • Data is pending, awaiting a data sharing agreement, work still to do. • Devon Maximising Immunisation Uptake Group (MIUG) has identified Children in Care as a cohort for priority action. An immunisation Task and Finish group has been established across NHS Devon, Public Health and Provider services to drive improvement. **Access to Dental: Limited Assurance** • Dental access has been commissioned; however, uptake has been poor and data not available. Dental stabilisation appointments now available via 111. Communications to be delivered. • Ensure data fed into next year's commissioning . **Optical: Limited Assurance** • No NHS data available. **Emotional Health and Wellbeing: Limited Assurance** • Children's mental health commissioning is now under the portfolio of Women and Children's Commissioning, so that EHWB can be viewed holistically for children **Action:** ICB wide procurement of emotional wellbeing services for all young people in the County. Both Providers and the three Local Authorities have been part of this. This procurement is due to conclude by the end of the financial year.	Risk due to limited data, being managed at programme level.
Safety Experience Effectiveness	**Prescriptions: Assurance** Good practice. NHS Devon ICB has agreed to fund Pre-Payment Certificates for Care Leavers who are not currently covered by free prescription categories, as part of their statutory responsibility to this cohort. Implementation plan to be agreed in readiness for April 2025. **Mental Health: Limited Assurance** Transition from Child Adolescent Mental Health Services to Adult Mental Services for 18-25 year; work still to do.	Risk being managed at programme level.

IPP & Section 117 1: Explanation of ICB Functions

NHS Devon S117 arrangements

- Each Local Authority and NHS providers have different funding arrangements for various cohorts. Overall, there are five different processes.
- There are some situations where the Responsible Commissioner for Health and the Social Care Ordinary Residency do not match the arrangements. Some cases are split funded between the relevant Responsible Commissioner and Local Authority (Ordinary Residence)
- Cohorts
  - Over 65 (OPMH)
  - Under 65 (Adults 18 – 65)
  - Learning Disability & Autism (18-65)
  - ABI / Korsakoff / Huntington's (18-65)

- Devon ICB are responsible for funding OPMH, LD&A, ABI / Korsakoff / Huntington's.

- The responsibility of s117 reviews and case management falls to either DPT or Livewell with the relevant Local Authority (Devon County Council, Plymouth City Council and Torbay Council).

IPP & S117 3: Narrative/ Assurance Information

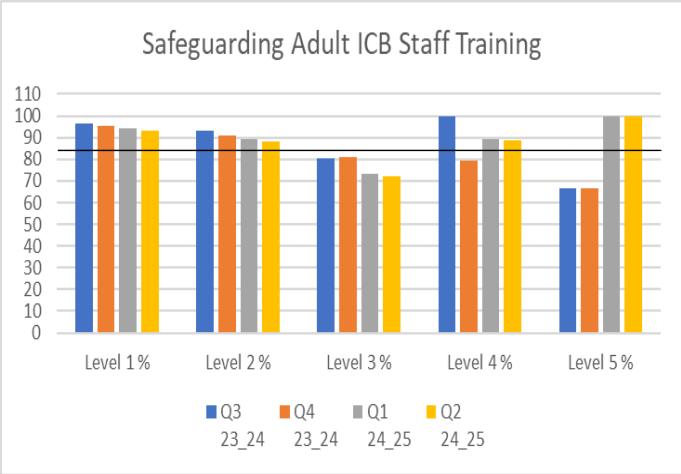
Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Effectiveness	• Audit report received- Management responses to recommendations arising from Limited Assurance reports require approval by the NHS Devon Executive. Previous reported quality assurance work has been added to a joint audit improvement action plan. • S117 increasing (due to an increase in those detained under MHA and made eligible) S117 reviews are being addressed, and a recovery trajectory is being developed by the S117/IPP Task and finish group - . Improvement actions include • Education to improve understanding on Health and Social Care staff roles • Responsible Clinician – To consistently observe Section 117 responsibilities/reporting requirements and to make decisions about discharging people from Section 117. • Social Care Staff - To engage fully with Section 117 responsibilities in line with local and national guidance as set out in the Mental Health Code of Practice. • Named Mental Health Practitioner/Care/ Recovery Co-ordinator - To engage fully with Section 117 responsibilities in line with local and national guidance as set out in the Mental Health Code of Practice. • MHA Manager for The Trust - To support clinical staff and Locality MHA Managers with advice and raise concerns as necessary with senior managers within the Trust, Clinical Commissioning Group or Local Authority • To maintain the Section 117 register, prompt reviews across both health and social care. • To ensure the Section 117 register is available to partners as required.	The report and proposed responses to the recommendations was presented, together with an additional assurance paper, to the NHS Devon Executive meeting on 5 November 2024 and the Audit Committee in January 2025.

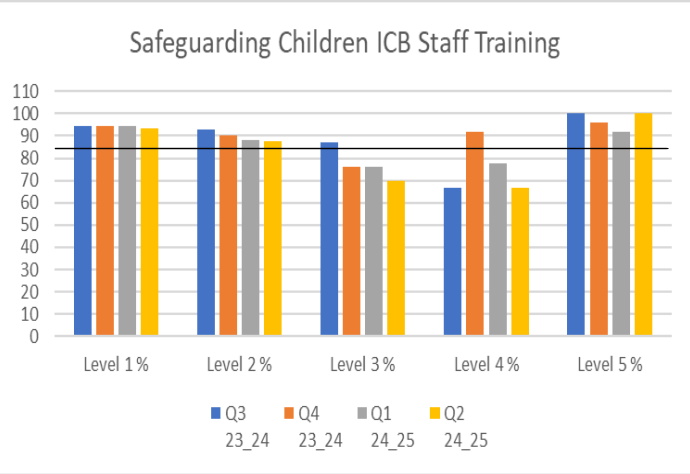
Learning Disability, Autism and Neurodiversity : Assurance Information

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	LeDeR •A Senior Reviewer and five Bank LeDeR Reviewers have been recruited , with 11 reviews now being undertaken. •LeDeR reviews are being actively progressed and signed off. •LeDeR Quality Improvement and Learning into Action meetings have restarted. •The LeDeR and Tackling Health Inequalities Lead (8a) role has been recruited to . •Over 100 reviews are currently within the process.	• There is 43 reviews pending that have exceeded 6 months. • The three-month reporting average is 8 reviews per month. A recovery plan is in place and this is expected to improve with new staff arriving
Effectiveness Safety	Learning Disability and Autism Partnership meeting (including Health Inequalities, Preventions, and Improvement Group) (Bimonthly) Areas covered in Dec meeting •LeDeR •PCC update on Neurodiversity festival •Presentation on sensory check ASD (CYP) in residential homes •Project update on test of change •DRS oversight panel update	• Learning Disability and Autism Partnership meeting (including Health Inequalities, Preventions, and Improvement Group)
Safety	Safe & Wellbeing Reviews •Safe and wellbeing reviews evaluate the safety and general welfare of individuals receiving care or living away from their local area, with the goal of ensuring they receive adequate support. •Their welfare is monitored, and any arising concerns or risks due to being away from their usual support networks or environments are addressed.	• In the month of October / November / December 2024 there were **29** safe and wellbeing checks complete.
Safety	Care & Treatment Reviews (CTR) •Care (Education) and Treatment Reviews (C(E)TRs) are part of NHS England's commitment to transforming services for people of all ages with a learning disability and autistic people. C(E)TRs are for people who have been admitted to a mental health hospital or for people who are at risk of admission. •They are undertaken by commissioners to ensure that people are only admitted to hospital when necessary and for the minimum amount of time possible. Care and Treatment Reviews (CTRs) are for adults and C(E)TRs are for children and young people.	• Completed **8** C(E)TRs in the month of October / November / December 2024 was **13** •
Safety	Inpatient Admissions •Devon ICB have had 2 people removed from the cohort due to discharge, There have been no out of area admissions and 3 in area admissions •Currently Devon ICB and CYP are within the target numbers and SWPC exceed the target. There are currently 2 pending discharges for the Devon ICB patients and 1 for the SWPC. •CYP inpatient numbers have decreased from 3 to 2 with admissions and discharges being more frequent than adults (less length of stays). •The inpatient cohort for Devon ICB patients has remained between 17 to 24 over the past 5 years with an average of 20. •Devon ICB have identified the cohort has change significantly since 2015 with most admissions now having dual diagnosis of Autism and MH conditions.	• Delayed discharges for the adult cohort are linked to lack of suitable community placements, housing and the legal frameworks required for safe discharges. • Please see slide with current inpatient numbers

Quality Overview: Safeguarding 1 – ICB Training

ICB Staff Safeguarding Training:





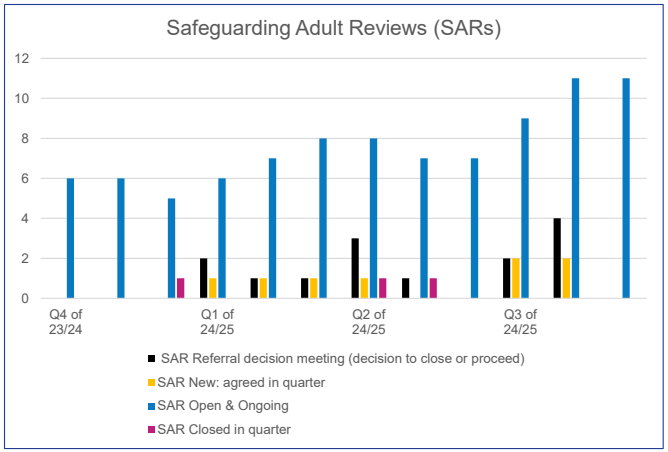
ICB Training:

There has been a slight reduction in those compliant for L3 Safeguarding adult and children training due to an increase in new staff and inappropriate allocation of levels on ESR. The Safeguarding team are working with individual staff members, line managers and HR to rectify this. This relates to a small number of staff (8 and 6 respectively). All staff with L3 requirement receive levels 1 & 2 training during induction and have access to support from the safeguarding team, thus reducing the risk.

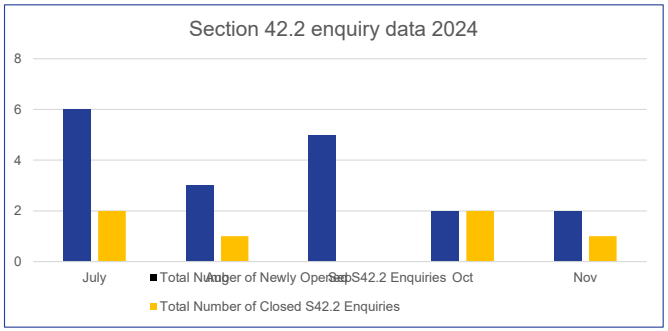
Provider Training:

A proforma has been created to support consistent reporting of provider training compliance. All providers report that Level 3 training compliance is down due to the availability of training places and capacity of staff to attend due to clinical demands. The safeguarding team will provide a deeper analysis of this issue to the year-end report in April 2025.

Quality Overview: Safeguarding 2 – Statutory Functions

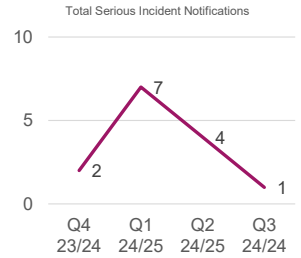


There were 6 SAR decision making meetings held during quarter 3 with 4 progressing to new SARs

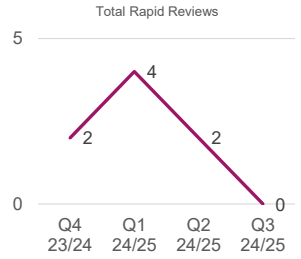


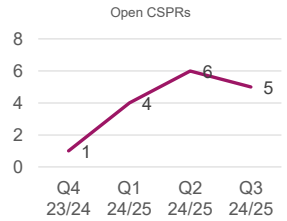
The themes for S42.2s for November were poor quality of care and financial abuse.

Safeguarding Children Statutory Reviews



For the current quarter there has been 1 SIN which did not progress to a Rapid Review





For the current quarter, 1 Child Safeguarding Practice Review has been completed and awaiting publication

Safeguarding 3: Right Care Right Person Update

Right Care, Right Person (RCRP) is an approach designed by the Police to ensure that people with mental health and social care needs are responded to by the right person with the right skills, training, and experience to best meet their needs.

The governance structure currently in place reviews the implementation of RCRP at a strategic level, and at an operational level where individual cases are reviewed.

As implementation of phases 3 and 4; handover of patients being held under S136 Mental Health Act within 1 hour, and transportation by non-secure and secure ambulance are to go live on 13th January 2025.

Devon and Cornwall Police are stepping back from the strategic leadership for Right Care Right Person (RCRP) post roll out of phase 3 & 4, due to commence in January 2025. The ICB working with the Devon Mental Health Collaborative are working to put suitable arrangements in place. Future governance arrangements will be discussed at the January RCRP Strategic Board.

The new NHSE guidance NHS England » Guidance on implementing the National Partnership Agreement: Right Care, Right Person has been designed to outline the commitment to change practice.

Representatives from all acute Trusts are invited, consistent attendance by ICB Safeguarding Team and Mental Health Provider Collaborative, SWAST & DPT

Representatives from all acute Trusts are invited, consistent attendance by ICB Safeguarding Team and Mental Health Provider Collaborative, SWAST, UHP & DPT

Representatives from all acute Trusts, ICB Safeguarding Team, Mental Health Provider Collaborative, SWAST are invited

Safeguarding 4: Domestic Abuse and Sexual Violence

Primary Care

NHS Devon commissioned Intimate Trauma Response Service (ITRS) to provide General Practices with training on identifying domestic and sexual abuse and provides a specific support service for patients. This addresses repeat findings within local Domestic Homicide Reviews and addresses the gaps in provision that was undermining GP confidence in making clinical enquiries.

Qualitative feedback from GP surgeries engaged in ITRS is very positive. Clinical outcomes are measured by the CORE 10 which captures reduction in trauma levels.

886 Primary Care clinicians and non-clinicians trained in year 1.
663 Primary Care clinicians and non-clinicians trained in Q1& 2 year 2.
96.4% of all new referrals are triaged within 48 hours

Secondary Care

Health Independent Domestic Violence Advisors (IDVAs) are based in Trusts to support training, increase identification and improve the initial response to disclosures of DASV. Health IDVAs have increased identification exponentially.

Torbay domestic abuse service recorded an average of 16 referrals **per yea**r from all health services in the years prior to the health IDVA being in post.

Plymouth domestic abuse services recorded an average of 23 referrals p**er yea**r from all health services in Plymouth in the years prior to the health IDVA being in post.

This increase in identification is significant for homicide and suicide prevention. RDUHT have 2 permanent IDVAs. TSDFT, UHP, Livewell and DPT have no sustainable funding source for their health IDVAs and 3 posts are anticipated to end March 2025.

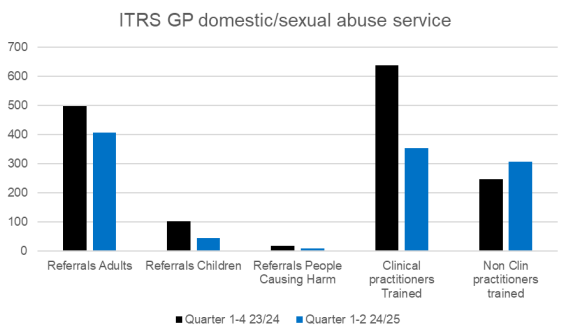
Learning and Reviews

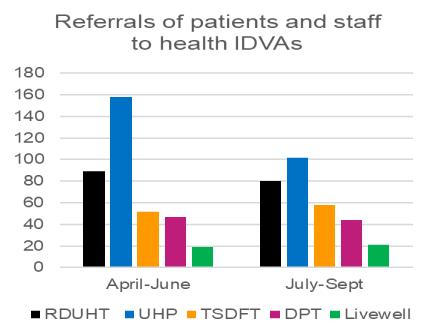
Domestic Homicide Review (DHR)/ DARDR (Domestic Abuse Related Death Reviews) in Devon show consistent learning and recommendations.

- Lack of awareness in Primary Care of clinical indicators associated with domestic abuse.
- Lack of professional curiosity/ clinical enquiry in primary and secondary care.
- Lack of awareness of the risk of suicide related to domestic abuse and how to safety plan.
- Lack of understanding of the relationship between substance use, mental health difficulties, trauma and abuse and care not tailored to the needs of patients with compounding needs and multiple challenges.

ITRS commissioning addresses learning related to Primary Care.

The health IDVA provision can help address the gaps commonly identified by the reviews. The lack of identified funding source is the main challenge to continuation. Work is underway to support providers in making IDVA services sustainable.





ICB Safeguarding 5- Improving Practice:

Domestic violence: Our Lead spoke at a Practice nurse Conference in November. The session was very well received and helped generate sign up to the service. Feedback highlights: "amazing service", "Really found the interpersonal trauma session inspiring and very thought provoking about my own consultations and asking patients about domestic violence", "most interesting and helpful of all was the Interpersonal trauma response service - their training programme would enhance our role in primary care"

A successful visit to UHP Emergency Department was carried out in November by the Safeguarding Children Team and was facilitated by their Deputy Chief Nurse. The visit focused on responses to children presenting with non-accidental injuries, following concerns raised through the safeguarding children partnership Serious Incident Notification process. The visit highlighted key learning points and recommendations for practice which have been shared with UHP Team. Progress of the recommendations will be monitored through the UHP Safeguarding Committee.

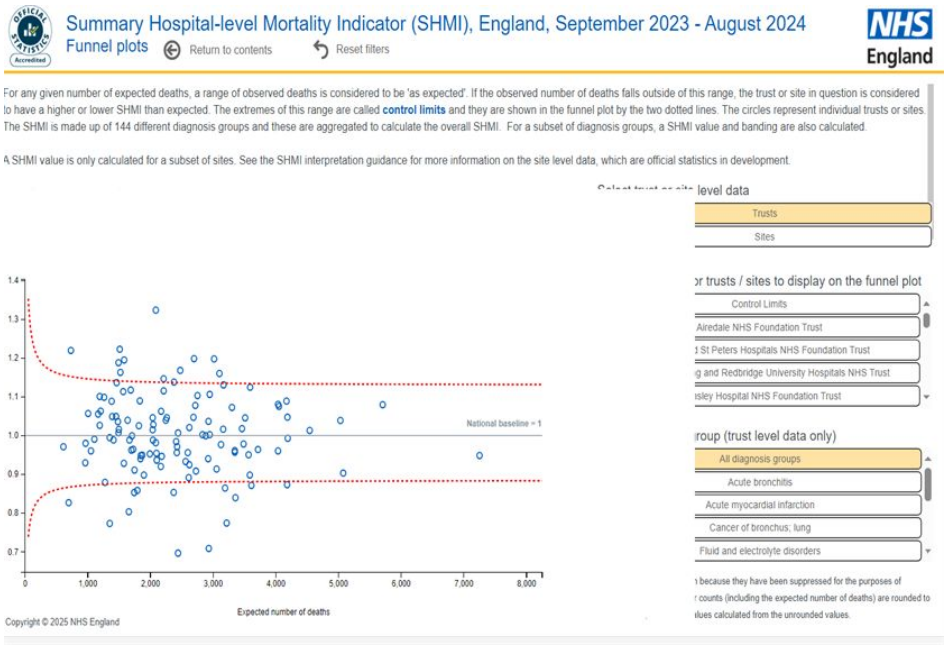
During 16 Days of Action, an international campaign against gender-based violence held November/December, the ICB shared with providers social media assets, hosted a networking day for ICS partners and domestic abuse provider services and held a webinar on non-fatal strangulation. The activities raise awareness across the NHS of the important role we can have in tackling domestic abuse, sexual violence and other forms of interpersonal abuse.

An Appreciative Inquiry Health Learning Event took place in November in Plymouth in response to 2 infants who had suspected non-accidental injuries. Themes of learning included challenges with; information sharing, professional curiosity around fathers, understanding the impact of social complexities and the impact this has on the lived experience of infants, challenges with capacity to access safeguarding supervision and training within midwifery and acute hospitals. A learning on a page document is being finalised. Health providers will be asked to provide an action plan based on the recommendations from the review.

Our ICB Safeguarding adults designated nurse is working with Torbay services to update the Self Neglect Guidance for professionals across Devon which will be hosted on the Torbay Safeguarding Adults Partnership website. This will be advertised across the health and social care system once completed

Mortality 1: Devon Summary Hospital-level Mortality Indicator (SHMI) latest available data

SHMI National Comparison, September 2023 to August 2024: Whole of England



SHMI National Comparison, September 2023 to August 2024: Devon Trust's

Note – red lines are upper and lower control limits - Trust whose score falls above the upper control limit are categorised as higher than expected

Source: [Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, September 2023 - August 2024 - NHS England Digital]

Mortality Slide 2. Assurance Information:

Quality Domain (Safety Experience Effectiveness)	Quality Overview: summary to include actions (including what is hoped to be achieved) and where actions are being monitored	Are quality related risks discussed/ considered to be suitably managed within providers/at system level? Do any risks identified require escalation (and if so, where should they be escalated?)
Safety	The Summary Hospital-level Mortality Indicator (SHMI) is the ratio between the actual number of patients who die following hospitalisation at a Trust and the number that would be expected to die based on average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days of discharge. The SHMI is not a measure of quality of care. A higher than expected number of deaths should not immediately be interpreted as indicating poor performance and instead should be viewed as a 'smoke alarm' which requires further investigation. Similarly, an 'as expected' or 'lower than expected' SHMI should not immediately be interpreted as indicating satisfactory or good performance. A SHMI score of 100 represents expected deaths balancing with observed deaths overall. To help users of the data understand the SHMI, Trusts have been categorised into bandings indicating whether a trust's SHMI is 'higher than expected', 'as expected' or 'lower than expected'. For any given number of expected deaths, a range of observed deaths is considered to be 'as expected'. If the observed number of deaths falls outside of this range, the trust in question is considered to have a higher or lower SHMI than expected. All reporting providers in Devon are within expected ranges with T&SD and RDU both below the mid point score of 100. University Hospitals Plymouth (UHP) has a SHMI score above 100 but is within expected ranges. Work is underway at UHP to improve depth of coding quality and recent reports indicate that the SHMI score for the Trust will improve as coding quality develops. Additional assurance has been reported through the use of Structured judgement Review's.	Extensive work is on-going with UHP to drive understanding, improvement in coding and practice. Actions shared include deep dives and cross referencing with Medical Examiner data when coding is considered the main reason for SHMI ratings. UHP report on findings through their Trust Morbidity and Mortality Group which the ICB attends, as well as the System wide group, which NHSE attends. The group reports directly to the Regional Group, attended by the ICB CMO. Data is examined by partners at the Devon Morbidity and Mortality Group, allowing them to also consider the health inequalities aspect of the workstream. A meeting is planned with the ICB Lead for Health Inequalities in January 2025 to develop the Devon report further- to include improved evidence around inequalities.

NHS Devon Integrated Care Board

Committee Chair's Report – Quality and Patient Experience Committee

Date of meeting	Date of committee covered in this report
30 January 2025	16 January 2025

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

Board Assurance Framework (BAF) updates or escalation
Committee members **recommended that assurance be taken** from the current content of the BAF.

Risk register review updates/escalation
None

Deep Dives
Community Waits Through the pandemic the South West saw an exponential increase within community waiting lists, although the overall size of the waiting list wasn't out of kilter with other regions, there were a significant number of adult and children and young people over both 52+ and 104+ week waits. To understand the challenges, opportunities and best practice the regional programme team established monthly system touch points across the region adopting a quality improvement approach to understand: 1. The data and challenges in capturing waiting list information.

2. Local improvement actions and trajectories in place
3. Regional or national support required.
4. Ability to share best practice and develop Clinical Reference Groups (GRGs) / clinical pathway improvement groups. Through 2024/2025 operational planning requirements, there has also been an ambition to reduce 52+ week waits and more recently, a targeted focus on improving access within community musculoskeletal pathways to reduce the number of people over 18+ weeks.

Committee members **supported:**

- continued engagement and support within regional CRGs as they became established.
- progressing faster data flows and ensuring local governance and oversight was in place; and
- continued collaborative approach in sharing local risk, improvement opportunities and best practice through established and emerging forums.

Transfers of Care
The report provided a summary of the history of the Transfers of Care (ToC) work in Devon and sets out the focussed approach in the North and East Locality has taken to improve the quality and safety of discharges from Royal Devon University Healthcare NHS Foundation Trust (RDUH) to care homes.

Committee members **recommended that assurance be taken** that the improvement in quality and safety of discharges from Royal Devon University Healthcare NHS Foundation Trust (RDUH) to care homes was a priority for the North and East Locality, and changes were being implemented to improve the experiences of residents and care home providers, with consideration on how the approach taken in the North and East Locality could be sustained and potentially scaled up to other regions.

Overview of Vaccination Services
The purpose of the report was to familiarise the Committee with how vaccination services were currently provided and about the role of the NHS Devon Vaccination Optimisation team. It also outlines the governance, funding and existing NHS Devon vaccination work in the context of vaccination commissioning being delegated to Integrated Care Boards from April 2026.

Committee members **recommended that assurance be taken** that sufficient arrangements were in place to manage vaccination services and that it is important to maintain an ongoing appreciation of this data while monitoring for any potential health inequalities in access to vaccines.

Regular Reporting

Quality Report
The report described a summary of key quality information, in the format of both quantitative and qualitative data. Sources range from NHS Devon data collection, including patient experience, but also direct from NHS Devon Nursing

and Quality Directorate teams being embedded in partner meetings, groups, quality committees and other key forums. The report was divided into sections but sought to evidence the triangulation of quality information around key issues identified through quality governance process.

Committee members **recommended that assurance be taken** relating to the quality position of the ICS as satisfactory; and that adequate plans were in place to mitigate the quality risks.

System Quality Group Report
This report provided the Committee with details of the outputs from the System Quality Group (SQG) meetings held on 26 November 2024. Since previous update to the Committee, the NHS Devon Chief Nursing Officer continues to invest extensive development time into agendas, widening membership and facilitating good attendance from system colleagues. Of note at the meeting was the strength of social care and local authority stakeholder contributions.

Key areas of quality matters discussed include.
• Improving discharge quality at organisational and system level
• Local Authority updates and presentations regarding quality matters
• Continuing Health Care transformation plans
• Transfers of care at locality level developments
• Medication safety – Sodium Valproate
• Winter Surge Plan

Further work on utilising the SQG to deliver shared system quality priorities as part of the NHS Devon 2025/26 Annual Plan has been progressed. This will include whole system pathway improvement initiatives in areas such as Anti-microbial stewardship, mental health and learning disabilities alongside a children's health focused initiatives.

Committee members **recommended that assurance be taken** from the report regarding the ICB fulfilling the mandate to lead and facilitate system level quality assurance and improvement; and **noted** that the report was submitted to NHSE Regional Quality Group.

NHS Devon Annual Plan Delivery Assurance
The report sets out oversight and assurance for the delivery of the each of NHS Devon Directorate's objectives against their agreed Annual Plan. It provided details of the objectives by exception which the NHS Devon Programme Management Office (PMO) and Performance team have limited or only partial assurance on the progress being made to deliver NHS Devon's Annual Plan. The content of the report was created through the detail provided by each directorate in their highlight reports and the outputs of the review and assurance process chaired by the Deputy Director of Performance and Planning.

Committee members **recommended that assurance be taken** from the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives; and **noted** the proposed amendments to the NHS Devon 2024/25 Annual Plan.

Equality Quality Impact Assessments update
The report provided an update to the Committee of the position in the plans for enhancing the Equality Quality Impact Assessment (EQIA) process to ensure that it remained fit for purpose. This process included a comprehensive review of existing processes and tools employed for assessing the impact on equality and quality and how this information will be used to mitigate risks and how assurance reporting will be improved.

The report also provided on Quarter 2 and Quarter 3 2024/25 EQIA activity, demonstrating the importance of focusing on quality in relation to system recovery, i.e. exit from Segment 4 of the NHS Oversight Framework (NOF4) and the accountability of the unitary board. The report also identifies and analyses emerging trends and recurring themes. Where appropriate reference or comparison was made to activity in the financial year 2023/24. The report examined how these changes have affected the population of Devon, with specific focus on any adverse impacts that have been identified.

Committee members **noted** the report and supported the new approach to EQIA management and the recommendations in the improvement plan which, once implemented and embedded throughout 2024/25, would provide assurance that robust processes were in place to manage EQIA.

Other Quality, Safety and Patient Experience Issues

Collective Action in General Practice – risk management
Soon after the official commencement of GP Collective Action (GP CA), NHS Devon established a CA System Response Group to provide intelligence, oversight, and advice regarding the position in Devon. As GP CA has evolved, and the level and scope of action being taken increased, the potential risks that result have also increased to a point where it has become necessary to adapt Devon's approach to escalating, assessing and mitigating. The paper detailed an approach for escalating GP CA generated challenges where risk cannot be mitigated to the NHS Devon Executive, enabling better risk management of cross system GP CA issues.

Committee members **recommended that assurance be taken** that the risks associated with GP CA were being managed appropriately.

Torbay and South Devon NHS Foundation Trust Quality Update
An oral update was provided in respect of the actions that were being taken by NHS Devon to provided additional support in relation to quality activities within Torbay and South Devon NHS Foundation Trust (TSD). It was too soon to see the outcomes of these activities, but it was anticipated that these would be evident in time for a formal report to be submitted to the next meeting of the Committee.

Committee members **noted** the oral update.

Quality Functions of ICBs and the role of the Medicines Optimisation Team
In April 2024, NHS England's Quality Strategy and Clinical Programmes Team produced a working document titled NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England. The purpose of this document was to clarify some of the key statutory duties, accountabilities and responsibilities that providers, Integrated Care Boards (ICBs) and NHS England (NHSE) hold for quality. The document described the NHSE Quality Functions that were related to the work of the NHS Devon Medicines Optimisation team, and how the team contributed to the ICB's responsibility to meet this function. Areas for development and recommendations were outlined in the report.

Committee members:

- **recommended that satisfactory assurance be taken** that the ICB requirements in the document NHS England's Quality Functions: Responsibilities of providers, Integrated Care Boards and NHS England that pertained to Medicines Optimisation were being fulfilled.
- **noted** that
    - The Medicines Optimisation Team undertook a range of safety and quality work in addition to the NHSE requirements and these were summarised in this report.
    - In addition, there were a number of actions underway that would further enhance the delivery of the NHSE requirements. These were noted within the report.
    - It was recommended that the ICB considered allocating formal Medical Safety Officer responsibility to a post within the ICB structure, which was considered by the Chief Nursing Officer and Chief Medical Officer and the outcome would be reported to the Committee.

Infection Prevention and Control Annual Summary Report 2023/24
The report aimed to ensure the safety and quality work conducted by this team (and the wider MO team where relevant) was captured in a qualitative way and reported into the appropriate ICB and system-wide patient and medication safety groups.

Committee members **noted** the report.

Committee decisions

None

Escalation to the Board – for information

- Committee members discussed the emerging risk related to potential GP CA. The issue was being closely monitored and measures were being considered to address and mitigate the associated risks effectively.
- The work led by NG on EQIA was highlighted as a significant positive development by Committee members. This initiative was expected to come

full circle to the Board providing comprehensive reporting and valuable insights.

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

2024/25 Annual Plan – Delivery Assurance

Date of meeting	Date report produced
30 January 2025	31 December 2024

Author(s)		Report approved by	
Name and title:	Lucy Pare Deputy Director of Performance, Planning & PMO	**Name and title:**	Libby Ryan Davies Transformation Director
Phone:		**Date:**	31 December 2024
Email:	lucy.pare@nhs.net		

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

Executive summary

This report sets out oversight and assurance for the delivery of the each of NHS Devon Directorate's objectives against their agreed Annual Plan.

It provides details of the objectives by exception which the NHS Devon Programme Management Office (PMO) and Performance team have limited or only partial assurance on the progress being made to deliver NHS Devon's Annual Plan. The content of the report is created through the detail provided by each directorate in their highlight reports and the outputs of the review and assurance process chaired by the Deputy Director of Performance and Planning.

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

NHS Devon Executive reviewed this report on 07 January 2025. It was presented to the Quality and Patient Experience Committee at its meeting on 16 January 2025 and the Finance and Performance Committee at its meeting on 17 January 2025.

Key recommendations and actions requested
AGREE the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives
AGREE the proposed amendments to the NHS Devon 2024/25 Annual Plan

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

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

NHS Devon Annual Plan – Delivery Assurance

Introduction

1. The Annual Plan is a comprehensive set of corporate objectives designed to address NHS Devon's response to all relevant local and national requirements, both internal and external.

2. It directly addresses local needs outlined in the One Devon Integrated Care Strategy, as well as national policy objectives in the NHS Long Term Plan, NHS England's operational planning guidance, and the NHS Oversight Framework.

3. By tracking the delivery of the Annual Plan at a Directorate level and working with our partners at place, it will ensure that NHS Devon is meeting all relevant priorities and requirements, including performance, oversight, and commissioning responsibilities in relation to NHS providers in Devon.

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

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

Delivering our 2024/25 Annual Plan

6. To deliver the Annual Plan, the Director of Performance and Planning has established monthly NHS Devon Planning and Delivery Meetings with each Chief Officer and their directors.

7. These monthly meetings, conducted via the Programme Management Office (PMO) Delivery Room, focus on the delivery of the NHS Devon 2024/25 Annual Plan and key corporate objectives. They provide oversight of the Board Assurance Framework, track performance improvements against the NHS Oversight Framework (NOF) and mitigate risks on the corporate and programme risk registers. The PMO has developed highlight reports to support these meetings, so progress can be monitored against key performance indicators (KPIs) and agreed impact metrics. The highlight reports are considered ahead of the delivery review meetings and Key Lines of Enquiry (KLOEs) agreed and shared with Senior Responsible Officers (SROs).

8. The outputs from these performance meetings have been collated into this month's assurance report for NHS Devon's Executives and Directors Meeting.

This will enable all directorates to understand corporate delivery against NHS Devon and system priorities, reducing the risk of silo working.

Our Annual Plan 2024/25

9. In summary the total number of objectives actively being monitored has reduced from 132 to 128 in last month's report.

10. Of the 128 objectives:
    - 88 (69%) are fully assured.
    - 38 (29%) are partially assured.
    - 2 (2%) have limited assurance.

    - There are 8 additional objectives which are not actively being monitored as expected to be removed, move directorates, are on hold or have not had their status evaluated.

11. The definitions for assurance levels are as follows:

	• A significant delay in schedule • Metrics are falling below acceptable thresholds • Limited assurance
	• Some delay in schedule • Metrics that are borderline or trending negatively • Partially assured
	• Project is on schedule • Metrics that meet or exceed expectations • Fully assured

12. The report will provide the following in detail by directorate:

    - Overall directorate status of assurance of delivery (Fully Assured - over 75%, Partially Assured – between 50% and 75% and Not Assured – below 50% of directorate objectives are on track/fully assured.)
    - By exception the details of those objectives not fully/partially assured
    - Highlighted risks and escalations for noting by NHS Devon Executive
    - Appendix 1 provides details of all objectives including those which are fully assured/on track by Directorate.

13. Following this month's Delivery Review meetings, interdependencies are highlighted between objectives/workstreams within different directorates. These require a matrix style working approach, they are identified within this report and have been shared by the PMO with appropriate Chief Officers.

14. Planning objectives which are proposed to be amended, added or removed within a directorate will be noted within this report and require agreement from the NHS Devon Executive.

15. This month's report continues to include directorate dashboards which provides a summary of the data (where metrics are available), this shows actual position compared to target, its trend and the assurance level.

16. Appendix 1 includes data charts to provide further information displaying current position against target (as applicable). Where possible, statistical process control charts have been included. These charts will confirm on a statistical basis whether a metric is improving, deteriorating or showing common cause variation (neither improving nor deteriorating).

Chief Nursing Officer

Objective dashboard

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
Quality & Safety	CNO 001	Implement Quality Management System Improvement Process •To improve and develop the ICB's Quality processes, governance, and reporting •Alignment to NQB guidance/requirements •To support the JFP/Operational Plan/ ICB Annual Plan delivery							G	↔
	CNO 002	Safeguarding Improvement • Delivering high standard of compliance with Working Together Safeguard Children (2023) statutory guidance • Delivery of the ICB's duties under The Care Act (2014) with regard to safeguarding adults							G	↔
	CNO 003	Review and enhance the Continuing Health Care (CHC) function to deliver value and improve efficiency							G	↔
Maternity, Neonatal and Women's Health	CNO 004	Collaborate with system partners to implement the three-year maternity and neonatal delivery plan, focusing on safety, personalisation, and workforce development. The Core20PLUS5 approach for women and birthing people will be implemented as part of the core programme.							A	↓
	CNO 005	Collaborate with system partners to implement the 10 year national Women's Health Strategy in Devon. This will include delivery of a Women's Health Hub model by March 2025.							G	↔
Children and Young People	CNO 006	Develop Family Hub and Early Help models across Devon by 2026							Proposed for removal	Proposed for removal
	CNO 007	Reduce the number of children and young people on long waiting lists for paediatrics acute and surgery procedures to eliminate waits of over 65 weeks for elective care	Over 65 week elective waits for CYP (Apr24 baseline)	122	39	-83	G	G	G	↔
	CNO 008	Implement a neurodiversity offer for children and families with neurodiverse, emotional and communication needs							G	↔
	CNO 009	Improve outcomes for CYP with long term conditions, focussing on a reduction in health inequalities							G	↔
	CNO 010	Prioritise the Special Education Needs and Disabilities (SEND) of children and families across							A	↓

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
		Devon ICS, embedding SEND reforms in line with local inspection findings within mandated timeframes								
	CNO 011	Develop a comprehensive plan to support the recovery of community services, with a target to reduce the autism pathways waits over 52 weeks by April 2025.					A	A	A	↔
	CNO 012	Address significantly poorer outcomes for care experienced children and young people by tackling access and equity issues in care delivery							A	↔
Health Protection	CNO 013	Infection Management System ICBs are responsible for developing integration and collaboration, and for improving population health across the system. Under the Civil Contingencies Act 2004, NHS England and ICBs are identified as Category 1 responders.							G	↔
	CNO 014	Vaccination Delivery Improvement							G	↔

Overview of assurance – Partially assured.

There are a total of 13 objectives being actively monitored which fall within the CNO directorate of which 69% (9) are fully assured to deliver within the expected timescales and 31% (4) is partially assured.

Objectives by exception

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
CNO 004	Collaborate with system partners to implement the three-year maternity and neonatal delivery plan, focusing on safety, personalisation, and workforce development. The Core20PLUS5 approach for women and birthing people will be implemented as part of the core programme.	- Implement postnatal contraception offer - Implement Core Competency Framework across all Trusts	Fully Assured	Partially Assured	Delayed – due to lack of capacity within the team.
	Children and Young People:				

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
CNO 010	Prioritise the Special Education Needs and Disabilities (SEND) of children and families across Devon ICS, embedding SEND reforms in line with local inspection findings within mandated timeframes	- Publish new Local Offer videos. - Implement EHCP processes	Fully Assured	Partially Assured	Delayed.
CNO 011	Develop a comprehensive plan to support the recovery of community services, with a target to reduce the autism pathways waits over 52 weeks by April 2025.		Fully Assured	Partially Assured	Delayed.
CNO 012	Address significantly poorer outcomes for care experienced children and young people by tackling access and equity issues in care delivery	- Continue to monitor achievement of trajectories.	Partially Assured	Partially Assured	Established a Children in Care Improvement Task & Finish Group. Dental access is being worked through in the Oral Health Group.

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
None identified for escalation				

Chief Medical Officer

Objective dashboard

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
Mental Health	CMO 001	Adults and older adults who need to be admitted to hospital for treatment of a mental illness will be treated in a hospital in Devon whenever it is clinically safe. By March 2025 there will be no more than 2 people inappropriately out of area, for acute care	Out of Area placements	3	10	7	A	A	A	↔
	CMO 002	People and families to get help early in development of perinatal mental health need. A minimum of 1115 will access the service. System recommendations aligned to supporting infant -care giver relationships will be known.	Birthing people accessing MH care	1,115	1,075	-40	A	A	A	↔
	CMO 003	As a minimum 8700 adults and older adults with Severe Mental Illness (on a rolling 12 month period) will have timely access to transformed models of community mental services.	SMI access to community MH services	8,700	17,020	8,320	G	G	G	↔
	CMO 004	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.							G	↔
	CMO 005	Enable people of all ages experiencing a mental health crisis to access the necessary help as early as possible without the need to visit A&E.	MH presentations at A&E (ytd vs 2023/24)	994	900	-94	G	G	A	↔
			Average time (hrs) in A&E (vs same period 23/24)	8.34	8.19	-0.2	G	G		
			999 MH calls (vs same period 23/24)	1820	1,719	-101.0	G	A		
			FRS calls	6053	5,033	-1,020	G	G		
	CMO 006	Enhance treatment outcomes for anxiety and depression through improved NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery.	Talking therapies access	8,306	6,660	-1,646	A	A	G	↔
			Talking therapies reliable improvement	67.0%	67.7%	0.7%	G	G		
			Talking therapies reliable recovery	48.0%	50.3%	2.3%	G	G		
	CMO 007	Reduce inequalities in mental health care by increasing the rate of annual physical health checks so that 75% of people with severe mental illness (SMI) are receiving a full annual physical health check, with at least 64% receiving one by March 2025	SMI Annual Health Check	5,632	5,420	-212	A	A	G	↔

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
		ensuring appropriate follow-up care for all those who need it.								
	CMO 008	Provide more timely dementia diagnoses and coordinated care planning by increasing the dementia diagnosis rate to 65% by March 2025.	Dementia diagnosis rate	65.00%	58.80%	-6.20%	A	G	A	↔
	CMO 009	Develop a Devon health and social care Dementia Strategy							G	↔
	CMO 010	More children and young people will have timely, coordinated access to NHS-funded mental health support, care, and treatment, including through mental health support teams in schools. This will mean that at least 15 754 CYPS will access NHS services.	CYP access to MH services	15,754	12,415	-3,339	A	G	G	↔
	CMO 011	Develop alternative community physical health monitoring services for eating disorders patients to enhance outpatient support.							A	↑
	CMO 012	Develop a business case for a community based alternative to hospital admission for individuals with severely disordered eating with atypical features or which is secondary to neurodiversity &/or trauma based issues							A	↔
	CMO 013	Ensure that commissioned mental health services are of high quality, safe, effective and well led.							A	↔
	CMO 014	Establish a framework for quality assuring the standards expected of any digital services that children and young people can access; with a central resource that children and young people can be signposted to							A	↔
	CMO 015	Work to ensure that all acute hospital trusts across the ICB work to the same protocol of medical admissions for “Physiological rescue” admissions with rapid admission and rapid discharge within a 14-21 day time frame and similar criteria for NG feeding, enhanced nursing, restraint, sedation, use of legislation and working with liaison psychiatry							A	↔

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
Learning Disabilities	CMO 016	Ensure 75% of individuals aged 14 and over on GP learning disability registers receive an Annual Health Check (AHC) by 31 March 2025.	LD annual health checks (ytd)	75%	32%	-43%	G	G	G	↔
	CMO 017	Reduce reliance on mental health inpatient care for people with learning disabilities and autistic individuals, achieving a target of no more than 30 adults and 12–15 under 18s per 1 million population							A	↔
	CMO 018	Test and implement improvements in autism diagnostic assessment pathways, including actions to reduce waiting times by March 2028.							G	↔
	CMO 019	Develop integrated workforce plans for the learning disability and autism workforce to support the delivery of objectives outlined in national Workforce Plan							G	↔
	CMO 020	Reduce health inequalities by reducing over-medication through the STOMP and STAMP programmes and taking action to prevent overprescribing.							G	↔
	CMO 021	Continue to implement the LeDeR programme to enhancing care, reducing health inequalities, and preventing premature deaths among individuals with learning disabilities and autism.	Avoidable deaths						A	↔
	CMO 022	Support the delivery and use of the reasonable adjustment digital flag to reduce health inequalities among people with learning disabilities and autistic individuals							A	↔
	CMO 023	Develop governance and due diligence with contracting for the Patient Choice pathway for ADHD. Compliant with "Patient Choice" Legislation whilst protecting local delivery and quality.							G	↔
	CMO 024	ADHD Pathway develop access to support closer to home in models of care yet to be designed by clinical group, Engage with the national taskforce and GIRFT	Over 18 week ADHD waits (vs Apr 24)	62.0%	60.3%	-1.7%	A	A	G	↔
	CMO 025	Oliver McGowan Mandatory Training (OMMT) Standardised training developed for the purpose of education health and social care staff on Learning Disability and Autism.							G	↔

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
		Statutory requirement in the health and care Act 2022regulating service providers in compliance.								
	CMO 026	REGIONAL CAPITAL INVESTMENT OF 20.5 million New MH LDA bed capacity for the treatment of our community closer to home of people who are intellectual, disabled or an Autistic Person.							G	↔
Population Health	CMO 027	Support Local Care Partnerships (LCPs) and Provider Collaboratives with evidence-based resources to empower them to make informed decisions and implement change at the local level							G	↔
	CMO 028	Implement the national Inclusion Health Framework to ensure health equity and support the needs of the most vulnerable groups.							A	↔
	CMO 029	Develop and implement a Population Health Charter to articulate and guide the collective health priorities and strategies across the system.							G	↔
	CMO 030	Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025							R	↔
	CMO 031	Increase the % of patients aged 25-84 with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025							R	↔
	CMO 032	Expand and develop High Intensity User (HIU) services and establish system working arrangements to support ongoing learning and development							A	↔
Medicines Optimisation	CMO 033	Delivery of the 16 National Medicines Optimisation Opportunities							G	↔
	CMO 034	Develop the Peninsula Aseptic Hub to centralise and optimise the preparation of sterile medications							A	↔
	CMO 035	Develop the Peninsula Radiopharmacy Strategy to enhance the provision and distribution of radiopharmaceuticals							A	↔
	CMO 036	Implement CIP projects in line with national best practice to improve the clinical and cost-effective use of medicines across all sectors in the Devon system.							A	↔

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
	CMO 037	Develop the Integrated Medicines Optimisation Committee (IMOC) and associated work programme to oversee and enhance medicines use across the health system							G	↔
Research	CMO 038	Continue to contribute to the Peninsula Research and Innovation Programme (PRIP) with partners across the Peninsula to foster collaborative improvements and innovation in healthcare							G	↔
	CMO 039	Work with Cornwall and Somerset to implement key deliverables in the Peninsula Research and Innovation Strategy (PRIS), enhancing regional healthcare research and development							G	↔
	CMO 040	Continue to support the development of the Research Engagement Network (REN) to increase opportunities for people to participate in health and social care research, including those working in primary care							G	↔
System Development	CMO 041	Develop and implement the One Devon Clinical and Care Professional Leadership framework to enhance clinical and care professional leadership and involvement in strategy development and delivery across the system							G	↔
Acute Services Strategy	CMO 042	Transform acute services to ensure workforce, clinical and financial sustainability.							A	↔
	CMO 043	Stabilise acute services that are fragile							A	↔
Cross Cutting	CMO 044	Within the ICS '4th purpose' (to help the NHS support broader social and economic development), develop the ICB as an Anchor Organisation by March 2025 to strengthen community ties and improve those factors that contribute to improved prospects for local populations							A	↔

Overview of assurance – Partially assured.

There are a total of 41 objectives being actively monitored within the CMO directorate of which 54% (22) are fully assured to deliver within the expected timescales, 41% (17) are partially assured and 5% (2) has limited assurance.

Objectives by exception

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
	Mental Health				
CMO 001	Adults and older adults who need to be admitted to hospital for treatment of a mental illness will be treated in a hospital in Devon whenever it is clinically safe. By March 2025 there will be no more than 2 people inappropriately out of area, for acute care	Implementation of rehab review work. If successful commence EOI roll out. Continue with inpatient strategy focused on flow and use of unplanned care pathway. Delivery of outputs from high cost placements review	Partially Assured	Partially Assured	Inpatient Strategy is on Track. Number of people in out of area beds not on track: current position (as of October): 20. This is a reduction from 26. Numbers have increased due to levels of demand and acuity. Local bed closures also impacting. Providers continue to work closely together to maximise local bed stock. For any patient admitted out of area, planning commences to enable return to area as soon as possible.
CMO 002	People and families to get help early in development of perinatal mental health need. A minimum of 1115 will access the service. System recommendations aligned to supporting infant -care giver relationships will be known.	Maintenance of rolling 12 month target: 1115. monitor plans aligned to developments in relation to access. Wait times: actions confirmed, and implementation commenced once review of wait times has been completed Case for change: to be presented to ICB executives. Actions for q3 and q4 will depend on	Partially Assured	Partially Assured	Partially assured Mitigations in place. Parent Infant Relationships: temporarily off track: because of ICB restructure meaning change in portfolio holder/directorate and realignment of workplans

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
		outcome of executive decision			
CMO 005	Enable people of all ages experiencing a mental health crisis to access the necessary help as early as possible without the need to visit A&E.	*Expansion desk:* evaluation of MH desk. *Review of pathway provision*: Recommendations from review of First Response Service will begin implementation. *Men SAT*: Complete assessment	Partially Assured	Partially Assured	**In November report CMO proposed to move to the CNO Directorate. Not yet removed as Board approval with be end Jan 25.** Update from CNO - Partially assured as delayed now subject to prioritisation and investment decisions.
CMO 008	Provide more timely dementia diagnoses and coordinated care planning by increasing the dementia diagnosis rate to 65% by March 2025.	Draft Strategy. Commissioning review of dementia diagnosis rates to inform planning for q4 and into 25/26.	Partially Assured	Partially Assured	Partially Assured: Whilst Devon ICB are not on track for the national target of 65 %, we are providing well across the region and consistently improving.
CMO 011	Develop alternative community physical health monitoring services for eating disorders patients to enhance outpatient support.		Limited Assurance	Partially Assured	On track and assured in relation to action of developing a business case for DIG. Outcome from DIG is required to be able to determine whether the objective is on track: if funding is identified, providers can proceed to implementation and recruitment.

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
CMO 012	Develop a business case for a community based alternative to hospital admission for individuals with severely disordered eating with atypical features or which is secondary to neurodiversity &/or trauma based issues	Agree and submit BC	Partially Assured	Partially Assured	This is an DPT SWPC objective and there are no work plans dedicated to this objective in the CM and Devon ICB. There is a strategic objective in 2025/2026 for the pathway for eating disorders.
CMO 013	Ensure that commissioned mental health services are of high quality, safe, effective and well led.	Commissioned services will be monitored and evaluated, with regards to aspects of safety, quality, service user and carer experience and effectiveness of care provided. When appropriate services will be redesigned, and appropriate re-procurement undertaken.	Partially Assured	Partially Assured	Partially Assured. This objective relates to the VCSE commissioned services for MH all of which have regular contract review meetings and standards in place so are assured.
CMO 014	Establish a framework for quality assuring the standards expected of any digital services that children and young people can access; with a central resource that children and young people can be signposted to	TBC	Partially Assured	Partially Assured	**In November report CMO proposed to move to the CNO Directorate. Not yet removed as Board approval with be end Jan 25.** Framework delivery lead has been tasked with the development of the proposal document, outlining delivery in respect to regional leadership changes. Further actions to be carried over due to ICB restructuring and engagement with W&CYP Lead re prioritisation.

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
CMO 015	Work to ensure that all acute hospital trusts across the ICB work to the same protocol of medical admissions for "Physiological rescue" admissions with rapid admission and rapid discharge within a 14-21 day time frame and similar criteria for NG feeding, enhanced nursing, restraint, sedation, use of legislation and working with liaison psychiatry.	Develop system plan	Partially Assured	Partially Assured	In year focus on NG tube feeding under restraint as the workplan sits in the Childrens directorate (CNO) CMO15 has no work plan in the CMO directorate that we can assure. To be agreed which directorate this objective should be aligned too.
	Learning Disability and Autism				
CMO 017	Reduce reliance on mental health inpatient care for people with learning disabilities and autistic individuals, achieving a target of no more than 30 adults or 12–15 under 18s per 1 million population	Target Admission inpatient 20. Produce monthly highlight reports to LDA tackling health inequalities group onto QPEC. Quarterly updates to LDA programme steering group. Monthly Assuring Transformation data submission to NHSE regional LDA programme.	Partially Assured	Partially Assured	Over Target, counting currency changed now including ASC on Acute MH wards. We have reduced numbers this reporting period.
CMO 021	Continue to implement the LeDeR programme to enhancing care, reducing health inequalities, and preventing premature deaths among individuals with learning disabilities and autism.	Assessing the overall impact of the LeDeR - Deep Dive on LeDeR recommendation on tackling health inequalities. Ensure lessons learnt were widely circulated and celebrated good practice. Commence the LeDeR annual report - Learning from Actions	Partially Assured	Partially Assured	Recruitment of an 8a post successful candidate. Start date March Leder Reviewers (Bank) have started working in Nov position will improve
CMO 022	Support the delivery and use of the reasonable adjustment digital flag to reduce health inequalities among people with learning disabilities and autistic individuals	Digital Team, N&Q LDA and LDA Commissioning Team Contracts Team and Primary Care, voluntary sector and third arm	Partially Assured	Partially Assured	BI prioritising plan clear actions in place

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
	Population Health				
CMO 028	Implement the national Inclusion Health Framework, to ensure health equity and support the needs of the most vulnerable groups.	•Identify a named lead for Inclusion Health within the ICB •Identify resources to deliver Health Inclusion framework	Partially Assured	Partially Assured	Plan will be developed in year but no resource to implement. Part of phase 2 restructure
CMO 030	Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025		Limited Assurance	Limited Assurance	Limited Assurance with proposal to be removed from this years annual plan as will not deliver in year due to vacancies/capacity issues. This objective will form part of wider objective for 25/26.
CMO 031	Increase the % of patients aged 25-84 with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025		Limited Assurance	Limited Assurance	Limited Assurance with proposal to be removed from this years annual plan as will not deliver in year due to vacancies/capacity issues. This objective will form part of wider objective for 25/26.
CMO 032	Expand and develop High Intensity User (HIU) services and establish system working arrangements to support ongoing learning and development	Development and approval of Business Case(s): Establish, maintain and develop 2025-26 High Intensity User Services	Partially Assured	Partially Assured	This work is being completed by the COO directorate with no involvement from Population Health
	Medicines Optimisation				
CMO 034	Develop the Peninsula Aseptic Hub to centralise and optimise the preparation of sterile medications	Implementation plans developed. Develop product portfolio and cross-system supply agreements	Partially Assured	Partially Assured	Partially assured - All actions have been satisfactorily answered but waiting for regional approval prior to national review.
CMO 035	Develop the Peninsula Radiopharmacy Strategy to enhance the provision and distribution of radiopharmaceuticals	Develop implementation plan for long term and for interim period	Partially Assured	Partially Assured	Partially assured - Updated PenRAD board and the appraisal process has been extended.
CMO 036	Implement CIP projects in line with national best practice to improve the clinical and cost-effective use of medicines across all sectors in the Devon system.	Within CIP Programme	Partially Assured	Partially Assured	No visibility of CIP plans, but indications from HCD Pharmacists and Finance Teams are that delivery is on track.

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
	Acute Services Strategy				
CMO 043	Transform acute services to ensure workforce, clinical and financial sustainability	Outputs of maternity workshops fed into modelling Modelling of scenarios to develop long list of options Case for change finalised and submitted to Boards Develop criteria for option appraisal NHSE Stage 1 sense check Review of LVHC/GGH specialist service priorities	Partially Assured	Partially Assured	Clinical scenarios are currently being modelled to describe the implications for activity, travel, workforce, finance, and estates - to be completed by April 2025. Evaluation criteria to be developed for appraisal of scenarios by April 2025.
	Cross cutting (ICS 4th Purpose)				
CMO 044	Develop plans to enhance the ICB's role as an Anchor Organisation by March 2025 to strengthen community ties and improve those factors that contribute to improved prospects for local populations. This is a 2024/25 step towards delivery of the ICS '4th purpose' (to help the NHS support broader social and economic development).	Draft system-wide anchor initiation plan	Partially Assured	Partially Assured	Further discussion required to ensure the relevant elements responsible under Population Health and other directorates are accurately recorded. Currently can only provide partial assurance until further confirmation. On track on the PH section of HLR and off track/partial assurance on the cross cutting section of HLR report

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
Learning Disability and Autism	OMMT	Funding no longer available post March 2025. The costs to trust high and to achieve sustainability is in question	Waiting on Providers to feedback on future commissioning intentions and how we support 2025/2026 delivery	Yes

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
Learning Disability and Autism	ADHD Patient Choice	The financial costs to the ICB Clinical need have quadrupled "Patient Choice" legislation and compliance impacting on cost of delivery	Paper to DIG to help us understand the referral flow and manage the financial trajectories.	Yes (escalate on Corporate Risk Register for the financial risks to the ICB moving forward)

Chief Operating Officer

Objective dashboard

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
Primary Care and Community Pharmacy	COO 001	Expand clinical pharmacy services, including Hypertension Case-finding and Oral Contraceptive provision							G	↔
	COO 002	Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels							G	↔
	COO 003	Support Devon Primary Care Network (PCNs) to adopt an integrated, proactive approach to care and support							A	↔
	COO 004	Implement personalised care across integrated teams, focusing on the most benefiting groups such as end-of-life, frailty, and dementia.							A	↔
	COO 005	Expand and innovate the Independent Prescribing (IP) programme within Devon							G	↔
	COO 006	Improve the sustainability of general practice and increase dedicated urgent primary care capacity through the implementation of a new Same Day General Practice model.	GP contacts (compared to 23/24)	897,768	1,014,105	116,337	G	G	G	↔
	COO 007	Enhance public understanding and access to community-based services							G	↔
	COO 008	Develop Community Pharmacy, including improved resilience and the expansion of Pharmacy First services, to enhance accessibility and efficiency of pharmaceutical care.							G	↔
Urgent and Emergency Care	COO 009	Increase the proportion of A&E patients seen within four hours to at least 78% by March 2025	All types 4 hour performance	73.4%	68.4%	-5.0%	A	A	A	↔
	COO 010	Achieve an average response time of 30 minutes for Category 2 ambulance calls during 2024/25	Cat 2 response times	30	61	31	A	G	A	↔
	COO 011	Standardise UTC provision across Devon and divert attendances from ED and optimise UTCs and MIUs by building resilience into current delivery across UEC within the estates, workforce and funding limits.	UTC closures (compared to 23/24)	30	28	-2	G	G	G	↔
	COO 012	Establish and deliver a Care Coordination Hub to enhance patient navigation within the Urgent Care System.							G	↔
	COO 013	Standardise Same Day Emergency Care (SDEC) across One Devon using a Devon-wide, nationally recognised specification to handle up to 40% of acute medical cases at Type 1 organisations, reduce ambulance attendances at ED, and improve ambulance handover times.	Handover delays over 15 minutes (vs 2023/24)	13,945	9,931	-4,014	G	G	G	↑

	COO 014	Ensure consistent delivery of Virtual Wards across Devon, achieving 80% occupancy and a 4-5 day average Length of Stay (LoS), fully aligned with NHSE recommendations, to maximise existing financial investment.	Virtual ward occupancy rate	80%	81%	1%	G	G	G	↔
	COO 015	Implement Acute Frailty Services operating 70 hours per week (10 hours per day) at all three acute trust organisations, ensuring alignment with Virtual Wards and community-based services for individuals aged over 65.	Emergency admissions 1+ length of stay (65 years+)	6,828	7,157	329	A	A	A	↔
	COO 016	Standardise Urgent Community Response (UCR) operations to national specifications (8-8, 7 days per week) and increase referrals by 15% monthly to reduce ED attendance.	2 hour UCR contacts	1,805	1,130	-675	A	G	G	↔
	COO 017	Establish consistent proactive clinical care in care homes, aiming for a 20% reduction in unplanned admissions for people aged 65+, 85% coverage of Electronic Treatment Escalation Plans, and improved pathways for End of Life and falls and frailty by 2025.	Daily zero LoS admissions 65+ (vs 2023/24)	53	61	8.5	A	A	A	↔
	COO 018	Reduce acute bed occupancy and hospital Length of Stay by ensuring timely discharges and optimal capacity across discharge pathways (P1-P3), supporting the system target of achieving 6.4% NCTR by March 2025 and improving acute hospital flow.	No Criteria to Reside - average daily patients not discharged (vs 2023/24)	261.3	283.9	22.6	A	G	G	↔
	COO 019	Ensure that children and young people are included explicitly in the UEC recovery plans, incorporating specific interventions such as paediatric virtual wards and the Paediatric Early Warning System - need to establish exec ownership							G	↑
Elective Care	COO 021	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	RTT over 65 week waits	104	959	855	A	G	A	↔
	COO 022	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 103%	Elective IP/DC activity	152,799	156,213	3,414	G	G	G	↔
	COO 023	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	Outpatient procedures	209,245	212,643	3,398	G	G	A	↔
	COO 025	Improve performance against the headline 62-day cancer treatment standard to 70% by March 2025	62 day cancer target	70%	72%	2%	G	G	G	↔
	COO 026	Increase the percentage of cancers diagnosed at stages 1 and 2 to align with the 75% early diagnosis ambition by 2028.							G	↔

	COO 027	Increase the percentage of patients receiving a diagnostic test within six weeks to 95% by March 2025.	6 week diagnostics	95%	71.0%	-24%	A	A	A	↔
	COO 028	Improve patient and list management, ensuring at least 90% of patients waiting over 12 weeks are validated at any time							A	↔
	COO 029	Continue to expand patient choice at the point of referral, offering a choice of five providers where appropriate and facilitating access to non-local NHS or independent sector providers to shorten wait times							G	↔
	COO 030	Make significant improvements towards the 85% day case and 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings							G	↔
	COO 031	Establish an approach to ensure referrals to secondary care are appropriate, including through increased use of advice and guidance (A&G) to avoid unnecessary referrals							G	↔
	COO 032	Conduct a review of the neurology headache clinics							G	↔
	COO 033	Increase diagnostic capacity, including through Community Diagnostic Centres							G	↔
	COO 034	Complete contract reviews for GP with Extended Roles (GPwER) and Sentinel							G	↔
	COO 035	Take on formal delegation of specialised commissioning functions (was moved from CFO)							G	↔
	COO 036	Consultant to Consultant (C2C)							G	↔
	COO 037	Evidence Based Interventions (EBI)							G	↔
	COO 038	Primary Secondary Care Interface							G	↔
	COO 039	Establish an early screening, risk assessment and health optimisation programme for patients waiting extended periods and/or coming from demographics experiencing health inequalities							A	↔

Overview of assurance – Partially assured.

There are a total of 38 objectives being actively monitored within the COO directorate of which 71% (27) are fully assured to deliver within the expected timescales and 29% (11) are partially assured.

Objectives by exception

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
	Primary Care and Community Pharmacy				
COO 003	Support Devon Primary Care Network (PCNs) to adopt an integrated, proactive approach to care and support		Partially Assured	Partially Assured	Off track and partially assured. This objective is shared with locality teams.
COO 004	Implement personalised care across integrated teams, focusing on the most benefiting groups such as end-of-life, frailty, and dementia.		Partially Assured	Partially Assured	Off track and partially assured - EoL and Frailty in place as part of the wider plan and Dementia sits within the mental health workstream with a primary care element.
	Urgent and Emergency Care				
COO 009	Increase the proportion of A&E patients seen within four hours to at least 78% by March 2025		Partially Assured	Partially Assured	Off track and partially assured - A&E performance remains volatile and despite seeing marginal improvements overall, this has proven difficult to sustain.
COO 010	Achieve an average response time of 30 minutes for Category 2 ambulance calls during 2024/25		Partially Assured	Partially Assured	Off track and partially assured - The level of assurance is increasing for UHP and RDUH, and we are seeking further assurance from TSD.
COO 015	Implement Acute Frailty Services operating 70 hours per week (10 hours per day) at all three acute trust organisations, ensuring alignment with Virtual Wards and community-based services for individuals aged over 65.	Implementation of agreed delivery plan based on gap analysis on agreed SOP.	Partially Assured	Partially Assured	Off Track and partially assured - Rapid assessment of progress against service specifications have identified gaps. Working with COO and team to agree if this Cannot be achieved what can
COO 017	Establish consistent proactive clinical care in care homes, aiming for a 20% reduction in unplanned admissions for people aged 65+, 85% coverage of Electronic Treatment Escalation Plans, and improved pathways for End of Life and falls and frailty by 2025.	Implementation of agreed delivery plan based on gap analysis on agreed SOP.	Partially Assured	Partially Assured	Off Track and partially assured - Rapid assessment of progress against service specifications have identified gaps. Working with COO and team to agree if this Cannot be achieved what can
	Elective Care				

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
COO 021	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	Zero 65ww	Partially Assured	Partially Assured	Off track – mitigations in place Partially assured - The ICB have actioned everything in their control and is reliant on providers meeting their obligations. NHS Devon has now left Tier 1. We are partially assured as we are slightly behind the initial plan but on a downward trend.
COO 023	Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25	Identify where further opportunities for transferring patients to a PIFU pathway across the system Implementation of PIFU for appropriate follow up backlogs.	Partially Assured	Partially Assured	Off track – recoverable. System – 42.1%
COO 027	Increase the percentage of patients receiving a diagnostic test within six weeks to 95% by March 2025.	Set by each provider in their trajectories for the operating plan submission.	Partially Assured	Partially Assured	Off track and partially assured - September position is as below:- System – 70.0% RDUH – 63.1% TSD – 71.6% UHP – 79.6% Further CDC rebasing to take place in Dec. Recovery trajectories to form part of Q4 planning.
COO 028	Improve patient and list management, ensuring at least 90% of patients waiting over 12 weeks are validated at any time.	Monitor and mitigate against any deviation on performance	Partially Assured	Partially Assured	Off track and mitigations are in place – Solution in place for Torbay and system are expecting an improvement for this Trust from next month.
COO 039	Establish an early screening, risk assessment and health optimisation programme for patients waiting extended periods and/or coming from demographics experiencing health inequalities		Partially Assured	Partially Assured	Off track and mitigations are in place – Living Options resource is not being fully utilised due to lack of patients being transferred across from providers. Escalation to Elective Board

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
UEC - OOH Provider Plans	Plans have now been received from each provider. Different levels of detail included. UHP One plan highlights some great work, not all relates to or describes attainment of progress against the 6 OOH workstream	Failure to achieve SOPs/Specs and therefore achieve trajectories.	Assessment of plans to provide feedback on actions, lack of actions.	Yes – On Programme Delivery Risk and Issue Plan
UEC – Acute Frailty	TSD have significant workforce issues, LTS and maternity about to commence, full freeze on recruitment so cannot fill the gap. NSD – No consultant capacity, some shared from the East. Undertaken frailty work but not as described within the SOP. UHP and East – Meeting the SOP, some differences over the weekend, still manage 5/7 with acute medical cover. Long way off from being achieved 12 –18 months.	Failure to achieve SOPs/Specs and therefore achieve trajectories.	None Identified	Yes – On Programme Delivery Risk and Issue Plan

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
UEC - UCR	UHP and RDUH have agreed the UCR slots inline with NHSE target per 100k population. TSD have not yet agreed (still asking for further clarity) RDHU want to deprioritise discharge activity to provide the UCR capacity without further impacting on hospital discharge and NCTR – hence in email to ICB we have asked for confirmation of consideration to bridge the gap of commissioned capacity. (email to who?) Ned Brown was plan to reprioritise prevention activity to mitigate this.	Fail to meet trajectories and realisation of capacity.	None identified	No
Elective Care - Support achieving upper quartile performance and best practices as per Getting It Right First Time (GIRFT) recommendations. **Make significant improvements towards the 85% day case and 85% theatre utilisation expectations, using GIRFT and moving procedures to the most appropriate settings**	Key surgical innovation deliverables against Gynaecology and orthopaedics are agreed and monitored as part of the One Devon Elective Specialty Improvement programme. Theatre utilisation improvement is challenged in TSDFT for ophthalmology and orthopaedics due to inability to increase spend on workforce given financial position	Non delivery of agreed measures as part of the One Devon Elective Improvement programme and delivery of Further Faster metrics in individual specialty teams at base sites will result in non-delivery of national targets and best practice standards within the financial year.	Where organisations are delivering best practice (for example. Hip and knee surgery in orthopaedics, further procedures will be reviewed. Spinal best practice in Nightingale will be supported in UHP Improvements being recoded in DC hysterectomy in RDUH TSDFT have stood up their theatre utilisation improvement programme so starting to see impact	Yes (programme level register)

Chief Communications and Corporate Affairs Officer

Objective dashboard

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
Governance	CCO 001	Develop an ICB governance improvement plan, secure approval by the July Board meeting, and make necessary amendments to constitutions, risk frameworks, and terms of reference based on agreed actions							G	↑
	CCO 002	Implement new System Planning, and Delivery & Assurance Structures for the 2024-25 governance approach within the ICB							G	↔
System OD	CCO 003	Create a compact to formally articulate the shared vision of system partners and establish a set of reciprocal behaviours for effective delivery, supporting the Devon single operating model							G	↔
	CCO 004	Develop a system Organisation Development (OD) plan focused on implementing high-impact actions to address challenges identified in ICS maturity assessments, supporting the development of a single operating model for Devon.							A	↔
Communications	CCO 005	Establish the One Devon Involvement Platform to enhance engagement and participation across the healthcare system							A	↔
	CCO 006	Integrate Healthwatch into NHS Devon ICB Governance to enhance public accountability and consumer insight.							G	↔
Equality, Diversity and Inclusion	COO 007	Work with system partners to agree on shared Equality, Diversity, and Inclusion (EDI) priorities and initiate actions based on the NHS England EDI Improvement Plan's six high-impact areas							G	↔
	CCO 008	Through the NHS Devon governance review, identify opportunities to incorporate the six high-impact actions from the NHS England EDI Improvement Plan							G	↔

Overview of assurance – Fully assured.

There are a total of 8 objectives being actively monitored within the CCO directorate of which 75% (6) are fully assured to deliver within the expected timescales and 2% (2) is partially assured.

Objectives by exception

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
	System OD				
CCO 004	Develop a system Organisation Development (OD) plan focused on implementing high-impact actions to address challenges identified in ICS maturity assessments, supporting the development of a single operating model for Devon.	Monitor progress and adjust the plan as needed (Q3 onward).	Partially Assured	Partially Assured	Off track and partially assured with mitigation in place. Work commencing on what can be achieved to decrease the amount of duplication. Funding approval for ICS Maturity Assessment takes place at DIG in January.
	Communications				
CCO 005	Establish the One Devon Involvement Platform to enhance engagement and participation across the healthcare system	- BETA test website - Snagging and development - Soft launch - Feedback on soft launch and further development as required	Partially Assured	Partially Assured	Off track - with mitigating action in place. Request for Q3 milestones to be changed to Q4. Assurance given that will complete in year. **In November report CCO agreed to move milestones to Q4. Not yet amended as Board approval will be end Jan 25**

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
None identified for escalation				

Chief People Officer

Objective dashboard

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
System Workforce	CPO 001	Improve management and productivity of workforce resources (WTE and financial) across all System providers, delivering activities aligned with the 6 workforce Financial Recovery Programme (FRP) workstreams.							A	↔
	CPO 002	Deliver significant efficiencies and ensure consistency in business processes across Trusts and the ICB through technological and digital advancements, aiming to save £19 million over five years, contributing to system financial recovery							A	↓
	CPO 003	Implement the One Devon Workforce Strategy and development of case for change to inform a new financially sustainable workforce model and plan to meet local and national objectives and comply with the 10 regulatory requirements of an Integrated Care System (ICS) People function.							G	↔
HR	CPO 004	Reduce running costs by 30% while continuing to evolve the ICB's functions and form to effectively meet its strategic and statutory responsibilities							G	↔
	CPO 005	Develop a workforce with the skills and capability to fulfil the strategic and statutory responsibilities of the ICB in a sustainable and affordable manner							G	↔
	CPO 006	Improve the working lives of all staff, thereby increasing staff retention and attendance at work -	Sickness absence rate	5.6%	5.2%	-0.4%	G	G	G	↔
			Leaver rate	7.3%	7.2%	-0.1%	G	G		↔
			12 months rolling leavers rate	tbc	tbc	tbc				↔
System Learning and Education	CPO 007	Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan							G	↔
	CPO 008	Increase the number of Advanced Practice posts across Devon by implementing a governance matrix and enhancing education and recruitment strategies, aiming to recruit 10% new trainees in new and emerging areas of advanced practice.	Number of Advanced practitioners in post comparison to previous year	0%	19%	19%	G	G	G	↔

	Obj no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
	CPO 009	Increase placement capacity across the system to enable an increase of supply of domestic nursing and AHP. Specifically the aim is to: •Reduce placement under-utilisation by 30% •Increase placement capacity by 20% •Increase range of placement experiences by 30%							G	↑

Overview of assurance – Fully assured.

There are a total of 9 objectives being actively monitored which fall within the CPO directorate of which 77% (7) are fully assured to deliver within the expected timescales and 23% (2) are partially assured.

Objectives by exception

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
	System Workforce				
CPO 001	Improve management and productivity of workforce resources (WTE and financial) across all System providers, delivering activities aligned with the 6 workforce Financial Recovery Programme (FRP) workstreams.		Partially Assured	Partially Assured	Off track, partially assured with mitigations in place. All supporting workstreams are on track however overspend on Operation Plan so further engagement and check challenge is required to increase assurance and grip and control.

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
CPO 002	Deliver significant efficiencies and ensure consistency in business processes across Trusts and the ICB through technological and digital advancements, aiming to save £19 million over five years, contributing to system financial recovery	ESR data cleanse completed. ESR data load commences.	Fully Assured	Partially Assured	Off track – recoverable. The programme currently has an Amber status due to risks being managed across the workstreams, although the mitigations identified are making good traction and the programme is trending to Green.

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
None identified for escalation.				

Chief Finance Officer

Objective dashboard

	Objective no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
Digital & Data	CFO 001	Support implementation of Electronic Patient Records (EPRs) in TSDFT and UHP by 2026.							G	↔
	CFO 002	Procure and implement the Peninsula Laboratory Information Management System (LIMS) solution for the clinical network by 2025.							G	↔
	CFO 003	Support core health and care organisations to implement the Devon and Cornwall Care Record by 2028.							A	↔
	CFO 004	Rationalise data centres subject to business case approval.							G	↔
	CFO 005	Undertake contract reviews to achieve non-pay contract savings.							G	↔
	CFO 006	Increase the number of eligible citizens connected to the NHS App to support the national target of 75% of people registered							To be removed	To be removed
	CFO 007	Implement the national Digital Inclusion Framework, working in partnership with the population health team, to increase accessibility to digital health resources among underserved populations							G	Not evaluate last month
Finance and Use of Resources	CFO 008	Achieve a balanced net system financial position across all NHS organisations by the end of the 2024/25 financial year.							G	↔
	CFO 009	Progress shared service arrangements within ICB and across system to increase efficiency and productivity and reduce costs.							G	↔
	CFO 010	Deliver NHS Devon's 2024/25 recovery and Cost Improvement Programmes (CIP) and performance manage delivery of provider CIPs							G	↔
	CFO 011	Ensure ICB re-structure allows the organisation to operate within its agreed Running Cost Allowance (RCA)							G	↔
	CFO 012	Produce the long-term financial plan to achieve sustainable financial balance by system and by organisation.							A	↓
	CFO 013	Commence reprioritisation of funding upstream towards prevention and health inequalities							To be removed	To be removed

Overview of assurance – Fully assured.

There are a total of 10 objectives being actively monitored which fall within the CFO directorate of which 80% (8) are fully assured to deliver within the expected timescales and there is one objective which is partially assured 20% (2).

Objectives by exception

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
	Digital & Data				
CFO 003	Support core health and care organisations to implement the Devon and Cornwall Care Record by 2028.	•RDUH connected to DCCR	Partially Assured	Partially Assured	Off track and partially assured with mitigations in place. Key target for all NHS organisations to be connected by April 2024. Torbay and RDUH are not connected. Expected to be back on track and delivered by March 2025; resources are limited due to being redirected onto priority LIMS activity. LIMS activity has now concluded. The expectation is that resources will be available for DCCR connection.
CFO 007	Implement the national Digital Inclusion Framework, working in partnership with the population health team, to increase accessibility to digital health resources among underserved populations	Present recommendations to the relevant board on high-impact actions the ICB can take to support the digital inclusion agenda with ICS partners.	Not evaluated last month	Fully Assured	The decision was reversed by CFO to removed from, Digital and Data priority objectives, agreed at Finance and Planning committee in December. The updated provided an Executives and Directors meeting describe the next steps and actions for Digital to work with Comms on signposting to the available resources which promote digital inclusion
	Finance and Use of Resources				

Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
CFO 012	Produce the long-term financial plan to achieve sustainable financial balance by system and by organisation.	•NHSE approval of MTFP •System approval of MTFP	Fully Assured	Partially Assured	Off track - recoverable. Further meeting with NHSE Jan 25.

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
None identified for escalation.				

Deputy Chief Executive Officer

Objective dashboard

	Objective no.	Objective description	Metric	Latest Target	Latest Actual	Variance	Latest	Trend	On Track?	Monthly Change
Performance and Planning	DCEO 001	Develop Annual Plan for 24/25							G	↔
	DCEO 002	Develop a rolling Annual Planning cycle to support the ongoing development, refresh, and alignment of key strategic and operational plans, including necessary annual updates to One Devon's Integrated Care Strategy and NHS Devon's 5-Year Joint Forward Plan, organisational-level Annual Plans, and NHS Operational Planning submissions							G	↔
	DCEO 003	Develop a System Delivery Governance PMO approach, including a PMO Delivery Room to support the delivery of corporate objectives.							G	↔
	DCEO 004	Provide the Strategic Client function for Business Intelligence (BI), developing and agreeing on the ICB requirements of the external BI function							G	↔
	DCEO 005	Work collaboratively with regional ICS teams to develop a regional secure data environment to support future research							G	↔
Estates and Green Plan	DCEO 006	Drive collaboration between provider service departments where possible to create resilience, efficiencies, and succession planning. (EFM and SPV are vehicles to deliver)							On hold	
	DCEO 007	Commence delivery of the implementation plans that will support each area of the Estates Strategy							G	↔
	DCEO 008	Deliver agreed Estates recovery and Cost Improvement Programmes (CIP)							G	↔
	DCEO 009	Enhance the patient experience by improving access to primary care facilities.							G	↔
	DCEO 010	Refresh the ICS Green Plan by 2025							G	↔

Overview of assurance – Fully assured.

There are a total of 9 objectives being actively monitored which fall within the DCOE directorate of which 100% (9) are fully assured to deliver within the expected timescales. 1 objective is currently on hold and therefore unable to give assurance level this month.

Objectives by exception

Directorate Ref	Objectives	Q3 Milestones	Oct Assurance Level	Nov Assurance Level	Comments
	Estates				
DCEO 006	Drive collaboration between provider service departments where possible to create resilience, efficiencies, and succession planning. (EFM and SPV are vehicles to deliver).	Agree with Estates Directors if proposals are proceedable	On Hold	On Hold	The actions for this objective are currently on hold and not actively being monitored and has been approved by SLG and is being concerned as part of Transforming Devon programme 25/26 plan. Request to remove from this years plan.

Risks and escalations

Workstreams/ Objectives	Risk to delivery	Impact	Mitigation	Is risk recorded on appropriate risk register?
Performance and Planning	Finance/BI/Strategy support to ongoing MTFP and system recovery programme	Ability to understand financial impact and benefits realisation of programmes and opportunities	Being addressed through weekly CEO meetings	No

Interdependencies between objectives and directorates

Following this month's Delivery Review meetings there have been interdependencies highlighted between objectives/workstreams within different directorates, these are listed below, these will be shared by the PMO and appropriate Chief Officers:

Directorate ref	Objective/Workstream	Comments	To be linked to
CMO 044	Develop plans to enhance the ICB's role as an Anchor Organisation by March 2025 to strengthen community ties and improve those factors that contribute to improved prospects for local populations. This is a 2024/25 step towards delivery of the ICS '4th purpose' (to help the NHS support broader social and economic development).	Further discussion required between Chief Officers to ensure the relevant elements responsible under Population Health and other directorates are accurately recorded. Currently can only provide partial assurance until further confirmation. On track on the PH section of HLR and off track/partial assurance on the cross-cutting section of HLR report.	CMO to link with relevant Chief Officers of other directorates to agree next steps.

Changes to objectives and updates to the Annual Plan

This section will be used to describe any additions, updates and removals to/from the Annual Plan. The Board is asked to agree the proposed changes and note that further objectives may be added throughout the year as new priorities emerge. Any additional objectives or significant material changes to the wording of current objectives will be brought to the Board for approval through this report. Please note the amendments proposed from last months report remain as not yet received approval from board due to no meeting taking place until end of January 2025.

December report amendments

Directorate Ref	Objective/Workstream	Rationale	New Addition / Amendment / Removal
COO (no ref until approved)	Winter Planning	Previously missed from including as part of priority workstream in preparation for winter. Currently fully assured and on track. OOH architecture of twice weekly meetings is in place and will support winter planning actions. Reporting will continue to Tier 1 and close working with SCC.	New Addition
CMO 012	Develop a business case for a community based alternative to hospital admission for individuals with severely disordered eating with atypical features or which is secondary to neurodiversity &/or trauma based issues	This is an DPT SWPC objective and there are no work plans dedicated to this objective in the CM and Devon ICB. There is a strategic objective in 2025/2026 for the pathway for eating disorders. CMO approved merge of objective with CMO 015	Amendment
CMO 030	Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025	Limited Assurance with proposal to be removed from this years annual plan as will not deliver in year due to vacancies/capacity issues. This objective will form part of wider objective for 25/26.	Removal
CMO 031	Increase the % of patients aged 25-84 with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025	Limited Assurance with proposal to be removed from this years annual plan as will not deliver in year due to vacancies/capacity issues. This objective will form part of wider objective for 25/26.	Removal
DCEO 006	Drive collaboration between provider service departments where possible to create resilience, efficiencies, and succession planning. (EFM and SPV are vehicles to deliver).	The actions for this objective are currently on hold and not actively being monitored and has been approved by SLG and is being concerned as part of Transforming Devon programme 25/26 plan. Request to remove from this years plan.	Removal

November report amendments (previously noted)

Directorate Ref	Objective/Workstream	Rationale	New Addition / Amendment / Removal
CNO 006	Develop Family Hub and Early Help models across Devon by 2026 to provide coordinated early support services for families.	CNO agreed to remove from the Annual Plan as now embedded as BAU.	Removal - BAU
CFO 006	Increase the number of eligible citizens connected to the NHS App to support the national target of 75% of people registered	CFO has confirmed this action be removed since the target of 75% is not being realised by any ICB in England. 75% target is not considered realistic, due to the percentage of the Devon population that need to interact regularly with the NHS via the NHS App.	Removal
CFO 013	Commence reprioritisation of funding upstream towards prevention and health inequalities	Objective to be added annual plan 25/26	Removal – proposed for 25/26 plan
CMO 005	Enable people of all ages experiencing a mental health crisis to access the necessary help as early as possible without the need to visit A&E.	In line with the actions taken against this objective we are on track except the SWASFT expansion of MH desk workforce. The Extension will take place in March 2025 due to workforce and recruitment restrictions. CMO approved and discussed with CNO objective to move CNO directorate.	Amendment
CMO 010	More children and young people will have timely, coordinated access to NHS-funded mental health support, care, and treatment, including through mental health support teams in schools. This will mean that at least 15 754 CYPS will access NHS services.	Currently objective is fully assured. CMO approved and discussed with CNO objective to move CNO directorate.	Amendment
CMO 014	Establish a framework for quality assuring the standards expected of any digital services that children and young people can access; with a central resource that children and young people can be signposted to	Framework delivery lead has been tasked with the development of the proposal document, outlining delivery in respect to regional leadership changes. Further actions to be carried over due to ICB restructuring and engagement with W&CYP Lead re prioritisation. This relates to Children/CYP and recommendation to move to CNO Directorate approved by CMO.	Amendment

Directorate Ref	Objective/Workstream	Rationale	New Addition / Amendment / Removal
CCO 005	Establish the One Devon Involvement Platform to enhance engagement and participation across the healthcare system	CCO Requested to move Q3 milestones to Q4 with assurance the objective will still be delivered in year.	Amendment

Recommendations

17. The Board is asked to:

- **AGREE** the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives.
- **AGREE** the proposed amendments to the NHS Devon 2024/25 Annual Plan

NHS Devon Integrated Care Board

NHS Devon (ICB) Finance Report Month 8

Date of meeting	Date report produced
30 January 2025	14 January 2025

Author(s)		Report approved by	
Name and title:	Kevin Wheller Deputy Director of Finance	**Name and title:**	Kirsty Denwood Acting Chief Finance Officer
Phone:	07825 027569	**Date:**	23 January 2025
Email:	kevin.wheller@nhs.net		

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

Executive summary

The presentation of the Integrated Care Board (ICB) Finance Report seeks to provide the necessary assurance to the Board on the current and projected financial position of the ICB for the year ended 31 March 2025.

This report details the ICB financial position as at 30 November 2024, setting out the year to date and forecast financial position. Overall, the ICB is reporting a year to date (YTD) and forecast outturn (FOT) surplus of £24.8m and £46.1m respectively.

The assurance ratings in this report are based on an assessment of the key issues and risks identified and are as follows:

Section	Assurance	Trend from previous month
Overall assurance	**Satisfactory**	**No change**
Financial performance	Satisfactory	No change
Savings and efficiencies	Satisfactory	No change
Financial risks	Satisfactory	No change

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

NHS Devon Executive on 7 January 2025
Finance and Performance Committee on 17 January 2025

Key recommendations and actions requested

The Board is asked to **AGREE** the overall assurance level relating to the financial position of the ICB of **satisfactory assurance.**

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 8

Executive Summary

1. The summary Integrated Care Board (ICB) Finance Report seeks to provide the necessary assurance to the Board on the financial position of the year to date (YTD) 30 November 2024 and forecast out turn (FOT) for the year ended 31 March 2025. The full report was considered in detail at the Finance and Performance Committee on 17 January 2025 and can be made available to Board members on request.

2. Devon ICB's funding envelope includes allocations for Primary Medical Care Services, Elective Recovery, Ambulance capacity funding and Discharge funding as well as funding for Service Development.

3. Devon Integrated Care System (ICS) submitted an original deficit plan of £85.4m and an expectation that £207.9m of efficiency savings are needed to meet that plan. Within the plan the ICB's financial position was an underspend of £23.0m with a requirement to deliver £74.7m of efficiency savings (£31.8m net of system provided embedded efficiency).

4. After the initial plan was submitted, NHS England (NHSE) required the ICS to revise its plan to a deficit of £80.0m. Consequently, the ICS efficiency savings target increased from £207.9m to £213.3m. The ICB's required underspend rose from £23.0m to £28.4m, resulting in a total efficiency savings requirement of £80.1m (£37.3m net of system-provided embedded efficiency).

5. At month 6, NHSE has provided the ICS with £80.0m in non-recurrent deficit support, with the expectation that the ICS will achieve financial balance by the end of the year. The deficit support will be repayable in subsequent years.

6. At month 8, the forecast outturn (FOT) deficit for Torbay and South Devon NHS Foundation Trust increased by £15.0m, while University Hospitals Plymouth NHS Trust saw a rise of £5.5m. However, Royal Devon University Healthcare NHS Foundation Trust and the ICB offset these increases with FOT surplus improvements of £2.8m and £17.7m, respectively, enabling the ICS to maintain an overall balanced position.

Financial Position

7. The following report reflects the budget set compared with the actual commitments against that budget for the period to 30th November 2024 and the year ending 31 March 2025.

As at 30 November 2024	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Total Net Expenditure	2,082,699	2,076,879	5,820	3,056,000	3,038,290	17,710
Resource Allocation	2,101,645	2,101,645	0	3,084,419	3,084,419	0
Total Commissioned Services	**18,946**	**24,766**	**5,820**	**28,419**	**46,129**	**17,710**

8. Overall, the ICB is reporting a YTD and FOT planned surplus of £24.8m and £46.1m respectively.

9. Due to the £80.0m in non-recurrent deficit support from NHSE the ICB position sits within an overall FOT balanced system position.

10. As of month 8, projected overspends include £1.4m in Acute Services, £2.2m in Mental Health, £0.4m Community Health and £0.9m in Continuing Healthcare, partially offset by underspends of £1.1m in Primary Care and £0.4m in Other Programme Services.

11. Service line variances YTD and FOT are summarised in the following table:

Service	Year to date			Forecast		
	Plan £000	Actual £000	Variance Favourable / (Adverse) £000	Plan £000	Actual £000	Variance Favourable / (Adverse) £000
Acute	1,027,317	1,028,123	(807)	1,461,549	1,462,943	(1,394)
Mental Health	220,485	221,893	(1,408)	331,022	333,185	(2,163)
Community Health	235,984	236,237	(253)	355,730	356,100	(370)
Continuing Care	112,017	112,580	(563)	169,035	169,975	(941)
Primary Care	189,793	188,873	920	283,630	282,520	1,110
Delegated Primary Care	167,086	167,086	(0)	244,587	244,587	0
Delegated Dental	50,535	50,535	(0)	75,802	75,802	0
Delegated Pharmacy	24,022	24,022	0	35,719	35,719	0
Delegated Optomotry	8,346	8,346	0	12,520	12,520	0
Other Programme Services	24,379	23,676	704	36,569	36,208	361
Total Commissioned Services	**2,059,963**	**2,061,369**	**(1,406)**	**3,006,164**	**3,009,560**	**(3,397)**
Running Costs	13,081	11,641	1,441	19,622	19,622	0
Net Expenditure	**2,073,044**	**2,073,009**	**35**	**3,025,786**	**3,029,182**	**(3,397)**
Reserves/Contingencies	9,655	3,869	5,786	30,214	9,108	21,106
Total Net Expenditure	**2,082,699**	**2,076,879**	**5,820**	**3,056,000**	**3,038,290**	**17,710**
Resource Allocation	2,101,645	2,101,645	0	3,084,419	3,084,419	0
Total Commissioned Services	**18,946**	**24,766**	**5,820**	**28,419**	**46,129**	**17,710**

Savings Plan

12. The ICB's updated 2024/25 plan includes a saving requirement of £80.1m.

13. The ICB is reporting YTD savings of £48.8m, which is £5.9m ahead of plan, and FOT savings of £97.8m, reflecting additional savings of £17.7m. These variances are primarily attributable to balance sheet flexibilities.

Risks

14. At month 8, the risks are estimated at £8.2m, including risks relating to, growth in Continuing Healthcare costs, an overspend in the Better Care Fund (BCF) with Devon County Council and efficiency challenges. These risks have been mitigated by assumptions related to the review of non-recurrent opportunities, post-plan non-recurrent flexibility and stretch targets within Cost Improvement Plans (CIP).

15. In addition to the financial risks within Continuing Healthcare there is concern around the data quality given current staffing levels. Short term recruitment is being sought to provide additional capacity until the new staffing structures have been finalised.

Capital

16. NHSE have approved the ICB capital schemes totalling £2.15m. Schemes include £0.3m for primary care capital grants, £1.74m GP IT and just over £0.1m for the ICB IT needs.

Better Payment Practice Code

17. 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.

18. The ICB's current performance against the target of 95% is detailed below:

Better Payment Practice Code	M08	
	Number	£000
Non NHS Creditors - % of bills paid within target	99.86	99.74
NHS Creditors - % of bills paid within target	99.68	100.00

Cash

19. There are several key cash performance targets against which ICBs are measured. These include operating within their available cash resource, ensuring accurate daily and monthly forecasting, and maintaining a closing cash balance no greater than 1.25% of the monthly drawdown. As of month 8, the ICB is currently meeting these targets. However, discussions are ongoing with NHS England to secure additional cash resources to reduce outstanding payables.

Assurance and Recommendations

20. Based on the assessment of the key issues and risks identified the overall level of assurance the ICB will achieve its planned forecast outturn is as follows:

Section	Assurance	Trend from previous month
Overall assurance	**Satisfactory**	**No change**
Financial performance	Satisfactory	No change
Savings and efficiencies	Satisfactory	No change
Financial risks	Satisfactory	No change

21. At the meeting of 17 January 2025 the Finance and Performance Committee took **assurance** from the information provided with regard to the NHS Devon financial position as at the period ended 30 November 2024 and FOT for the year ended 31 March 2025.

22. The Board is asked to **AGREE** the overall assurance level relating to the financial position of the ICB of **satisfactory assurance**.

NHS Devon

NHS Integrated Care Board

One Devon (ICS) Finance Report Month 8

Date of meeting	Date report produced
30 January 2025	18 December 2024

Author(s)		Report approved by	
Name and title:	Lisa Heard Head of Finance - System	**Name and title:**	Kirsty Denwood Acting Chief Finance Officer
Phone:		**Date:**	24 December 2024
Email:	Lisa.heard@nhs.net		Kirsty.denwood@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 Integrated Care System's (ICSs) Finance Report seeks to provide the necessary assurance to the ICB Board on the financial position and risk relating to the ICS financial plan for the year ending 31 March 2025.

The report details the ICS financial position for the period ended 30 November 2024 against the finance plan submitted for the financial year 24/25 on the 12 June 2024.

The ICB carried out monthly financial assurance reviews with all Trusts.

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

Section	Assurance	Trend from previous month
Overall assurance	**Satisfactory**	**No change**

One Devon

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

Financial performance	Satisfactory	No change
Savings and efficiencies	Limited	No change
Financial risks	Limited	No change
Workforce	Satisfactory	No change

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

NHS Devon Executive – 7 January 2025
Finance and Performance Committee – 17 January 2025

Key recommendations and actions requested

AGREE the overall assurance level relating to the financial position of the ICS of **satisfactory.**

NOTE the system re-forecast in month 8.

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 8

Background

1. The Devon Integrated Care System (ICS) Finance Report seeks to provide the necessary assurance to the Board on the financial position of the year to date (YTD) 31 October 2024 and forecast out turn (FOT) for the year ended 31 March 2025. The full report was considered in detail at the Finance and Performance Committee on 17 January 2025 and can be made available to Board members on request.

2. As part of the 2024/25 planning round, Devon ICS initially submitted a deficit plan of £85.4m. This position was revised to a deficit plan of £80.0m, against which finances have been monitored since month 2, with the £5.4m improvement being managed through a system risk share. In month 6 the receipt of £80m non-recurrent deficit funding, phased in the second half of the year, has enabled the ICS to forecast delivery of a balanced outturn for 2024/25.

3. As at month 8 the ICS is reporting a year to date £14.3m deficit against a plan deficit of £14.3m. The forecast for the year is at breakeven with month 8 seeing a change in provider outturns offset by an improvement in the ICB forecasted position.

4. The ICS is reporting £113.3m efficiency achievement in the first 8 months of the year. This is £9.6m above plan. The forecast is to achieve achieve £210.7m against a plan of £213.3m.

5. At the planning stage risks of £88m were identified of which £17m were mitigated, resulting in a net risk of £71m. Gross risks by month 8 have reduced to £51.1m, driven in majority by risks relating to the efficiencies programme and ERF resulting in a net risk of £15m, which is an improvement of £14.2m on month 7.

Financial Position

6. In month 6 the receipt of £80m non-recurrent deficit funding phased in the second half of the year has enabled the ICS to forecast delivery of a balanced outturn for 2024/25.

7. An assessment of the remaining unmitigated risk at month 7 was undertaken for each organisation to determine the likelihood of that risk crystallising during 2024/25 and the level of support that can be provided across the system.

8. The table below shows the revised year end forecast following the Month 7 risk review. The net deterioration across the Trusts has been managed by increasing the ICB surplus. This will be delivered through utilisation of remaining reserves, slippage and balance sheet flexibility and is therefore all non-recurrent in nature.

9. As at month 8 the Devon ICS is reporting a year to date £14.3m deficit against a plan deficit of £14.3m. The forecast for the year is at breakeven. The year to date and forecast position as at 30 November 2024 is as follows:

Organisation	Year to date			Forecast		
	Plan surplus / (deficit) £000	Actual surplus / (deficit) £000	Variance favourable / (adverse) £000	Plan for the year surplus / (deficit) £000	Forecast surplus / (deficit) £000	Variance favourable / (adverse) £000
Devon ICB	18,945	24,766	5,821	28,419	46,128	17,709
Devon Partnership NHS Trust	2,548	2,548	0	3,591	3,591	0
Royal Devon University NHS FT	(10,829)	(10,271)	558	(2,790)	0	2,790
Torbay and South Devon NHS FT	(11,707)	(15,243)	(3,536)	(13,624)	(28,623)	(14,999)
University Hospitals Plymouth NHST	(13,221)	(16,067)	(2,846)	(15,596)	(21,094)	(5,498)
Total	**(14,264)**	**(14,267)**	**(3)**	**(0)**	**2**	**2**

10. Using the NHSE extrapolation formula, the year to date spend predicts a £89.5m deficit (M7 £138m). This run-rate forecast can be bought back to a balanced position once non-recurrent allocations and efficiencies to be delivered in months 9 to 12 are taken into account, the main adjustment being Elective Recovery Fund (ERF) income.

11. The Finance and Performance Committee agreed that there is **satisfactory assurance** that the position to date is on plan.

Efficiencies

12. The ICS is reporting £113.3m efficiency achievement in the first 8 months of the year. This is £9.6m above plan. The forecast is to achieve £210.7m against a plan of £213.3m. This is a deterioration on Month 7 where full achievement was forecast but is reflective of the changes in forecast at organisational level in Month 8.

13. The ICB position year to date is overperforming due to the non-recurrent impact of balance sheet, slippage and reserves flexability which have been used to ensure the system delivers the planned outturn. The University Hospital Plymouth NHS Trust (UHP) over performance year to date is related to early achievement of non recurrent savings.

Organisation	Year to date			Forecast		
	Plan CIP delivery £000	Actual CIP delivery £000	Variance fav / (adv) £000	Plan for the year	Forecast £000	Variance fav / (adv) £000
Devon ICB	14,305	20,217	5,912	37,228	54,938	17,710
Devon Partnership NHS Trust	10,188	9,973	(215)	15,739	15,739	0
Royal Devon University NHS FT	34,454	34,440	(14)	63,610	63,610	0
Torbay and South Devon NHS FT	17,800	17,851	51	39,900	24,900	(15,000)
University Hospitals Plymouth NHS Trust	26,948	30,779	3,831	56,801	51,516	(5,285)
Total	**103,695**	**113,260**	**9,565**	**213,278**	**210,703**	**(2,575)**

14. The 2024/25 plan states that 70% of savings are recurrent, however achievement of this is now forecast at 57% for the year. At month 8, 56% of year to date efficiency was recurrent (58% M7), against a plan of 73%. The reduction in recurrent efficiency delivery overall is as a result of the Month 8 re-forecast whereby the ICB has forecast to deliver additional non recurrent Cost Improvement Programme (CIP) through balance sheet and reserves flexibility to ensure the overall system plan of breakeven is delivered.

15. At month 8, there is a shortfall in recurrent savings of £12.3m, which has been offset by delivery of non-recurrent savings. Providers expect year end forecast of £29.8m of recurrent efficiencies underachievement to be offset in the majority by non-recurrent savings by the year-end. The year end forecast is to achieve delivery of £210.7m of the £213.3m efficiency target.

	Year to date			Forecast		
	Plan CIP delivery £000	Actual CIP delivery £000	Variance benefit / (adverse) £000	Plan for the year £000	Forecast £000	Variance benefit / (adverse) £000
Recurrent efficiencies	75,581	63,239	(12,342)	150,076	120,266	(29,810)
Non-recurrent efficiencies	28,114	50,020	21,906	63,202	90,435	27,233
Total	**103,695**	**113,260**	**9,565**	**213,278**	**210,701**	**(2,577)**
Recurrent %	72.9%	55.8%		70.4%	57.1%	
Non-recurrent %	27.1%	44.2%		29.6%	42.9%	

16. None of the efficiencies target remains unidentified at month 8 with scheme maturity progressing. 84% of schemes are rated as fully developed (74% M7) and high-risk schemes have reduced from 7% to 4% over the last month.

17. Risks to the delivery of the system CIP plan are:
    - The profile of savings is strongly skewed to the second half of the year, with 71% of the savings plan profiled for delivery in H2.
    - Recurrent efficiencies has not been delivered fully to plan as at Month 8. The shortfall offset by the non-recurrent savings achievement, which has been recognised earlier in the year than planned.

18. Based on the above the Finance and Performance Committee agreed that there is **limited assurance** around delivering the the full efficiency requirement particularly in relation to levels of recurrent delivery.

19. Proposed mitigations:
    - The ICB CFO holds monthly Financial Assurance Reviews with all providers where the recurrent vs non-recurrent delivery risk is discussed.
    - Trusts have achieved a reduction in unidentified efficiences to zero by the end of Month 4 and this has been followed by reviewing the progress of scheme maturity monthly.
    - Trusts have worked on de-risking efficiency plans so that less than 20% of the efficiency plan is high risk by end of month 5 and have reduced this further to 4% at the end of month 8.

Financial Risks

20. At the planning stage risks of £88m were identified of which £17m were mitigated, resulting in a net risk of £71m. Gross risks by month 8 have reduced to £51.1m, driven in majority by risks relating to the efficiencies programme and ERF resulting in a net risk of £15m, which is an improvement of £14.2m on month 7.

	DPT £000	RDUH £000	TSD £000	UHP £000	ICB £000	System £000
Total risks	-3,151	-11,200	-12,466	-16,100	-8,200	-51,117
Total mitigations	1,822	7,200	8,263	10,600	8,200	36,085
Unmitigated risk	-1,330	-4,000	-4,203	-5,500	0	-15,033

21. The ICB has a risk on the corporate risk register relating to 'Delivery of the System Control Total for 2024/25' with a residual risk score of 16 (4 Likelihood x 4 Impact).

22. The Finance and Performance Committee agreed that there is currently only **limited assurance** regarding management of the financial risks identified by the system as they remain significant.

23. The following controls and assurances are in place to manage this risk:
- Establishment of Programme Management Office (PMO) and review and escalation processes for variance from agreed trajectory.
- Integrated Care System (ICS) monthly finance report for escalation to Finance and Planning Board (FPB) and System Leadership Group.
- System Recovery Plan (which is encapsulated in the 2024/25 operational and financial plans) in place. This is a dynamic plan that continually assesses progress against system-wide savings, identification of new schemes and performance against key finance and performance trajectories.
- System Vacancy Control Panel in place to prevent an increase in workforce growth and to support a reduction in running costs.
- Triple Lock Sign-Off Process in place for all revenue investments above £100k, with sign-off required by the organisation, system and NHS England (NHSE) regional team.
- CIPs in place that contain cost reduction strategies that aim to identify and implement measures to achieve cost savings and efficiency improvements while maintaining or enhancing the quality of healthcare services provided to patients.
- Monthly Finance and Performance Assurance packs developed with monthly meetings with all providers.
- System wide implementation of finance playbook.
- Run Rate analysis developed locally to inform risk profile.

Workforce, including agency

24. The ICS is reporting a 0.1% (£16.3m) adverse expenditure against plan on workforce expenditure at month 8. Of this total, additional income to offset pay costs above the plan of £8.1m has been received, resulting in an unfunded variance of £8.2m. The forecast indicates a £29.2m adverse expenditure, which is offset in part by additional funding receipts such as externally funded posts and packages of care which were not in place at planning stage.

	Year to date (excl capitalised)			Full Year (excl capitalised)			WTE current month		
Class	Plan £000	Actual £000	Variance fav/(adv) £000	Full Year Plan £000	Forecast £000	Variance fav/(adv) £000	Plan wte	Actual wte (per PWR)	Variance fav/(adv)
Substantive	1,169,004	1,176,651	-7,647	1,743,387	1,757,395	-14,008	32,272	32,061	211
Bank	55,006	62,464	-7,458	77,462	92,184	-14,722	1,058	1,245	-187
Agency	26,054	27,201	-1,147	37,484	37,954	-470	414	524	-110
	1,250,064	1,266,316	-16,252	1,858,333	1,887,533	-29,200	33,744	33,829	-85

25. Trusts reported an overspent position of £1.1m against plan on agency costs at month 8 (M7 £0.9m adv). The forecast indicates the adverse position at year end is £0.5m (M7 £0.7m). Of this, Torbay and South Devon NHS Foundation Trust (TSD) is £3.5m adverse to planned agency year to date (M6 £3.2m),

26. Off framework agency staff are low numbers and specific actions are being taken to address each individual case. Some instances are due to continuation of contracts to their end to avoid penalties. The situation is monitored in detail by the Workforce Development Group.

Organisation	Agency expenditure: year to date			Forecast		
	Plan £000	Actual £000	Variance favourable / (adverse) £000	Plan for the year £000	Forecast £000	Variance favourable / (adverse) £000
Devon Partnership NHS Trust	6,206	7,448	(1,242)	8,506	10,174	(1,668)
Royal Devon University NHS FT	12,432	9,195	3,237	18,530	13,795	4,735
Torbay and South Devon NHS FT	4,123	7,592	(3,469)	5,657	10,148	(4,491)
University Hospitals Plymouth NHST	3,293	2,966	327	4,791	3,837	954
Total	**26,054**	**27,201**	**(1,147)**	**37,484**	**37,954**	**(470)**

27. NHSE set a system level agency cap of £51.1m (2.9% of total pay) in 2024/25. The system has planned to restrict agency costs to £37.5m (2.1% of pay costs). The forecast position indicates that this lower target will be overspent by £0.5m.

28. Further mitigations are in place through the Workforce Delivery Group which is focused on 5 priority areas that will drive down both workforce numbers and costs. The priority areas are:
    - Temporary staffing (medical and non-medical) - To improve service and workforce resource planning, such that the requirement for temporary staffing is understood, in advance, and managed. Overall shift from agency to bank to substantive.
    - Workforce Transformation - To develop a co-ordinated approach to addressing workforce needs for the present and future. To design a

standardised approach to planning the workforce resource, to get the best out of a limited resource.

- Rostering - To gain the maximum benefit from planning staff resources through rostering tools.
- Medical Productivity - Aim to create a system wide approach to improving the administration and management of the job-planning process. Focus on "non-standard" job plan expectations, but with the understanding that this will be a long-term shift.
- Workforce Controls - Continuation of standard good practice that has evolved in recent years, pushing down on non-standard approaches to recruiting and challenging the need for all new staff. The RSP team have concluded a workforce control audit which will be reviewed by providers to agree further actions required.

29. The Finance and Performance Committee agreed that there is **satisfactory assurance** that the workforce controls and priority areas will deliver the workforce cost and WTE reductions.

Capital

System Capital (Including impact of IFRS 16)

Trust	CDEL excl IFRS16			IFRS16		
	YTD plan £000	YTD actual £000	YTD var fav/(adv)	YTD plan £000	YTD actual £000	YTD var fav/(adv)
DPT	2,584	1,122	1,462	1,940	260	1,680
RDUH	13,602	7,418	6,184	1,118	4,286	-3,168
TSD	9,735	8,302	1,433	2,153	28	2,125
UHP	22,016	7,084	14,932	14,648	6,237	8,411
Total	**47,937**	**23,926**	**24,011**	**19,859**	**10,811**	**9,048**

30. Year to date providers have spent £33m below plan in relation to system capital expenditure, this is in part due to delays whilst plans were reprioritised due to capital allocations of less than plan. This has meant the expenditure profiles have been right shifted with more expenditure weighted in the latter months of the year. NHS England do not accept plan profile changes and we continue to report against original plan profiles for consistency with central reporting. Providers remain confident that Capital Departmental Expenditure Limites (CDEL) will be fully utilised by year end. Additionally, focus has been on reducing IFRS16 schemes as the allocation set was at £32m below plan.

Trust	CDEL excl IFRS16				IFRS16			
	FY allocation £000	FY plan £000	Forecast £000	Variance fav/(adv)	FY allocation £000	FY plan £000	Forecast £000	Variance fav/(adv)
DPT	6,865	6,979	6,865	114	1,501	3,354	3,347	7
RDUH	32,127	31,324	35,127	-3,803	4,503	19,204	6,163	13,041
TSD	15,101	15,371	15,102	269	2,102	6,700	3,970	2,730
UHP	31,270	31,690	31,270	420	11,907	22,706	22,500	206
Total	**85,363**	**85,364**	**88,364**	**-3,000**	**20,013**	**51,964**	**35,980**	**15,984**

31. Devon providers have a total allocation of £105.4m for system capital which includes £85.4m system CDEL and £20m system IFRS16 allocations.

32. Expenditure on system CDEL is forecast over by £3.0m at this stage, and we are working with NHS England to understand how we can manage this within the Regional position.

33. Expenditure on IFRS16 is forecast £16m below plan, but above allocation by £16m. The system is working closely with NHS England to ensure usage of lease CDEL is maximised across the South West, and accessing national contingencies wherever possible.

34. Providers are reporting that capital limitations are impacting operational delivery. A review of operational and clinical risks across the system around the limitations in capital over the Medium Term Finance Plan (MTFP) period has been commissioned and the first draft has been reviewed. Additional analysis has been requested and a final report was shared alongside recommendations to the System Leadership Group in December.

35. The capital slide pack for Month 8 has not been produced by the region.

Productivity

36. The Devon system has seen significant productivity improvements year to date compared to the first six months of 2023/24, with an improvement of 8.4%.

37. This is primarily driven by higher activity growth despite industrial action earlier in the year. This improvement is the best in the southwest and more than quadruple the national improvement.

Organisation	M1-6 compared to prior year		
	Inflated Adjusted Expenditure Growth	Cost Weighted Activity Growth	Implied Productivity Growth
Royal Devon University NHS FT	2.5%	14.5%	11.7%
Torbay and South Devon NHS FT	0.0%	4.6%	4.6%
University Hospitals Plymouth NHST	6.1%	13.2%	6.7%
Devon	3.1%	11.8%	8.4%
National	**3.9%**	**5.7%**	**1.8%**

Assurance and Recommendations

38. Based on the discussions held with ICS organisations and review of the financial and workforce reports from each organisation the Finance and Performance Committee agreed that the overall level of assurance that the ICS will achieve the planned forecast outturn for 2024/25 as at month 8 is as follows:

Section	Assurance	Trend from previous month
Overall assurance	**Satisfactory**	**No change**
Financial performance	Satisfactory	No change
Savings and efficiencies	Limited	No change
Financial risks	Limited	No change
Workforce	Satisfactory	No change

39. The Board is requested to:

- **AGREE** the overall assurance level relating to the financial position of the ICS of **satisfactory assurance**; and
- **NOTE** the system re-forecast in month 8.

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report – Finance and Performance Committee

Date of meeting	Date of committee covered in this report
11 December 2024	06 January 2025

Chair	
Name and title:	Martin Sykes, Interim Non-Executive Member for Finance and Remuneration

BAF updates or escalation

The Committee received the report informing them of the current position regarding the BAF risks for which the Committee had been identified as responsible for oversight.

The Committee **took assurance** from the current content of the BAF.

Risk register review updates/escalation

None

Assurance Updates

Progress Report on the Requirements of the NHS Oversight Framework – Segment 4
The Committee **agreed** the assurance ratings relating to each of the NOF4 progress position of the ICS as satisfactory and **agreed** that adequate plans were in place to mitigate the risks relating to the delivery of NOF4 exit, as identified in the Locality Planning and Delivery Meetings and the System Leadership Group.

NHS Devon Annual Plan Delivery Assurance and planning for 2025/26.
The Committee **agreed** the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives and **noted** the proposed amendments to the NHS Devon 2024/25 Annual Plan.

Winter performance – committee assurance requirements
The Committee **noted** the oral update on plans to support the system's performance over the winter period.

Recovery Support Programme – Escalation Meeting follow up.
The Committee **took satisfactory assurance** from the outcome of the escalation meeting and progress against the actions agreed.

Monthly Reporting

NHS Devon (ICB) Finance Report M7
The Committee **agreed** the overall assurance level relating to the financial position of NHS Devon of satisfactory assurance and that adequate plans are in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

One Devon (ICS) Finance Report M7
The Committee **agreed** the overall assurance level relating to the financial position of the One Devon Integrated Care System of satisfactory and that adequate plans are in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

Closing Business

Forward Plan
The Committee **noted** the draft workplan.

Committee decisions

None

Escalation to the Board – for information

- Highlighted system moves anticipated in month eight.
- The Committee requested an assurance report on Winter Planning.
- Board to be aware that all NHS Devon reserves have been utilised.
- The Committee recognised progress in planning for the next financial year.

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
30 January 2025	17 January 2025

Chair	
Name and title:	Martin Sykes, Independent Non-Executive Member for Finance and Performance Committee.

BAF updates or escalation

The Committee received a report informing them of the current position regarding the BAF risks for which the Committee had been identified as responsible for oversight.

- The Committee noted that the 2025/26 BAF reports would be aligned with NHS Devon's strategic objectives.
- The Committee agreed to review the risk associated with finance recovery and the use of resources.
- The Board Development session in February would include a focus on risk appetite.

The Committee **TOOK ASSURANCE** from the current content of the BAF.

Risk register review updates/escalation

None

Assurance Updates

Progress Report on the Requirements of the NHS Oversight Framework – Segment 4
The Committee **agreed** the assurance ratings relating to progress against each of the NOF4 exit criteria (limited for UEC, satisfactory for all others) and **took satisfactory assurance** that adequate plans were in place to mitigate the risks relating to the delivery NOF4 exit via the Locality Planning and Delivery Meetings and System Leadership Group.

NHS Devon Annual Plan – Delivery Assurance
The Committee **agreed** the assurance ratings relating to the delivery of NHS Devon's 2024/25 Annual Plan objectives; and **noted** the proposed amendments to the NHS Devon 2024/25 Annual Plan.

Winter update
The Committee **noted** the data related to current winter pressures.

Devon Investment Group (DIG) Report
The Committee **took assurance** that investments and expenditure commitments being made by the ICB were being appropriately managed and noted the next steps for DIG going forward.

Monthly Reporting

NHS Devon (ICB) Finance Report M8
The Committee **agreed** the overall assurance level relating to the financial position of NHS Devon of satisfactory assurance and that adequate plans were in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

One Devon (ICS) Finance Report M8
The Committee **agreed** the overall assurance level relating to the financial position of the ICS of satisfactory assurance and agreed that adequate plans were in place to mitigate the risks relating to the delivery of planned savings and efficiencies and to the management of the financial risks identified at plan stage.

Closing Business

Forward Plan
The Committee **noted** the draft workplan and that the workplan for 2025/26 was under development.

Committee decisions

None

Escalation to the Board – for information

- The ongoing challenges in UEC, particularly regarding capacity constraints and demand management, and recommended accelerating the implementation of key actions to address these issues.
- The understanding of non-recurrent and recurrent shifts resulting from operational efficiencies and delayed expenditures.
- The use of financial reserves within the system.

Escalation to the Board – for action

None

Recommendations for the Board

None

Recommendations for other committees

None

Terms of reference or other committee effectiveness issues

None

Please note that all reports considered by Board Assurance Committees are available to Board Members on request.

NHS Devon

NHS Devon Integrated Care Board

2025/26 Planning and Transformation

Date of meeting	Date report produced
30 January 2025	06 January 2025

Author(s)		Report approved by	
Name and title:	Libby Ryan-Davies Transformation Director	**Name and title:**	Steve Moore Chief Executive
Phone:	07788 282591	**Date:**	07 January 2025
Email:	l.ryan-davies@nhs.net		

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

Executive summary
NHS Devon is taking an integrated approach to planning for 2025/26 to prevent the delivery of separate planning objectives in isolation. This approach includes the refresh of the Joint Forward Plan (JFP) and development of both the Transforming Devon Programme (TDP) and NHS Devon Annual Plan objectives. The result of taking this approach will be that mandated Operational Plan submissions are an output of the process. Nevertheless, the technical aspect to developing the Operational Plan has begun with system partners based on a number of planning assumptions. Given the level of assumptions made, it may be that the emerging Plan will not be sufficient to meet NHS England expectation. This risk is enhanced by the late release of Planning Guidance which is now not due until the end of January 2025.

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

Key recommendations and actions requested

- **TAKE SATISFACTORY ASSURANCE** from the ongoing integrated approach to planning.
- **TAKE SATISFACTORY ASSURANCE** from progress in establishing the architecture for the Transforming Devon Programme.
- **NOTE** the indicative timelines for operational planning, as well as the assumptions and ambitions shaping the One Devon Integrated Care System's operational planning in 2025/26 and risk inherent within the assumptions.
- **ENDORSE** the response and shift of emphasis in development of the NHS Devon Annual Plan.

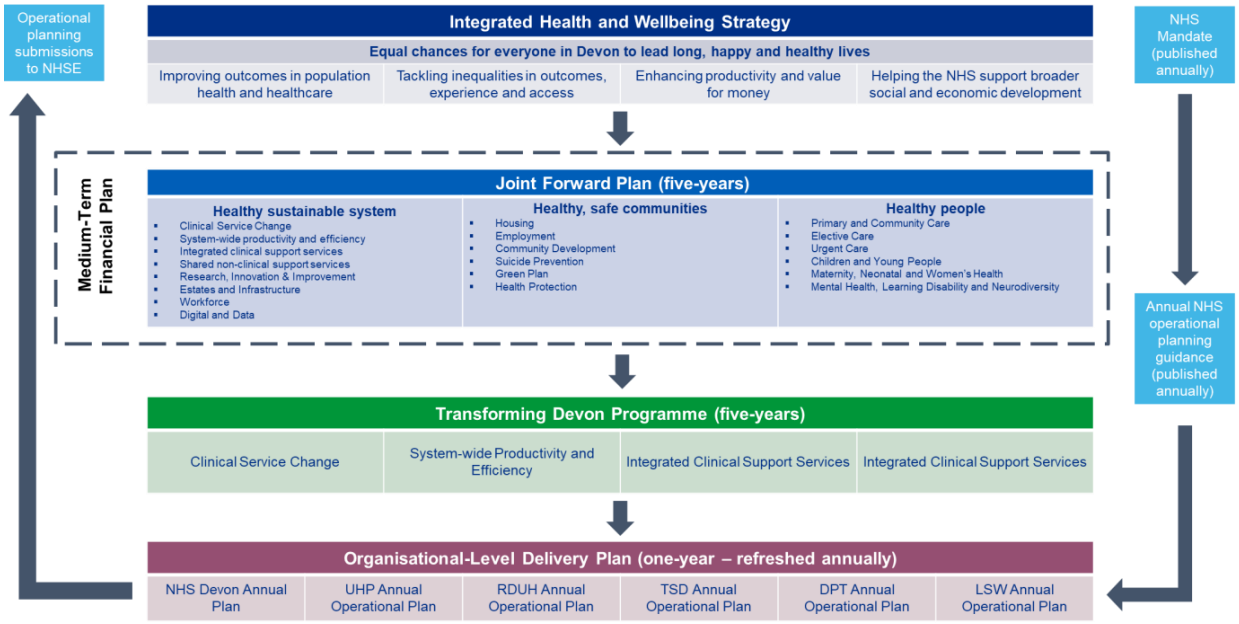
Impact on NHS Devon objectives	
Objective	**Impact**
Improve population health	Planning impacts on all NHS Devon Objectives
Improve services and reduced unwarranted variation	
Make more efficient use of our resources	
Develop our culture and how we operate	

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

2025/26 Planning and Transformation

Introduction and Background

1. The planning landscape in the NHS is complex and influenced by numerous factors, as such NHS Devon's approach to planning for 2025/26 has been deliberately integrative to ensure continuity across all interdependent areas.



2. This integrative approach includes the refresh of the Joint Forward Plan (JFP), development of the multi-year system transformation programme (the Transforming Devon Programme (TDP)) and of the NHS Devon Annual Plan. The output of this activity, alongside partner organisations' plans will then provide the content to service the 2025/26 Operational Plan submissions required by NHS England (NHSE), this process co-ordinated by NHS Devon for the system.

3. Whilst progressing with this integrative approach, it important to note that planning is currently being performed in the absence of Operational Planning Guidance from NHSE, which would detail national priorities and funding settlement for 2025/26. In lieu of this the One Devon Integrated Care System (ICS) has made a number of assumptions that underpin current plans – once released existing plans will need to be refreshed and revised to account for any differences between the guidance and system assumptions.

Updating the Joint Forward Plan (JFP)

4. There will be no update of the One Devon Integrated Care Strategy this year, as the system awaits the publication of the NHS 10-year plan.

5. However, there remains a requirement to update the JFP, though the intention is that this will be light touch with the strategic priorities within the JFP remaining the same for 2025/26. Therefore, there will be no requirement for extensive stakeholder and/or public consultation.

6. Workstreams described in the JFP will be updated to align NHS Devon Annual Plan, operational planning submissions and workstreams emerging through the TDP.

7. The JFP (2024-29) was underpinned by three key themes that reflect the system priorities - Healthy People, Healthy, Safe Communities, Healthy, Sustainable System. The proposal is to keep these themes the same in the 2025-30 update.

8. The delivery structure and governance arrangements described in the JFP will be updated to reflect the One Devon ICS governance arrangements agreed in 2024, including the leadership role of the System Leadership Group

9. Local government content, such as Health and Wellbeing Board statements, will be updated as required, working with system partners.

10. The refresh of the JFP will be overseen by the JFP working group which includes Health and Local Authority membership. This group, which met for the first time in December 2024, will report to the System Leadership Group and will

    - Oversee content development.
    - Advise on stakeholder engagement.
    - Act as a bridge between partners to support communication about the refresh process and plan approval.

11. The refreshed JFP will then be completed by April 2025, coming through organisational and system Boards for endorsement April-July 2025 and published in line with national requirements (to be confirmed).

Delivering the Transforming Devon Programme (TDP)

12. The Transforming Devon Programme (TDP) has been established to deliver multiyear, complex, system wide change programmes across four strategic pillars and has been endorsed by NHSE (through the NHS Oversight Framework (NOF) infrastructure) as the vehicle to support system recovery out of Segment 4 of the NOF (NOF4).

Transforming Devon Programme

- *Developing and delivering an integrated care strategy that meets current and future demand*
- *Improving quality, equity, access and performance including a shift in focus from hospital to community and sickness to prevention*
- *Making the best use of total system assets to deliver clinical, workforce and financial sustainability*
- *Delivering the organisational leadership capacity, capability and form for success*
- *Exiting NOF4 and breaking the cycle of moving in and out of escalation*

Clinical Service Change
Better manage healthcare demand, shifting activity from acute providers to the community, address secondary care fragility and duplication and deliver new models of Acute care

System Productivity and Efficiency
Building on the work of the One Devon Pilot, make the best use of system assets and capacity.

Integrated Clinical Support Services
Initially within Radiology and Pathology, deliver Peninsula wide services that make the best use of resources for the population

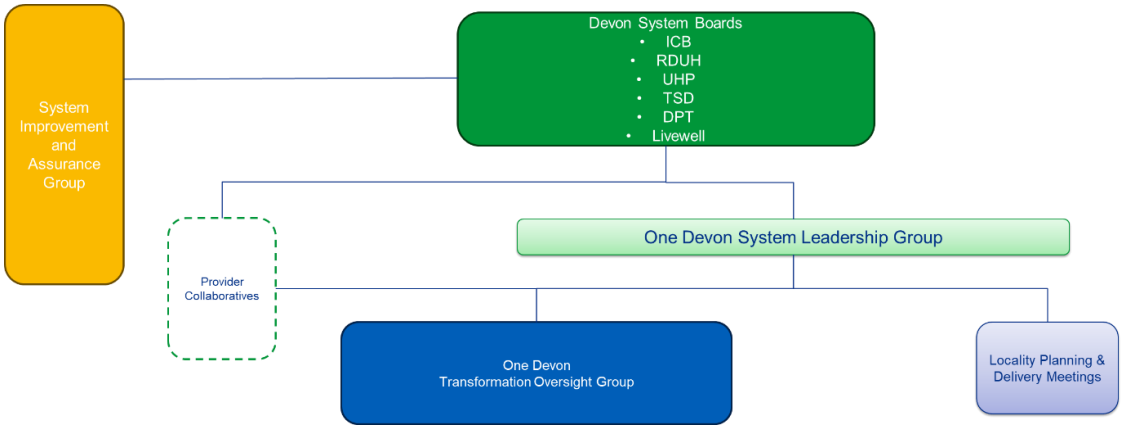
Shared Non-Clinical Support Services
Delivering at scale to maximise efficiency, effectiveness and reduce costs through a single managed service for corporate back office functions

13. At present the TDP encompasses 17 potential workstreams in various stages of development, some of which were pre-existing prior to the establishment of the TDP and some that still require full scoping. Work with workstream SROs has established the current position of each workstream in order to understand developmental needs to fully establish. Work is currently underway with system CEOs to scope opportunities to expedite the impacts of existing schemes and identify further pipeline schemes for rapid impact assessment, by the end of January 2025.

14. Whilst supporting the development at a workstream level the central programme team and architecture has also needed to be developed. Recruitment for a Programme Director is currently underway and a proposal for the development of a central team is currently under consideration which will allow recruitment to commence in January 2025.

15. In the meantime, funding has been secured from the NHSE Recovery Support Programme (RSP) to contract North of England Commissioning Support Unit (NECS) to bridge the resource gap and drive the full programme establishment. This commenced on 06 January 2025.

16. Alongside this, the establishment of a Transformation Oversight Group has been endorsed through System Leadership Group (SLG) which will dock into the pre-existing system governance and drive the delivery of the TDP. The inaugural meeting of this group is intended to be on 11 February 2025.



17. With temporary resource in place the focus of the TDP over Q4 2024/25 will be to

- Fully develop programme architecture.
- Undergo priority assessment of current workstreams.
- Identify any further potential workstreams.
- Confirm and maximise potential benefits (and monitoring of workstreams in 2025/26.
- Ensure delivery readiness of all workstreams ahead of April 2025/26.

Developing the NHS Devon Annual Plan

18. The NHS Devon Annual Plan is intended to describe the work the ICB will progress over the coming year to meet the objectives as described in the JFP. It may also include areas beyond this where informed by statutory functions of the organisation or other, emerging, strategic priorities.

19. Work commenced with Directorates and Chief Officers in November 2024 with all Chief Officers and their senior teams having development sessions led by the CEO and supported by the Programme Management Office (PMO). The intent of these sessions to develop and agree directorate priorities and high-level objectives.

20. Following this Directorate teams worked further to develop these priorities and submitted a more granular set of objectives on 13 December 2024. These objectives were reviewed as part of a Board Development session on 19 December 2024 and the feedback grouped across three key themes

- **Why these objectives?**
  - What is the Diagnostic that has led to the development of these objectives?
  - How do they reflect the ICB purpose?
  - Should there be a clearer line to Darzi, and the 3 key shifts?

- **Action is currently siloed at directorate level**
  - What is the Organisational vision and key strategic drivers?
  - How do we establish cross-directorate objectives and plans to deliver this? What are they?
  - How do we look at pathways/cohorts and totality of impact, especially in the context of our investment decisions? What are they?

- **Need to shift from Improvement/BAU to Transformation**
  - If we assessed the current plan as 90% Improvement/BAU, 10% transformation, how do we shift to an 80/20 position?
  - What are the big transformation opportunities that the ICB wants to back over the coming years?

21. The Planning Team is now working through the detailed feedback from the Board as well as reviewing the next iteration of the Directorate level submissions. Early in 2025 work will commence with the NHS Devon Executive to develop:

- High Level planning assumptions.
- Organisational Priorities and Goals.
- ICB Objectives.
- Investment Principles.

22. These will then be used to reconcile current plans and refine the next version of the Annual Plan.

23. The final Annual Plan will be a short and focused document, underpinned by enabling plans (finance, workforce, digital etc.) and Directorate granular business plans describing the fuller detail of the enabling work required to deliver the Annual Plan.

24. The final Annual Plan will be presented to the Board in March 2025.

Confirming the Operational Plan submission

25. Operating Plan Guidance was not received prior to Christmas as expected. The indicative timetable communicated by NHSE before Christmas is as follows:

- The Planning Mandate expected w/c 06 January 2025.
- The Planning Guidance expected by the end of January 2025
- First full external submission expected to be end of March 2025

26. The Board should note that all of the dates above are subject to change.

27. Without the explicit guidance a number of assumptions were made these included:

- Elective Recovery Fund continues.
- Productivity to upper quartile in all specialities.
- Activity v 2019/20 in line with this year.
- Realistic demand growth – noting pre covid levels returning.
- Requirement for full ICB community plan with clear impacts.
- No new investment.
- Workforce requirement as the Medium Term Finance Plan (MTFP).
- Cost Improvement Programme (CIP) requirement as MTFP

28. Additionally, system partners agreed to a level of ambition within the plan which could be refined as guidance is released

Elective performance

- Eliminate 52 week waits in Q2.
- 18-week monitoring - Cancer performance to improve to 80% by March 2026– both metrics.
- DM01 to return to 1% by March 2026.

UEC performance

- 4-hour performance – recommend improvement to 81% March 2026.
- Category 2 response times – improve on the 30 mins.
- Ambulance handover – increase % handed over in 15 mins to 35% by March 2026.

Financial plan

- £144.7m CIP – apportion to be decided
- System CIP as per MTFP

29. In preparation for the external planning submissions to NHSE, organisations in Devon have begun developing their operational plans for 2025/26, ahead of the publication of national guidance.

30. As part of this year's internal system planning process, providers have been asked to prepare two draft submissions: the first in October and a second in December. This approach allows for a thorough local system review, triangulation, and a check-and-challenge process prior to final submission to regulators.

Recommendations

31. The Board is asked to:

- **TAKE SATISFACTORY ASSURANCE** from the ongoing integrated approach to planning.

- **TAKE SATISFACTORY ASSURANCE** from progress in establishing the architecture for the transforming devon programme.

- **NOTE** the indicative timelines for operational planning, as well as the assumptions and ambitions shaping the One Devon Integrated Care System's operational planning in 2025/26 and risk inherent within the assumptions.

- **ENDORSE** the response and shift of emphasis in development of the NHS Devon Annual Plan.

NHS Devon

NHS Devon Integrated Care Board

Reducing Autism Waiting Lists for Children and Young People (CYP)

Date of meeting	Date report produced
30 January 2025	17 January 2025

Author(s)		Report approved by	
Name and title:	Su Smart, Director of Women and Children's Improvement, John Finn Interim Chief Operating Officer.	**Name and title:**	Penny Smith, Chief Nursing Officer
Phone:		**Date:**	17 January 2025
Email:	Penny.smith27@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 follows on from the initial report to the NHS Devon Integrated Care Board in July 2024, outlining the number of Children and Young People (CYP) waiting for an autism assessment across Devon. This highlighted the significant demand for diagnostic services, the impact of delays on children and families, and implications arising from the special educational needs and disabilities (SEND) regulatory and oversight process. At that time, the Board was asked to note the plan for improvement and recovery to meet the target set by the Department for Education (DfE) and NHS England (NHSE), and to

take limited assurance from the planned investment in the recovery of children's services in 2024/25. The Board also noted the very challenged wider context relating to SEND service provision in Devon.

This report provides a position update regarding the autism recovery programme, including current strategies, performance, issues and risks.

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

N/A

Key recommendations and actions requested

TAKE LIMITED ASSURANCE from the actions taken to date.

NOTE that further information about progress will be presented to the Finance and Performance and Quality and Patient Experience Committees, as appropriate

Impact on NHS Devon objectives

Objective	Impact
Improve population health	Effective services produce better health outcomes for children and young people
Improve services and reduced unwarranted variation	Through improvement plans, completion of regulatory related action plans and embedding robust mechanisms of assurance
Make more efficient use of our resources	Reducing negative regulatory and inspectorate related issues enables better us of local resources for service delivery and quality of services.
Develop our culture and how we operate	To successfully address these complex challenges a strong culture of trusting and effective partnership working is required.

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

Area	
Quality of services	Poor regulatory compliance impacts negatively on quality of care.
Health inequalities	Poor regulatory compliance impacts negatively on health inequalities.

Workforce	The associated regulatory oversight impacts negatively on workforce.
Resources and finance	Resources are required to address regulatory shortcomings.
Legal	Failure in statutory obligations.
Digital and Data	Data/intelligence in relation to Children's services and digital systems.
Engagement and consultation	Various mechanisms deployed as part of various workstreams.

3

Reducing Autism Waiting Lists for Children and Young People (CYP)

Background

1. Nationwide demand for autism assessments has risen rapidly over the past 20 years and demand now far exceeds available capacity. Legislation exists, national frameworks have been developed, key high-level reports written, and various commentary has been written by key stakeholders to address the situation, which all inform the approach taken in Devon. Key is recognition that in conjunction with focused work to drive down waiting lists, early help models need rapid scaling up that can respond to need without a formal diagnosis. Concerns exist that extended waits can adversely affect children's social development, education, and communication.

Current position - Devon

2. In Devon autism assessment is part of a complex multi-agency and multi-organisational pathway, including those services provided by the main trusts, Livewell Southwest (LSW) and via the Children Family Heath Devon (CFHD) contract.

Actions taken to date:

3. The following actions have been taken:

    - Convening of a 'risk summit' to set strategic direction, build momentum and identify opportunities and constraints.
    - Identification of provider senior responsible officers and stakeholders.
    - Data validation and updates to baselining information.
    - Development of a robust programme.
    - Establishing engagement and communication plans with stakeholders e.g. local authority/ regulators via Special Educational Needs and Disabilities (SEND) oversight arrangements.
    - Engagement with families/careers and young people impacted.
    - Expansion of the neurodiversity helpline for patient/career peer support
    - Commencement of waiting list
    - Pathway review to warrant unwanted variation.
    - Understanding clinical approaches/pathways and identification of good practice.
    - Completed rapid quality review in accordance with National Quality Board (NQB) guidance.

4. The risk summit identified the following issues:

- Limited Capacity: Insufficient clinical workforce and diagnostic capacity.
- Variation in Processes: variability in referral, triage and early intervention pathways and delays in multi-agency assessment, inconsistent clinical opinions, and pathways.
- Data gaps driving inaccurate site of the problem.
- Variable levels of oversight at senior strategic and system level.
- Limited non-recurrent funding available through the current financial year.
- Subject to regulatory action (SEND) subject to accelerated programme plan in Devon County Council (DCC).

5. These factors have informed the revised recovery programme set out below.

Recovery Programme

Performance

6. The children's autism recovery programme is working to achieve the target set out in the DCC SEND improvement programme, as set by the Department for Education (DfE) and NHS England (NHSE) as the regulators of the SEND inspection.

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

7. As of 31 December 2024, the numbers of children waiting for an autism assessment on the various waiting lists across Devon is set out below:

   - 7,848 children and young people on the autism waiting list.
     This is split by:
     - 6,624 children held by CFHD
     - 1,075 children held by UHP
     - 149 children held by LSW (note these autism assessments are for children with a mental health need)

   - Of these, 4,667 children are waiting over 52 weeks for an autism assessment (no patients are waiting for longer than 52 weeks within LSW).
     - This means that 61% of children and young people referred for an autism assessment are currently waiting over a year. This will be having significant impact upon their developmental needs and the levels of support delivered by their families, carers, and schools.

   - An average waiting time of weeks for autism assessment is:
     - 71 weeks for Children and Family Health Devon (CFHD)
     - 58 weeks for University Hospitals Plymouth NHS Trust (UHP)
     - 11 weeks for Livewell Southwest (LSW)

8. As a result of the recovery work led by NHS Devon in the current financial year, there has been a 119% increase in the number of assessments taking place

between October and November 2024. This is in comparison to the number that would have usually taken place during previous years.

9. From August – December 2024, 1,126 children in total were removed from the waiting list due to the modified processes, validation exercises and joint working undertaken through the programme, as well as the usual assessments taking place within existing capacity. Although this is a significant achievement for the autism services, there are still noteworthy challenges that require urgent recovery and improved delivery to support the children living with autism across Devon.

10. Of key importance is the recognition that waiting over a year is potentially far more significant to the impact on a child or young person than an adult, as this is often a large portion of their life. As such the impact on their development cannot be understated.

Challenges and Issues

Capacity & Workforce

11. Sufficient clinical capacity and workforce to deliver children's autism services is a known issue nationally, and this is no exception within Devon. Although there has been a great deal of work through robust contracting and new providers coming into the local market through the Right to Choose process there remains challenges to note on perceived additional capacity. Outside of the acutes, LSW, CFHD and Devon Partnership NHS Trust (DPT), the additional independent service (IS) providers currently in the market are: -

    - ADHD 360
    - Evolve Psychology
    - RTN Mental Health Solutions
    - Problem Shared (Tele-Doc)
    - Paloma Healthcare (New to market 27 Jan 2025)

12. For many of the IS providers in the market, their clinical workforce is shared with the NHS. This means that the management of additional IS capacity through mutual aid must be strategically balanced in order not to destabilise services in the main NHS acute providers. This is particularly true for any provider who runs face to face clinics exclusively.

13. An additional issue focuses on the referral route for IS autism providers. At present all referrals into the IS are via a GP. The providers are all effectively at capacity due to the high levels of demand and so, by accepting mutual aid for long waiters, they would need to build an appointment slot issue (ASI) list. This has the risk of commercially damaging relationships with primary care providers for future business flow and under no business incentive to do.

Finance

14. With the system under such high levels of challenge in relation to financial recovery, significant use of outsourcing or insourcing, if capacity were to be sourced, would cause further issues for funding. As part of the NHSE triple lock process and direction as part of the government initiatives for recovery of services, tariffs within the IS sector should align with the standard NHS tariff. This will then limit financial incentives for IS providers to take mutual aid, as well as acute providers from running insourcing and super-clinics.

National Best Practice

15. As delivery of paediatric autism services is a known to be challenged nationally, the availability of national best practice is slim. There are various models adopted by systems across the country, however a recognised best practice pathways, such as Getting it Right First Time (GIRFT) within elective care, are not yet available.

16. This does however, present an opportunity for Devon to engage with forward thinking approaches to recovery and explore new models of care. The development of this programme has been informed by autism recovery programmes already in place within out systems across the country, which has helped Devon to avoid some of the pitfalls experienced by other systems.

Future Actions

Workforce / Capacity Expansion

17. Work has been underway over the course of 2024/25 to support increasing opportunities for recruitment of paediatric clinical staff across acute and community providers as well as increasing the IS provision of services. It is proposed that this work continues to make Devon a first-choice place for paediatric clinical staff, as well as maximising contractual levers through both increasingly robust management of the 2025/26 commissioning cycle and standardisation of service specification development through the Right to Choose and IS NHS procurement processes.

18. Key areas of focus include:

- Attraction, retention and recruitment of further relevant clinicians, including paediatricians, psychologists, and speech and language therapists.
- Investment in training programs for existing staff to support diagnostic assessments.
- Exploration of opportunities for additional providers including independent sector and third sector for mutual aid.
- Standardisation of service specifications to include the provision of mutual aid and long wait recovery.
- Exploration of out of county mutual aid.

Clinical Processes

19. To support the provision of additional capacity, it is expected that further productivity gains will also be in place.

- Rapid review of clinical processes including use of contemporaneous Multi-Disciplinary Team (MDT) assessment – all decisions made together.
- Review of various national models of clinical delivery.
- Lead a southwest approach to move towards regional alignment of delivery and cross border working
- Sharing good practice, removing unwarranted variation within system,
- Enhanced working with voluntary sector.
- Identification of key workers to provide support to families waiting.
- Identification of named autism recovery leads across all providers to enhance grip and control of delivery.
- Improved availability of resources to families and carers, including relevant signposting to support a 'Waiting Well' methodology.
- Targeted operational delivery reviews to support identifying local best practice and gaps in efficiency.
- Further progression of targeted early intervention programs to support children suspected of autism before formal diagnosis.

Digital Solutions

20. To support productivity gains, the importance of digital enablement and accurate data must be in place.

21. Key areas for focus are:

- Improved data flows to ensure accurate provider and system performance is in place.
- Standardised data capture methodologies for all providers.
- Weekly long waiter recovery oversight to support improved system grip and control of delivery.
- Implementation of digital resources to digitally optimise the pathway.
- Triage system to prioritise urgent cases.
- Learning from ICBs advanced in this area.
- Digital improvement plan in place to address multiple areas including waiting list validation.

Maintaining Strategic Momentum

22. Robust recovery processes such as named provider recovery leads as well as senior responsible officers (SROs) will support the weekly programme group to help maintain rigour and continued improvement in recovery. Autism waiting list reduction and early help models will also be included in the NHS Devon Annual Plan with associated request for investment. Close working with regional colleagues to ensure NHSE oversight will also be in place, with agreed reporting

architecture. A further set of agreed recovery deliverables will be communicated through the autism programme group to ensure all stakeholders are working towards an agreed action plan.

Key Metrics/measures of success:

23. The following metrics will be used to measure success:

- Reduction in average waiting times
- Children and young people waiting over 52 weeks and over for autism assessment will be reduced.
- Increase in the number of completed assessments noting the impact of tip ins.
- Improvement of family/CYP satisfaction scores.

Key Issues, Risks and Mitigations

Clinical workforce

Issue

24. There are currently insufficient clinical staff within the system to manage the increased demand on autism assessment services, as well as clearing the backlog of long waiting patients.

Risk

25. If suitable clinical workforce cannot be recruited to within Devon, noting that this is a nationally challenged speciality, then there will be an inability to resource sufficient capacity to see the current autism demand and clear the long waiting backlog, leading to children waiting an unacceptable length of time for assessment and significant quality and developmental risks for the children and young people using this service.

Mitigation

26. NHS Devon will deliver a revised holistic plan building on robust and effective contract management, full engagement with providers to hold them to account for their responsibilities within the plan. This will be underpinned by the methodology currently in place and delivering recovery through the One Devon Elective Recovery programme for the elective recovery of long waits.

Capacity

Issue

27. There is currently insufficient capacity within the system to deliver the levels of service required to treat the current demand and clear the backlog.

Mitigation

28. Discussions with all IS providers will be prioritised to review options for increasing capacity and willingness to build ASI lists to support recovery. In addition to this there will be an alignment of autism service specifications to ensure all providers are delivering equitable services. Any new service coming through the Right to Choose process will be engaged with early to seek agreement to support autism recovery while the new provider builds its point of referral model. The aim of this will be to provide some additional recovery capacity for mutual aid. As a test for change on this process Paloma Healthcare will be initially engaged with as they become operational on the at the end of January 2025.

Data

Issue

29. There are currently challenges and gaps within the data across the system and the range of providers, leading to potentially inaccurate sight of the problem. In addition to this technical validation must require robust data in order to cleanse lists effectively.

Mitigation

30. A data quality improvement plan will be developed and implemented across the system, with key deliverables being on uniform data capture and reporting feeds.

Governance & Oversight

Issue

31. There are variable levels of oversight at a senior strategic and system level for the recovery of paediatric autism long waits. In addition to this there are named SROs at each provider for long wait recovery but no named recovery lead to support tighter grip and control.

Mitigation

32. Senior oversight will take place through the new One Devon Elective Pilot Group in line with elective waits. There will also be an additional oversight group for CFHD, chaired by the Chief Executive Officer of Devon Partnership NHS Trust and the NHS Devon Chief Nursing Officer.

Funding

Issue

33. There is limited non-recurrent funding available through the current financial year to support long wait recovery and look at new models of delivery. The value for this financial year was up to £960k non-recurrently for 2024/25.

Mitigation

34. There will be a programme of work through 2025/26 to look for sourcing additional funding through national programmes and local grants. All of these proposals will be subject to the NHS Devon investment review processes.

Regulatory Action

Issue

35. Subject to regulatory action (SEND) Subject to an accelerated programme plan Devon County Council.

Risk

36. Further regulatory action with multiagency impacts on NHS Devon for the health relevant aspects of the improvement plan.

Mitigation

37. Deliver the health component of multiagency improvement plans effectively, inclusive of actions stated in this paper, within timescales set out by the inspection framework. Communicate effectively with inspectors where timeframes to meet targets are likely to be of specific challenge.

Conclusion

38. Reducing autism waiting times for children and young people is a priority for NHS Devon. The developmental impact on children and young people cannot be underestimated and should form a key deliverable for quality and patient benefit through the 2025/26 operational plan.

39. Building on the methodology of the One Devon Elective Recovery programme, a revised children's autism recover plan to meet the agreed target will be in place by the end of Q4 2024/25, with clear trajectories supported by improved data.

40. The Board is asked to:

- **TAKE LIMITED ASSURANCE** from the actions taken to date.
- **NOTE** that further information about progress will be presented to the Finance and Performance and Quality and Patient Experience Committees, as appropriate.

NHS Devon Integrated Care Board

Board Assurance Framework

Date of Meeting	Date Report Produced
30 January 2025	03 January 2025

Author(s)		Report Approved By	
Name and title:	Victoria Williams Senior Governance & Assurance Specialist, NHS Devon	**Name and title:**	Philippa Harding, Director of Governance & Interim Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:	01392 675 101	**Date:**	13 January 2025
Email:	victoria.williams80@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 the NHS Devon Board with an update on the high-level strategic risks that might impact on the achievement of NHS Devon's strategic objectives in the current financial year.

Committees that have previously discussed / agreed the report, and outcomes of that discussion
The NHS Devon Executive reviewed the report at its meeting on 07 January 2025. The Population Health Improvement Committee, the Quality and Patient Experience Committee and the Finance and Performance Committee reviewed extracts of this report at their meetings on 09, 16 and 17 January 2025 respectively.

Key recommendations and actions requested
APPROVE the content of the latest iteration of the 2024/25 BAF risks to achieving the strategic objectives of NHS Devon.

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

Outline the implications of matters covered in this report for the following areas	
Area	
Quality of Services	Risk management systems and processes do not in themselves present any quality or safety implications. They capture and report the risks relating to population health outcomes and patient experience in the One Devon Integrated Care System, in order to ensure that they are appropriately mitigated / controlled.
Health Inequalities	None
Workforce	None
Resources and Finance	Risk management systems and processes do not present in themselves any financial implications. They capture and report the strategic financial risks faced by NHS Devon in order to ensure that they are appropriately mitigated / controlled.
Legal	Sound control and assurance mechanisms, including risk management systems are an essential component of internal control processes. NHS organisations are required to sign an annual governance statement to provide reasonable assurance that they have been properly informed about the totality of their risks and can evidence that they have identified the organisational objectives and managed the principal risks to them. There is a mandatory annual internal audit review into aspects of risk management and the BAF each year.
Digital and Data	None
Engagement and Consultation	This is an internal control process, and no patient engagement has taken place with respect to it.

Board Assurance Framework

Introduction and Background

1. NHS Devon is required to prepare public statements to confirm that it has done its reasonable best to maintain a sound system of internal control to manage the risks to achieving its objectives. This is achieved by the Chief Executive providing a signed Annual Governance Statement, which covers the risk management and review processes within the organisation. The evidence to support this Statement is supported by the Board Assurance Framework, referred to hereafter as the BAF.

2. NHS Devon's BAF is based upon the identification of its strategic objectives (in essence, its strategic aims and goals), the principal risks to delivering them, the key controls to minimise these risks, with the key assurances of these controls identified. These are monitored by the NHS Devon Executive to resolve issues or concerns and to improve control mechanisms and overseen by Board Committees.

BAF Approach for 2024/25

Greater alignment to NHS Oversight Framework

3. At its meeting on 26 March 2024, the Board agreed a new approach to the BAF for the 2024/25 financial year, closely aligning it to the six themes as set out in the NHS Oversight Framework:

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

4. In addition, the Board also agreed the following BAF risks, covering five out of the six themes set out in the NHS Oversight Framework:

   Quality of Care, Access and Outcomes

   If NHS Devon does not work with system partners to deliver NHS service performance for *'All Age' services* in line with national standards and quality requirements, **then** we will fail to deliver on one of our key statutory purposes

(improve outcomes in population health and healthcare), **resulting in** patients across the One Devon Integrated Care System not receiving the services that they need.

Preventing Ill-health and Reducing Inequalities
If NHS Devon is unable to embed a focus on population health management across all of its *'All Age' services* and activities and those of its partners, **then** we will fail to deliver on of our key statutory purposes (tackle inequalities in outcomes, experience, and access), **resulting in** patients across the One Devon Integrated Care System potentially continuing to suffer health inequalities.

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

People
If NHS Devon does not work with system partners to ensure an appropriate NHS workforce, **then** we will not be appropriately resourced to deliver safe and effective services, **resulting in** patients across the One Devon Integrated Care System not receiving the services that they need.

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

Local Strategic Priorities
No BAF risk has yet been identified in relation to this theme. This will be kept under review during the 2024/25 financial year and a BAF risk added if and when it is deemed appropriate.

Key Headings within the BAF

5. The following table summarises the key headings within the 2024/25 BAF:

Main BAF Headings	Explanation of BAF Headings
NHS Oversight Framework Themes	The NHS Oversight Framework consists of 6 themes: Quality of Care, Access and Outcomes; Preventing Ill-health and Reducing Health Inequalities; Finance and Use of Resources; People; Leadership and Capability; and Local Strategic Priorities.
Principal Risks	The key risks that NHS Devon perceives to achieving its strategic objectives / priorities.

Main BAF Headings	Explanation of BAF Headings
Risk Appetite and Risk Tolerance	The amount and type of risk that NHS Devon is prepared to pursue, retain or take in pursuit of its strategic aims / objectives / priorities.
Inherent Risk Score	The rating assigned to a risk before any mitigations / controls are applied. The likelihood and impact of the risk if it were to be left untreated.
Current Residual Risk Score	The rating assigned to a risk before any mitigations / controls are applied. The likelihood and impact of the risk taking into account the mitigations / controls applied to it.
Current Key Controls	The controls or systems in place that help to prevent the risk from materialising.
Current Key Control Gaps	Where controls or systems are not in place.
Current Assurances	Sources of information (usually documented) which provide evidence that the identified controls are in place and operating effectively.
Current Assurance Gaps	Where there is insufficient evidence that controls are in place and operating effectively.
Mitigating Actions	Actions identified to address the control gaps and assurance gaps.

6. In addition to the above, NHS Devon's BAF also assigns risks to Board Committees to ensure oversight of Executives' management of each of the identified risks.

Risk Appetite Statement for 2024/25

7. Risk appetite is defined as 'the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic objectives' and is key to achieving effective risk management. It represents a balance between the potential benefits of innovation and the threats that change, and improvement inevitably bring. It should be at the heart of the systems and processes in place to manage risk within NHS Devon, as well as how decisions are taken.

8. Following agreement by the NHS Devon Board of the BAF risks for the 2024/25 financial year, it was asked to articulate its risk appetite in relation to each of the four statutory purposes of ICBs, using the following Corporate Governance Institute Framework:

Avoid	Avoidance of risk and uncertainty is a key organisational objective
Minimal	(ALARP) (as little as reasonably possible). Preference for ultra-safe delivery options that have a low degree of inherent risk and only limited reward potential
Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward and Value for Money (VfM)
Seek	Eager to be innovative and choose options offering potentially higher business

	rewards despite greater inherent risk
Mature	Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust

9. The agreed risk appetite, that is, the levels and types of risk that the Board is prepared to accept (and not accept) in pursuance of the strategic goals of NHS Devon, will be used to inform the agendas for meetings of the Board and its Committees in 2024/25, as well as to ensure that the mitigations controls being put in place for risks are appropriate.

10. The Board was asked to set specific limits for the levels of risk that NHS Devon is able to tolerate in the pursuit of its strategic aims and objectives.

11. Set out below is the risk appetite statement that was agreed by the Board for the 2024/25 financial year:

NHS Oversight Framework Theme	Risk Appetite	Tolerance Level for Residual Risk
Quality of Care, Access and Outcomes	AVOID	8-12
Preventing Ill-health and Reducing Inequalities	AVOID	8-12
Finance and Use of Resources	OPEN	15
People	SEEK	20-25
Leadership & Capability	SEEK	20-25
Local Strategic Priorities	OPEN	15

12. Each NHS Oversight Framework theme has been allocated to a Board Assurance Committee, which will then receive information about the most significant risks aligned to that statutory purpose.

13. Following the first iteration of the BAF in April 2024, it has become clear that as well as being responsible for providing the Board with assurance with regard to the Finance and Use of Resources and the People BAF risks, the Finance and Performance Committee also needs to have oversight of the actions in relation to the Quality of Care, Access and Outcomes BAF risk. As from June 2024, reports to this Committee also include details in relation to this BAF risk.

14. As discussed at the Board meeting on 30 May 2024, the Risk Appetite Statement should be guiding views as to the actions that are, or are not taken by the Board. Discussions around risk appetite and tolerance will be developed alongside the content of the BAF during the 2024/25 financial year.

Current Risk Position

15. With PMO Delivery Room meetings in December 2024 being repurposed to enable 2025/26 annual planning discussions to take place, updates by Chief

Officers / Director Leads for individual BAF risks at this latest iteration, have been via their High Light Report submissions. The details for each risk are attached at **Annex A** and the scoring methodology at **Annex B** of this report.

16. The table below provides a high-level summary of the current risk position for the 5 strategic risks for the current financial year:

Committee Abbreviations	
ExCo	Executive
QPEC	Quality and Patient Experience Committee
FPC	Finance and Performance Committee
PHIC	Population Health Improvement Committee
ODC	Organisational Development Committee

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

			Historical and Current Risk Scores								
NHS Oversight Framework Theme – Risk Entry	**Board Committee**	**Inherent Risk Score**	**April 2024** Residual Risk Score	**June 2024** Residual Risk Score	**August 2024** Residual Risk Score	**October 2024** Residual Risk Score	**December 2024** Residual Risk Score	**Risk Movement** (Residual Risk Score)	**Risk Appetite**	**Target / Tolerance Level** (Residual Risk Score)	**Last Reviewed**
1. Quality of Care, Access and Outcomes	QPEC & FPC	25	12	12	12	12	12	↔	AVOID	8 - 12	Dec-24
2. Preventing Ill-health and Reducing Health Inequalities	PHIC	25	12	16	16	16	16	↔	AVOID	8 - 12	Dec-24
3. Finance and Use of Resources	FPC	20	12	12	12	12	12	↔	OPEN	15	Dec-24
4. People	PODC & FPC	20	12	12	12	12	12	↔	SEEK	20 - 25	Dec-24
5. Leadership and Capability	EXCO	20	16	12	12	12	12	↔	SEEK	20 - 25	Dec-24

17. There are no proposed changes following the outcomes of the strategic risk reviews in December 2024 which were reported to the Board at its meeting on 28 November 2024.

Heat Map Showing Current Risk Scores

18. The heatmap provides a comprehensive view of the likelihood and impact of NHS Devon's strategic risks. It shows that of the five BAF risks, four are within or below the agreed target / tolerance level in terms of their residual risk score. One risk has a residual risk rating in excess of the target / tolerance level.

Board Assurance Framework Heatmap – Status as at December 2024:

NHS Oversight Framework Theme - Risk Entry	Chief Officer	Assigned Board Committee	Risk Appetite	1-3	4-6	8	9	10	12	15	16	20	25
1. Quality of Care, Access and Outcomes	CNO	QPEC & FPC	AVOID										
2. Preventing Ill-health and Reducing Health Inequalities	CMO	PHIC	AVOID										
3. Finance and Use of Resources	CFO	FPC	OPEN										
4. People	CPO	PODC & FPC	SEEK										
5. Leadership and Capability	CCA & CO	EXCO	SEEK										

Chief Officer Abbreviations:	
CNO	Chief Nursing Officer
CMO	Chief Medical Officer
CFO	Chief Finance Officer
CPO	Chief People Officer
CCA&CO	Chief Corporate Affairs & Communications Officer

Key – Risk Score Symbols and Shapes	
▭	Tolerance Level – Residual Risk
●	Current Residual Risk Score

Conclusion

19. The Board is asked to **APPROVE** the content of the latest iteration of the 2024/25 BAF risks to achieving the strategic objectives of NHS Devon.

Annex A

NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
1. Quality of Care, Access and Outcomes	Penny Smith - Chief Nursing Officer	Quality & Patient Experience Committee; and Finance & Performance Committee	December 2024

Principal Risk

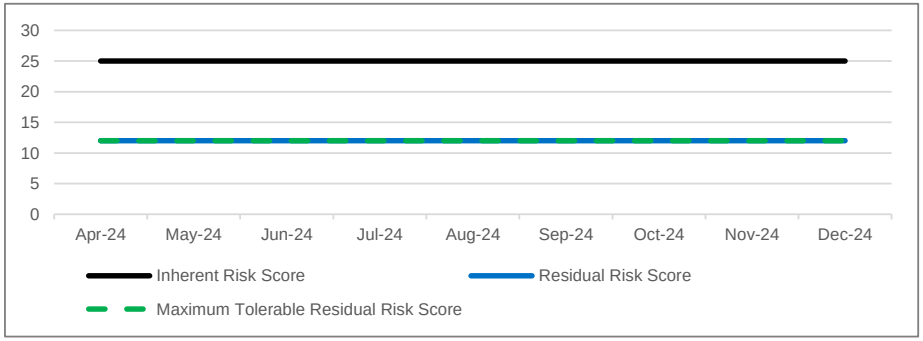
IF NHS Devon does not work with system partners to deliver NHS service performance for 'All Age' services in line with national standards and quality requirements, **THEN** we will fail to deliver on one of our key statutory purposes (improve outcomes in population health and healthcare), **RESULTING IN** patients across the One Devon Integrated Care System not receiving the services that they need.

Risk Appetite	AVOID	Risk Tolerance	8 - 12

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	5	5	25	-
Current Residual Risk Score	3	4	12	↔

Rationale for Amendment to Residual Risk Score:

N/A



	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?
1.	**Quality Strategy** in place articulating current and future ambitions for delivering high quality healthcare aligned to national standards, in line with the needs of the Devon population.	Not in Place
2.	**Quality Management System (QMS)** in place to support delivery of high quality healthcare.	Partially
3.	**2024/25 Annual Plan** priorities agreed and delivery plan in place to ensure achievement of these.	Partially
4.	**NHSE Quality and Accountability Framework** implementation.	Partially
5.	**Equality and Quality Impact Assessment (EQIA)** framework in place to help inform commissioning	Partially

	Current Key Control Gaps
CG1	**Quality Strategy** needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.
CG2	**QMS** – monitoring systems need refinement to include improved visibility of system risks where NHS Devon oversight is required.
CG3	**2024/25 Annual Plan** priorities agreed by the Board at its meeting on 30 May 2024; final iteration approved by the Board on 25 July 2024. Ongoing development / changes to be approved by the Board throughout 2024/25.
CG4	**NHSE Quality and Accountability Framework** published May 2024. A gap analysis is in the process of being undertaken.
CG5	**EQIA** framework in place but is currently being refined to ensure that it is as effective as possible with regular monitoring and updates for Board assurance.

Annex A

	decision-making processes, business cases, projects and other business plans.				
6.	**Mental Health Strategy** in place to ensure delivery of high quality, safe, effective and well commissioned Mental Health Services. This is supported by a Delivery Plan.	Partially		CG6	**Mental Health Strategy and Delivery Plan** needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.
7.	**Dementia Strategy** in place to ensure high quality, safe and effective delivery of Dementia Services. This is supported by a Delivery Plan.	Partially		CG7	**Dementia Strategy and Delivery Plan** needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.
8.	**Eating Disorders and Disordered Eating Strategy** in place to ensure high quality, safe and effective delivery of Eating Disorders and Disordered Eating Services. This is supported by a Delivery Plan.	Partially		CG8	**Eating Disorders and Disordered Eating Strategy and Delivery Plan** needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.
9.	**LD & Neurodiversity Services Strategy** in place to ensure high quality, safe and effective delivery of LD & Neurodiversity Services. This is supported by a Delivery Plan.	Partially		CG9	**LD & Neurodiversity Services Strategy and Delivery Plan** needs to be developed, in line with proposed priorities set out in the 2024/25 Annual Plan.
10.	**Sustainable Acute Hospital Service Delivery Strategy** - The system has a clear strategy for sustainable acute hospital service delivery in the long-term.	Partially		CG10	**Sustainable Acute Hospital Service Delivery Strategy** – NHS Devon needs to ensure that the system has a clear strategy for sustainable hospital service delivery in the long-term.
11.	Fulfilling **Operational Plan Requirements, NOF4 and National Standards** as set by NHSE.	Partially		CG11	**Operational Plan Requirements, NOF4 and National Standards** – Trajectories need to be put in place as not currently addressing Operational Plan requirements and complying with national standards.
12.	**Urgent and Emergency Care (UEC) Strategy and Policy** has been fully and appropriately implemented.	Partially		CG12	**Urgent and Emergency Care (UEC) Strategy and Policy** needs to be fully and appropriately implemented.
13.	**GIRFT** is an enabler to delivery of the Elective Care and UEC strategies.	Partially		CG13	**GIRFT** – Implementation of the GIRFT programme / recommendations to reduce unwarranted variations in services and practices to bring about higher-quality care in hospitals, at lower cost.
14.	**Specialised Commissioning** – There is a clearly defined and agreed approach in place for the formal delegation of specialised commissioning functions from NHSE to NHS Devon.	Partially		CG14	**Specialised Commissioning** – Clarification is needed about the approach to formal delegation of specialised commissioning functions from NHSE to NHS Devon.
15.	**Levelling Up Services Across Devon** – There are consistent service level provided across the One Devon ICS.	Partially		CG15	**Levelling Up Services Across Devon -** Certain services require amendment to ensure that a consistent service level is provided across the One Devon ICS.
16.	Fulfilling statutory obligations under **Working Together Safeguarding Children (2023) and the Care Act (2014)**.	Partially		CG16	**Working Together Safeguarding Children (2023) and the Care Act (2014)** – need to ensure full implementation of the Joint Targeted Area Inspection Plan (JTAI).

Annex A

17.	Fully functional **CHC Function** in place to deliver NHS Devon's statutory responsibilities in relation to this service, to deliver value and improve efficiency.	Partially		CG17	**CHC Function** – Organisational change, Phase 2.2 (CHC) requires completion, including the need to recruit to key business critical posts. Digital business case requires discussion at DIG.
18.	There is a clear strategy and plan in place for the system to enable successful delivery and exit from the national **Maternity Safety Improvement Programme**.	Partially		CG18	**Maternity Safety Improvement Programme** – action plan needs to be fully implemented in order to enable successful delivery and exit from the programme.
19.	Fulfilling **Special Educational Needs and Disabilities (SEND) and Wider National Requirements**.	Partially		CG19	**(SEND) and Wider National Requirements** - Trajectories need to be put in place as not currently addressing SEND requirements and complying with national standards.
20.	Effective commissioning of **Child and Adolescent Mental Health Services (CAMHS)** is in place across the One Devon system.	Partially		CG20	**CAMHS** – There is potentially a lack of effective commissioned intermediate care across the One Devon system to meet the need of children and young people (under 18).

Current Assurances **(how do we know that the controls in place are working effectively?)**			**Current Assurance Gaps**	
1.	**System Quality Group (SQG)** in place focused on enabling quality improvement across the One Devon Integrated Care System.			
2.	**Quality & Patient Experience Committee (QPEC)** in place providing oversight and assurance to the NHS Devon Integrated Care Board that it is delivering its functions in a way that secures continuous improvement in the quality of services.		AG2	**QPEC** forward plan needs to be informed by 2024/25 Annual Plan priorities once approved.
3.	**Quality Report** is received by the NHS Devon Executive, QPEC and the NHS Devon Board at agreed intervals throughout the year.		AG3	**Quality Report** is being improved to better illustrate risks in the system and report efficacy of mitigation.
4.	**Provider Quality Committees** are in place and attended by representatives of NHS Devon, ensuring that providers have appropriate assurance and oversight mechanisms with regard to quality.			
5.	**National and NOF4 Reporting Requirements** ensure that all partners within the One Devon Integrated Care System provide assurance about quality metrics to appropriate national bodies.			
6.	**System planning and delivery assurance structures** are clear and in place to ensure oversight of key risks and issues.			

Mitigating Actions **(what do we plan to do to address the control gaps / assurance gaps identified above?)**	**Action Owner**	**Planned Completion Date**	**Assurance Level**	**Update Since Last Review** **(only applicable where assurance level is 'partially assured / 'limited assurance')**
CG1: Quality Strategy needs to be developed.	CNO	Start of Q1 2025/26	Not Yet Due	N/A
CG2: Quality Management System Improvement Process Implementation *(Annual Plan Ref. CNO 001)*	John Trevains	End Q4 2024/25	Fully Assured	N/A

Annex A

CG3: 2024/25 Annual Plan to be approved by the Board *(Annual Plan Ref. DECO 001)*	Sam Wadham-Sharpe	Start Q2 2024/25	Fully Assured	N/A
CG4: Undertake Gap analysis in relation to the **NHSE Quality and Accountability Framework** (Published May 2024).	John Trevains / Natasha Goswell	Start Q3 2024/25	Fully Assured	N/A
CG5: EQIA framework needs refinement.	Natasha Goswell	End Q3 2024/25	Fully Assured	N/A
CG6: Perinatal Mental Health *(Annual Plan Ref. CMO 002)*	CMO	End Q4 2024/25	Partially Assured	Mitigations in place. Parent Infant Relationships: temporarily off track because of ICB restructure meaning change in portfolio holder / directorate and realignment of workplans.
CG6: Transformed Models of Community Mental Services *(Annual Plan Ref. CMO 003)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: Adults and Older Adults with Severe Mental Illness and Support with Health and Social Care Needs *(Annual Plan Ref. CMO 004)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: Mental Health Crisis and access to necessary help without the need to visit A&E *(Annual Plan Ref. CMO 005)*	CMO	End Q4 2024/25	Partially Assured	Board approval being requested to move this objective from CMO to CNO; this will be requested at its meeting on 30 January 2025. Update from CNO – partially assured as delay now subject to prioritisation and investment decisions.
CG6: Improved **NHS Talking Therapies** for anxiety and depression *(Annual Plan Ref. CMO 006)*	CMO	End Q3 2024/25	Fully Assured	N/A
CG6: High Quality, Safe, Effective and Well Led Commissioned Mental Health Services *(Annual Plan Ref. CMO 013)*	CMO	End Q4 2024/25	Partially Assured	This objective relates to the VCSE commissioned services for MH all of which have regular contract review meetings and standards in place.
CG7: More timely **Dementia Diagnosis** *(Annual Plan Ref. CMO 008)*	CMO	End Q4 2024/25	Partially Assured	Whilst Devon ICB are not on track for the national target of 65% we are performing well across the region and consistently improving.
CG7: Development of a **Devon Health and Social Care Dementia Strategy** *(Annual Plan Ref. CMO 009)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG8: Develop alternative **Community Physical Health Monitoring Services** for eating disorder patients *(Annual Plan Ref. CMO 011)* *NB: Previously aligned to BAF Risk 2 (Preventing Ill-health and Reducing Inequalities)*	CMO	End Q2 2024/25	Partially Assured	On track and assured in relation to action of developing a business case for DIG. Outcome from DIG is required to be able to determine whether the objective is on track: if funding is identified, providers can proceed to implementation and recruitment.
CG8: Business case development for **Community Based Alternative to Hospital Admission** for individuals with severely disordered eating with atypical features or which is secondary to neurodiversity and / or trauma based issues *(Annual Plan Ref. CMO 012)*	CMO	End Q4 2024/25	Partially Assured	This is a DPT SWPC objective and there are no work plans dedicated to this objective in the CM and Devon ICB. There is a strategic objective in 2025/2026 for the pathway for eating disorders.

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NB: Previously aligned to BAF Risk 2 (Preventing Ill-health and Reducing Inequalities)				
CG8: Medical Admissions Protocol for 'Physiological Rescue' *(Annual Plan Ref. CMO 015)*	CMO	End Q4 2024/25	Partially Assured	In year focus focusses on NG tube feeding under restraint as the workplan sits in the Childrens directorate (CNO). CMO15 has no work plan in the CMO directorate that we can assure. To be agreed as to which directorate this objective should be aligned to.
CG9: Reliance on Mental Health Inpatient Care (LDA) *(Annual Plan Ref. CMO 017)* *NB: Moved from BAF Risk 2 (Preventing Ill-health and Reducing Inequalities)*	CMO	End Q3 2024/25	Partially Assured	Over target, counting currency changed, now including ASC on Acute MH wards. We have reduced numbers this reporting period.
CG9: Test and implement improvements in **Autism Diagnostic Assessment Pathways** *(Annual Plan Ref. CMO 018)* *NB: Moved from BAF Risk 2 (Preventing Ill-health and Reducing Inequalities)*	CMO	End Q3 2024/25	Fully Assured	N/A
CG9: Develop **Governance and Due Diligence with Contracting for the ADHD Patient Choice Pathway** *(Annual Plan Ref. CMO 023)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG9: ADHD Pathway and Models of Care *(Annual Plan Ref. CMO 024)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG9: Oliver McGowen Mandatory Training (OMMT) *(Annual Plan Ref. CMO 025)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG10: Stabilisation of Fragile Acute Services *(Annual Plan Ref. CMO 042)*	CMO	End Q3 2024/25	Partially Assured	-
CG11: Hospital Admissions (Adults and Older Adults) Mental Health *(Annual Plan Ref. CMO 001)*	CMO	End Q4 2024/25	Partially Assured	Inpatient Strategy is on Track. Number of people in out of area beds is not on track: current position (as of October 2024): 20; this is a reduction from 26. Numbers have increased due to levels of demand and acuity. Local bed closures also impacting. Providers continue to work closely together to maximise local bed stock. For any patient admitted out of area, planning commences to enable return to area as soon as possible.
CG11: Clinical Pharmacy Services Expansion *(Annual Plan Ref. COO 001)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Improve **Access to Primary Care Facilities** to enhance patient experience *(Annual Plan Ref. DCEO 009)*	DCEO	Ongoing	Fully Assured	N/A
CG11: Plan for Recovery and Reform of NHS Dentistry *(Annual Plan Ref. COO 002)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Integrated Approach to Care and Support *(Annual Plan Ref. COO 003)*	Deputy COO	-	Partially Assured	This objective is shared with locality teams.

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CG11: Implement **Personalised Care** across integrated teams *(Annual Plan Ref. COO 004)*	Deputy COO	-	Partially Assured	End of Life (EoL) and Frailty in place as part of the wider plan and Dementia sits within the mental health workstream with a primary care element.
CG11: Expand and invocate the **Independent Prescribing Programme (IP)** *(Annual Plan Ref. COO 005)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Improve the sustainability of **General Practice Sustainability** *(Annual Plan Ref. COO 006)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: A&E Response Times *(Annual Plan Ref. COO 009)*	Deputy COO	End Q4 2024/25	Partially Assured	A&E performance remains volatile and despite seeing marginal improvements overall, this has proven difficult to sustain.
CG11: Category 2 Ambulance Response Times *(Annual Plan Ref. COO 010)*	Deputy COO	End Q4 2024/25	Partially Assured	The level of assurance is increasing for UHP and RDUH. Further assurance is being sought from TSD.
CG11: Eliminate **Elective Care Waits** >65 weeks *(Annual Plan Ref. COO 021)*	Deputy COO	End Q4 2024/25	Partially Assured	Mitigations in place. The ICB have actioned everything in their control and is reliant on providers meeting their obligations. NHS Devon has now left Tier 1. Partially assured as we are slightly behind the initial plan but on a downward trend.
CG11: Delivery or exceed **System Specific Activity Targets** *(Annual Plan Ref. COO 022)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Outpatient Attendances *(Annual Plan Ref. COO 023)*	Deputy COO	End Q4 2024/25	Partially Assured	Off track but the position is recoverable. System – 42.1%.
CG11: Improve Patient Experience of Choice at Point of Referral *(Annual Plan Ref. COO 024)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Improve performance against **62 Day Cancer Treatment Standard** *(Annual Plan Ref. COO 025)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Increase **Cancer Diagnosis %** *(Annual Plan Ref. COO 026)*	Deputy COO	No Fixed Milestones Set	Fully Assured	N/A
CG11: Increase **Diagnostic Tests %** *(Annual Plan Ref. COO 027)*	Deputy COO	End Q4 2024/25	Partially Assured	Off track. Sept 2024 position is: System (70.0%), RDUH (63.1%), TSD (71.6%) and UHP (79.6%). Further CDC rebasing to take place in December 2024. Recovery trajectories to form part of Q4 planning.
CG11: Improve **Patient and List Management** *(Annual Plan Ref. COO 028)*	Deputy COO	Ongoing (Monitor and Mitigate Against Any Deviation from Plan)	Partially Assured	Mitigations in place. Solution in place for TSD; the System are expecting an improvement for TSD from next month.
CG11: Appropriateness of **Referrals to Secondary Care** *(Annual Plan Ref. COO 031)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Increase **Diagnostic Capacity** *(Annual Plan Ref. COO 033)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A

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CG11: Complete **GP Contract Reviews** *(Annual Plan Ref. COO 034)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG11: Reduce **Children and Young People Long Waits** *(Annual Plan Ref. CNO 007)*	CNO	End Q4 2024/25	Fully Assured	N/A
CG12: Standardise UTC Provision Across Devon *(Annual Plan Ref. COO 011)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Establishment and Delivery of a **Care Coordination Hub** *(Annual Plan Ref. COO 012)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Standardise **Same Day Emergency Care (SDEC)** across One Devon *(Annual Plan Ref. COO 013)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Consistent delivery of **Virtual Wards** across Devon *(Annual Plan Ref. COO 014)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Implementation of **Acute Frailty Services** across the 4 acute trusts *(Annual Plan Ref. COO 015)*	Deputy COO	End Q4 2024/25	Partially Assured	Rapid assessment of progress against service specifications have identified gaps. Working with COO and team to agree what can and cannot be achieved.
CG12: Standardise **Urgent Community Response (UCR)** operations *(Annual Plan Ref. COO 016)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Establish consistent proactive clinical care in Care Homes *(Annual Plan Ref. COO 017)*	Deputy COO	End Q4 2024/25	Partially Assured	Rapid assessment of progress against service specifications have identified gaps. Working with COO and team to agree what can and cannot be achieved.
CG12: Reduce **Acute Bed Occupancy and Length of Stay** *(Annual Plan Ref. COO 018)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Children and Young People Inclusion in UEC Recovery Plans *(Annual Plan Ref. COO 019)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG12: Expand and develop **High Intensity User (HIU) Services** *(Annual Plan Ref. CMO 032)*	CMO	End Q4 2024/25	Partially Assured	This work is being completed by the COO directorate with no involvement from Population Health.
CG13: Theatre Utilisation using GIRFT *(Annual Plan Ref. COO 030)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG14: Specialised Commissioning *(Annual Plan Ref. COO 035)*	Deputy COO	Not Stated	Fully Assured	N/A
CG15: Review of Neurology Headache Clinics *(Annual Plan Ref. COO 032)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG16: Safeguarding Improvement – Working Together Safeguard Children (2023) and The Care Act (2014) *(Annual Plan Ref. CNO 002)*	CNO	End Q4 2024/25	Fully Assured	N/A
CG17: Review and enhance the **Continuing Health Care (CHC) Function** *(Annual Plan Ref. CNO 003)*	CNO	End Q4 2024/25	Fully Assured	N/A
CG18: System collaboration and implementation of **Maternity, Neonatal and Women's Health (3 Year Delivery Plan)** *(Annual Plan Ref. CNO 004)*	CNO	End Q4 2024/25	Partially Assured	Completion of Q3 milestone relating to implementation of postnatal contraception offer delayed due to lack of capacity within the team.

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CG18: System collaboration and implementation of **10 Year National Women's Health Strategy** *(Annual Plan Ref. CNO 005)*	CNO	End Q4 2024/25	Fully Assured	N/A
CG19: Implementation of **Neurodiversity Offer for Children and Families** *(Annual Plan Ref. CNO 008)*	CNO	End Q4 2024/25	Fully Assured	N/A
CG19: Improve outcomes for **Children and Young People with Long Term Conditions** *(Annual Plan Ref. CNO 009)*	CNO	End Q4 2024/25	Fully Assured	N/A
CG19: Prioritise the **Special Education Needs and Disabilities (SEND)** of children and young families across the Devon ICS *(Annual Plan Ref. CNO 010)*	CNO	End Q4 2024/25	Partially Assured	Completion of Q3 milestones delayed.
CG19: Support **Children and Young People Community Services Recovery** *(Annual Plan Ref. CNO 011)*	CNO	-	Partially Assured	Progress is delayed. Funding for the advice line is to be considered by DIG in January 2025.
CG20: Children and Young People's Timely, Co-ordinated Access to NHS Funded Mental Health Support, and Treatment *(Annual Plan Ref. CMO 010)*	CMO	End Q4 2024/25	Fully Assured	N/A
AG2: QPEC forward plan to be informed by 2024/25 Annual Plan.	CCCAO	End Q2 2024/25	Partially Assured	-
AG3: Quality Report is being improved to better illustrate risks in the system and report efficacy of mitigation.	John Trevains	Monthly Updates	Fully Assured	N/A

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
2. Preventing Ill-Health and Reducing Inequalities	Chief Medical Officer	Population Health Improvement Committee	December 2024

Principal Risk

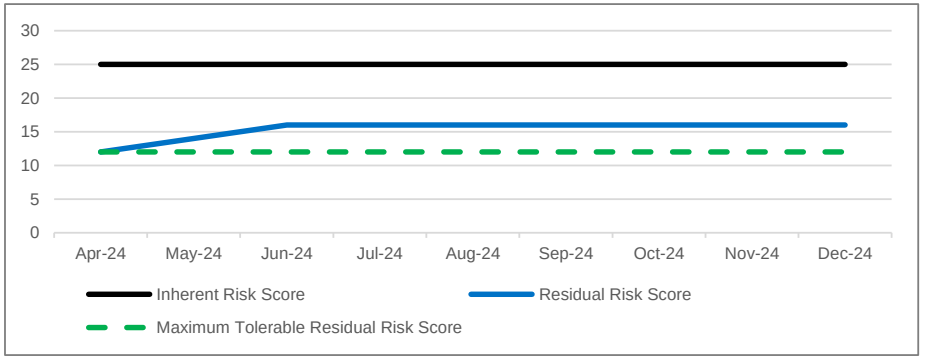
IF NHS Devon is unable to embed a focus on population health management across all of its 'All Age' services and activities and those of its partners, **THEN** we will fail to deliver on our key statutory purposes (improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, and help the NHS support broader social and economic development) **RESULTING IN** patients across the One Devon Integrated Care System potentially continuing to suffer health inequalities.

Risk Appetite	AVOID	Risk Tolerance	8 - 12

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	5	5	**25**	-
Current Residual Risk Score	4	4	**16**	↔

Rationale for Amendment to Residual Risk Score:

N/A



Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)		In Place?
1.	**Population Health Objectives** are set out within the Joint Forward Plan (JFP).	Fully
2.	**Funding for Population Health** agreed at a level that enables a full programme of work to be established.	Not in Place
3.	**Population Health Programme of Work** agreed and in place in line with available funding.	Not in Place
4.	**Quality and Equality Impact Assessments (QEIAs)** in place to help inform commissioning decision-making processes, business cases, projects and other business plans. *(Links to NHS Oversight Theme 1: Quality of Care, Access and Outcomes)*	Partially

Current Key Control Gaps	
CG1	**Funding for Population Health** agreed but at a significantly reduced level (£3.7m from national Health Inequalities budget has been put in bottom line).
CG2	**Population Health Programme of Work** – 2024/25 Annual Plan priorities have been agreed in principle, but the reduction in funding means that they are not fully resourced.
CG3	**Quality and Equality Impact Assessments (QEIAs)** may not be fully effective and / or being monitored.

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5.	**Clear One Devon PHM Dataset** to which all Primary Care and Voluntary Community and Social Enterprise Sector (VCSE) are signed up to.	Partially		CG4	**Clear One Devon PHM Dataset** - Access to data for PHM limited. Not all of Primary Care and the Voluntary Community and Social Enterprise Sector (VCSE) are signed up to this.
6.	**Health Inequalities Actions** are incorporated into all key service strategies.	Partially		CG6	**Health Inequalities Actions** are not incorporated into all key service strategies.
7.	**Evidence Based Interventions.**	Partially		CG7	**Evidence Based Interventions** – Need to ensure that our intervention are evidence based.
8.	**Infection Control** action plan fully implemented to improve infection prevention and control.	Partially		CG8	**Infection Control** action plan needs to be fully implemented to improve infection prevention and control.
9.	Agreed plan in place and being successfully delivered in order to tackle health inequalities experienced by care experience **Children & Young People**.	Partially		CG9	**Children & Young People Plan** to be implemented and successfully delivered in order to tackle health inequalities of experienced by care CYP.

Current Assurances **(how do we know that the controls in place are working effectively?)**			**Current Assurance Gaps**	
1.	**System Governance and Assurance Structures** are focused on Population Health.		AG1	**System Governance and Assurance Structures** are not fully informed by Population Health perspectives.
2.	**One Devon Population Health Steering Group** in place which is comprised of system partners. This group provides assurance that work is on-going within the system in relation to Population Health.			
3.	**Population Health Improvement (Board Assurance) Committee** in place to provide assurance to the Board that NHS Devon is fulfilling its role to improve outcomes in population health and healthcare and to tackle inequalities in outcomes, experience and access. Provides oversight and challenge.			
4.	**NHS Devon Annual Report** demonstrates how it has discharged its functions in the previous financial year. NHS England (NHSE) Core20PLUS5 relates specifically to those duties in relation to health inequalities.			

Mitigating Actions **(what do we plan to do to address the control gaps / assurance gaps identified above?)**	**Action Owner**	**Planned Completion Date**	**Assurance Level**	**Update Since Last Review** **(only applicable where assurance level is 'partially assured / 'limited assurance')**
CG1 Funding for Population Health to be explored with the Finance team.	CMO	TBC	TBC	-
CG2 Population Health Programme of Work - Capacity to deliver the agreed Population Health programme of work to be considered through Phase 2 of the organisational change programme.	CMO	TBC	TBC	-
CG3 Equality and Quality Impact Assessments (EQIAs) framework needs refinement.	Natasha Goswell	End Q3 2024/25	Fully Assured	N/A

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CG3: Develop and implement a **Population Health Charter** *(Annual Plan Ref. CMO 029)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG4 One Devon Dataset to be improved with access to Primary Care and VCSE data.	BI / Sam Wadham-Sharpe	TBC	TBC	-
CG6: Mental Health Annual Physical Health Checks *(Annual Plan Ref. CMO 007)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: Learning Disability and Autism (LDA) Annual Health Checks *(Annual Plan Ref. CMO 016)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG6: Reduce over-medications through the **STOMP and STAMP** programmes *(Annual Plan Ref. CMO 020)*	CMO	End Q3 2024/25	Fully Assured	N/A
CG6: LeDeR Programme Implementation *(Annual Plan Ref. CMO 021)*	CMO	End Q3 2024/25	Partially Assured	Recruitment of a Band 8a post - successful candidate. Start date March 2025. LeDeR Reviewers (Bank) have started work in November 2024; position will improve.
CG6: Support delivery and use of the **LDA Reasonable Adjustment Digital Flag** *(Annual Plan Ref. CMO 022)*	CMO	End Q3 2024/25	Partially Assured	Business Intelligence prioritising plan; clear actions in place.
CG6: Support LCPs and Provider Collaboratives with **Population Health and Evidence Based Resources** *(Annual Plan Ref. CMO 027)*	CMO	End Q3 2024/25	Fully Assured	N/A
CG6: Implement the **National Inclusion Health Framework** *(Annual Plan Ref. CMO 028)*	CMO	End Q4 2024/25	Partially Assured	Plan will be developed in year but no resource to implement. Part of phase 2 restructure.
CG7: Continue to contribute to the **Peninsula Research and Innovation Programme (PRIP)** *(Annual Plan Ref. CMO 038)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG7: Implement deliverables in the **Peninsula Research and Innovation Strategy (PRIS)** *(Annual Plan Ref. CMO 039)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG7: Support the development of the **Research Engagement Network (REN)** *(Annual Plan Ref. CMO 040)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG8: Infection Management System *(Annual Plan Ref. CNO 013)*	CNO	End Q4 2024/25	Fully Assured	N/A
CG8: Vaccination Delivery Improvement *(Annual Plan Ref. CNO 014)*	CNO	End Q4 2024/25	Fully Assured	N/A
CG9: Address significantly poorer outcomes for care experienced **Children & Young People** *(Annual Plan Ref. CNO 012)*	CNO	End Q4 2024/25	Partially Assured	Established a Children in Care Improvement Task & Finish Group. Dental access is being worked through in the Oral Health Group.
AG1 System Governance and Assurance Structures to be reviewed once established to determine the most appropriate method of ensuring that they are appropriately informed by Population Health perspectives.	CCCAO	End Q4 2024/25	-	Structures to be reviewed quarterly and earlier if required. No later than 31 March 2025. Review currently scheduled for December 2024.

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
3. Finance and Use of Resources	Kirsty Denwood – Acting Chief Finance Officer	Finance and Performance Committee	December 2024

Principal Risk

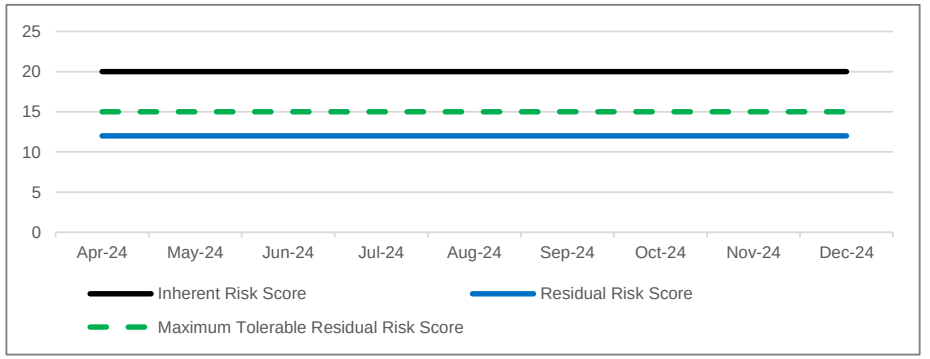
IF NHS Devon does not work effectively with system partners to deliver financial recovery plans, **THEN** we will fail to deliver on one of our key statutory purposes (enhance productivity and value for money), **RESULTING IN** patients across the One Devon Integrated Care System potentially not receiving the services that they need.

Risk Appetite	OPEN	Risk Tolerance	15

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	5	4	20	-
Current Residual Risk Score	4	3	12	↔

Rationale for Amendment to Residual Risk Score:

N/A



	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?
1.	**Financial Plans** in place that underpin the Operating Plan for 2024/25.	Fully
2.	**Medium-Term Financial Plan** in place setting out the scope and scale of challenge to deliver financial balance during the strategic medium-term. MTFP developed locally and understood and owned by all system partners.	Fully
3.	**System Recovery Plan** (which is encapsulated in the 2024/25 operational and financial plans) in place. This is a dynamic plan that continually assesses progress against system-wide savings, identification of new schemes and performance against key finance and performance trajectories.	Fully

Current Key Control Gaps	

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4.	**Devon Investment Group (DIG)** in place and responsible for ensuring the adoption and application of best practice governance and decision-making for investments by NHS Devon.	Fully			
5.	**Triple Lock Sign-Off Process** in place for all revenue investments above £100k, with sign-off required by the organisation, system and NHS England (NHSE) regional team.	Fully			
6.	**System Vacancy Control Panel (VCP)** in place to prevent an increase in workforce growth and to support a reduction in running costs.	Partially			
7.	**Cost Improvement Programmes (CIPs)** in place that contains cost reduction strategies that aim to identify and implement measures to achieve cost savings and efficiency improvements while maintaining or enhancing the quality of healthcare services provided to patients. *(Annual Plan Ref. CMO 036, DECO 008, CFO 005 & CFO 010)*	Fully			
8.	**ICB Programme Management Office (PMO)** established.	Partially		CG4	**ICB PMO** needs to be adequately resourced.
9.	**Information Systems and System Processes** facilitate decisions with respect to the most effective use of resources.	Partially		CG5	**Information Systems and System Processes** need improvement to facilitate decisions with respect to the most effective use of resources.
10.	**Infrastructure Strategy** enables most effective use of resources.	Partially		CG6	**Infrastructure Strategy** - Further work required to ensure Infrastructure Strategy enables most effective use of resources.
11.	**Systems Medicines Strategy** is an enabler to deliver financial savings.	Partially		CG7	**Systems Medicines Strategy** – Further work required to ensure Systems Medicines Strategy enables delivery of financial savings.
12.	**Infrastructure Innovations** enable delivery of financial savings.	Partially		CG8	**Infrastructure Innovations** – Further work required to ensure infrastructure innovations enable delivery of financial savings.
13.	**Service Resilience** is aligned to fragile services.	Partially		CG9	**Service Resilience** needs to be aligned to fragile services.
14.	Fulfilling **Operational Plan Requirements, NOF4 and National Standards** as set by NHSE.	Partially		CG10	**Operational Plan Requirements, NOF4 and National Standards** – Trajectories need to be put in place as not currently addressing Operational Plan requirements and complying with National Standards.
15.	**30% Running Cost Reduction –** Fulfilling the 30% reduction in running costs as set by NHSE.	Partially		CG11	**30% Running Cost Reduction** – Organisational Change Programme to be completed in order to enable the 30% reduction in running costs to be realised.

Current Assurances **(how do we know that the controls in place are working effectively?)**			**Current Assurance Gaps**	
1.	**Weekly Chief Finance Officer (CFO) meetings** take place in relation to system working arrangements. Issues for resolution are discussed and proposals agreed as appropriate.		AG1	**More closely aligned reporting to system financial plans** is needed.

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2.	**Fortnightly reporting to the Finance and Planning Board (FPB)**. Matters that cannot be resolved here are escalated to the System Recovery Board (SRB).	AG2	**Assurance needed that system level CIPs are being delivered** in provider financial plans.
3.	**NHS Devon Finance and Performance Committee (FPC)** receives system finance reports; these flag issues for escalation to the Board.	AG3	Monthly monitoring of full-time equivalents (FTEs) but **no assurance that system partners have workforce controls in place** or how well they are engaging with workforce controls.
4.	**Additional mandated support** is provided by NHS England (NHSE).	-	-

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	**Action Owner**	**Planned Completion Date**	**Assurance Level**	**Update Since Last Review** (only applicable where assurance level is 'partially assured / 'limited assurance')
CG1: Progress **Shared Service Arrangements** *(Annual Plan Ref. CFO 009)*	Acting CFO	End Q4 2024/25	Fully Assured	N/A
CG1: Produce **Long Term Financial Plan** *(Annual Plan Ref. CFO 012)*	Acting CFO	End Q3 2024/25	Partially Assured	Off track but recoverable. Further meeting with NHSE Jan 25.
CG1: Efficiencies and Consistency in Business Processes *(Annual Plan Ref. CPO 002)*	CPO	End Q4 2024/25	Partially Assured	The position is off-track but recoverable. The programme currently has an 'Amber' status due to risks being managed across the workstreams, although the mitigations identified are making good traction and the programme is trending to 'Green'.
CG1: Implement **One Devon Workforce Strategy** *(Annual Plan Ref. CPO 003)*	CPO	End Q4 2024/25	Fully Assured	N/A
CG4: Resourcing of ICB PMO to be considered through Phase 2 of the organisational change programme	Sam Wadham-Sharpe	Start Q2 2024/25	TBC	-
CG5: Strategic Client Function for Business Intelligence (BI) *(Annual Plan Ref. DCEO 004)*	DCEO	Discharged Reactively Through 2024/25	Fully Assured	N/A
CG5: Support implementation of **Electronic Patient Records (EPRs)** – TSDFT and UHP *(Annual Plan Ref. CFO 001)*	Acting CFO	End Q3 2024/25	Fully Assured	N/A
CG5: Procure and implement **Peninsula Laboratory Information Management System (LIMS)** *(Annual Plan Ref. CFO 002)*	Acting CFO	End 2025	Fully Assured	N/A
CG5: Support implementation of **Devon and Cornwall Care Record (DCCR)** *(Annual Plan Ref. CFO 003)*	Acting CFO	End Q4 2024/25	Partially Assured	Key target for all NHS organisations to be connected by April 2024. Torbay and RDUH are not connected. Expected to be back on track and delivered by March 2025. LIMS activity has now concluded. The expectation is that resources will be available for DCCR connection.

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CG5: Rationalise **Data Centres** *(Annual Plan Ref. CFO 004)*	Acting CFO	End Q4 2024/25	Fully Assured	N/A
CG6: Estates – deliver collaboration between provider service departments *(Annual Plan Ref. DCEO 006)*	DCEO	End Q4 2024/25	On Hold	-
CG6: Implement **Estates Strategy** *(Annual Plan Ref. DCEO 007)*	DCEO	End Q4 2024/25	Fully Assured	N/A
CG7: Delivery of 16 National Medicines Optimisation Opportunities *(Annual Plan Ref. CMO 033)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG7: Develop **Integrated Medicines Optimisation Committee (IMOC)** *(Annual Plan Ref. CMO 037)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG8: Develop **Peninsula Aseptic Hub (PAH)** *(Annual Plan Ref. CMO 034)*	CMO	End Q4 2024/25	Partially Assured	All actions have been satisfactorily answered but waiting for regional approval prior to national review.
CG9: Develop **Peninsula Radiopharmacy Strategy (PRS)** *(Annual Plan Ref. CMO 035)*	CMO	End Q4 2024/25	Partially Assured	Updated PenRAD board and the appraisal process has been extended.
(Control 13) CG9: Acute Services Transformation *(Annual Plan Ref. CMO 043)*	CMO	End Q4 2024/25	Partially Assured	Clinical scenarios are currently being modelled to describe the implications for activity, travel, workforce, finance, and estates - to be completed by April 2025. Evaluation criteria to be developed for appraisal of scenarios by April 2025.
CG10: Develop **Community Pharmacy** *(Annual Plan Ref. COO 008)*	Deputy COO	End Q4 2024/25	Fully Assured	N/A
CG10: Improving management and productivity of **System Workforce Resources** *(Annual Plan Ref. CPO 001)* *NB: Moved from BAF Risk 4 (People)*	CPO	End Q4 2024/25	Partially Assured	All supporting workstreams are on track, however, there is an overspend on the Operating Plan so further engagement and check and challenge is required to increase assurance and grip and control.
CG11: 30% Running Cost Reduction *(Annual Plan Ref. CPO 004 & CFO 011)*	CPO	End Q4 2024/25	Fully Assured	N/A
AG1: Closer Aligned Reporting to System Financial Plans	Acting CFO	Start Q3 2024/25	TBC	
AG2: Assurance on Delivery of System Level CIPs Reporting of progress of CIP workstreams to FPB to provide assurance that system CIPs are being identified and delivered in accordance with submitted provider annual financial plans.	Sam Wadham-Sharpe	On-going Through 2024/25	TBC	
AG3: Workforce Controls - Assurance required from system partners that workforce controls are in place and are working effectively.	CPO	Ongoing 2024/25	TBC	

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
4. People	Piers Tetley – Chief People Officer	People and Organisational Development Committee Finance and Performance Committee	December 2024

Principal Risk

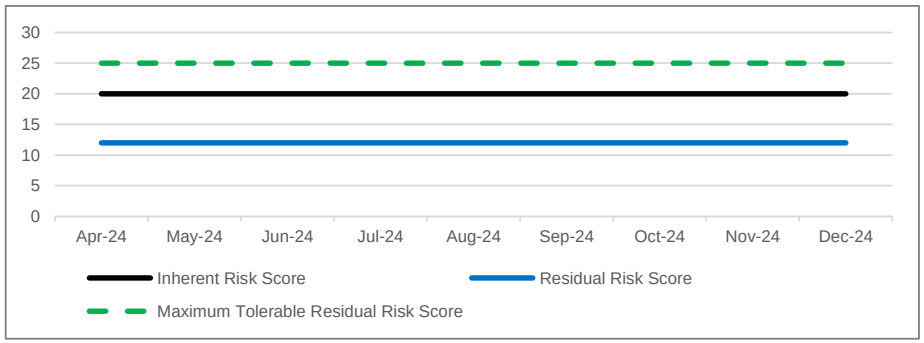
IF NHS Devon does not work with system partners to ensure an appropriate NHS workforce, **THEN** we will not be appropriately resourced to deliver safe and effective services, **RESULTING IN** patients across the One Devon Integrated Care System not receiving the services that they need.

Risk Appetite	SEEK	Risk Tolerance	20 - 25

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	5	4	20	-
Current Residual Risk Score	3	4	12	↔

Rationale for Amendment to Residual Risk Score:

N/A



	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?		Current Key Control Gaps
1.	**Workforce Recovery Programme** - Robust and deliverable workforce recovery programme approved and in place. Workforce controls (including those covering temporary and agency staff, rostering for clinical staff) are part of this.	Fully		
2.	**System Workforce Strategy** designed, approved and in place.	Fully		
3.	**5 Year Workforce Numerical Plan** outlining the size and skill mix of the NHS provider workforce required to meet population demand.	Partially	CG2	**5 Year Workforce Numerical Plan** not yet agreed by System Partners.
4.	**Workforce Programmes** in place to support wider service transformation. These focus on specific services / areas of greatest concern e.g. Urgent & Emergency Care (UEC) improvement and Peninsula Acute Sustainability Programme (PASP) etc.	Fully		

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5.	**NHS Devon's Ability to Lead System Partners** – NHS Devon has the required workforce and skill sets in place to lead the work of system partners in ensuring an appropriate NHS workforce to deliver safe and effective services across Devon.	Partially		CG3	**NHS Devon's ability to lead system partners** – Phase 2 of the NHS Devon organisational change process yet to be completed.
6.	**NHS Roles and Careers** are shaped to reflect the future needs and priorities in the NHS Long Term Plan (LTP).	Partially		CG4	**NHS Roles and Careers** need to be shaped to reflect LTP requirements e.g. providing placements and apprenticeship opportunities in order to expand the clinical workforce, providing education and training opportunities, improving staff retention and attendance etc.

Current Assurances **(how do we know that the controls in place are working effectively?)**			**Current Assurance Gaps**	
1.	**Governance Architecture** – Appropriate governance architecture in place to manage delivery of this workstream.			
2.	**System Workforce Dashboard** in place and monitored on a monthly basis. The dashboard includes data relating to staff turnover, staff sickness absence rates etc.			
3.	**Workforce Delivery Group (WDG)** in place, with membership comprising of Chief People Officers (CPOs) and Chief Finance Officers (CFO) from across the Devon system. Considers matters such as plans for efficient use of workforce (e.g. job planning, staff rostering etc.) and work programmes in support of system transformation (e.g. UEC improvements and PASP), reporting to SRB on the latter.			
4.	**National People Plan** – A People Plan specifically for the Devon system has been established.		AG2	**National People Plan for Devon** – System People Board to be established. Proposed to form part of the ToR of the People and Organisational Development Committee.

Mitigating Actions **(what do we plan to do to address the control gaps / assurance gaps identified above?)**	**Action Owner**	**Planned Completion Date**	**Assurance Level**	**Update Since Last Review** **(only applicable where assurance level is 'partially assured / 'limited assurance')**
CG2: 5 Year Workforce Numerical Plan – Skill mix reviews to be completed to inform development of the programme	Mark Sowden	End Q4 2024/25 (Previously End Q3 2024/25)	Partially Assured	Planned completion date has been extended to end of Q4 (March 25)) to enable a One Devon workforce transformation product, which will incorporate a skill-mix and workforce redesign tool-kit, to be developed. This deliverable now aligned to and overseen by Workforce Transformation FRP workstream to ensure provider engagement in design and delivery of plans. System Workforce Case for Change fully drafted and plans in place to socialise with key stakeholders for approval in January 2025. Final approved version will be incorporated into the workforce transformation product for launch by end of March 2025.

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CG3: NHS Devon's ability to lead system partners – Phase 2 of the NHS Devon organisational change process to be completed	Steve Moore	End Q4 2024/25	Fully Assured	N/A
CG4: Staff Retention and Attendance *(Annual Plan Ref. CPO 006)*	CPO	End Q4 2024/25	Fully Assured	N/A
CG4: Sufficient **Clinical Placements and Apprenticeship Pathways** *(Annual Plan Ref. CPO 007)*	CPO	TBC	Fully Assured	N/A
CG4: Increase **Advanced Practice Posts** *(Annual Plan Ref. CPO 008)*	CPO	End Q4 2024/25	Fully Assured	N/A
CG4: Increase **Placement Capacity** *(Annual Plan Ref. CPO 009)*	CPO	End Q4 2024/25	Fully Assured	N/A
AG2: National People Plan for Devon – System People Board to be established to oversee the People Plan for Devon	CPO	End Q3 2024/25	Partially Assured	ICB People & Organisational Development Committed formed, and first meeting held in October 2024. ToR fully approved and series of meetings scheduled for remainder of FY 2024/25 and whole of FY 2025/26 with meeting planner in place.

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NHS Oversight Framework Theme	Chief Officer	Assigned Board Committee	Review Date
5. Leadership and Capability	Philippa Harding, Interim Chief Communications & Corporate Affairs Officer	NHS Devon Executive	December 2024

Principal Risk

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

Risk Appetite	SEEK	Risk Tolerance	20 - 25

Risk Scoring	Likelihood	Impact	Total	Movement
Inherent Risk Score	4	5	20	-
Current Residual Risk Score	3	4	12	↔

Rationale for Amendment to Residual Risk Score:

N/A

	Current Key Controls (what do we have, or what should we have in place to mitigate the risk?)	In Place?
1.	**Clear Leadership Structure within NHS Devon** with a coherent vision for the organisation.	Partially
2.	**NHS Devon Leadership to System Partners** – There is a clear vision for how NHS Devon will provide leadership to its system partners.	Partially
3.	**NHS Devon's Ability to Lead System Partners** – NHS Devon has the required workforce and skill sets in place to lead the work of system partners in	Partially

	Current Key Control Gaps
CG1	**NHS Devon Organisational Change Programme** – Phase 1 of the Organisational Change Programme has now been completed. However, there are a number of interim arrangements in place for Chief Officer roles and a number of vacancies amongst key Senior Leadership Team (SLT) roles. Phase 2 of the Organisational Change Programme is due to complete by the end of the 2024 calendar year.
CG2	**Compact and Articulation of Shared Vision for the System** – a Compact needs to be developed and agreed to provide formal articulation of the shared vision of system partners and an explicit set of reciprocal behaviours to deliver this.
CG3	**NHS Devon's ability to lead System partners** – Phase 2 of the NHS Devon organisational change process yet to be completed.

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	ensuring an appropriate NHS workforce to deliver safe and effective services across Devon.				
4.	**Annual Plan for 2024/25** developed and approved by the NHS Devon Board. This is an enabling function that will ensure the delivery of NHS Devon priorities. *(Annual Plan Ref. DECO 001)*	Fully			
5.	**ICB Governance Improvement Plan** in place and approved, ensuring governance structures are robust, up-to-date, and responsive to evolving organisational needs. *(Annual Plan Ref. CCO 001)*	Fully			
6.	**System Planning, Delivery and Assurance Structures** for the 2024/25 governance approach within the ICB now implemented. *(Annual Plan Ref. CCO 002)*	Fully			
7.	**NHS Devon Programme of Organisational Development Activities** – There is a clear programme of organisational development activities in place for NHS Devon.	Fully			
8.	**System Programme of Organisational Development Activities** – There is a clear programme of organisational development activities for the system.	Partially		CG5	**System Organisation Development Action Plan** – This needs to be developed for the system and signed off via the appropriate governance routes.
9.	**Patient and Public Engagement insights** inform the work of NHS Devon and its Board.	Partially		CG6	**Patient and Public Engagement insights** work programme to be confirmed
10.	**Equality, Diversity and Inclusion** considerations are embedded throughout the work of NHS Devon.	Partially		CG7	**Equality, Diversity and Inclusion** priorities to be identified, agreed and embedded.
11	**Clinical and Professional Leadership Framework** in place and operating effectively.	Partially		CG8	**One Devon Clinical and Care Professional Leadership Framework** to be developed
12	**Annual Planning approach for 2025/26 and beyond** to be agreed and implemented.	Partially		CG9	**Rolling Annual Planning** cycle to be developed and supported by System Delivery Governance PMO approach.

Current Assurances **(how do we know that the controls in place are working effectively?)**			**Current Assurance Gaps**	
1.	**NHS Devon Organisation Change Oversight Group** provides assurance on the organisational change process from a technical and procedural perspective and also touches on the wider determinants.			
2.	**NHS Devon Governance Structure** – Clear governance structure in place to provide robust assurance on the measures being taken to improve and develop leadership capability in NHS Devon.			

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3.	**System Planning and Delivery Assurance Structures** are clear and in place to ensure oversight of key risks and issues.			
4.	**NHS Oversight Framework (NOF)** – Ongoing work with NHSE regional colleagues to ensure that NHS Devon has the appropriate senior capacity and capability to deliver the priorities set out in NHS planning guidance, the overall aims of the NHS Long Term Plan (LTP), and the NHS People Plan, as well as the shared local ambitions and priorities of the One Devon Integrated Care System.			

Mitigating Actions (what do we plan to do to address the control gaps / assurance gaps identified above?)	Action Owner	Planned Completion Date	Assurance Level	Update Since Last Review (only applicable where assurance level is 'partially assured / 'limited assurance')
CG1: Organisation Change Programme and developing the workforce *(Annual Plan Ref. CPO 005)*	CPO	End Q4 2024/25	Fully Assured	N/A
CG2: Create a **Compact and Articulation of Shared Vision for the System** *(Annual Plan Ref. CCO 003)*	CCCAO	End Q2 2024/25	Fully Assured	N/A
CG5: Development of **System Organisation Development Action Plan** *(Annual Plan Ref. CCO 004)*	Katy Kerley	End Q3 2024/25	Partially Assured	Mitigation in place. Work commencing in what can be achieved to decrease the amount of duplication. Funding approval for ICS Maturity Assessment takes place at DIG in January 2025.
CG6: Establishment of **One Devon Involvement Platform** *(Annual Plan Ref. CCO 005)*	Nicola Bonas	End Q3 2024/25	Partially Assured	Request for milestones to be moved to Q4; this will go to the NHS Devon Board for approval in January 2025. Assurance given that this action will be completed in 2024/25.
CG6: Integrate Healthwatch into NHS Devon ICB Governance *(Annual Plan Ref. CCO 006)*	Nicola Bonas	End Q3 2024/25	Fully Assured	N/A
CG7: Agree on **Shared Equality, Diversity and Inclusion (EDI) Priorities** *(Annual Plan Ref. CCO 007 & CCO 008)*	CCCAO	End Q3 2024/25	Fully Assured	N/A
CG8: Development of **One Devon Clinical and Care Professional Leadership Framework** *(Annual Plan Ref. CMO 041)*	CMO	End Q4 2024/25	Fully Assured	N/A
CG9: Development of **Rolling Annual Planning Cycle** *(Annual Plan Ref. DCEO 002)*	DCEO	Q4 2024/25 ('Process Live')	Fully Assured	N/A
CG9: Development of **System Delivery Governance PMO Approach** *(Annual Plan Ref. DCEO 003)*	DCEO	End Q4 2024/25	Fully Assured	N/A

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Assessing and Scoring Risks:

Current risks are scored using a combined assessment of both the likelihood and impact of the risk materialising, as summarised in the matrix below. Further information on the definition of the likelihood and impact categories can be found in NHS Devon's Risk Management Policy.

The inherent risk score is the rating assigned to a risk before any mitigations / controls are applied; the current risk score is the rating assigned to a risk that takes account of the mitigations / controls applied to it.

Risk Scoring Approach = Impact / Consequence x Likelihood (I x L)						
		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Impact / Consequence	5 Catastrophic	**5**	**10**	**15**	**20**	**25**
	4 Major	**4**	**8**	**12**	**16**	**20**
	3 Moderate	**3**	**6**	**9**	**12**	**15**
	2 Minor	**2**	**4**	**6**	**8**	**10**
	1 Negligible	**1**	**2**	**3**	**4**	**5**

For grading risk, the scores obtained from the risk matrix are assigned as follows:

Colour	Risk Score Range	Risk Grading
	1 to 6	Low Risk
	8 to 10	Moderate Risk
	12	High Risk
	15 to 25	Extreme Risk

BAF Controls and Mitigating Action Status - Colour Keys:

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Control - In Place?
Not in Place *(No Control)*
Partially *(Control in Place BUT Concerns Over Effectiveness of Control)*
Fully *(Control In Place)*

Assurance Levels	
Limited Assurance	• **A significant delay in schedule** • **Metrics are falling below acceptable thresholds**
Partially Assured	• **Some delay in schedule** • **Metrics that are borderline or trending negatively**
Fully Assured	▪ **Project is on schedule** ▪ **Metrics that meet or exceed expectations**

Risk Appetite:

Risk appetite is defined as “the amount and type of risk that an organisation is prepared to pursue, retain or take in pursuit of its strategic aims and objectives” and is key to achieving effective risk management.

Good Governance Institutes Framework Definitions:

Risk Appetite	Risk Appetite Level Description
Avoid	The avoidance and uncertainty is a key organisational objective
Minimal	(ALARP - As Little As Reasonably Possible) - The preference for ultra-safe delivery options that have a low degree of inherent risk and only for a limited reward potential
Cautious	The preference for safe delivery options that have a low degree of inherent risk and may only have a limited potential for reward
Open	Willing to consider all potential delivery options and chose while also providing an acceptable level of reward and Value for Money (VfM)
Seek	Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk
Mature	Confident in setting higher levels of risk appetite because controls, forward scanning and responsiveness systems are robust

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NHS Devon's Risk Appetite Statement (Board Approved: 26 March 2024):

NHS Devon's Risk Appetite Statement documents the delegation of risk taking from the Board to senior management. It specifies the overall risk levels that the Board is willing to accept whilst operating in full compliance with regulatory and legal requirements:

NHS Oversight Framework Theme	Risk Appetite	Tolerance Level for Residual Risk
Quality of Care, Access and Outcomes	AVOID	8 to 12
Preventing Ill-health and Reducing Inequalities	AVOID	8 to 12
Finance and Use of Resources	OPEN	15
People	SEEK	20 to 25
Leadership and Capability	SEEK	20 to 25
Local Strategic Priorities	OPEN	15

NHS
Cornwall and
Isles of Scilly

Paper number ICB2425/161

Board meeting of the Integrated Care Board (ICB)

Agenda item: ICB chief executive update

Date of meeting: 16 January 2025
Meeting section: Public session (part 1)
For: Assurance
Author: Kate Shields, chief executive

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1. Executive summary

The chief executive's update is a regular feature of each board meeting. The report focuses on highlighting emerging issues and significant developments that are not otherwise covered on the board agenda. It helps ensure members are aware of key areas of work happening within the Cornwall and Isles of Scilly integrated care system (ICS). A verbal update on other key areas may also be given.

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2. Recommendations

The ICB Board is asked to receive the updates and enquire further, as necessary.

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3. Main report

3.1 Critical Incident January 2025

On Friday 3 January, in agreement with Cornwall's health and care system leaders a system critical incident (CI) was declared. This decision followed the sustained pressure experienced by Cornwall's main hospital, emergency department and health services over the end of December and early January. This heightened pressure is believed to be associated with an increase in seasonal illness such as flu. Following a collective system approach, the position improved to allow the critical incident to be stood down on the afternoon of Wednesday 8 January.

It is important to note that during this time of critical incident declaration for CIOS, South Western Ambulance Service FT, University Hospitals Plymouth and Devon ICB also went into a position of critical incident declaration.

NHS Cornwall and Isles of Scilly Integrated Care Board
Call us on 01726 627 800
Email us at ciosicb.contactus@nhs.net
Visit our website: cios.icb.nhs.uk

Part 2S, Chy Trevail,
Beacon Technology Park,
Dunmere Road,
Bodmin, PL31 2FR
Chair: John Govett
Chief executive officer: Kate Shields

Teams across the system worked tirelessly to look after the people of Cornwall and IOS and to provide care based on peoples' clinical need over the period. This included the use of admission avoidance alternatives using our single point of access, virtual wards, same day emergency care units (SDECs) and community assessment and treatment units (CATUs).

Over 2000 additional GP appointments were made available over a two-week period to support patients needing urgent care in GP practices and primary care hubs. Additional triage was supported to redirection patients to alternative options like primary care, their own GP or a minor injury unit to help alleviate pressure on the emergency department.

This collaborative response to the critical incident resulted in improved ambulance response times, higher levels of complex discharges from hospital and increased referrals into virtual wards.

At the time of writing, we continue to be in highest level of escalation (although reduced form CI declaration) and the focus continues on getting people medically fit home from hospital and reducing the number of people being admitted into hospital in the first place.

Across the system, we stood up our critical incident communications plan which included timely comprehensive internal and external communications to keep our staff and public informed. Throughout the CI we have kept our key stakeholders and media informed, using this opportunity to highlight:

- Variety of community services providing care closer to home
- Investment into extra GP appointments through our primary care hubs
- Support available to help get people home from hospital
- Our Stay Well winter wellbeing communications campaign

Extensive media coverage on local and regional print, radio and Broadcast media was secured and our social media post attracted significant engagement, reach and increased our Facebook followers extensively.

As we have closed this CI declaration, our operational and communication response will be fully reviewed, so that learnings can shape the way we respond in the future.

The impact on patients and our workforce during a critical incident is significant. I would therefore like to thank our local communities for their patience and support during this time of extreme pressure, and all of our staff across the system that rose to the challenges, went the extra mile and came in off leave to keep our patients safe. This professionalism and compassion is much appreciated.

I cannot of course end without adding that without delivering our commissioning intentions in 2025/6 to ensure more people can be cared for in or closer to their own homes, keeping our acute hospitals free for our sickest and most complex cases, we will see more frequent critical incidents in future. I am therefore hopeful that as we go into next winter, we can be better assured about our ability to manage winter pressures and look forward to continuing to mobilise our plans to better support people with frailty, those requiring end of life care and support, and those ready for discharge from our hospitals. That is our collective priority.

3.2 White paper on English Devolution

The government published its white paper on English Devolution on 16 December 2024. It sets out the government's intended approach to accelerate and standardise the processes by which it passes powers, funding and programmes from Westminster to local areas to make the right decisions for their communities and work together to drive the growth of an inclusive economy, more joined-up delivery of public services, improved community trust and engagement and better outcomes. Currently over 60% of the population of England are covered by a devolution deal, including Cornwall. Central to the approach to devolution is the creation in law of the concept of a 'strategic authority', covering areas with populations of 1.5 million people or above. There will be three levels of strategic authority, holding varying degrees of power depending on their maturity and whether they have a mayor:

- **Foundational strategic authorities** (FSA) - these are non-mayoral combined authorities or combined county authorities. While still receiving some new powers over transport, climate and skills, they are limited compared to areas with mayors. Of note, a foundation non-mayoral single local authority devolution agreement is currently being progressed with Cornwall, although does not offer anything not already acquired through their level 2 devolution deal. Non-mayoral combined county council agreements with Devon and Torbay will also come into effect in 2025.

- **Mayoral strategic authorities** (MSA) - Combined authorities or combined county authorities led by a directly elected mayor. Statutory requirement to produce a 10-year local growth plan, which will likely build on local health and anchor strategies. The increase in power over transport, housing, skills, regeneration, public safety and health, is in line with the government's explicit desire to see directly elected mayors across all of England.

- **Established mayoral strategic authorities** (EMSA)– Combined authorities or combined county authorities that have been led by a directly elected mayor for over 18 months. EMSAs have access to a multi-departmental, long-term integrated funding settlement and the ability to request the devolution of additional powers.

The government has a clear ambition for universal coverage of strategic authorities across England by the end of this parliament, preferably with elected mayors. A devolution priority programme will fast-track this process and will see more new mayors elected from May 2026 in addition to the two mayoral elections already planned for May 2025.

Health, wellbeing and public service reform

The new and statutory devolution framework sets out the areas of competence for strategic authorities, including inclusive economic growth, wellbeing and public service reform, recognising the value of health to the economy and vice versa. It also highlights the key role of strategic authorities in addressing the social determinants of health and moving to a more holistic approach, organised around service users. The white paper sets out the following:

- Introduces a new bespoke duty in relation to health improvement and health inequalities, complementing the existing health improvement duty held by upper-tier local authorities. The government will engage strategic authorities, local authorities and the NHS in taking this forward.

- Positions Strategic Authorities as convenors on public service reform, working in partnership with Local Authorities, to bring partners together to drive forward public service reform and prevention.

- Recognises the benefits that aligned geographical boundaries can have for improving coordination between public services, including, over the long term, job centres, police, probation, fire, health services and Strategic and Local Authorities, and states that the government will work with stakeholders to identify areas where alignment and closer working can be facilitated. This will initially focus on areas where there is a clear rationale for doing so and where the benefits in aligning geographical boundaries significantly exceed any costs and risks incurred. There is a longer-term ambition and expectation that public service boundaries will be aligned, which could have implications for ICS geographies. Any changes to public service boundaries will be made in consultation with stakeholders and considering the impact on service delivery. The government expects all two-tier areas and smaller or failing unitary authorities to develop proposals for reorganisation, with the intention of serving populations of more than or equal to 0.5 m people. Cornwall Council's population already exceeds this population base, but we are currently unclear on the implications for the unitary Council of the Isles of Scilly.

- Whilst not mandated, sets out an expectation that mayors will have significant roles at ICS level. There is the expectation that the mayor (or a delegate) sit as an appointed member of integrated care partnerships (ICPs), be considered for the position of chair or co-chair of the ICP and be involved in appointing chairs of integrated care boards and setting their priorities and developing their plans.

- Commitment to work with the sector to identify where else Mayors can add value, including considering the devolution of any funding relating to public service reform and prevention

- Recognises that strategic authorities will need appropriate powers and levers to maximise their impact on public health and the government's health and growth missions and will keep their remit in this area under review.

The table overleaf sets out the devolution framework's differing levels relating specifically to health.

	Statutory health improvement and health inequalities duty	Mayors 'engaged' in ICB chair appointment process	Mayors on ICP and considered to be chair or co-chair	Role in convening partners and driving cross-cutting public service reform
Foundational strategic authorities	Yes	No	No	Yes
Mayoral strategic authorities	Yes	Yes	Yes	Yes
Established strategic mayoral authorities	Yes	Yes	Yes	Yes

There are parallels between local government devolution and integrated care systems (ICSs), in terms of a shared interest in geography, place, role, purpose and outcomes. We will be engaging in local discussions about emerging developments in this area, and I suggest we organise a seminar with our local authority colleagues to explore this in more detail. We are also involving the Council in discussions about the 10-year NHS plan, where we can consider the role of strategic health authorities in addressing the determinants of health. In due course, visions for local growth plans will need to factor in work and health.

Of note, the white paper states the government will implement a strengthened 'right to buy' assets of community value, creating a more robust pathway to local community asset ownership, and explore opportunities to work with local and strategic authorities to develop locally led approaches to public service reform, drawing together service providers in their areas to improve outcomes for residents. Over time this may be something of interest to our local health partners.

This summary draws on some NHS Confederation (2024) analysis of the White Paper.

3.3 SW Collaborative Commissioning Hub – Accountability Agreement

The first Management Board of the SW Collaborative Commissioning Hub met on 18 October 2025 and reviewed the Draft Accountability Agreement. Following a period for further comments to be considered, this Accountability Agreement was forwarded to all member ICBs and NHS England for Chief Executive signatures to support the adoption of the document to provide clarify of governance, and which will be reviewed annually.

Member ICBs of the Management Board are:

- NHS Somerset ICB (*and the Host ICB)*
- NHS Bath and North East Somerset, Swindon and Wiltshire ICB
- NHS Bristol, North Somerset and South ICB
- NHS Cornwall and Isles of Scilly ICB
- NHS Devon ICB
- NHS Dorset ICB
- NHS Gloucestershire ICB

The ICB Formal Executive Meeting received and approved the Accountability Agreement at its meeting on 18 December 2024. It is an inter-commissioner agreement to describe accountability and governance arrangements, roles and responsibilities between NHS Somerset ICB as Host ICB of the NHS South West Collaborative Commissioning Hub, the 7 South West ICBs, as set out above, and NHSE South West.

3.4 Change in Senior Information Risk Owner Status

Public organisations must have a data security accountability framework including the appointment of a Senior Information Risk Owner (SIRO). The SIRO is required to provide assurance of practice, progress and developments in information risk management. The SIRO's annual report was considered by the Audit Committee at its December meeting. That report considered progress against the information governance workplan and statutory requirements during the last financial year (2023-24).

The Board will wish to note that in her annual report the current SIRO confirmed that the ICB had been assessed as “Approaching Standards” for the Data Security and Protection Toolkit for 2023-24, working towards compliance for two of the required standards necessary. An action plan to address the identified deficiencies around the organisation’s ROPA (Records of Processing Activity) has now been implemented within the required timeframe and submitted to NHS England. Their assessment is awaited but we expect that assessment to confirm that the standards are now being met.

The report also advised on the work undertaken to formalise and strengthen the processing of subject access requests and log IG incidents.

Of particular note, in 2023-24 the ICB received 454 FOIs, this represents a 51% increase in the number of requests. Despite this the team managed to process and respond to the increase, achieving over 99% compliance to legal timeframes. This is a significant achievement, in line with our commitment to openness and transparency.

The report also looks forward to the new and more challenging Data Security and Protection Toolkit (DSPT) for 2024/25 and the work underway to review and assess the new requirements and provide an early view, shared with NHSE, on our current compliance status. The new toolkit aligns with the National Cyber Security Centre’s Cyber Assessment Framework (CAF), and includes over 100 requirements, built around five separate objectives, each broken down into a number of different outcomes:

- Managing security risks
- Protecting against cyber attacks
- Detecting cyber security events
- Minimising the impact of cyber security incidents
- Using and sharing information appropriately

Our self-assessment will be subject to review by our internal auditor ahead of finalising our submission by the 30 June 2025. It is too early to provide a robust view on our state of compliance, but it is clear that the standards are more stretching to meet. We have bolstered our IG capacity through the CSU to support our work to strengthen compliance over the coming months.

The SIRO report is included alongside the Audit Committee Chair's report in part 2 of the Board meeting, recognising the importance of keeping confidential the nature of the risks we face and our mitigations in response of cyber security. This is an important area given the rising number and intensity of cyber security incidents across the NHS, from which we continue to learn and adapt our approaches locally.

The ICB Company Secretary holds responsibility for information governance as part of corporate governance responsibilities, and therefore in the interests of efficiency and alignment I have asked Terry Willows to take on the role of Senior Information Risk Owner, currently being held by our Chief of Staff. This change will take place from 1 March 2025.

NHS Devon

NHS Devon Integrated Care Board

Committee Chair's Report - Audit and Risk Committee

Date of Meeting	Dates of Committee Covered in this Report
30 January 2025	06 January 2025

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

BAF Updates or Escalation
A high-level summary of the Board Assurance Framework (BAF), as approved by the NHS Devon Board at its meeting on 28 November 2024, was received.

Risk Register Review Updates / Escalation
The Committee **took satisfactory assurance** from the information that it had received in relation to the procurement and implementation of Risk Management Software for NHS Devon. In addition, it was also assured of the systems and processes currently in place in relation to the management of the Corporate Risk Register and noted further planned developments.

Integrated Quality, Performance and Finance Report
None

Reports Received, Discussed, and Noted

System Audit, Assurance and Risk Committee Chairs' Forum
The Committee **noted** the work of the System Audit, Assurance and Risk Committee Chairs' Forum:

The System Cost Improvement Programmes Review (CIPs) had been finalised and it had been helpful in giving assurance that detailed work and governance arrangements were in place of the delivery of CIPs. Audit Committee Chairs were now taking this back to their respective Boards.

Terms of Reference had been prepared in respect of the Clinical Negligence Scheme for Trusts (CNST) Maternity Standards Review, and this would be progressing as planned.

At its meeting on the 05 December 2024, the Forum elected to postpone the Ambulance Handover / Waiting Times Review due to winter pressures.

Review of the NHS Devon Corporate Governance Framework
The Audit and Risk Committee **noted** the proposed approach and timeline for the NHS Devon Corporate Governance Framework Review 2024/25, **noted** the initial outcomes of the review of the NHS Devon Constitution, and **noted** the initial update on the progress of the Governance Improvement Plan.

Managing Conflicts of Interest
The Audit and Risk Committee **took assurance** from the processes in place to ensure that appropriate declarations are made by members of staff and the mitigating actions being taken to keep breaches to a minimum during a period of organisational changes. It noted the compliance rates for Conflicts of Interest mandatory training and the work being undertaken to improve compliance. It noted that further work was to be undertaken to review NHS Devon's Conflicts of Interest Policy and associated processes in light of the recommendations contained within the 2024/25 internal audit review of the management of interests.

Policy Framework – Status of NHS Devon Non-Clinical Policies
The Audit and Risk Committee **took assurance** from the information provided about the status of NHS Devon's Clinical policies. At its September 2024 meeting, it had raised a concern in respect of the number of outdated HR policies that required 'material changes' and sought further assurance in relation to the timeline for their review; this had now been provided to the Committee. The NHS Devon Executive had agreed a revised extension date of 31 March 2025; a date put forward by the Chief People Officer and seen as being achievable. Thought was being given as to how the Devon system could start converging its HR policies going forward.

Quarterly Petitions Report
The Committee received the Quarterly Petitions Report and **noted** that there had been one petition received in Quarter 1 and 2 of the 2024/25 financial year.

2024/25 Annual Report Process and Timeline
The 2024/25 Annual Report Process and Timeline was received and **noted** by the Audit and Risk Committee. The update included key findings and subsequent actions resulting from the 2023/24 Annual Report Annual Accounts process. The current timetable for the production of the 2024/25 Annual Report and Accounts took into account a change by NHSE to the final submission deadline date. Additional meetings of the Audit and Risk Committee and the NHS Devon Board had been identified to enable the approval of the documents ahead of the 23 June 2025 submission deadline.

Internal Audit Progress Update Report
The Committee **received** the Internal Audit Progress Report on the provision of internal audit services. Six final reports had been issued since the last update to the Committee in September 2024, one of which was a Devon System Audit CIPs Review . Two of the six reviews had received a 'Limited Assurance' opinion and the Committee received additional assurance on actions being taken to address audit findings and recommendations (see below). The Committee was assured that good progress was being made in relation to the areas of work included on the approved 2024/25 Internal Audit Plan and that it was at a much more advanced stage compared to this time last year. Work had commenced on the draft Internal Audit Plan for 2025/26, with the final draft due to be presented to the Audit and Risk Committee for approval at its meeting on 03 March 2025.

ASW Assurance Report 2023/24
The Audit and Risk Committee **noted** the content of the ASW Assurance Report relating to 2023/24.

Emergency Preparedness, Resilience and Response (EPRR); Business Continuity Management – Additional Assurance
The Audit and Risk Committee **noted** the 'Limited Assurance' opinion given to the 2024/25 Internal Audit Review of EPRR; Business Continuity Management. It **took assurance** from the Action Plan and its step completion dates.

Clinical Governance Arrangements: Individual Patient Placements and Section 117 Aftercare – Additional Assurance
The Audit and Risk Committee **noted** the limited assurance position and subsequent risks in this area. It **took satisfactory assurance** from the actions proposed to remedy issues described in both the internal audit report and associated S117 stewardship arrangements, acknowledging that many of the actions had been completed or were nearing completion.

External Audit Plan and Strategy for the Year Ending 31 March 2025
The draft External Audit Plan and Strategy for the Year Ending 31 March 2025 was received and **noted** by the Audit and Risk Committee. Planning activities were reported to be still ongoing. Work was currently underway in respect of the Value for Money (VFM) risk assessment, the results of which would be reported to the Committee at its meeting taking place on 03 March 2025.

External Audit Progress Report
The Audit and Risk Committee **noted** the content of the External Audit Progress Report provided by KPMG. Work had been initiated on the Mental Health Investment Standard (MHIS) for 2023/24, with audit dates having been agreed with management.

EPRR Assurance Report 2024
The Audit and Risk Committee **took satisfactory assurance** from the outcome of the 2024 EPPR Assurance process for NHS Devon and its main NHS providers within the One Devon Integrated Care System (ICS).

The Committee **recommends approval** of EPPR Assurance Report 2024 to the Board; a copy of the aforementioned report is attached at Annex A.

Health and Safety Report 2023/24
The Audit and Risk Committee **noted** the content of the report and NHS Devon's compliance with Health and Safety at Work Regulations 1999 for the period 01 April 2023 to 31 July 2024.

Data Protection and Security Assurance Report
The Committee **took assurance** from the Data Protection and Security Assurance Report, that NHS Devon was in compliance with the statutory and regulatory duties placed upon it in respect of data protection and security.

The Committee discussed and agreed for recommendation to the NHS Devon Board, the 4 proposed outcomes to be audited as part of the Data Protection and Security Toolkit, those being A1a Board Direction, B3d Mobile Data; B3e Media / Equipment Sanitisation and E2a Managing Data Subject Rights Under UK GDPR. Details of these are appended in the report attached at Annex B.

Counter Fraud Progress Report
The Counter Fraud Progress Report covering the period September 2024 to December 2024 was received and **noted** by the Committee and provided assurance of the work undertaken in accordance with the Government Function Standard 013 Counter Fraud. The Committee were updated on Local Counter Fraud (LCF) staffing changes, including the appointment of a new LCF Lead for NHS Devon.

Quarterly Contracting and Procurement Update
The Audit and Risk Committee **noted** the content of the report.

Losses and Special Payments
The Audit and Risk Committee **noted** the content of the report. There had been two ex-gratia payments made for the year-to-date totalling £2,075.

Forward Plan for Future Meetings
The Audit and Risk Committee **noted** its workplan for the 03 March 2025 meeting.

Committee Decisions

None

Escalation to the Board – For Information

None

Escalation to the Board – For Action

None

Recommendations for the Board

The Audit and Risk Committee **recommends** that the NHS Devon Board approves:

- The EPRR Assurance Report 2024; and
- The 4 proposed outcomes for assessment as part of the Data Protection and Security Toolkit, those being A1a Board Direction, B3d Mobile Data; B3e Media / Equipment Sanitisation and E2a Managing Data Subject Rights Under UK GDPR.

Recommendations for Other Committees

None

Terms of Reference or Other Committee Effectiveness Issues

None

NHS Devon

Annex A
Audit and Risk Committee

EPRR Assurance Report 2024

Date of Meeting	Date Report Produced
06 January 2025	25 November 2024

Author(s)		Report approved by	
Name and title:	Phil Coutie Senior EPRR Manager	**Name and title:**	Anthony Fitzgerald Chief Operating Officer
Phone:	01392 675369	**Date:**	29 November 2024
Email:	Philip.coutie@nhs.net		anthony.fitzgerald8@nhs.net

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

Executive Summary

Each year, NHS England (NHSE) undertakes a formal Emergency, Preparedness, Resilience and Response (EPRR) assurance process to assess the state of emergency preparedness in the NHS. This assurance is based upon the NHSE Core Standards for EPRR.

A required part of the process is for the outcome to be presented to each organisation's Board. This paper is to both inform the Board and meet that requirement.

NHSE has deemed that NHS Devon is Substantially compliant with the Core Standards for EPRR, with 42 of 47 standards being fully met; with 4 standards partially met and one deemed non-compliant with the standard. Full details are set out in Section 3.

A further part of the process is for NHS Devon to complete an assurance of the emergency preparedness of main NHS providers within the One Devon integrated Care System, the outcomes of which are detailed in Appendix B to this paper.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
NHS Devon Executive, 3 December 2024, who accepted the report, noting it's content.

Key recommendations and actions requested
TAKE SATIDFACTORY ASSURANCE from the outcome of the 2024 EPRR Assurance process for NHS Devon and our main NHS providers within the One Devon Integrated Care System.

Impact on NHS Devon objectives	
Objective	**Impact**
Improve Population Health	
Improve Services and Reduce Unwarranted Variation	
Make More Efficient Use of Our Resources	
Develop Our Culture and How We Operate	

Does this report have implications in any of the areas highlighted below?	
Area	**Yes (summarise implications)**
Quality of services	Yes – it provides assurance that Providers in Devon have significantly met the standards required of them with regards to emergency preparedness.
Health inequalities	
Workforce	Yes – it identifies a weakness in the levels of knowledge and experience of EPRR within Providers due to staffing changes and difficulty in recruiting staff with an EPRR background.
Resources and finance	
Legal	
Engagement and consultation	

EPRR Assurance Report 2024

Introduction and Background

1. Each year, NHS England (NHSE) undertakes an Emergency Preparedness, Resilience and Response (EPRR) assurance process to assess the state of preparedness for emergencies across the NHS.

2. All NHS organisations and service providers are assessed against the NHSE Core Standards for EPRR[1]. These are a set of 73 standards of which each organisation will be required to produce evidence of compliance, against the specific standards appropriate to their organisational type.

3. A mandatory part of this assurance process is that the outcome of the process is presented to each organisation's Board, via a Public Board meeting.

4. This paper presents the outcomes for NHS Devon and our Providers which have been submitted to NHSE South West.

EPRR Assurance Process

5. On 15 July 2024, Stephen Groves, Director of NHS Resilience (National), NHSE wrote to all NHS organisations setting out the EPRR Assurance process for 2024, asking that it be completed by 27 December 2024.

6. The EPRR Assurance process requires that all organisations self-assess against each standard as:

    - **Fully compliant**: fully compliant with the core standard.
    - **Partially compliant**: not compliant with the core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan is in place to achieve full compliance within the next 12 months.
    - **Non-compliant**: not compliant with the core standard. Compliance will not be reached within the next 12 months.

7. The total of the above standards that are met then determine the organisation's EPRR Assurance rating, against the following:

    - **Fully**: the organisation is fully compliant against **100%** of the relevant NHS EPRR core standards
    - **Substantial**: the organisation is fully compliant against **89-99%** of the relevant NHS EPRR core standards
    - **Partial**: the organisation is fully compliant against **77-88%** of the relevant NHS EPRR core standards
    - **Non-compliant**: the organisation is fully compliant **up to 76%** of the relevant NHS EPRR core standards.

[1] https://www.england.nhs.uk/publication/emergency-preparedness-resilience-and-response-core-standards/

8. Each organisation is then required to present and discuss it's state of preparedness at a public board meeting and publish the results within its own regulatory reporting requirements.

Deep Dive

9. Each year, alongside the EPRR Assurance process, a deep dive is conducted to gain insight into a specific area.

10. The deep dive is not part of and does not contribute to the organisation's EPRR Assurance rating.

11. For 2024, NHSE (National) included 11 questions around cyber security.

12. A concern was raised with NHSE regards the Deep Dive, in that EPRR staff do not have the cyber security knowledge or expertise necessary to effectively undertake a confirm and challenge process.

13. The deep dive outcomes can only be viewed as the individual organisation's view of their own cyber security preparedness; no assurance should be taken from this information as it is untested.

NHS Devon EPRR Assurance Outcome

14. NHS Devon, as an Integrated Care Board (ICB), was required to self-assess against 47 of the core standards for EPRR. This self-assessment was then submitted to NHSE SW.

15. At the confirm and challenge meeting on 24 October 2024, NHSE SW disagreed with several of the self-assessed ratings, detailed below, citing evidence required cut off date of 30 September 2024 for the ICB. This cut-off date was imposed by NHSE SW despite being 3 months prior to the National cut-off date.

16. The EPRR Assurance outcome letter from NHSE SW is included at Appendix A.

17. The two tables below set out:
    a. NHS Devon overall EPRR Assurance rating; and
    b. Breakdown of standards not agreed as fully met.

NHS Devon Overall EPRR Assurance Outcome

Compliance Level	NHS Devon EPRR Self-assessment	NHS England SW Assessment
Overall Compliance	**Substantially compliant**	**Substantially compliant**
Standards: Fully compliant	45	42
Standards: Partially compliant	2	4
Standards: Non compliant	0	1

Breakdown of Standards not Agreed as Fully Met

Standard	ICB Submission		NHSE SW view	
CS 5: EPRR Resource	Partially	Restructure increase in EPRR resource from WTE 0.6 to 2.0; WTE 1.0 in place at confirm & challenge meeting	Non compliant	Not met by 30 Sept.
CS 6: Continuous Improvement	Fully	Process in place, but resource has limited implementation	Partially	Insufficiently implemented to be agreed as Fully
CS10: Incident Response	Fully	Revised & updated Incident Response Plan submitted	Partially	Not submitted by 30 Sept.
CS21: Trained On-call staff	Partially	All new On-call staff trained, however, refresher training challenged by ongoing restructure	Partially	Agreed
CS47: Business Continuity Plans	Fully	Revised & updated ICB Business Continuity Plan submitted	Partially	Not submitted by 30 Sept.

18. **CS 5 (EPRR Resource)** will be fully met when the restructure has been fully implemented and both posts for trained EPRR staff have been filled. The previously 0.6 WTE EPRR B8b is now 1.0 WTE and the EPRR B7 is out for internal expressions of interest under the Restructure HR process.

19. **CS 6 (Continuous Improvement)** will be fully met as EPRR capacity improves, allowing the process to be fully implemented.

20. The process is that following and emergency incident or EPRR exercise:
    a. a debriefing is held to identify learning;
    b. a report is written identifying lessons and making recommendations;
    c. the recommendations are recorded on action tracker, briefed upwards and responsibility for implementation allocated;
    d. outcome recorded and recommendation on action tracker closed as complete.

21. **CS10 (Incident Response)** is fully met. The Incident Response Plan was signed off on 16 October 2024.

22. **CS21 (Trained On-call staff)** will be fully met when the full EPRR capacity is in place and those On-call staff in place following the restructure have been through their refresher training.

23. Current proportion of On-call staff with in date refresher training is **88%**. Further training sessions are scheduled.

24. **CS47 (Business Continuity Plans)** is fully met. The NHS Devon Business Continuity Plan was revised and signed off on 16 October 2024. This plan is back-stopping the organisation until the restructure is fully worked through and the new structure's

Directorates and Service can fully put in place their own level of business continuity plans.

Devon Providers EPRR Assurance Outcomes

25. All major providers in Devon are required to self-assess against the Core Standards for EPRR, in the same way as the ICB.

26. Each Provider self-assessed themselves against the number of standards that was appropriate to their organisational type:
    a. Acute Providers: 62 standards
    b. Community Providers & Mental Health Providers: 58 standards
    c. NHS111 Providers: 43 standards
    d. Patient Transport Service Providers: 42 standards
    e. NHS Ambulance Service Providers: 58 standards

27. Providers submitted their self-assessment and supporting evidence to NHS Devon EPRR; a review of evidence was undertaken followed by a confirm and challenge meeting. The outcome detail of those assurance meetings is set out in the tables at Appendix B, with a summary below.

Summary EPRR Assurance Outcomes for Devon Providers

		Fully compliant	Partially compliant	Non compliant	Percentage compliant
RDUH	Substantial	57	5	0	91.90%
TSDFT	Substantial	58	4	0	93.50%
UHP	Substantial	59	3	0	95.10%
DPT	Substantial	56	2	0	96.50%
LSW	Substantial	53	5	0	91.40%
FCA (PTS)	Substantial	41	1	0	97.60%
PPG (111/ GP OOH)	Fully	43	0	0	100.00%
SWAST	Fully	58	0	0	100.00%

28. There are no major themes of concern regards EPRR across Devon's Providers, however the following elements are highlighted for awareness:

    a. **EPRR Resource** – there is a reduced level of experience across Providers as staffing has changed. This reduction in experience and knowledge across the system places a greater burden on those Providers with experienced staff, and on NHS Devon, as their knowledge and input is in greater demand in supporting Local Health Resilience Partnership (LHRP), Local Resilience Forum (LRF) and cross-System work.

    b. **Royal Devon University Healthcare NHS Foundation Trust (RDUH)** – the merger between North and East is still ongoing, with how this will affect EPRR within the Trust still uncertain. The two EPRR Officers in the Trust are merging plans, where possible, to provide a single Trust response; however, this is challenging given the geographical spread. Further to (a) above, the replacement of an experienced Band 8a EPRR Manager in Eastern Services,

with an inexperienced Band 7 EPRR Officer, has reduced both the level of knowledge and the authority necessary to get work done within the Trust.

c. **Torbay and South Devon NHS Foundation Trust (TSDFT)** – having struggled to find an appropriate individual to recruit to their Band 8a EPRR Manager role in 2023, the Trust is still with a Band 6 Resilience Officer acting up into the EPRR Manager role. It is understood that a further attempt to recruit will be undertaken shortly.

d. **University Hospitals Plymouth NHS Trust (UHP)** – work is ongoing to gain approval to recruit a member of staff to support their experienced EPRR Manager.

Deep Dive Outcomes

29. As mentioned above, the deep dive outcomes should not be considered as providing assurance, but only providing a snapshot of how each organisation views its own cyber security and preparedness for an IT incident.

30. It has been suggested to NHSE that it would be better to undertake cyber security assurance via NHS Digital or another body with the necessary expertise to be able to assess the levels of preparedness across the NHS.

31. The table below provides a summary of each organisation's Deep Dive submission.

Summary EPRR Assurance Outcomes for Devon Providers

	Fully compliant	Partially compliant	Non compliant	Percentage compliant
NHS Devon	9	1	1	81.8
RDUH	7	4	0	63.6
TSDFT	11	0	0	100.0
UHP	11	0	0	100.0
DPT	11	0	0	100.0
LSW	9	2	0	81.8
FCA	11	0	0	100.0
PPG	11	0	0	100.0
SWAST	11	0	0	100.0

Summary

32. NHS Devon's emergency preparedness has met sufficient of the Core Standards for EPRR to be assessed as 'Substantially compliant' with them.

33. Each of our Devon providers has met sufficient of the Core Standards for EPRR to be assessed as Substantially compliant with the standards, or as in the case of South Western Ambulance Service NHS Foundation Trust (SWAST) and Practice Plus Group (PPG), Fully compliant with the standards.

34. The outcome of the deep dive undertaken as part of the nationally mandated process shows that the majority of Devon NHS organisations perceive their cyber security

preparedness to be good; however, given the lack of cyber security knowledge of the EPRR staff who undertook the assurance process, this should not be accepted as an assurance, but only a snapshot of organisations self-view of their cyber security preparedness.

Conclusion

35. The Audit and Risk Committee is asked to **TAKE SATISFACTORY ASSURANCE** from the outcome of the 2024 EPRR Assurance process for NHS Devon and our Devon Providers.

Appendix A

NHS England South West

Our Reference: Devon/OCT24

To: Anthony Fitzgerald, Chief Operating Officer (Accountable Emergency Officer) NHS Devon ICB

Copy: Richard Buckley Head of System Delivery & Improvement,
Phil Coutie, EPRR Lead
Ian Phillips, Dep. Director Resilience

Keith Grimmett
NHS England South West
Head of EPRR

Tel: 07783 816496
Email: keith.grimmett@nhs.net

11 November 2024

Sent by email

Dear Anthony,

NHS Devon Integrated Care Board (ICB) and System Emergency Preparedness, Resilience and Response core standard assurance confirm and challenge outcome.

Thank you for preparing and submitting your self-assessment, supporting evidence and your engagement at the EPRR Core Standards assurance review meeting held on 24 October 2024. This letter summarises the outcome from the meeting, capturing agreed actions and points from our discussions.

ICB Outcome Summary

Organisation	2022	2023	2024
NHS Devon ICB	Substantial	Substantial	Substantial

Your organisational compliance level for 2024 is Substantial, with the assessment showing full compliance against 89.3% of applicable standards (42 of 47). See annex 1 for descriptors.

Partial and Non-Compliant Standards

The core standards assessed as partial or non-compliant are as follows:

- 5: EPRR Resource (non-compliant)
- 6: Continuous Improvement (partial)
- 10: Incident Response (partial)
- 21: Trained on call staff (partial)
- 47: Business Continuity Plans (BCP) (partial)

The detailed narrative outlining improvements actions for partially and non-compliant standards and those with advisory comments has been shared and discussed with your EPRR lead. A plan to support these actions should now be developed and form part of the 2025 Core Standards monitoring and support programme beginning in January.

ICB Good Practice and Innovation

1. Partnership collaboration demonstrated through Op Skippered planning.
2. Management of a number of significant incidents including an unexploded bomb in Plymouth, an outbreak of Cryptosporidium and a further year of Industrial action.
3. Processes produced by Devon ICB continue to be of a high standard.

NHS England Observations

As in the previous year, EPRR resourcing was highlighted as a challenge throughout 2024 with the added dimension of organisational change. The consequence of resource levels was particularly felt in delivering continuous improvement and contributed to the late submission of evidence against the deadline established by NHS England (NHSE) South West.

Deep Dive Review

The focus of the deep dive for 2024 was Cyber Security and IT related incident response. Whilst these additional standards are subject to the same assessment processes as the 47 Core Standards, they are not included directly in your overall outcome scoring.

Your overall assessment shows compliance against 82% of the standards (9 of 11).

System Outcome Summary

You provided a full and concise overview of the approach you have used to undertake the EPRR Core Standards confirm and challenge process for 2024.

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Organisation	Compliance 2022	Compliance 2023	Compliance 2024
University Hospitals Plymouth NHS Trust (UHP)	Substantial	Substantial	Substantial
Royal Devon University Healthcare NHS FT (RDUH)	Substantial	Substantial	Substantial
Torbay & South Devon NHS Foundation Trust	Substantial	Substantial	Substantial
Devon Partnership NHS Trust	Substantial	Substantial	Substantial
First Care Ambulance (PTS)	Substantial	Substantial	Substantial
Practice Plus Group (111/OOH)	Substantial	Full	Full
Livewell South West	Substantial	Substantial	Substantial
South West Ambulance Service NHS Foundation Trust	Full (Dorset CCG)	Full (Dorset ICB)	Full (Dorset ICB)

NHS England System Observations

EPRR resourcing levels were highlighted as a common theme with many providers. The consequences and potential risks of experience and succession planning was identified for UHP, RDUH, TSDFT and DPT.

Next Steps

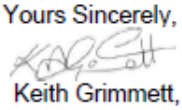
The outcome of this assurance review will be included in the annual EPRR System assurance summary letter which is submitted to NHSE South West Regional Executive Team before being submitted to the NHSE National Resilience Team.

We welcome any reflections you may have on this year's assurance process and invite your feedback via your EPRR practitioners.

If you would like to discuss any elements of the confirm and challenge process and/or the contents of this letter, please do not hesitate to contact me directly.

Finally, thank you again for the hard work put into this year's assurance process while contending with significant system pressures, issues and incidents.

Yours Sincerely,



Keith Grimmett, Head of EPRR

NHS England South West

Annex 1

Organisational rating	Criteria
Full compliance	The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial compliance	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partial compliance	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliance	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

Appendix B Provider EPRR Assurance Outcomes 2024

University Hospitals Plymouth			Substantially compliant	
2024 Assurance		**Non-compliant**	**Partially compliant**	**Fully compliant**
Core standards	62	0	3	59
Deep Dive	11	0	0	11
Comments	**CS5 EPRR Resource** Partially Self-assessment agreed as, work is ongoing to gain approval to recruit a member of staff to support their experienced EPRR Manager. **CS47 Business Continuity Plans** Partially Self-assessment agreed as new Business Continuity Management System in the process of being rolled out. New process and plans are of a good standard. **CS53 Assurance of commissioned providers/ suppliers BCPs** Partially Self-assessment agreed, further work required and ongoing to put in place a more robust assurance of suppliers BCP.			

Royal Devon University Healthcare			Substantially compliant	
2024 Assurance		**Non-compliant**	**Partially compliant**	**Fully compliant**
Core standards	62	0	5	57
Deep Dive	11	0	4	7
Comments:	**CS7 Duty to Risk Assess** Partially Work ongoing to ensure EPRR risk scoring is covered in the Risk Policy. **CS17 Lockdown** Partially The Security Policy for Eastern Services is out of date and being reviewed at the time of meeting. **CS21 Trained On-call Staff** Partially Numbers of Managers in Eastern Services who have completed On-call training is not of a level that can be considered to meet the standard. **CS28 Management of Business Continuity Incidents** Partially Northern and Esatern business continuity policies and plans being amalgamated. **CS37 LHRP Engagement** Partially Only one LHRP attendance from AEO or appropriate deputy in previous 12 months.			

Torbay and South Devon Foundation Trust			Substantially compliant	
2024 Assurance		**Non-compliant**	**Partially compliant**	**Fully compliant**
Core standards	62	0	4	58
Deep Dive	11	0	0	11
Comments:	**CS13 New and emerging pandemics** Partially While there is a pandemic plan in place, it requires updating to take into account the organisational learning from the Covid pandemic, recent NHS England guidance's planning assumptions and principles. **CS14 Countermeasures** Partially Mass Prophylaxis Plan in place but requires updating. **CS21 Trained On-call Staff** Partially Low numbers of On-call Directors and On-call Managers have attended training within the last 12 months **CS37 LHRP Engagement** Partially No AEO attendance, only one attendance by a senior manager with delegated authority.			

Devon Partnership Trust			Substantially compliant	
2024 Assurance		**Non-compliant**	**Partially compliant**	**Fully compliant**
Core standards	58	0	1	57
Deep Dive	11	0	0	11
Comments:	**CS13 New and emerging pandemics** Partially IPC Policy and Pandemic Plan under review at time of assurance meeting.			

Livewell South West			Substantially compliant	
2024 Assurance		**Non-compliant**	**Partially compliant**	**Fully compliant**
Core standards	58	0	5	53
Deep Dive	11	0	2	9
Comments:	**CS5 EPRR Resource** Partially Establishing an EPRR Group within the organisation to maintain oversight and embed activity within the organisation. **CS16 Evacuation and Shelter** Partially Planning and delivery of evacuation exercises is ongoing across the organisation, however, the substantial estate involved means that this is a significant body of work. **CS17 Lockdown** Partially Lockdown work is being undertaken alongside the evacuation and shelter workstream and is progressing at a similar pace. **CS29 Decision Logging** Partially Current loggists require refresher training and a wider pool to be identified and trained. **CS49 Data Protection and Security Toolkit** Partially While the IT Provider (UHP) has met the standard, the NHSD requirements do not appear to have been met for LSW itself.			

Patient Practice Group (PPG)			**Fully compliant**	
2024 Assurance		**Non-compliant**	**Partially compliant**	**Fully compliant**
Core standards	43	0	0	43
Deep Dive	11	0	0	11
Comments:	The evidence provided to the ICB EPRR alongside their self-assessment was of a standard that met the requirements of the Core Standards for EPRR.			

First Care Ambulance			**Substantially compliant**	
2024 Assurance		**Non-compliant**	**Partially compliant**	**Fully compliant**
Core standards	42	0	1	41
Deep Dive	11	0	0	11
Comments:	**CS24 Responder Training** **Partially** Some training requiring refreshing – three for Loggist training and two for Principles of Health Command training.			

South Western Ambulance Services NHS Trust			**Fully compliant**	
2024 Assurance		**Non-compliant**	**Partially compliant**	**Fully compliant**
Core standards	58	0	0	58
Deep Dive	11	0	0	11
Comments:	The SWAST EPRR Assurance was undertaken by NHS Dorset on behalf of all ICBs in the SW Region.			

Annex B
Audit and Risk Committee

Extract from Data Protection and Security Assurance Report

Data Security and Protection Toolkit (DSPT)

1. As reported to the Audit and Risk Committee meeting on 02 September 2024, the 2024/25 DSPT will be aligned to the Cyber Assessment Framework (CAF); details of the changes are provided at Appendix A to this report. The relevant DSPT objective numbers are detailed within this report at each heading and Appendix B contains a list of the objectives referred to in this report.

2. An action plan has been produced by the IG team to support the proper completion of the DSPT and has been regularly reviewed with the Head of Digital and Delt IT services. Draft statements have been added to the DSPT and the team involved with the DSPT are aiming for all objectives to be saved as draft (with statements on compliance included) in readiness for the baseline submission on 20 December 2024. Some clarification has been sought from NHS England (NHSE) on two objectives and a response is awaited.

3. For the 2024/25 DSPT assessment organisations must conduct a **scoping exercise** to determine what the organisation's 'essential functions' are. This exercise has been undertaken and the guidance provided by NHSE states that the Network and Information Systems (NIS) Regulations established that all services provided by ICBs are considered essential services. Therefore, all services under NHS Devon are considered essential functions and these are documented in NHS Devon's Information Asset Registers and Data Flow Maps.

4. NHSE has mandated a common core set of outcomes to be assessed for all organisations that undertake the CAF aligned DSPT, while a further four outcomes must be selected by individual organisations agreed by the Board (or person with delegated responsibility). The 8 mandatory outcomes are as follows:

A2.a Risk management process
Your organisation has effective internal processes for managing risks to the security and governance of information, systems and networks related to the operation of your essential function(s) and communicating associated activities. This includes a process for data protection impact assessments (DPIAs).

A4.a Supply chain
The organisation understands and manages security and IG risks to information, systems and networks supporting the operation of essential functions that arise as a result of dependencies on external suppliers. This includes ensuring that appropriate measures are employed where third party services are used.

B2.a - Identity verification, authentication and authorisation
You robustly verify, authenticate and authorise access to the information, systems and networks supporting your essential function(s).

B4.d - Vulnerability management
You manage known vulnerabilities in your network and information systems to prevent adverse impact on your essential function(s).

C1.a Monitoring coverage
The data sources that you include in your monitoring allow for timely identification of security events which might affect the operation of your essential function(s).

D1.a - Response plan
You have an up-to-date incident response plan that is grounded in a thorough risk assessment that takes account of your essential function(s) and covers a range of incident scenarios.

E2.b – Consent
You have a good understanding of requirements around consent and privacy, including the common law duty of confidentiality, and use these to manage consent.

E3.a Using and sharing information sharing for direct care
You lawfully and appropriately use and share information for direct care

5. The following four outcomes have been proposed for audit and require Board approval before progressing:

A1.a - Board direction – You have effective organisational information assurance management let at board level and articulated clearly in corresponding policies.

B3.d - Mobile data – You have protected data important to the operation of your essential function(s) on mobile devices.

B3.e - Media/equipment sanitisation
Before reuse and / or disposal you appropriately sanitise devices, equipment and removable media holding data important to the operation of your essential function(s)

E2.a - Managing data subject rights under UK GDPR – You appropriately assess and manage information rights requests such as subject access, rectification and objections.

NHS Devon Integrated Care Board

Committee Chair's Report – Population Health Improvement Committee

Date of meeting	Date of committee covered in this report
30 January 2025	09 January 2025

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

Board Assurance Framework (BAF) updates or escalation

The report was provided to enable the Population Health Improvement Committee to have sight of the Board Assurance Framework (BAF) and Risk, the management of which it had been identified as responsible for overseeing.

- It was acknowledged that the Committee was not yet able to provide full assurance to the Board on the risk which it had been allocated responsibility for oversight, but it would be possible to do so over time.
- BAF risks were to be reviewed as part of the 2025/26 Annual Plan development.

The Committee **took assurance** from the current content of the BAF.

Risk register review updates/escalation

None

Operation of the Committee

Terms of Reference
Terms of Reference (ToR) set the membership, remit, responsibilities and reporting arrangements of a committee and may only be changed with the approval of the NHS Devon Board. The ToR for the Population Health Improvement Committee were approved by the NHS Devon Board on 25 July 2024. This report sets out the responsibilities and membership of the Population Health Improvement Committee for review and comment.

The Committee **noted** the Population Health Improvement Committee's ToR, in particular the responsibilities of the Committee. The Committee **noted** the need for further alignment of the objectives of the Committee with its responsibilities and the need to re consider the membership section, to cover any gaps on current membership.

Patient and public engagement – activities and assurance
The paper provides information about the patient and public engagement activities being pursued by the Communications and Involvement team in 2024/25 and recommends assurance arrangements that will ensure NHS Devon meets its responsibilities and statutory duties to involve the public. It is proposed that responsibility for receiving assurance in respect of these duties moves to the Population Health and Improvement Committee from the Quality and Patient Experience Committee.

The Committee:

- **agreed** to recommend the proposed approach set out in the paper to the NHS Devon Board.
- **noted** the patient and public engagement activities being pursued by the Communications and Involvement team in 2024/25.

It was noted in the reports and from the Committee's perspective that there is a long way to go to bring the agenda to speed and that this would be part of the forward planning and alignment of the objectives and ToR.

Population Health Information Reporting Proposal
The paper sets out a proposed format for information reporting to the Population Health Improvement Committee. This will ensure that NHS Devon is able to monitor progress in improving population health outcomes and reducing inequalities.

The Committee **agreed** the proposed reporting format and frequency of future reports.

Other business items

ASW Audit Report - Final Position Statement: Addressing Health Inequalities – Governance Arrangements
As part of NHS Devon's 2023/2024 Audit and Assurance Plan, Audit South West (ASW), NHS Devon's internal auditors undertook a review of the progress made

towards reducing local health inequalities across Devon.

The Committee **NOTED** ASW's final position statement: addressing health inequalities – governance arrangements. It was **NOTED** in the reports and from the Committee's perspective that that there is a long way to go to bring the agenda to speed and that this would be part of the forward planning and alignment of the objectives and ToR.

Committee decisions

None

Escalation to the Board – for information

None

Escalation to the Board – for action

None

Recommendations for the Board

The Committee proposed that the ToR of the Population Health Improvement Committee and the Quality and Patient Experience Committee (QPEC) should be amended concerning public engagement and further fine tune the role and composition of the Committee, to limit duplication and cross overs with QPEC, but also to have clearer lines of accountability.

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.